

# A Market Position Statement for Adult Social Care



Updated January 2015



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## Foreword

This is the first update of our Market Position Statement for Adult Social Care in Solihull. It describes the state of the care and support provision in the Borough and gives an indication of how that is likely to change over time.

As a Council, our responsibilities fall broadly into 2 areas. Firstly we have a direct responsibility to all citizens (as our “customers”) to make sure they have the information, advice, guidance, and advocacy to help them get the support they need. This applies equally to the vast majority of people who care for themselves with the help of their friends and family as to those whose care and support is “managed” by the Council.

Secondly we have a responsibility to ensure that our customers can get the care and support they need from a local “market” of services that is appropriate, responsive, of good quality and developing to meet needs as they change. This responsibility is given a new legal basis under the Care Act from April 2015. This “market shaping” (as it’s called in the Care Act) encompasses traditional care such as residential, nursing and home care, but is also increasingly focussed in the areas that support people to maintain their independence and wellbeing and avoid or delay the need for higher levels of care. This includes making the best of what technology can offer, increasing support to people through their local communities, providing practical support in the home, increasing the range of supported housing and developing the market for personal assistants (PA’s).

While the Council has a responsibility to “shape” the care and support market, we can’t control it (and if we could it wouldn’t be a market!) This is because while we control some of the demand for care (we buy a lot of care for people) far more people buy their own care. Other public bodies, particularly the NHS are also important purchasers of care services. Providers of care (the suppliers) will also continue to see development opportunities in Solihull. Hence the care market is dynamic and multi-faceted. What we can do is provide some leadership of market development, working closely with other commissioners, particularly the NHS, working with existing and prospective providers and – most importantly – working with local people – to align plans and expectations.

The Market Position Statement is an important part of that process. It is our statement of what we think the Solihull care and support market needs to look like in future and forms part of that dialogue with partners, including providers and local people so that we can plan to provide the best for people in our borough. At the heart of this approach lies a mature relationship with the organisations which offer services, care and support to individuals, families and communities.

The MPS is a “statement” but equally it will remain a work in progress. It is published online to allow us to regularly update and refine it – in close dialogue with service users and carers, and local providers in the private, independent and voluntary sector organisations. We hope that you will find it useful and look forward to your feedback so that we can continue to improve it.

**Ian James, Director of Adult Social Care**

## 1. Introduction

This 2014/15 refreshed Market Position Statement (MPS) is designed to share information and analysis of interest and benefit to providers of care and support in Solihull. The aim is to use the MPS to continue the dialogue with providers in the Borough about the direction of travel for care and support which will meet the needs and aspirations of local people now and in the future, and how, together, we can create a vibrant market that promotes independence, dignity and choice.

This MPS contains updated information about our current population and future predictions, the Council's vision of how services need to respond to changing needs, and details how the Council is responding to the new duties under the Care Act 2014, which will come into effect in April 2015, with some funding reforms following in April 2016.

There are also suggestions for how the Council and its key partners in the local NHS can work with providers to extend choice and improve the health and wellbeing of citizens of Solihull.

## 2. Local and Strategic Context

Health and Wellbeing of citizens is one of the top priorities for Solihull Council and its NHS partners in the Clinical Commissioning Group. The Health and Wellbeing Strategy<sup>1</sup> 2013-16, revised in April 2014, emphasises prevention, early intervention, re-ablement and rehabilitation, supported wherever possible by community based services, including public health programmes and social care. Aging well is one of the priorities, and for the Strategy to be successful, people will have a positive experience of care and support services, which are delivered closer to home, older people will feel less socially isolated, and ultimately, people and their carers will experience an enhanced quality of life, feel valued by their community, and feel safe.

Ensuring people in Solihull are enabled to maintain their maximum degree of independence, modernising the services we deliver and changing how we spend money on social care are key elements in delivering this priority. All of this is taking place in a very challenging financial climate and with national policy that is changing rapidly as the country gets to grips with the challenges of an increasingly elderly population.

All of this is completely consistent with the Care Act 2014, which is the key driver for change in adult social care. "The core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life" (Care Act 2014). The Care Act 2014 does create some new duties and responsibilities while restating existing good practice and placing it on a statutory footing. One significant new duty is the requirement for Local Authorities to carry out all their care and support responsibilities with the aim of promoting greater integration with the NHS and other health related services. We want to work with all our partners in Solihull to make best use of available provision in the borough to improve outcomes, ensuring that care and support services are available for all who need them, when they need them. The key enablers are early intervention and prevention in order to improve outcomes for individuals, manage demand for services by supporting people better in the community, and so mitigate the pressures on adult social care and the wider health economy arising from demographic change.

The focus remains on maintaining independence and good health and wellbeing, as part of delivering the intentions of the Care Act. The aim is to give people the information advice and support they need at the earliest possible time, intervene early to address problems before they are able to escalate, and reduce the need for specialist services for as long as possible.

1. Solihull Health and Wellbeing Strategy 2013-16 (Revised April 2014)

[Solihull Health and Wellbeing Strategy 2013-16](#)

Investment in prevention and early intervention is designed to help people improve their quality of life, increase choice and control; maintain independence, dignity and respect. It is critical to the vision in the Care Act that the care and support system works to actively promote well-being, and does not just respond when there is a crisis. To meet the challenges of an aging population and reducing resources, it is crucial that the care and support system delivers targeted interventions aimed at individuals who have an increased risk of developing needs, helping people to retain or regain skills and confidence - to be reabled- and prevents needs developing, delays deterioration and reducing dependency.

The implications of the new Eligibility Criteria as set out in the Care Act from April 2015 are still being considered, but the new eligibility criteria is consistent with the current critical and substantial levels of the Fair Access to Care Services (FACS) bandings used in Solihull. Current modelling is suggesting that many more people will have come forward for an assessment of eligible needs than is currently the case. This is against a backdrop of a burden of care that is expected to increase significantly over the next few years, resulting in increased pressures on adult social care. The 85+ population in Solihull is expected to increase by 30% between 2012 and 2020 – an increase of 1,800 individuals. People with learning disabilities are living longer, often with chronic and life limiting conditions. Similarly the number of Carers in the Borough is projected to increase by 7% between 2012 and 2020.

The extent to which the above translates into an increasing number of people needing adult social care services will depend on a range of factors, but at existing eligibility levels we might expect to see a 15% increase in adult social care clients between 2012 and 2020. This is why the focus on prevention and early intervention is seen as so critical, enabling and supporting people to help themselves wherever possible and delay the need for specialist services.

The Care Act 2014 sets out clear expectations on Councils and their partners to work together to establish and maintain a universal offer that covers the needs of the whole population, not just those who are already in receipt of care and support arranged and funded by the local authority, with the overarching principle of promoting wellbeing. The Care Act puts well-being at the heart of care and support, and for the first time puts carers on an equal footing to the people they care for.

Transforming adult social care to meet the challenges of the future requires making difficult choices about the services we provide and the contributions that people make to their own care needs. In doing this we are committed to taking account of the views of our service users, their carers and their families, and also local providers of services.

Together with its key local partners the Council is signed up to an integrated care and support programme that will help shape and deliver a better model of health and social care, for the people of Solihull. This programme, which has the strapline 'Solihull- Together for Better Lives' highlights the work taking place across the Borough to improve the co-ordination of local health and care services through Integrated Care and Support Solihull (ICASS).

The vision is: " A Solihull where we all work together to build trust and confidence and to deliver health and care services we can all be proud of ". The ICASS programme provides a strategic approach to delivering change, underpinned by the Better Care Fund which will primarily refocus existing spend against short and medium term

priorities, in particular around the best possible support for people as they become frail and their conditions become more complex, and for people with dementia.

### **What does this mean for the local market?**

Along with partners in the local NHS and local providers in the voluntary community and independent sectors, Solihull Council seeks aspirational organisations to support people to live in their own homes (the home they occupy now or the home they move to) for as long as possible. This requires organisations that are ambitious to enable people to live as independently as possible for as long as possible, and develop - and maintain - their links with friends and communities.

We recognise that for some people, residential care may be the most appropriate solution to meet their complex needs, and residential care continues to be an important part of the local market going forward. However, we are clear that this is not the only option and the majority of people want a home of their own or to be able to remain in their own home for as long as possible when they find that they need support.

The Council's vision is to nurture a range of services for people who need support or care – either as adults who may have learning, physical or sensory disabilities, people with mental ill health or long-term conditions, or older people. For example, for young people with a learning disability leaving school, we are ambitious to be able to offer young people really good support to help them build an ordinary life (including living in their own home and having paid employment) and to avoid them feeling there is no alternative to the traditional patterns of service. We are very keen to work with organisations that share this view and are creative and passionate about it.

To achieve this, the Council wants to work with providers as partners to extend the range of services available so that a continuum of services and support are available to meet the needs and aspirations of local people.

At the same time, economic pressures are also driving changes to the way resources are used to achieve greater results. We recognise that providers are also operating in a very challenging environment, which is why in June 2013 the Council commissioned financial consultants KPMG to undertake an independent analysis of the actual costs of operating bed based care homes for older people, to seek new arrangements to co-develop a fee structure and quality framework; and so achieve a sustainable longer term settlement, namely a fair price that is affordable, which will improve transparency and create a greater awareness of how much things cost.

It is proposed that the Council's 'usual fees' will be uplifted with effect from 1st April each year by the increase in the Consumer Price Index (CPI) as at November of the previous year. (E.g. the uplift taking effect on 1st April 2015 will be based on the increase in CPI at November 2014). Providers will be notified of the uplift in January each year and will be asked to provide evidence that their own costs have increased by at least the uplift amount before it is applied. Where new legislation has the effect of increasing costs in the care home sector by more than CPI (e.g. increases in the national minimum wage, or requirements for the automatic enrolment of staff pensions), the Council will consider the impact of such changes on its usual fee rates and respond on a case by case basis.

Looking ahead, it is clear that the current pattern of service provision is unlikely to be sustainable in the future in the face of demographic, social and health trends. The evolution towards forms of service consistent with the personalisation agenda and increased choice and control for individuals will require a wider range of options that support independence. Options will need to range from care and support provided in

individuals' own homes through to specialised accommodation and independent living schemes which reduce our current over-reliance on residential care and provide choice to those older people who are no longer able to continue to live independently. Indeed, the Care Act makes clear that Local Authorities must encourage a variety of different providers and different types of service to ensure there is genuine choice to meet the range of needs and reasonable preferences of local people, including for people who choose to take direct payments.

In order to meet the Council's objectives around supporting people to be independent and remain at home, 'universal' services, available to everyone in the community, become increasingly important.

These services include information and advice regarding support and care services, increasingly to be delivered via 'hubs', providing easy access to advice about independent living, support through assistive technology and telecare, information about community based services such as lunch clubs and other leisure and day activities, as well as support services such as a 'handypersons' service.

It is important in doing this to ensure that we invest in efficient, effective, and equitable services that can support service users and family carers with care and support needs to lead healthy and fulfilling lives, and live independently in the community of their choice, recognising that this may not always be possible for individuals with the most complex needs.

In the future we would aim to ensure that services, whether commissioned by the Council or not, will promote independence and prevent situations from declining, helping to manage future demand for more expensive services. The Council would like to see these services grow and expand and to find ways of ensuring that local people know what is available to support them, including via a web portal to be launched during 2015 to meet the requirements of the Care Act to promote and improve access to local community based services to the people who need them.

Solihull has a wide range of voluntary and community based groups and organisations that enhance the wellbeing of local communities, and help prevent or delay the need for people to access statutory services provided via the Council or the NHS. Preventative and recovery focused services are key to ensuring that care and support is provided at the earliest possible point to prevent a crisis or reduce dependency on services in the longer term. These services include support groups such as the Stroke Support Group, and services such as Improving Access to Psychological Therapies (IAPT) which address emotional wellbeing issues at an early stage, as well as housing related support services (sometimes known as the Supporting People Programme), and specialist advocacy services for individuals who need support to access services, a requirement that is further strengthened in the Care Act.

For young people with special educational needs and disabilities (including those who may not be eligible for social care services) our priorities are to develop a range of options that support independence. We want to ensure a positive experience of transition, a greater number of young people using Direct Payments, living in their own home and in paid employment. This will, in part, be facilitated through the use of a single education, health and care plan – the Single Plan for those who are aged 14-25.

In terms of Residential and Nursing Care, we expect to see changing demand as people are supported to remain in their own home for longer- increasingly these services will only be for people with a degree of complexity of needs which can no longer be managed effectively in their own home. We expect to see residential care homes adapt to meet the needs of those who need additional support, including those with dementia, or who need specialist equipment such as hoists, but who do not need nursing care.

To support residential care homes to further adapt to needs, there is a pilot in a small number of homes in the Borough which involves falls prevention training and the provision of lifting devices to help when residents fall on the floor, to help prevent the need to rely on emergency services. If this pilot proves successful, it is hoped that this will be rolled out across other homes in the future.

Specialist provision will still be required for people with very complex needs requiring niche providers – these include older people with dementia, people with complex emotional/behavioural needs/Autistic Spectrum Condition; older people with learning disabilities, including an increasing number with dementia, and people with mental ill health requiring support and housing. The requirement here – in addition to good quality housing – is the provision of sophisticated support from providers who are skilled in supporting people with such needs.

Last but certainly not least, we see the role of carers as vitally important. Carers are already the bedrock of support for many, and we can expect to see an increasing reliance on informal or family carers in the years ahead. Our new Carers Strategy, “Caring for our Carers”<sup>2</sup> reflects changing times, including the enhanced recognition given to carers in the Care Act. Resources have been earmarked over the next year to provide significant impetus to support for carers, including personalised respite, carers’ information and support and carer education and training and support in employment.

## **The Models of Practice that support the future vision.**

### **Making It Real /Co-production**

Solihull Council has adopted the Think Local Act Personal (TLAP) Making it Real programme. This programme is a national programme that has been developed to support better engagement and to establish “co-production” as standard practice in adult social care as a key means of delivering personalised services. Adopting the programme in Solihull has been a significant step in addressing this need and in the wider development of the Council’s on-going transformation programme.

The use of the Making it Real programme approach aims to provide improved partnership working with people who use services and carers, supported by Experts by Experience. Commissioners and providers of service will increasingly have real time information and data of the aspirations of Solihull citizens.

***The practice to co-produce with people who use services is ensuring services are shaped to meet the services and support that people want to meet their needs and demands.***

### **Dementia Friendly**

Solihull has ambitions to be a Dementia Friendly Community. It is envisaged that a dementia friendly community is one that shows a high level of public awareness and understanding so that people with dementia and their carers are encouraged to seek help and are supported by their community. Such communities are more inclusive of

2. Solihull Carers’ Strategy 2014-2017 Caring for Our Carers

<http://www.solihull.gov.uk/Resident/socialservicesandhealth/adultsolderadults/caringelse/caringsomeoneelse>

<http://www.solihull.gov.uk/About-the-Council/Strategies-policies/publichealth>

people with dementia, and improve their ability to remain independent and have choice and control over their lives. In order to achieve this, the refreshed Dementia Strategy involves:-

- Dementia awareness campaigns to promote awareness and to help tackle the stigma associated with dementia.
- Improved information, advice and training available for carers, staff and wider stakeholders.
- Improved screening and diagnosis of dementia
- Training to ensure professionals are more aware of dementia and better informed re the early signs of dementia.
- Increased use of technology to support independent living, such as memory aides, medication reminders and GPS locators.
- Work with the acute hospitals to help them re-shape the way that they deliver services to improve the care and treatment of people with dementia on their wards.
- Work with care home providers to look at how they can improve their home environments and the training provided to their staff to make them better places to be for people with dementia.
- To work with local communities so that they become dementia friendly.

To see the Birmingham and Solihull Dementia Strategy go to

<http://www.solihull.gov.uk/About-the-Council/Strategies-policies/publichealth>

### **Market Opportunity**

We continue to welcome approaches from community groups who are dementia friendly to help broaden the choices available to people with dementia and their carers.

### **Outcomes Focus**

The Care Act 2014 makes clear that local authorities will need to understand the outcomes which matter most to people in their area, and demonstrate that these outcomes are at the heart of their local strategies and approaches. The Council is moving increasingly to an outcome-based approach, shifting the focus from activities to results - from activities and processes, to the impacts of these on people. Services are increasingly being designed around the individual needs of people, focusing on helping individuals to exercise choice and control, enjoy an improved quality of life, be free from abuse, discrimination and harassment, enjoy improved health and well being, make a positive contribution and secure economic well being.

Increasingly we will be moving to contracting in a way that has an outcome basis at its heart, and, in line with the Care Act, will be exploring how we incorporate 'payment by outcomes' mechanisms where practical. Working in an outcomes focused way and measuring the impact on individuals presents real challenges for commissioners and providers, but we are committed to working in this way, and have been piloting a set



of tools to measure outcomes consistently, starting with Home Care, which we will continue to develop in consultation with providers over the coming year.

### **Safeguarding**

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is of primary importance that people are safeguarded against the risk of abuse, discrimination and harassment and feel safe within their community. People who use our services, as well as workers and others who visit their environment should be as safe as they can be and any risks are managed appropriately. People should at all times be treated with dignity and respect. The Care Act 2014 states that organisations should always promote the adult's well being in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves, and we should all work with the adult to establish what being safe means to them and how that can best be achieved – making safeguarding personal.

For providers, safeguarding is not a substitute for providers' responsibilities to provide safe and high quality care and support. The Council needs to be assured that provider's safeguarding practices support Solihull's Safeguarding Adults Board Multi-Agency Procedures 2011 as well as how they ensure that people are treated with dignity and respect.

### **Quality Assurance**

The Care Act stipulates that, as part of its market-shaping role, the Council must have regard to ensuring the continuous improvement of services. We want to continually raise the bar in terms of quality, and have already in place a set of processes to monitor the quality of care and support services we commission, which form a critical part of a wider new Contract Management Toolkit which will be rolled out during 2015.

We will continue to work collaboratively with quality teams in the NHS and with the regulator, the CQC as they continue to implement their new inspection framework which asks 5 key questions of care and support services;-

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

There is a growing recognition that due to financial constraints, increasingly the emphasis will be on funding services which are affordable without compromising on the elements of care which are most important to service users and their families. There is a continuing debate to be had with service users and providers to move towards a shared understanding of what 'affordable quality' means in practice, without compromising on safe and compassionate levels of care.

We have been considering the implications of the Francis Report on the poor standards of care found in Mid Staffordshire Foundation NHS Trust, which has now been taken to have implications across the health and social care sectors, particularly in terms of Compassion in Care.

***We are taking responsibility, as part of our routine work, to encourage a culture in which neglect, lack of compassion or failure to promote dignity in care is not possible in Solihull.***

In order to do this we will;-

- Actively seek and act on feedback from service users and carers;
- Define quality of care experience and build that into specifications and contracts;
- Monitor and challenge to ensure standards are kept;
- Recognise and commend good practice;
- Demonstrate that complaints are taken seriously;
- Promote respect for the individual receiving care and support;
- Promote dignity in care;
- Encourage leadership in care settings;
- Protect those most vulnerable through use of safeguarding, Mental Capacity Act and Deprivation Of Liberties
- Ensure that the Duty of Candour is built into all contracts
- Provide or promote appropriate training

We want to make it our business to see that a fundamental part of commissioning in Solihull is a determination to protect the most vulnerable by our commitment to their dignity. Every time we commission, review, or visit a service, we will take the opportunity to observe, to listen and to challenge poor practice or commend good practice.

### **Inclusion**

The underpinning ethos of services for people with disabilities is based on the principle of citizenship, characterised by the availability of good, innovative support promoting: **Rights, Independence, Choice and Inclusion.**

This should characterise all services for all people, including older people, people with disabilities, (including people with learning disabilities, people with sensory impairments, and people with physical disabilities), people with mental illness and people with Autistic Spectrum Condition.

### **Promoting Independence/Reablement**

Reablement provides services for people with poor physical health to help them accommodate their illness by learning or relearning the skills necessary for daily living. This enables them to live as independently as possible in their own home. Reablement services assist people with their personal care needs but primarily encourage a person to regain motivation and confidence and to learn new ways of coping with their health and care thereby increasing their ability to live independently or supporting them to maximise their potential, supporting them to deliver their own personal care and daily living tasks.

Practitioners make an initial visit to the person and complete a detailed assessment of need including Assistive Technology and Telecare assessment and a risk assessment that will cover things like hazards, safeguarding, falls and medication. The assessment normally takes place on the first service call and the person will often be supported by an occupational therapists and physiotherapists if required.

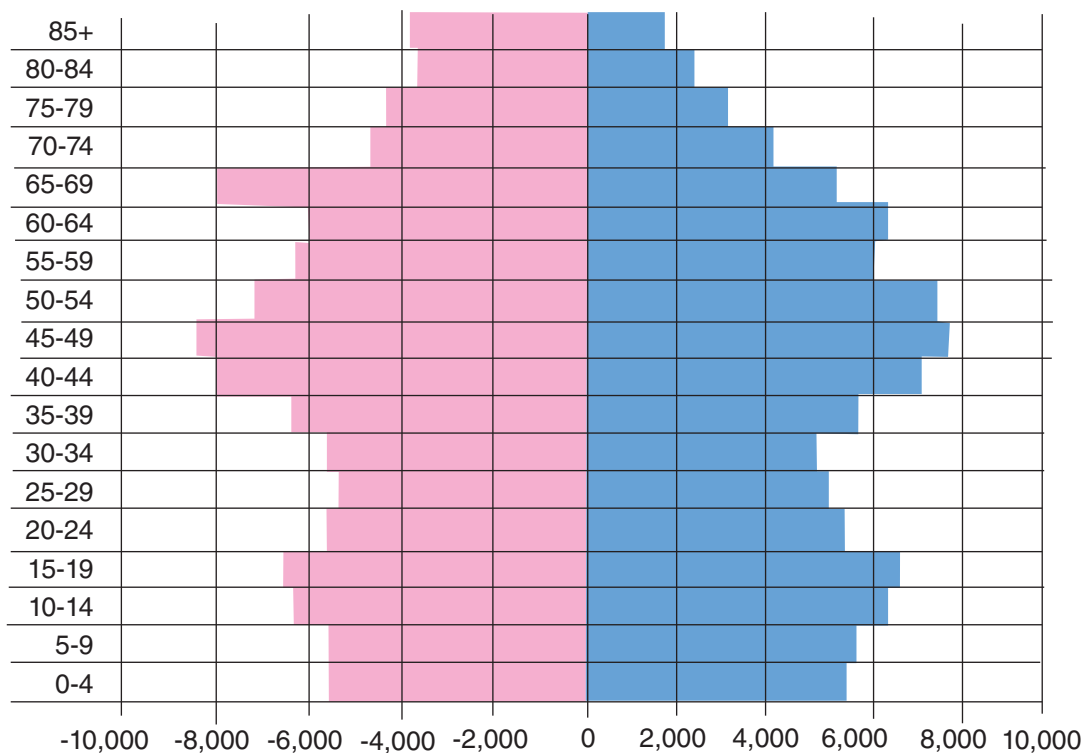
We have a Framework Contract in place for the delivery of Home care in the Borough and we want these services to deliver and maintain a person's outcomes to promote and maintain their independence.

Providers should encourage a person to maintain their motivation and confidence and to learn new ways of coping with their support needs by making a change in their personal care and daily living tasks.

### 3. About Solihull and Adult Social Care

#### People and Place

A broadly affluent Borough with relatively high levels of home ownership, Solihull is home to around 209,900 people<sup>3</sup> and 86,000 households<sup>4</sup>. One fifth are aged 65 and nearly a quarter are children and young people under the age of 20. The population of the Borough grew by 3.6% between the Census of 2001 and that of 2011 compared to 7.2% across England as a whole and is estimated to have grown by a further 1.1% in the last two years. Solihull's population is ageing with the number of people aged 65 and over increasing by 23% (7,900 individuals) in the ten years to 2013 and, as we show in the demand section, this represents a significant and growing challenge in terms of health and social care..



Source: ONS

Females Males

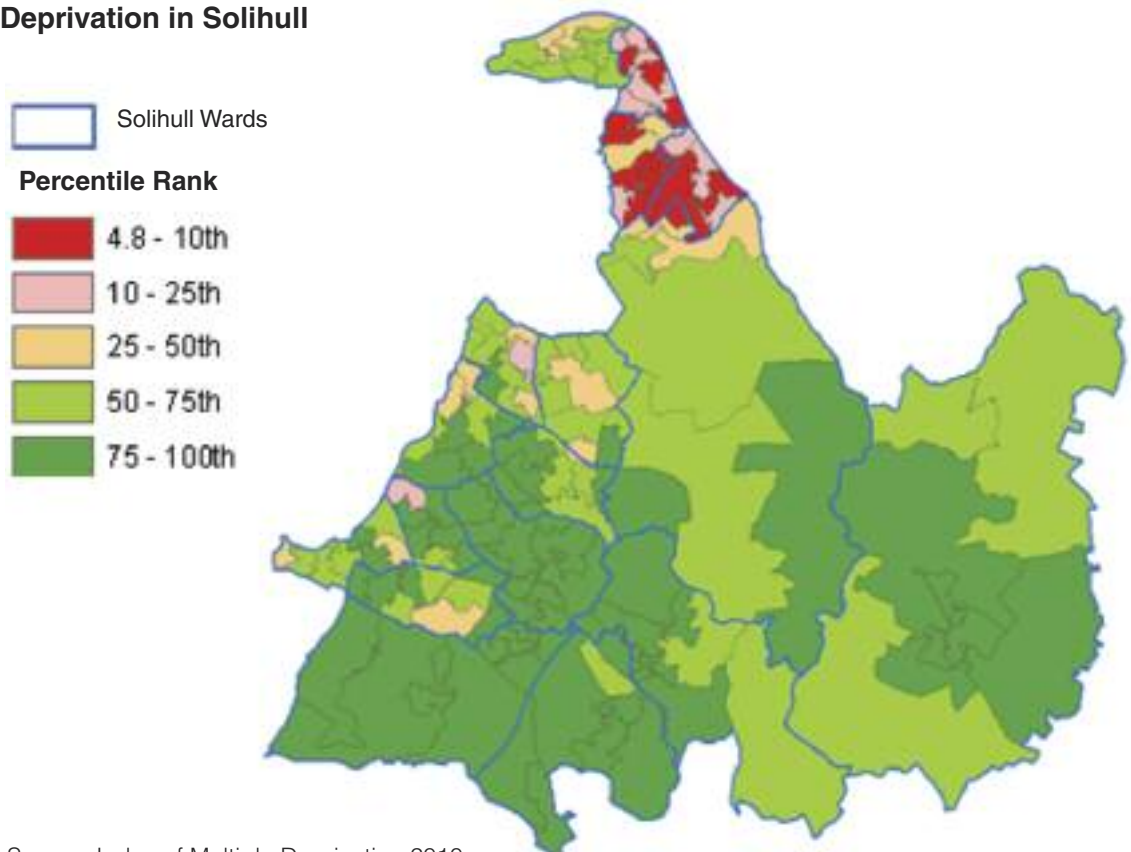
3. ONS Mid Year Population estimates 2013

4. Census 2011

Geographically, 80% of people live in the main urban areas of the Borough, 9% in the large settlements of Knowle, Dorridge and Bentley Heath and 11% live in smaller rural settlements. Within the urban part of the Borough three wards (Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood) form a designated regeneration area. Large parts of this regeneration area are among the 10% most deprived neighbourhoods in the country and, as a result, the Borough is subject to significant inequality gaps across a broad range of outcomes. From a health and care perspective some of the differences between the North Solihull Regeneration area and the rest of the borough include:

- At birth, residents in the North Solihull regeneration wards are expected to live nearly 10 years less than those in the least deprived wards in the Borough, with the onset of disability for those living in more deprived communities likely to begin 15 years earlier than those in the rest of the borough;
- 8% of North Solihull residents describe their general health as bad or very bad compared to 5% in the rest of the Borough;
- 19% of 18-64 year olds in North Solihull say that they have an illness or disability that limits their day-to-day activities compared to just 10% in the rest of the Borough.

### Deprivation in Solihull



Source: Index of Multiple Deprivation 2010

In addition to an ageing population, Solihull is also becoming significantly more diverse in terms of its ethnic and religious profile. The Black and Asian Minority Ethnic (BAME) population more than doubled between the Census of 2001 and 2011 and now represents nearly 11% of the total population. The fact that the proportion is much higher among younger age groups (17% of those aged under 20 years), suggests Solihull will become even more diverse in the future. Individuals from an Asian/Asian British background represent the largest and the fastest growing BAME group in Solihull, although in North Solihull those from a Mixed Race or Black/Black British background are more significant. There has also been a large increase in the number of people from a non-Christian religious faith, with Solihull's Muslim population increasing by more than three times and the numbers of Sikhs and Hindus doubling since 2001.

There is little reliable information available on the number of people in Solihull who are lesbian, gay, bisexual or heterosexual, or the number of those people who are transsexual, which makes planning future services difficult. We expect that providers will take into account and be able to respond to the needs of individuals with respect to their sexual orientation and gender reassignment in a sensitive and respectful manner.

Solihull is keen to work with providers who understand and value our borough's diversity, particularly in light of changing demographics. Through our commissioning activities the Council will consider how we can deliver on our legal requirements to eliminate discrimination, harassment and victimisation; promote equality of opportunity; and foster good relations (as found in the Public Sector Equality Duty – Section 149 of the Equality Act 2010). As this duty applies to any organisation carrying out a public function we will seek to work with providers who are able to demonstrate consideration of the duty in their delivery of public functions. Overall, it is anticipated that our commissioning activities and our providers will have a play a significant role in improving the lives of Solihull residents, particularly the most vulnerable and disadvantaged. All contract monitoring will include the monitoring of relevant equality outcomes.

Read more about the Population of Solihull in our Story of Place

[Story of Place - Solihull Metropolitan Borough Council](#)

### **Adult Social Care Profile 2012/13**

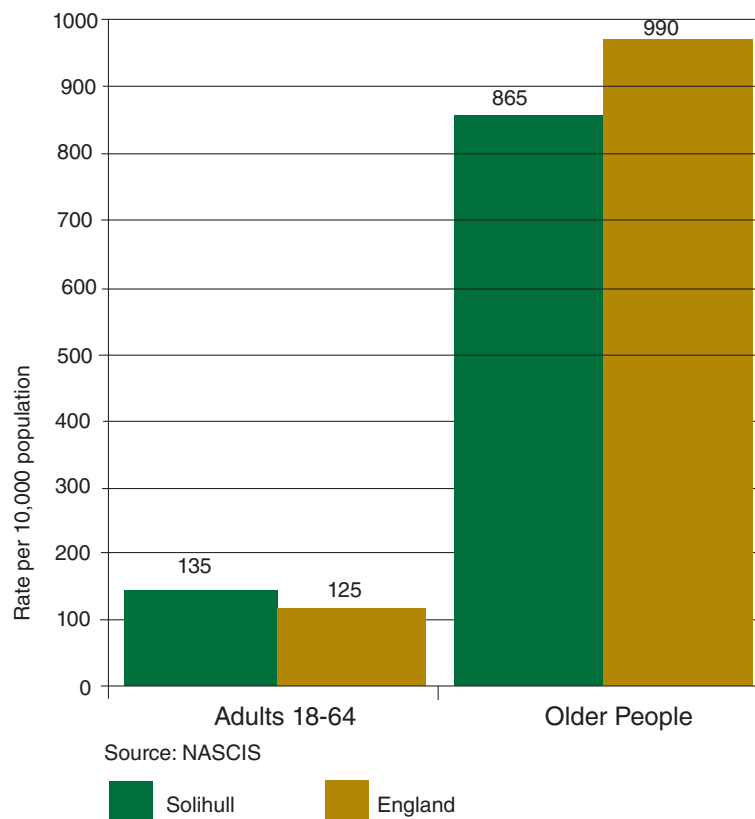
At the end of 2013/14 there were 5,270 adults in Solihull receiving a service either partly or fully funded by the Local Authority. 69% of these clients were aged 65 and over and 68% were clients with a physical disability (as classified by their main condition). This does not reflect the full extent of demand for care services in Solihull which, as a relatively affluent borough, has a significant proportion of individuals who fully fund their own care needs. Solihull adult social care services conducted a total of 2,380 reviews in 2013/14 and completed 1,785 assessments.

Number of Solihull Service Users			
Primary Client Group	18-64	65+	Total 18+
Physical Disability	680	2,890	3,570
Mental Health	365	430	795
Learning Disability	555	65	620
Other Vulnerable People	15	260	275
Substance Misuse	5	5	10
All Service Users	1,620	3,650	5,270

Source: NASCIS, RAP 2013/14 (number rounded to nearest 5)

At 320 per 10,000 population Solihull has more Local Authority funded Adult Social Care clients per head of population than across England as a whole (300 per 10,000), with the rate above the England average among adults aged 18-64 (135 per 10,000 compared to 125), but below average among older people (865 per 10,000 compared to 915).

### Local Authority Funded Adult Social Care Clients 2012/13



4,520 clients in Solihull received community based services (86% of total), with 665 receiving residential care and a further 305 nursing care. A slightly higher proportion of clients in Solihull receive community based services than across England as a whole (83%), although the proportion is lower among the learning disabilities client group (72% compared to 80% for England).

A total of 855 carers' assessments or reviews were carried out in 2013/14, with 260 carers receiving a service and 600 provided with information only. Proportionally the number of carers receiving a service fell from 56% in 2010/11 to 30% in 2013/14 and this is now lower than the England average (49%).

## **What Our Service Users Say about Care in the Borough**

Two major surveys provide us with significant insight in to how our service users and carers feel about the care they receive in Solihull and the impact that this has on their quality of life.

59% of Solihull service users who responded to the 2012/13 service users survey say that their overall quality of life is good or very good, compared to less than 11% who say bad or very bad. However, the survey also showed that there are certain aspects of daily life where we need to do more to ensure that all service users have the best quality of life possible. For instance, a significant number of service users (24%) feel that they do not have enough control over their daily lives, enough social contact (23%) or opportunity to do the things that they like and value (35%).

A majority of our service users (64%) tell us that they are either extremely or very satisfied with the care and support services they receive, with a further 27% saying they are quite satisfied. Over 93% say that the care and support services they receive help them to have a better quality of life, with 61% saying that the way they are helped and treated makes them think and feel better about themselves, compared to less than 8% who feel undermined.

From the Carers Survey<sup>5</sup>, we know that carers in Solihull are also broadly positive, although we recognise that for some measures the Borough does not perform as well as the England average. A large majority (70%) of Solihull carers say that overall they are satisfied with the service they or the person they care for received. 68% of those who tried to find information about support services or benefits over the last 12 months found it easy to do so and 89% who received support/advice found it either very or quite helpful. Like service users, a significant number of carers express concern about how much time they have to spend doing things they enjoy or value and the extent to which they have control over their daily lives. Carers who provide 75 hours or more of care per week appear to be particularly disadvantaged in this respect as do those who are in employment but don't feel supported by their employer.

Further consultation on the Birmingham and Solihull Dementia Strategy suggests that people with dementia and their carers struggle to know what is available to support them and how to access it. Feedback suggests that there are lots of good services and support available but that it takes a lot of effort finding them. Carers of people with dementia told us support for carers is poor, that services do not seem to be well co-ordinated, and that carers want to continue to provide the care but need to be able to rely on the wider services and know that help will be available quickly when things are becoming difficult. Carers also said that there wasn't enough respite care available and that not all respite care should be residential respite.

5. The Carers Survey is conducted annually and is sent to all carers known to the Council at the time of the survey.

Carers want to be supported to continue to do the things that are important to them and want to have choice in the types of services available to support them. There is still a lot of stigma attached to dementia and this means that people try to cover it up for as long as possible.

### **Commissioning Adult Social Care in Solihull**

The Council's Integrated Commissioning Team is responsible for commissioning adult social care services, as well as services for children and families, and supporting transitions from children's to adult services. The Council hosts joint commissioning arrangements for mental health, learning disabilities and carer services. This means that the Council's commissioning leads in these areas have dual accountability to both the local authority and the Clinical Commissioning Group (CCG). Social care services for older people, people with disabilities and sensory impairments remain the responsibility of the local authority as a single agency commissioner, but with extensive collaborative work.

In order to ensure we are compliant with new responsibilities under the Care Act we are reviewing our commissioning approach, using the emerging commissioning standards<sup>6</sup> as a tool over the next few months with our key stakeholders including NHS partners and local providers in order to self assess our capacity to achieve improved outcomes for adults using care and support services, their families and communities through commissioning and market shaping.

## **4. Demand and Future Pressure Points**

### **Older People**

At the time of the 2011 Census there were over 39,500 people aged 65 and over living in Solihull, of which nearly 12,000 were living alone and 5,500 were aged 85+. Since then the 65+ population is estimated to have increased by a further 2,400 people to 42,300, with those aged 85+ numbering 6,000. From the Census some key characteristics of the 65+ population in Solihull include:

- 15% (5,700) describe their health as bad or very bad;
- 51% (20,300) say that their day-to-day activities are limited by illness or disability, with nearly 10,000 (25%) saying their activities are limited a lot;
- 15% (5,900) act as a carer, with over 2,200 providing 50 hours or more care per week.

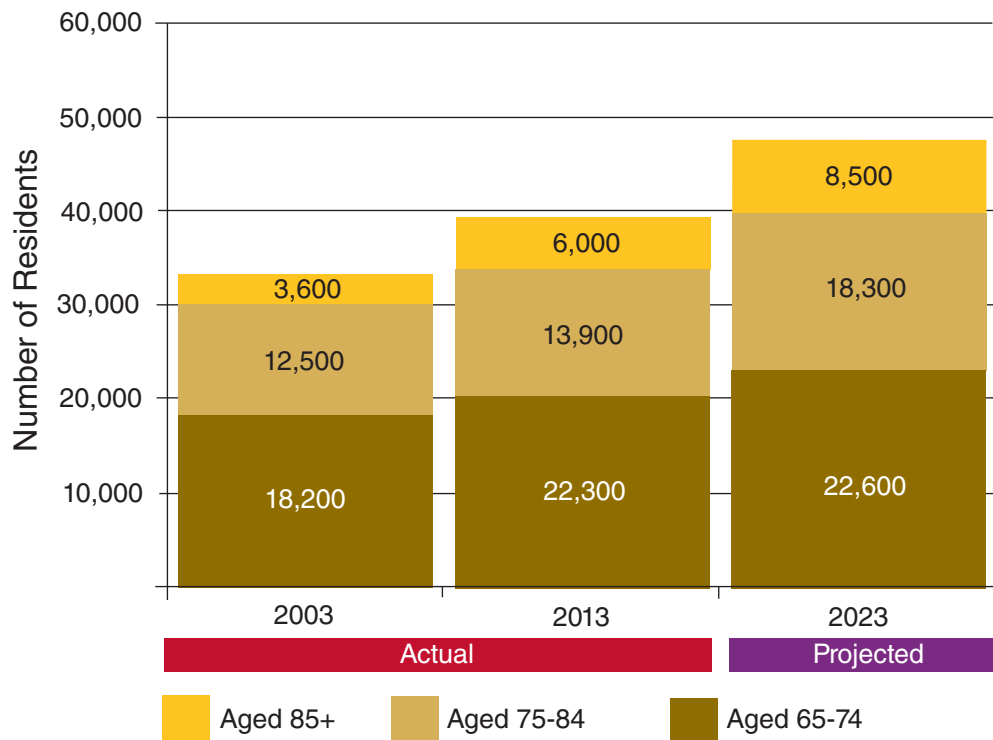
These proportions are in line with the England average. However, compared with England as a whole a relatively high proportion of older people in Solihull own their home outright (76% of pensioner households, compared to 67% for England), suggesting that, as a whole, older people in Solihull are relatively affluent, with many able to self-fund their care needs. This is supported by the fact that just 15% of Solihull residents aged 65+ claim pension credits compared to the England average of 19%, although the proportion rises to around one third in North Solihull.

The combined effect of people living longer due to advances in medical technology and the Baby Boom generation will be the greatest single pressure on future care services. The number of older people living in Solihull, which has already increased by 23% between 2003 and 2013, will continue to rise over the next ten years. ONS projections suggest that by 2023 there will be around 49,400 residents aged 65+ in the Borough, including 8,500 aged 85 and over, which is likely to add further pressures on the care system.

6. Commissioning for Better Outcomes: A Route Map. University of Birmingham, 2014



## Older People Population Growth in Solihull



Increases of this magnitude in the older people population will have a significant impact of the numbers requiring care. For example, reablement, out of hospital care services and residential care services are all likely to experience increases in demand as the population ages with the numbers of individuals requiring crisis care (stroke, heart attack, falls and hip fracture) rises.

Applying national prevalence rates to the Solihull population suggests that there are around 3,100 people aged 65+ with dementia in the borough of which around 1,500 are aged 85+. The number of Solihull residents aged 65+ with dementia is projected to increase by nearly a third over the next 10 years, with a total of over 4,100 individuals with the condition at this point (2,100 aged 85+). **As a result dementia is likely to become of increasing significance in Solihull in terms of the need for a community and service response.**

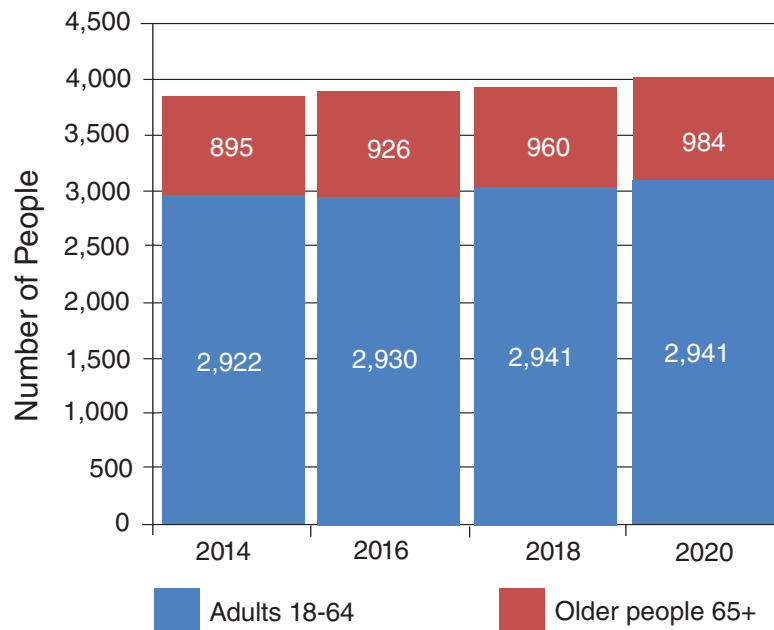
### People with Learning Disabilities

Population growth among adults aged 18-64 has been and will continue to be less pronounced than among older people (+2% projected increase 2011-2021), although there are still significant demographic trends that will create some additional pressures on care services. In particular, individuals with complex needs and adults with Learning Disabilities, including those with co-morbidities such as autism are living longer and many are developing age related conditions such as dementia.

Applying national estimates to the Solihull population suggests that there are around 3,000 Solihull adults aged 18-64 with a Learning Disability, including around 660 where the condition is moderate or severe (those who are most likely to require care). The number of adults with a severe Learning Disability is projected to increase by more than those who have a more moderate form of the condition, although it is among Older People where increases are most pronounced. It is notable that the profile of adults with a Learning Disability currently accessing a service in Solihull is different to that nationally.

Of the 540 receiving a service in 2012/13 30% were in residential or nursing care compared to 24% across England as a whole. This profile of services has occurred because there were two long stay hospitals located in the Borough and the closure programme was based on the development of small residential homes. A lot of work has been undertaken over the past three years to develop alternatives to residential care and this has had some impact. We are keen to extend the options available to those people who are already living in residential care. **It is this fact rather than increases in actual numbers which currently provides the main pressure point for adults with Learning Disability in Solihull.**

### Individuals with a Learning Disability in Solihull



As the general population becomes proportionately older the age profile of people with learning disabilities is also changing. **Early onset dementia in people with LD is also potentially becoming more common, although this is likely to have a far smaller impact.**

#### Market opportunity

People with learning disabilities that have dementia – both younger and older adults - is an area where we are seeing an increase in prevalence, although as a small borough we do not have large numbers of people. We would be interested to talk to providers about how we might approach support in this area – including exploring a partnership approach between specialist dementia providers and those organisations that are skilled in supporting people with learning disabilities.

#### People with Autistic Spectrum Conditions

Applying national estimates to the Solihull population suggests that there are around 1,580 Solihull residents with autism in the borough, of which 1,180 are adults aged 18-64 years. **Services for people with autism, but without an additional Learning Disability or Mental Health condition are currently under-developed in the borough.** We are developing our Autism Strategy, but based on national research our priorities for support services are likely to be around post-diagnosis, accessing and maintaining employment, living independently in the community (with appropriate individualised levels of support),

and transitional support for young people with autism moving from children's to adult's services.

### **Market opportunity**

We would be interested to talk to providers about how we might approach support for adults with autistic spectrum conditions, particularly for those without an additional Learning Disability or Mental Health condition.

### **Mental Health**

Mental illness affects one in four people at some point during their life. The most common mental health problems in Solihull are neurotic disorders and depression. It is estimated that around 8,800 adults in Solihull have a Mental Health problem with this expected to increase in-line with the overall population. It should be noted that mental health problems, including depression are more common in women and, in Solihull, are almost three times more common in the wards in the North of Solihull, suggesting an association with deprivation.

**For adults of working age, our priorities are to support people early, ensuring that services are recovery focused and reduce future dependency on mental health services.**

Supporting people to get the skills and experience they require to move back into employment after a period of mental ill-health is also a key priority, and this could include schemes that look to train people who have been /are service users to become personal assistants, which would in turn support the expansion of personal assistants to provide flexible support in the community.

### **People with Physical Disabilities and/or Sensory Impairments**

Nationally almost one in five people in the UK have a disability, with prevalence rates rising with age. Around 1 in 20 children are disabled, compared to around 1 in 5 working age adults, and 1 in 2 people over the state pension age. In Solihull this equates to over 30,000 adults of working age having a disability that would meet the definition contained within the Equality Act 2010 (this would therefore include those with learning disabilities and mental health conditions).

In Solihull it is estimated that around 12,800 adults aged 18-64 have a moderate or severe physical disability, with around 1,100 of these individuals requiring someone else to help with personal care tasks such as getting in and out of bed, dressing, washing, feeding, and using the toilet. Generally the number of adults with a physical disability is projected to increase in-line with the population as a whole, although rates of severe disability are expected to rise at a slightly higher rate (+4% by 2020). There are 3,570 adults of all ages with physical disabilities currently receiving some form of support from adult social care – equating to 67% of service users. As a result there is a wide range of support available, anything from day care to direct payments or assistive technology or adaptations to residential nursing care.

We are soon to begin work on developing our strategic approach to supporting people with physical disabilities and sensory impairments. Based on national research our priorities in this area are likely to be supporting disabled people to live independent lives, through the personalisation of services, giving disabled people more choice and control; along with improving opportunities to access employment opportunities and the opportunity to play a full part in society, through enhanced lifelong learning opportunities and a focus on narrowing health inequalities.

**In addition we are keen to work with providers who can help us to support young people who are transitioning from children's services to adult services. We want to make changes so that all disabled people receive smooth and uninterrupted support to ensure that they live fulfilling and independent lives.**

We recognise that there is a difference between the needs of all disabled people for access to good information, advice and guidance, community opportunities and universal support and those who require more specialist support (as well as accessible universal services). Specialist services will continue to play an important role, but we are also interested in speaking to providers to reflect the whole spectrum of support from universal provision, early intervention and prevention, to access to specialist services. Universal services and those services that support people to access mainstream services, and prevent loss of independence are vitally important.

We feel strongly that people with significant support needs have a right to the same range of opportunities as other people. **We are very interested to work with organisations that are creative in their approach, familiar with the benefits of assistive technology and skilled in supporting people who may experience additional health needs such as epilepsy, respiratory and skeletal difficulties.**

### **Market opportunity**

We are very interested to work with organisations offering supported employment for young people transitioning from children's to adult's services, people with learning disabilities, people with sensory impairment, people with physical disabilities and people with Autistic Spectrum Condition. Employment preparation and support to get and maintain a job for people with Autism (particularly those people with high-functioning autism or Asperger syndrome) is a particular area where we would be keen to talk to innovative providers with ideas about how we more effectively support people with this need.

We would also welcome discussions around the development of social enterprises and firms, to provide constructive training and development, particularly around the development of self-help, independent living and social skills – perhaps providing support to access local colleges and other development opportunities and crucially, employment.

### **Carers**

Census 2011 data shows that as many as 24,000 individuals in Solihull identify themselves as a carer, which at 11.7% of the population is higher than the England (10.2%) average. Even this is likely to be an under-estimate of the full extent of caring responsibilities within the community, as according to research by Carers UK nearly a third of carers do not recognise themselves as such for over 5 years.

% of All Carers			
Age of Carer	Count	Solihull	England
Age 0 – 15 Years	404	1.7%	2.1%
Age 16 – 24 Years	1,111	4.6%	5.6%
Age 25 – 34 Years	1,502	6.2%	8.7%
Age 35 – 49 Years	6,102	25.3%	26.2%
Age 50 – 64 Years	9,056	37.6%	35.5%
Age 65+	5,938	24.6%	22.0%
All Carers	24,113		

Source: ONS Census 2011

% of All Carers			
Hours of Care Provided Per Week	Count	Solihull	England
1-19 Hours	16,084	1.7%	2.1%
20-49 Hours	2,896	12.0%	13.3%
50 Hours+	5,133	21.3%	23.1%
All Carers	24,113		

Source: ONS Census 2011

The Census also shows that the burden of care is growing, with between 2001 and 2011, the number of carers in Solihull increasing at a much faster rate (+15%) than the overall population (3.6%). Key characteristics of the carer population in Solihull include:

- Over 5,100 (21% of all carers) Solihull residents provide care for 50 hours or more per week. Carers from deprived neighbourhoods are more likely to care for 50 hours+ per week than elsewhere in the borough;
- Nearly 1,400 carers in Solihull say that their general health is either bad or very bad, although with this equating to 5.7% of all carers this is not a great deal higher than the rate among those who do not have a caring role (4.9%);
- However, caring for 50 hours+ per week does appear to have a detrimental affect on health, with around 13% (652 individuals) of Solihull residents who provide this amount of care stating that their health is either bad or very bad.

A combination of factors including the increased demand on care services and the ageing population, suggest that the number of carers will continue to increase at a faster rate than the overall population.

## Market opportunity

There will clearly be a need for increased respite opportunities from short breaks services to residential respite, as these were the priorities identified during the development of the Carers Strategy. This respite needs to be developed creatively and flexibly so that it is personalised, outcomes focused and meets the needs of a wide range of carers including carers of people with learning difficulties. The Commissioning Prospectus relating to these services will be published in February 2015 for contracts to start from 1st September 2015.

## Self Funders

Many people who require social care support fund their care from their own savings/capital. Only people with savings/capital less than £23,250 qualify for financial support from the Council, though this threshold will change in the proposals in the Care Act to what is thought to be a cap of £72,000, (though this is still to be confirmed by Regulations and Guidance later in 2015) .

The Council has not routinely recorded information about people who fund their own care; - we have records of more than 250 people who currently fund their own support, but the actual number will be considerably higher. A recent report<sup>7</sup> suggested that nationally the number of older people who pay entirely for their own social care and support account for 45% of residential care home places, 47.6% of nursing home places and 20% of home care support, though these figures are projected to be higher in Solihull based on local demographics.

30% of respondents to Solihull Link's Personalisation Survey were self- funders. The survey found that self-funders had similar outcomes from using services to those people receiving Council funded services (including continuity of care and knowing the person providing their support), and that they are less likely to use day care than people using council funded services, but more likely to receive informal support from family and friends. It found that self funders may have less access to information and advice about services than those people funded by the Council.

This will change under the Care Act, as the Council will have a responsibility to ensure access to information and advice to all regardless of how their care is funded. Additionally, from April 2016, the Care Act introduces a care account, where all individuals, whether funded by the Council or not, will be able to track the cost of their care to date and their progress towards the cap. It is likely that a significant number of self funders will come forward for an assessment of needs in order to determine eligible needs which are the only needs that will count towards the cap, though the actual numbers is still uncertain. There will also be a universal offer of a "deferred payment" scheme which allows people to defer paying their care home fees (subject to certain criteria) , via a charge on their property. The debt is then settled when the person chooses to sell their home or when the person dies.

Every year up to a quarter of self- funders see their savings/capital fall to a level at which they become the funding responsibility of the Council. When this happens people may not be able to continue with their chosen care arrangements. For example, people living in a particular residential or nursing home may have to switch to a different care home which is within the Council's budget.

7. Older people who self fund their social care: A guide for health and well being boards and commissioners.

Clive Miller et al, OPM, September 2013

Providing information and advice about paying for long-term care will raise awareness of this issue. Our aim is to help people plan in advance rather than leaving decisions until they, or a family member, reaches crisis point. The Council cannot provide financial advice about care fees planning. Only individuals regulated and authorised by the Financial Services Authority (FSA) can provide advice and recommendations on funding solutions, but the Council has a responsibility to ensure that people have clear information and advice to ensure well informed decisions.

We are also engaging with partner organisations actively involved in the care or support of older people so that all agencies in Solihull can give the same messages about paying for long term care.

**Look out for**

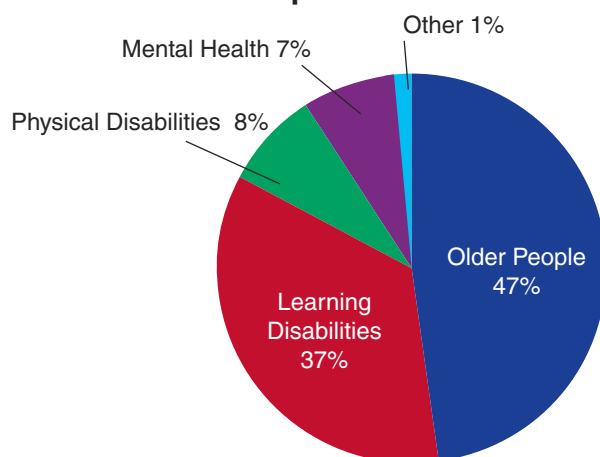
The Council is planning to incorporate awareness-raising on the importance of seeking timely care fees advice in order to plan for future care needs within its information and advice offer via the hubs and will look for opportunities to work with providers and other partners to help get the message across.

**5. Current Picture of Adult Social Care Services in Solihull**

In 2013/14 Solihull spent 47% of its adults social care expenditure on services for older people (compared to 51% nationally) and 37% on services for people with learning disabilities (32% nationally). In terms of service type, 43% was spent on residential and nursing care homes, 45% on domiciliary and day care and 11% on assessment and care management.

**Adult Social Care Expenditure by Client Group**

**Total Actual Gross Expenditure 2013/14**



**Residential and Nursing**

There are two main types of care home in Solihull; care homes without nursing care and care homes registered to provide nursing care. There are 28 homes within Solihull that have Council funded residents, and there are 547 residential care home beds and 595 nursing home beds in total. In July 2013, 324 beds were funded by the Council in Solihull for older people, 241 residential beds and 83 nursing beds. In addition there are a variety of residential care home and nursing home beds supplied by providers who have no Council funded residents. There are usually few vacancies at any one time as

placements consist of people who self fund their own care as well as people who have been placed by Adult Social Services. Furthermore not all homes accept publicly funded individuals as fee levels are above the price of the Council's tariff. The majority of residential and nursing homes are based in south Solihull, with very little provision in North Solihull.

A key commissioning intention of the Council and its NHS partners is to further develop the partnership with care home providers for older people and older people with dementia located in Solihull to:

- shape the market to meet the changing needs and aspirations of older people
- support local providers and so assure residents, family members and the Council of an affordable care home service offering a safe and reliable provision which can promote health and well-being along with quality consistent with legislative requirements and regulations.

The critical success factors, or the quality criteria by which success will be measured, are to:

- secure adequate capacity at an affordable cost from in-borough providers for people eligible for public funds, consistent with the Usual Fee Rates from 2014/15 and beyond which were approved in February 2014
- co-produce with local providers arrangements which can assure all stakeholders that the quality of service provision is consistent with statutory obligations and the locally agreed specification
- secure sufficiency of supply of care home places for those who purchase their own care.

A market shaping exercise is underway which seeks to achieve:

- innovation, investment and best practice for the future development of care home provision and the health and well-being of residents
- supporting improved quality standards and complements the development of out of hospital initiatives of the NHS, reduce hospital admission and facilitate early discharge with on-going support and intervention by primary and secondary health services.

The implementation of the market development exercise focuses on 5 work streams:

- Commissioning: and the preparation of a needs analysis, co-production of a service specification and commissioning of 138 residential and nursing care beds by way of a block contract; it also incorporates the promotion of assistive technology and telecare along with arrangements to support the Council's commitment that usual fee rates should continue to be updated to reflect current prices
- Procurement and contracting: preparation of contractual terms and conditions and arrangements to implement the procurement of the block beds referred to above
- Workforce development: to promote careers in the care sector, support recruitment and develop pre-employment training and skills development
- Business Support: assist with marketing, responding to the implications of the Care Act and support to be "business fit"



- Land and Property: to monitor land and property available, both Council owned and on the open market, and support new affordable care developments.

Solihull Council currently commissions registered care home (residential and with nursing) provision for older people and older people with dementia in the borough from 24 providers at 28 services. A total of c 1,300 beds are available and of these the Council currently have 'block' contract arrangements with 3 providers at 3 services for a total of 133 beds (mainly for older people with dementia). As at 31 March 2014 a total of 208 (42%) of placements for older people in residential and nursing care were made out-of-borough, compared to 291 (58%) in borough. A total of 499 long-stay beds were funded by the Council, of which 191 (38%) were nursing beds and 243 (62%) were residential. The gross annual cost as at 31 March 2014 of the 499 placements is £12.2m of which £4.7m relates to nursing beds and £7.5m to residential beds

The underlying demand for long-term residential and nursing home placements is clearly linked to Solihull's ageing population; by 2019 there will be more frail older people aged 85+ with multiple and complex needs, increasing numbers of older people with dementia and increasing numbers of older people living alone; along with overall life expectancy increasing at a faster rate than disability free life expectancy. These factors will drive additional demand for social care in Solihull.

If the Council do not make changes to the way in which this care is delivered the total number of long-term nursing & residential placements required will rise by an estimated 16% between 2013/14 and 2018/19 (from 499 placements to 581).

However, additional extra care accommodation, increased capacity in the reablement service and increased use of Assistive Technology (ATT) are expected to offset, or at least limit, increases in the number of care home placements (mostly residential care) that the Council will need to fund in the future.

Taking into account this impact from alternative models of care, it is projected that the total number of residential and nursing care placements that the Council will need to fund will increase by just over 3% between 2013/14 and 2018/19 (from 499 placements to 515 placements).

On this basis it is proposed that the Council slightly increase the number of beds secured at the usual fee rate on a block contract basis and assumes the proportion of placements that the Council makes in the borough (currently 58% of placements are in borough, 42% out of borough) will be maintained.

Alternative models of care are expected to have a far greater impact on demand for residential care than for demand for nursing care and, for this reason, it is expected that the overall requirement for nursing care placements will increase through to 2019 while that for residential care will fall. The distribution of the Council's block contract beds should be adjusted to reflect this shift.

Currently 77% of the Council's commissioned block contract beds are able to provide care for service users with dementia. A recent study based on the BUPA care home population suggests that this is above the likely dementia prevalence within the Council's care home population. For this reason it may not be necessary, from a demand perspective, to increase the proportion dementia beds that are commissioned.

Consequently, this needs assessment projects that the total number of long-term nursing and residential placements required will increase from 499 placements to 515 placements; of which the commissioning need for block beds is as follows and will be the basis for the forthcoming procurement exercise which is due to formally commence in

	Current Contract @2013/14			Base scenario for new contract through to 2019		
	Dementia	Non- Dementia	Total	Dementia	Non- Dementia	Total
Nursing	25	0	25	43	13	56
Residential	78	30	108	63	19	82
Total	103	30	133	106	32	138

The needs analysis has been produced and presented in the form of a baseline scenario, underpinned by a range of different assumptions. Still to be included in the projections are the potential additional placements required for Intermediate Care Beds, and Continuing Health Care Beds, should these form part of the procurement exercise commencing in April 2015.

### Market opportunity

There will be a procurement exercise for the provision of Residential and Nursing Block Placements and this is due to formally commence in April 2015, following a series of provider forum's as part of market development.

### Home Care

The Council went through a tender exercise and introduced a new Framework Contract for the delivery of home care in the Borough in April 2013. Previously services have tended to be provided on the basis of a recognised service user group label such as learning disability or mental health, rather than on the basis of the level of needs of an individual. Therefore we have procured provision of two levels of service – Generic, to meet the daily living needs of most individuals and Specialist, to meet the needs of individuals who have more challenging or unpredictable needs. The aim is to ensure that the Council is better able to source the right package of care at the best price to meet the outcomes required by the service user.

An effective home care service aims to work with individuals in their own home on their activities of daily living in a way that promotes independence and enables them as far as possible to maintain and regain skills, thereby requiring less support.

All assessments and care plans will increasingly be about what are the best outcomes for the service user, though we are not at this stage yet. This will include supporting someone to gain greater levels of independence; as an example, the home carer would spend time on supporting the service user to wash themselves. This initially might take the carer longer than carrying out the task of washing but the final outcome is far more beneficial to the service user and their quality of life, and potentially reduces the need for on-going care.

People with dementia and their carers have told us that they want to stay living at home for as long as possible. There is a growing requirement for home care support delivered by staff with a good understanding of dementia. We will expect home care providers to provide rehabilitative support rather than task based support so that people with dementia retain their skills for daily living for as long as possible. We also want providers who look for changes in the presentation of the person who they are providing

support to and their carer and who know what to do and who to contact if they are concerned about anything.

Recruitment of the right staff, including attracting the right people to work in the home care market are key to meeting the current challenges of capacity and flexibility to accommodate ebbs and flows of need and demand i.e. at certain times of the day, in the rural areas of the Borough, and during the winter months. Commissioners are working with providers, with Economic Development and with Jobcentre Plus to support good recruitment and employment options, as well as other business support options.

#### **Market opportunity**

We want to ensure outcomes based provision is available to all parts of the Borough between the hours of 6.00am and 10.30pm seven days a week and for fifty two weeks per year. During 2015 we will be undertaking a market development exercise around homecare in preparation for the next round of tendering, as the existing Framework contract currently ends in March 2016.

### **Day Services**

The Council is currently reviewing its provision of day services for older people, people with learning disabilities and people with physical disabilities. The initial focus has been on two services directly managed by the Council – Park View and Bacons End – and building on previous consultations and explicitly and actively engaging people with learning difficulties, family carers, staff and wider stakeholders to ensure that any new model for day services meets the priorities identified by all, and contributes to the requirements of the Council's Medium Term Financial Strategy, to make financial savings on the cost of delivering day care by 2016/17. A further consultation on day care for older people, older people with dementia and adults with physical and sensory disabilities is planned during 2015.

#### **Market opportunity**

We want to hear from providers who offer affordable, innovative day activities for people with dementia, and also those who provide community based support for people with learning disabilities – offering enjoyable, inclusive opportunities for leisure and developing friendships, operating during the day, in the evenings and at the weekends.

We will also continue to challenge existing providers to redesign their offer to meet changing service user expectations.

### **Independent Living and Extra Care**

Most people want to live independently, regardless of age or vulnerability. The Council's ILEX strategy seeks to make that a reality for as many people as possible in two ways:

- By providing support for people to continue to live safely and comfortably in their current home, and
- By encouraging the development of more extra care housing for those who want or need to move

Services to people in their own home are provided through Solihull Independent Living (SiL), a partnership between the Council and Solihull Community Housing (SCH). Current services include home adaptations (through Disabled Facilities Grants and Minor Works Grants), a handyman scheme for repairs and a gardening service. It also provides telecare equipment under a contract with Adult Social Care.

SiL provide services to older and disabled people in private housing and council housing. In 2015 they will be extending the scope of their offer to households which can pay for services, as well as maintaining their services to people for whom Adult Social Care fund their provision.

The Council works with registered social landlords, housing associations, housing trusts and others to bring forward new developments to meet the needs of people who want to retain independence but where an element of support will be required.

The favoured model is Extra Care Housing (or Housing with Care), which is explained below

#### Extra Care Housing (Housing With Care)

Purpose-designed self-contained accommodation which provides independence [each resident has their own front door] with opportunities to be part of a community [there will be communal space, facilities and activities, and the scheme should have links to the wider local community] and receive care and support [there is normally 24/7 on-site care].

Extra care housing can deliver a level of provision which equates to that currently expected of a registered residential care service and can meet the same complexity and intensity of an individual's needs, while maximising the benefits of the latest assistive technology.

Residents will usually have a range of ages, abilities and care and support needs and this mode of provision may be considered to provide suitable accommodation for people whose needs are anywhere on a continuum between general-purpose housing and residential care.

At the end of 2014, 81 new Extra Care apartments had been provided and 18 homes for people with learning disabilities. A further 116 properties are in the 2015 development pipeline and there are significant proposals for 2016 and later years.

In March 2015 a 51 place scheme for older people will be provided by Solihull Care Housing Association at Parkgate, Shirley. This is a mixed use scheme (to include older people, older adults with learning disabilities and older adults with physical disabilities) providing 33 units for social rent and 18 for shared ownership.

In addition to Extra Care schemes there is also a range of supported living and supported housing for people with learning disabilities and mental health needs, ranging from single properties, through to grouped provision.

Spring 2015 will see the provision of purpose- designed new build accommodation of 28 apartments for people with mental health needs at Smith's Wood Village Centre. This will replace the existing provision of 16 places at Ipswich Walk, Chelmsley Wood.

Other provision currently in the pipeline includes 23 homes for people with learning disabilities and 14 for older people and those with physical disabilities.

The Council will use its enabling powers to deliver additional units of extra care accommodation to meet identified need, and there are potential opportunities in the Local Plan for private providers to work with the Council to deliver new purpose built schemes in the future, as well as the redevelopment and remodelling of existing schemes.

[http://www.solihull.gov.uk/Portals/0/Housing/Extra\\_care\\_housing\\_strategy.pdf](http://www.solihull.gov.uk/Portals/0/Housing/Extra_care_housing_strategy.pdf)

### **Market opportunity**

The Independent Living and Extra Care Housing Strategy contains a schedule of outstanding accommodation needs which is updated quarterly. The December 2014 edition is a useful guide for prospective providers. We have a particular need to further develop this area for young people with learning disabilities, complex physical disabilities and Autism, returning to the Borough from College, or for those people just wanting to take a step towards independence.

We want to work with extra care housing providers who welcome applications for people with dementia thereby enabling the person with dementia to remain living with their husband/wife, reducing the requirement for the person with dementia to go into residential provision.

### **Retirement Housing**

There is a number of private rented retirement housing schemes in Solihull and in recent years private developers have catered for people wishing to purchase on the open market. There are currently 118 units of private retirement housing in Solihull.

### **Market opportunity**

Provision for self-funders is an important element of overall market provision for older people and there is a need for additional provision in the South of the Borough through a mix of accommodation for social rent, shared ownership and outright ownership.

### **Supporting People (Housing Related Support)**

The Supporting People programme is the means by which Solihull Council, Solihull CCG and probation services (the National Probation Service/ Staffordshire and West Midlands Community Rehabilitation Company) commission housing related support services for Solihull; together these agencies form the Supporting People Commissioning Body. The Council is the Administering Authority for the investment.

The Programme commissions, from a range of voluntary, charitable, private and statutory providers, a portfolio of services for vulnerable people including people from Black, Asian and minority ethnic communities, women at risk of domestic abuse, people who misuse substances including drugs, offenders, people who are (or at risk of) homelessness, people with a learning disability, mental health difficulty, physical and/or sensory disabilities, older people, teenage parents, travellers and young people at risk. These housing related support services form a crucial part of the preventative range of services and therefore are central to the implementation of the Council's Independent Living and Extra Care Housing Strategy.

There are a total of 75 services delivering housing related support to in excess of 2,000 people.

As a consequence of the Comprehensive Spending Review 2010 the Supporting People Grant (SPG) ceased to exist and resources previously allocated to SPG were included within the Local Authority's Revenue Support Grant as a non-ring fenced sum. In Solihull resources equivalent to the SPG were hypothecated into the Adult Social Care budget to fund the commissioning of housing related support services.

In response to the requirement of the Council's Medium Term Financial Strategy (MTFS) consultation was undertaken with providers in October/November 2011 on options by which to achieve the target of a 20% reduction in expenditure by March 2015.

As a consequence a programme of individual service reviews was undertaken to: (i) ascertain compliance with quality standards; (ii) redesign the service if necessary to meet current commissioning requirements, while retaining the option of decommissioning a service or reducing cost or capacity; and (iii) identify and secure savings.

A number of key themes emerged as the outcome of the reviews and included:

- the creation of an integrated staff team, extension of opening hours and increase in capacity
- remodelled floating support to increase the number of hours of direct support provided within reduced resources
- decommissioning of services and accommodating need within alternative provision or a re-commissioned service following competitive tender
- an agreed new service specification between commissioner and provider to support integrated working, increase the case load, reduce length of service provided, establish a new pathway and further integrate the service with statutory and other partners
- increased throughput within existing resources
- reduction in hourly rates and/or funding allocation but maintained existing service provision
- significant redesign of service, charging structure and integration with/maximisation of assistive technology and telecare
- rationalisation and merger of services within same organisation
- integration of service in the review of advice and information services
- redesign to support development of extra care.

In order to achieve the target of a 20% reduction in expenditure; initially a flat rate reduction was applied to each service of 5.84% in 2012/13 along with no uplift (i.e. 0%) for inflation; the service reviews commenced in March 2012 and a key outcome of each service review was to set the contract value for each service with effect from 2013/14 and identify and secure savings.

Subsequently, an update of the MTFS required further savings from the programme equating to an additional 4.7% by March 2017. A further consultation was conducted and an option approved to afford protection to the maximum number of 'smaller providers'; under this arrangement providers whose total contract value with the Council

this will protect fourteen out of twenty-seven providers. Thirteen providers with a total contract value of £50,000 or more will be required to find a reduction of 7.8% by 2016/17; therefore, 3.9% will be required in 2015/16 and a further 3.9% in 2016/17. Consequently, all the required savings are planned to be achieved.

The commissioning of housing related support services from a diversity of providers, integrated with a range of care and support services and meeting the needs of Solihull's diverse communities remains a pivotal element of the Council's commissioning intentions.

Commissioners and providers agreed that a review and the co-production of a revised service specification were needed to reflect the nature and value of housing related support. This task has now been completed and the specification will be attached to new contracts which are currently in development.

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#### **Look out for**

Updates on the Supporting People programme are given by Council officers at the regular Provider Forum meetings

### **Out of Hospital- Enablement and Reablement Services**

The Council is working with its NHS partners on re-designed models of care to support frail elderly people in the community to avoid hospital admission or to reduce the length of stay in hospital, which will include undertaking assessments of on-going care and support needs outside of a hospital setting, either in the individuals own home or in an "intermediate" bed in a community setting i.e. a residential or nursing home.

Alongside an existing range of Hospital to Home interim beds, and a Discharge to Assess pilot in a local nursing home for people with dementia, Solihull has an integrated supported discharge service which provides a multi disciplinary specialist rehabilitation, recovery and recuperation service in the person's usual place of residence to facilitate the safe discharge of people from hospital at the earliest possible point.

therapists, supported by community therapy and nursing teams deliver interventions within the home setting. At the same time, if needed, reablement support is provided via the Council's "in house" Promoting Independence service or by home care providers when extra capacity is required, for up to 6 weeks, before the individual moves to a longer term package of care or not needing any further care or support as required. Following reablement those people who still require assistance are assessed, in accordance with current eligibility criteria and, where appropriate, will be offered self-directed care.

### **Market opportunity**

We expect to see an increase in the availability of short-term placements in intermediate care while people recover after a spell in hospital, or stay while being assessed for on-going needs outside of a hospital setting, or to provide a break for a carer, and this remains an opportunity for further development in the Borough.

### **Assistive Technology and Telecare**

Assistive Technology and Telecare (ATT) equipment helps people to live independently by making everyday tasks easier or by raising an alarm when help is needed. It ranges from simple preventative devices to avoid a bath overflowing, to falls detectors or door contact sensors (which detect when a vulnerable person has left home).

In conjunction with other appropriate services, these 'gadgets' can support people to remain independent and potentially reduce the frequency of hospital and care home admissions, thus reducing costs. They help people to manage the risks in their lives and provide peace of mind both to the service user and their family/carers.

The Council aims to expand the use of ATT so that it becomes a mainstream element of social care support in the borough (see SMBC ATT Strategy). This includes developing high quality information and advice about the equipment for the public, aimed at supporting them to understand its benefits, to find the right equipment and services based on individual requirements and purchase this equipment/services from the relevant retailers/providers.

ATT is a key part of enabling people to remain as independent as possible for as long as possible. As such it is central to the Council's information & advice offer to the public and helps meet requirements of the Care Act.

Service providers should consider the extent to which their services can utilise ATT to benefit service users and their carers. The Council's Market Development of Care Homes for Older People project is offering specific support to develop the business case for ATT and advice on appropriate equipment/systems.

Since 2013 Solihull Community Housing has operated an ATT service on behalf of the Council including a 24-hour response service. This service is available to people who are eligible to receive social care services, either via reablement or longer term social care, and to private customers.

The Council's development of the Elmdon Independent Living Centre will include facilities for the demonstration of a range of assistive technology and telecare equipment to the public.



The Council is interested in developing partnerships to raise public awareness about the use of ATT to older and disabled people and their carers. These may include statutory agencies, the community and voluntary sector and private enterprise. It is particularly important to raise this awareness amongst people with lower level support needs as a way of offering practical support to continue to live independently and make daily living easier.

Solihull's integrated care partnership 'Solihull Better Together' is investigating the use of technology to enable virtual consultations between practitioners and patients/service users and the use of telehealthcare/tele-monitoring. This technology may help move care 'closer to home' and avoid unnecessary delays in accessing services.

To find out more about using ATT visit

[www.solihull.gov.uk/gadgets](http://www.solihull.gov.uk/gadgets)

### **Information Advice and Advocacy**

There is a whole section in the Care Act Statutory Guidance on information and advice as fundamental to enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's well-being by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support. There are also duties in the Care Act to arrange an independent advocate for all adults who would have substantial difficulty in being involved in their assessment and care planning and care reviews.

The Council commissions information, advice and advocacy services from a range of providers and has been reviewing its existing contracts with a view to ensuring compliance with the Care Act, reducing overlaps in provision and ensuring that service users and their carers have the information they need, when they need it .

The challenge is to both reform and reshape services and whilst doing so to make efficiency savings. It is important in doing this to ensure that we invest in efficient, effective, equitable and value for money universal services that can support children, families and adults with care and support needs to lead healthy and fulfilling lives, and live independently in the community of their choice.

### **Market opportunity**

We are working with providers over the next few months into the spring of 2015 to deliver transformed Information, Advice and Advocacy services and the next phase of the programme will focus on Direct Payment Support and Statutory Advocacy. The second Commissioning Prospectus will be published in January 2015 for contracts to start in April 2015

### **Direct Payments**

Direct Payments are cash payments that people can choose to receive to enable them to arrange and buy different sorts of support to meet their eligible needs and preferred outcomes, to enhance and promote their individual well-being.

They are the cornerstone of independence and personalisation in the social care system, and the Council is keen to enable as many people as possible to receive them.

Direct Payments enable people to be creative and flexible in meeting their needs and many people choose to use Direct Payments to employ their own staff; Personal Assistants, to meet their needs in a more empowering and personalised way.

### **Market opportunity**

As more and more people choose to have a Direct Payment – the demand grows for: Personal Assistants, support to manage budgets and pay staff, personalised and flexible support and activities, and bespoke solutions to meet need. People will be looking for added value in what they buy and will be looking for support which helps them to meet outcomes rather than being fixed to times and traditional patterns.

In Solihull we have over 600 people who use Direct Payments to buy their own activities and support to meet their needs. We currently have four support organisations that provide all different sorts of support to people on Direct Payments: information and advice services, payroll, managed accounts and Personal Assistant recruitment and employment support services. In the medium term we aim to also give people funding so that they can purchase the specific type of support service they need, independently, with money put into their Personal Budget.

### **Market opportunity**

People who pay for their own care and support services also need support to recruit and manage staff. When the Care Cap comes in, in 2016, more people who self-fund will be asking the Council to help them to arrange their support services.

Responding to the Care Act and supporting our goal of 'lives not services', we will be encouraging more people to take up Direct Payments and develop their own support plans. This will inevitably lead to people using their money more creatively, which in turn will create the need for providers to develop their patterns of provision to fit in with individual people and their preferences.

### **Market opportunity**

Providers may be useful in supporting people to recruit, train and legally employ staff, some providers will be helping people to write their own support plans or offering independent advocacy to other provider's clients.

Providers will be working closer with individuals to meet needs and outcomes and we would also like to develop and increase the use of Individual Service Funds – as evidence shows these enable people to receive more personalised and effective services.

## 6. Workforce Implications

The changes to care and support and increased personalisation outlined above have significant workforce implications for service providers.

The increase in life expectancy, particularly for people with complex needs and an increasingly elderly population with associated age related illness and disability will stimulate greater demand for care and support, with a knock on effect on the workforce.

With expected changes to the ratio of people in residential care as more people are supported to stay at home for longer, this will also have significant impact, requiring a workforce that is flexible, and more focused on community based support, delivering services in the home, and offering out of hours support, including help overnight.

The Care Act highlights the fact that people who work in the care sector play a central role in providing high quality services and local authorities must consider how to foster enhance and appropriately incentivise this vital workforce to underpin effective high quality services.

New skills will be necessary - co-production, reablement, enablement, and supporting people to use assistive technology to retain their independence, and local authorities are asked to consider how to encourage training and development of the workforce as part of their duties under the Care Act.

The complexity of the demand will require a market response from a workforce that is:

- Skilled in personalised care
- Available when needed
- Able to respond to the location of need
- Flexible enough to respond to changing need and demand patterns

Workforce development will need to be based on integrated strategic workforce planning using models based on possible scenarios. Partnerships will be crucial in delivering a workforce that is flexible and responsive, delivering seamless support and care based on personalised care principles. Key commissioning strategies in areas such as dementia care will need to be woven through workforce development plans.

The workforce itself will need to be recognised as including not just professionally employed staff, but communities and families who provide formal and informal support and care. A strategy will need to be developed which is more sophisticated and able to address the concept of 'community' as a potential workforce with distinct learning needs which require development using a variety of learning methods.

The first stage of workforce development will be the co-production of the vision for a caring Solihull combined with development opportunities to achieve the cultural change necessary to deliver personalised support. Leaders in the Provider sector will need to use this as an opportunity to revise their business plans, delivering business as usual whilst also scanning the horizon to ensure they are positioned to successfully bid for future contracts which will deliver new models of support and care responsive to citizen demand.

Partnerships with Health and Education will be crucial in offering learning opportunities (e.g. Apprenticeships) to respond to the choices being made around support and care. As this market grows Providers will need to be positioned to flex their workforce to

respond accordingly and new models of provision developed that meet demand but also ensure quality. It will be the challenge of maintaining quality of workforce provision within an increasingly competitive market, which in Solihull includes competition from retail outlets such as the Shirley Town Centre Developments and the planned expansion of Touchwood, which will eventually determine the models of commissioning of workforce in the future.

The demographic picture indicates that there will be an increasing number of people with dementia in Solihull over the next 10 years, which will demand a highly skilled workforce to support more complex needs.

The workforce will require new skills based around co-production, promoting independence, and supporting people to use assistive technology. They will require competent managers able to deliver services where quality is maintained through a stable and well qualified workforce.

Workforce development will need to focus on

- Supporting people to self care
- Ensuring that self-direction, choice and empowerment is the model of working in all settings- day services, at home and in residential care
- Supporting carers
- Recruiting ,assessing, training and supporting volunteers
- Making the most of community assets and skills in the local neighbourhood

***We want to ensure that all staff working in care and support services understand and can respond appropriately to support people to deliver quality services. In strategic and areas of highest need such as dementia and autism, and will ensure further development opportunities and sophisticated models of training are available to support sustainable and high quality support for the people of Solihull.***

#### **Market opportunity**

The move towards choice and control for those in receipt of personal budgets is an opportunity to both grow and develop the Personal Assistants workforce and there is a potential opportunity for a User Led Organisation or Social Enterprise to promote the use of PA's within the local community, provide support for people who want to find a PA, and where to find advice on employment issues.

## **7. Current and Future Levels of Resourcing**

In 2014/15, the Council budget for adult social care services is £59.6m (£53.0m excluding client income). In addition there is a Council funded adult social care capital programme of £1.056m.

The Council's Medium Term Financial Strategy (MTFS) includes growth of £1.5m a year from 2014/15 to 2016/17 in order to fund inflationary and demographic pressures and increased numbers of service users with disabilities. Over the next three years we will also prioritise expenditure on services to promote independence, offer more choice, and support people to stay in their own homes. Areas of increased expenditure will include assistive technology and telecare, direct payments, and extra-care housing.

National economic circumstances and pressures on public sector funding mean that Council budgets are under considerable pressure. The MTFS includes budget savings for adult social care of £1.565m in 2014/15, £2.965m in 2015/16 and £2.272m in 2016/17.

We anticipate that the increased focus on promoting independence as outlined above will contribute to the achievement of savings by reducing expenditure on residential and nursing home care and high cost care packages. We will also review the effectiveness and efficiency of both in-house and contracted services, which includes a review of Day Services for Older People and People with Physical Disabilities, a review of in-house residential services for People with Learning Disabilities, and the redesign of Information, Advice and Advocacy services. The increased use of assistive technology and improving support for carers will reduce costs and improve outcomes in the medium and longer term. However, this level of savings will require new thinking about the Council's commissioning intentions.

Compared to England as a whole, Solihull spends a lower proportion of its budget on care and support for older people, and a higher proportion on people with learning disabilities. Source *Personal Social Services: Expenditure and Unit Costs England, 2013-14 – Provisional Release, Health and Social Care Information Centre.*

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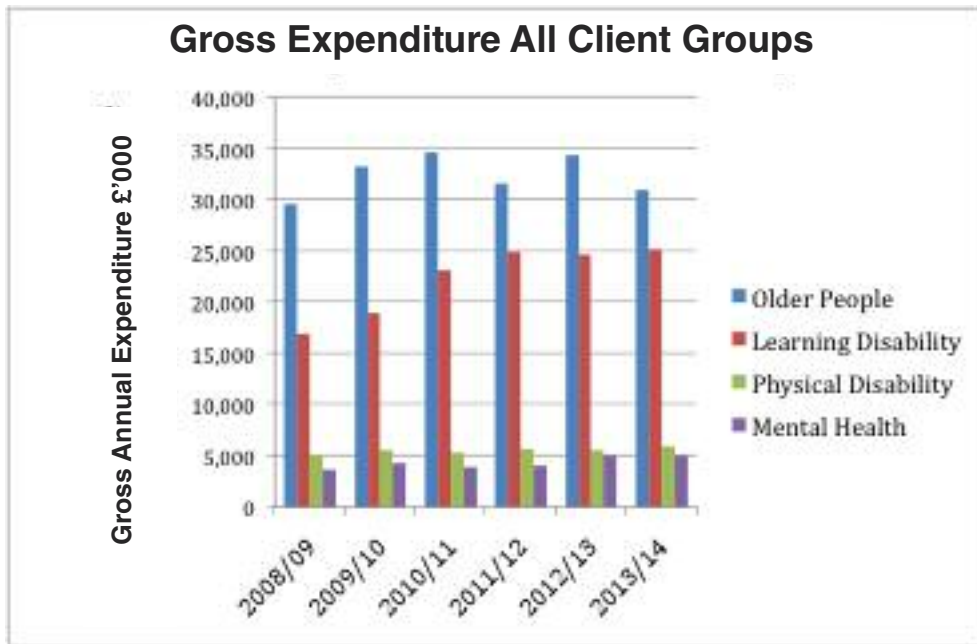
Source *Personal Social Services: Expenditure and Unit Costs England, 2012-13 – Provisional Release, Health and Social Care Information Centre.*

	Older People	Learning Disability	Physical Disability	Mental Health	Other Client Groups
Solihull	45%	37%	9%	7%	2%
England	51%	31%	9%	6%	3%

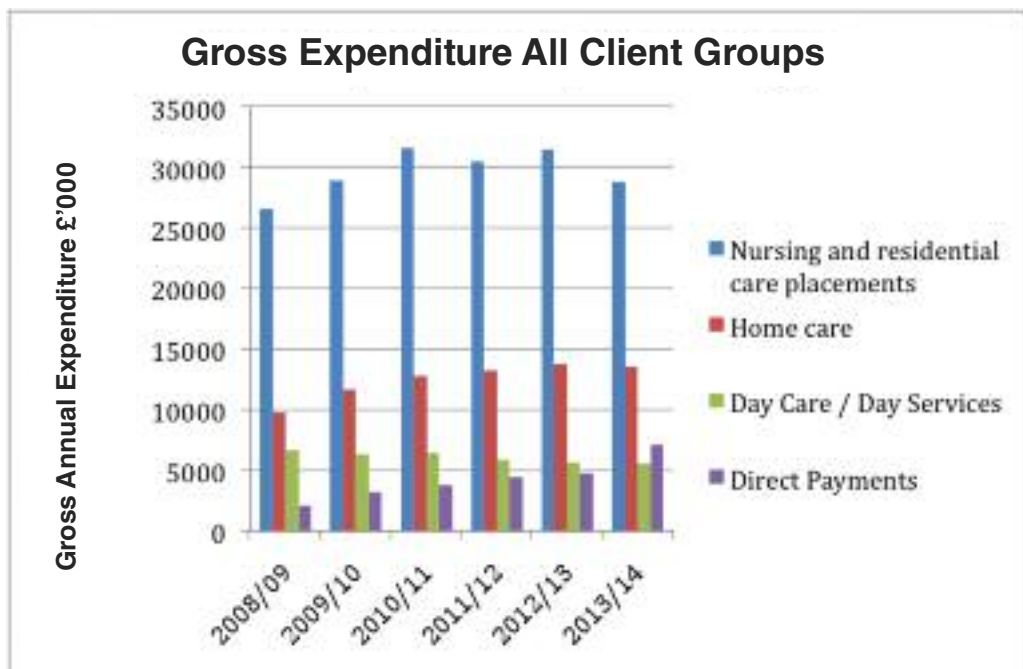
Compared to England as a whole, Solihull spends the same proportions of its budget on residential and nursing home care, domiciliary and day care, and assessment and care management. Source *Personal Social Services: Expenditure and Unit Costs England, 2013-14 –Provisional Release, Health and Social Care Information Centre*

	Residential and Nursing Home Care	Domiciliary and Day Care	Assessment and Care Management
Solihull	44%	45%	11%
England	44%	45%	11%

The recent expenditure trend across client groups is shown in the chart below.



The recent expenditure trend across different types of service is shown in the chart below.



## 8. Next Steps

For further discussion about any of the issues raised in this MPS phone 0121 704 8677 to make an appointment to talk to the relevant Strategic Commissioner or you can write in to Integrated Commissioning Team, Business Transformation Directorate, Council House, Manor Square, Solihull, B91 3QB.

## 9. Future Commissioning Intentions/Support/ Opportunities Summary

- **1-5 year headline plans**
- Residential and Nursing Care Tender Exercise
- Home Care Market Shaping Exercise
- Prevention and Early Intervention strategy agreed
- Strategic Commissioning Plan published to meet the requirements of the Care Act
- Extra care services to be commissioned to provide an alternative to registered residential care and able to deliver a level of provision which equates to that currently expected of a registered residential care service and can meet the same complexity and intensity of an individual's needs.
- Day Care Review completed
- Mental Health redesign implemented
- Development of Autism Strategy and associated support services
- Community based services to support dementia
- Development of a supported living framework for people with a learning disability
- Review of support and housing arrangements for 47 people with learning disabilities
- Re-tendering of a support service for people with learning disabilities
- Review of individual placements
- Transition from children's to adult services for young people with special educational needs and disabilities and those with mental ill-health
- **Opportunities**
- Supported employment for people with learning disabilities and people with high functioning autism or Asperger's Syndrome
- Support for carers
- Short term placements
- Dementia Friendly services
- Day activities for people with dementia
- Community based support for people with learning disabilities
- Mental health recovery services
- Flexible respite services
- In borough residential and nursing placements
- Extra care housing for young people with learning disabilities
- Maximising benefit from disposal of surplus land e.g. re-development of Sunhaven and Coombes House sites and the marketing of Chelmund's Cross site for a new affordable care home
- **Support i.e. training, planning, business planning**
- Equalities Awareness Training
- Autism Training
- Dementia Training
- Provider incentives
- Through outcomes focused contracts