

Adult Social Care

MARKET POSITION STATEMENT

March 2014



Brighton & Hove
City Council

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‘Brighton & Hove Adult Social Care are committed to maintaining a positive and constructive partnership with providers in the statutory, private and voluntary sectors to deliver a range of quality services. It is vital that all sectors work together flexibly and creatively in response to national and local developments and to growing financial challenges’.



Denise D'Souza
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1 INTRODUCTION

Brighton & Hove City Council (BHCC) needs a diverse care and support market to respond to the changing needs of local residents. To achieve this aim the Adult Social Care (ASC) department and its NHS partners need to know how best to influence and support the care market to meet the present and future needs of residents in the city.

The purpose of this Market Position Statement (MPS) is to give information on the kind of social care residents in Brighton & Hove will need, and the service provision that is required to meet those needs. It offers an analysis that will help providers to plan for the future and outlines the strategic direction for services commissioned by Adult Social Care.

Challenging times

This Market Position Statement is being developed at a very challenging time in the care market. In Brighton & Hove the population in need of support is growing, levels of complexity are increasing and many related costs are rising. The following key factors will result in significant changes in how care is delivered:

- The Care Bill will place new responsibilities on ASC.
- The Better Care Fund requires integration of health and social care services in community settings.
- A reduction in central government funding requires BHCC ASC to reduce its spending by £19m over 3 years, decreasing from £105.3 million to £86 million in 2017.

2 KEY MESSAGES IN THIS MARKET POSITION STATEMENT

The demographic data for the city indicates a rise in the numbers of people who will require Adult Social Care services. The individuals who do require care are more likely to have increasingly complex needs and will require providers to work with health, social care and other professionals in a way that suits the individual, and makes best use of resources.

More emphasis will be placed on preventive services that keep people healthy and well, thereby reducing the need for statutory services. However there will be a reduction in the council's ASC budget of 18% by 2017. New and more cost effective approaches will be required to support those individuals who require care services.

The eligibility criteria for ASC services will not change and will remain at 'critical' and

'substantial.' Individuals will have their eligible needs met with an emphasis on ensuring that they are safe. Outcomes will vary for each person but it is important that there is fairness in the allocation of resources to meet people's needs across all client groups.

Increasingly, individuals will be purchasing care services using their personal budgets so it will be important that services are developed to respond to this demand.

The budget

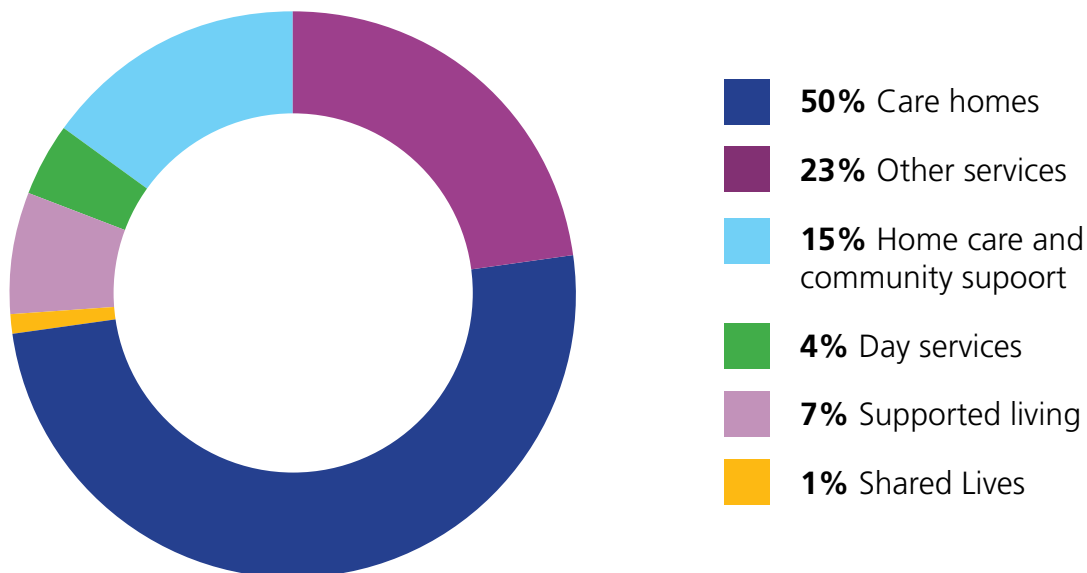
In the last financial year (2012/13), Brighton & Hove City Council's gross expenditure on adult services was approximately £105.4 million. The expenditure has reduced by 6% since 2010/11. The table below sets out the main areas of expenditure with a breakdown between council-provided and external provision:

Adults and older people	External provision	Council provision	Gross expenditure
	£000's	£000's	£000's
Care homes	43,289	8,884	52,173
Home care and community support	10,494	5,215	15,709
Supported living	4,799	3,061	7,860
Direct payments	5,488	0	5,488
Day services	1,871	2,376	4,247
Shared Lives	1,518	59	1,577
Equipment	0	1,323	1,323
Carers	580	0	580
Other services*	1,374	15,115	16,489
TOTAL	69,413	36,033	105,446

*Other services include assessment and care management, temporary accommodation, transport and employment support.



Total Adult Social Care Gross Spend for 2012/13 by Care Type



ASC expenditure on supported living, extra care and shared lives continues to increase while care homes have seen a fall in expenditure in line with the council's policy to reduce admission to care homes. Whilst the local market now has adequate provision of supported living services

for people with learning disabilities, demand for Extra Care Housing for older people and Shared Lives support for people with mental health needs, physical disabilities and learning disabilities is growing. In time it will represent a real alternative to care home provision.

3 COMMITMENTS

The impact of the developments described means that Adult Social Care will concentrate on the following:

- Safeguarding adults remains a priority.
- Remaining focused on supporting the most vulnerable people in the city.
- Making full use of short-term reablement services, equipment and assistive technology to promote independence to enable people to fulfil their potential.
- Jointly commissioning short-term services with the NHS that keep people well at home and support them with a timely discharge from hospital.
- Commissioning services that offer more choice and more flexible support than traditional models. This includes developing outcomes-based commissioning approaches and using personal budgets creatively and cost effectively.
- Exploring and developing cost effective and innovative accommodation solutions that help people lead more independent and fulfilling lives.
- Working with the community and voluntary sector to strengthen assets in local communities, and encouraging more partnership working in the third sector to make best use of resources.
- Providing good information, advice and signposting services to make people aware of options available to them.
- Making more use of services in the independent, community and voluntary sector as the council reduces direct provision and focuses on facilitating care and support.
- Supporting providers who can demonstrate the quality of their services through reducing, minimising or delaying the need for care and maximising independence to deliver better outcomes for individuals.

The Changing landscape of Adult Social Care

- The Care Bill will result in major changes in the legislation and funding of ASC. Importance is placed on improving people's overall wellbeing, which shifts the emphasis to a system which promotes preventive and supportive measures. Other aspects of the Bill - including better advice and information, national eligibility criteria, portability of assessment, consideration of the support needs of wider communities and legal entitlement of informal carers - will place enhanced responsibilities on ASC.
- There is a national driver for services to consider people's combined health and social needs. The Better Care Fund will demand greater integration of how health and social care is delivered in community settings. Local authorities will work with strategic partners and providers to deliver key performance targets including delayed transfers of care, reduced numbers of people entering residential and nursing care and avoidance of hospital admissions.
- The Dilnot Commission on funding of Care and Support will result in additional duties for local authorities linked to the implementation of a limit on care costs that service users will pay. This will require authorities to assess people who fund their own care and to keep a care account for them.

Equality Statement

At a time of significant public spending reform, the council recognises that many of the city's most vulnerable groups will face additional challenges during the next few years.

The community and voluntary sector have an important role in tackling inequality through its strong roots in service user involvement, community engagement and social justice. With a large proportion of small to medium sized businesses in the private sector, the council wants to work in partnership to support the promotion of community cohesion and sustainability.

Equality and inclusion are embedded in the ASC commissioning process as key criteria for decision making and impact assessments are undertaken as an integral part of the process.



Engagement

BHCC is keen to engage with providers and local citizens in the commissioning and development of the ASC market. Good communication and regular dialogue will be increasingly important to inform how decisions are made. The Learning Disability Partnership Board is a good example of how people work with ASC and the community and voluntary sector to make their views known. The ASC Local Account is produced annually and gives information on the outcomes of user and carer surveys, together with an action plan on what needs to change as a result. ASC will also continue its involvement in the Making it Real Programme, a national user led programme to promote genuine personalisation of services.

ASC will sustain its commitment to involve providers through existing forums and in individual meetings to promote a partnership approach, to share best practice and to help develop ideas and approaches to manage, support and deliver services.



Demographic and prevalence data

What has changed between the 2001 and 2011 census in Brighton & Hove



Our population

- The population of Brighton & Hove is projected to increase by (6%) by 2021. The greatest projected population increase will be seen in the 25-34 and 50-59 age groups. The city has a growing number of adults with higher complexity of needs including mental health, substance misuse and homelessness
- The number of people from BME groups increased by 80% since 2001 – rising from 12% to 20% of the population of the city.

People who may have care and support needs

- The number of older people in the city fell by 10% between 2002 and 2011 but is projected to increase by 12% between 2011 and 2021.
- The number of older people aged 75 years or over is expected to increase by 10% from 2021
- By 2030, the number of people aged 65 years or over with dementia will increase by 26%, with the number of younger people with dementia also increasing.
- There were 32,500 people with disabilities aged 16-64 in Brighton & Hove in 2011,

11% of whom have a having a serious physical disability.

- There were an estimated 4,400 adults aged 18-64 years with a learning disability living in Brighton & Hove in 2011, with around 6% with a severe learning disability, and in 2012/13, 768 people aged 18 to 64 with learning disabilities were known to ASC.
- It is estimated that there will be a 3% increase in the number of adults with learning disabilities in the next five years and a 5% increase in the next 10 years, with the highest increase amongst people aged 55 or over and those with more severe learning disabilities.
- Over 30,000 people aged 18-64 were predicted to have a mental health needs in Brighton & Hove in 2012.
- The number of carers rose from 21,803 in 2001 to 23,967 in 2011 but remains 9% of the total population.
- The greatest projected population increase will be seen in the growing number of adults with higher complexity of needs including mental health, substance misuse and homelessness

Further information can be found here: www.bhlis.org/census2011 and www.pansi.org.uk and www.poppi.org.uk

4 Adult Social Care Commissioning Priorities

Priority 1: Investing in preventive services that delay or reduce the need for social care services

Priority 2: Supporting carers.

Priority 3: Enabling a range of personalised services that support people to achieve the outcomes they want

Priority 4: Investing in community-based services that promote independence and well-being

Priority 5: Commissioning accommodation options that help people to maintain their independence

Priority 6: Developing care homes that are flexible and community facing

Priority 7: Assuring quality services for people using them



Priority 1: Investing in preventive services that delay or reduce the need for social care services

What are we currently commissioning?

There is ongoing commitment from commissioners to support services that help keep people well and prevent deterioration of physical health and/or emotional well-being. Residents therefore need good information and effective signposting to community-based services.

Currently ASC and the local NHS commission a range of specialist advice and information services e.g. for carers and older people.

How are we currently commissioning?

ASC and Health currently procure preventive services through the Commissioning Grants Prospectus. The Prospectus approach seeks to meet emerging need through recognising, valuing and building on the city's wealth of social capital. There has been close collaboration with individual providers and Brighton and Hove Community Works (the local organisation that champions the voluntary and community sector) in both engaging and supporting providers to develop their bid applications and enabling service user participation in evaluation. Partnership working arrangements have been positively encouraged.

ASC want to reduce duplication for providers through joint working and joint commissioning with health and other council colleagues

What do we intend to commission in the future?

A range of developments will be required in community-based provision to respond to the national requirements of the Care Bill, Better Care Fund and the local priorities in ASC.

The Access Point is a single point of contact for new and existing service users of social care services. ASC is developing its website to improve the quality and accessibility of information

available. Improvements will be informed by both current and potential service users and will include a review of the existing information sources and links to changes as a result of the Care Bill.

From April 2014 social activities for older people have been commissioned in locality or activity hub areas across the city in the community and voluntary sector. There are three activity hubs – east, west and north central. Each activity hub will have a mix of services that include community-based groups, befriending services and building-based day services.

Activity hubs will work to minimise gaps in service. They will engage other providers to broaden the offer to older people. Other providers include independent care homes that are being encouraged to provide a menu of services to non-residents such as a lunch or an activity. Home care providers will be encouraged to make people who are socially isolated aware of the activities taking place in their area. Statutory services such as Housing, Health and council-provided day activities will also be linked into the activity hubs, as will faith groups.

A city wide coordination service supports all client groups and develops the activity hubs. They will work on city wide projects that support the activity hubs. These include supporting people to get to activities, supporting volunteering, identifying gaps in services and growing activities.

Advocacy services are key preventative services and will be increasingly important to people as they navigate their way around the social care and health system. Advocacy support has been commissioned via the Prospectus. A range of organisations will work in partnership to provide other specialist advocacy services across the city with new funding agreements in place until March 2017.



Mental Health services are jointly commissioned with the Clinical Commissioning Group (CCG). A new mental well-being strategy is being developed for the city that will take a preventative approach to addressing the wider determinants of mental well-being. It will outline the range of services to be commissioned in the future.

Implications for Providers

The Better Care Fund will ensure that funding is targeted appropriately in the community and voluntary sector to maximise opportunities and keep people well. Key to developing preventative services is the need to increase the range of social care services available in the community for people to purchase using direct payments or their own funds. Providers are urged to make a menu of services available to customers. This includes day services that could be available to purchase by the session and care homes that could provide meals and activities.

Providers are being asked to work in partnership with each other. This includes everything from bidding for work in informal partnership, consortia bidding, to everyday working together and sharing of resources. All providers, including the council, will be expected to work more closely to make the most of assets and to minimise gaps in service.

‘A range of developments will be required in community-based provision to respond to the national requirements of the Care Bill, Better Care Fund and the local priorities in ASC’.

Priority 2: Supporting Carers

What are we currently commissioning?

9% of people in the 2011 census defined themselves as a carer.

Of those carers:



- 68%** provide 1 to 19 hours of care per week
- 12%** provide 20 to 49 hours per week
- 20%** provide 50 or more hours per week

ASC and the CCG provide a range of services to carers which are funded through joint commissioning arrangements. There is a statutory duty to support carers through both assessing their needs as a carer and by ensuring that the support they provide to individuals is recognised. Contracted services for carers include a range of information, advice, support, engagement, assessment and specialist training opportunities for adult and young carers as well as support for carers of people with mental health needs. In addition, the provision of home-based respite services is transitioning from carers services to Community Care services. The Carers budget for 2013/14 is £1.4 million funded £494,000 by CCG and £924,000 by ASC. Of this total budget, £874,000 is used to commission services in the community and voluntary sector.

How are we currently commissioning?

Brighton & Hove has a Multi-Agency Carers Commissioning Strategy across ASC, CCG and the voluntary sector. The strategy reflects the five outcomes of the National Carers Strategy which focuses on:

- Identification and recognition of carers
- Realising and releasing potential of carers
- A life outside of caring for carers
- Supporting carers to stay healthy
- Young carers

A range of services directly relating to the outcomes of the Carers Strategy have been jointly procured by ASC and the CCG through the Commissioning

Prospectus and these are predominantly awarded to the voluntary sector. These services have funding agreements to 31st March 2016. They include providing comprehensive information and advice services for adult carers and young carers, as well as specialist support for carers of people with dementia and for end of life support.

Additionally, ASC has a Carers Self-Directed Support Budget from which carers can apply for funding towards a range of services and opportunities (e.g. leisure activities, training courses and breaks.)

What do we intend to commission in the future?

The commissioning priorities for carers are driven by the outcomes of the carers survey (The Personal Social Services Survey of Adult Carers in England led by the Department of Health) and the five outcomes of the Carers Strategy, therefore any new funding opportunities from the joint ASC and CCG carers' funds will need to reflect these areas. The 2013 carer survey identified three key areas that local carers are seeking to improve and they are:

- increased social contact
- better (and more) accessible information and advice
- further options for respite

The commissioning intentions for carers will be outlined in the Carers Strategy due for publication in April 2014. It will draw on the local evidence of the Joint Strategic Needs Assessment Carers Summary, the feedback directly collected from carers through a range of consultations, the areas raised by carers through the annual carer's survey and the review of the current Carers Strategy. It is anticipated that the National Carers Strategy will be refreshed for 2014/15 and that a new strategy will be developed to coincide with the implementation of the Care Bill, beginning April 2015.

The Care Bill places a greater emphasis on supporting carers. For the first time, carers will be recognised in law in the same way as those they care for. The new duties that include providing greater information and advice, meeting assessed eligible needs of carers (which is equivalent to the duty to meet the needs of cared for people), and having a proactive approach in supporting carers to access carers assessments through increased identification and recognition.

Implications for Providers

Nationally there is growing recognition of the benefits of providing assistive technology solutions to support carers within their caring role. This includes a range of monitoring and alarm equipment. Locally work has been carried out with a number of organisations to increase the awareness of the types of equipment that is available, and providing incentives for carers to pilot the equipment. This will develop a greater local evidence base for potentially further investing in these opportunities.

During the last year changes have been made with respect to the provision of home-based respite; the services that support people in their own homes in order for their carer to have a break. In line with legislation, these services are changing from a carers' service to a Community Care service.

There is an expectation that providers will continue to give priority to supporting the needs of carers such as through respite and telecare. Carers have informed us that the provision of respite is critical to them being able to continue with their caring role.

There are currently two main established voluntary sector providers of these services; one providing generic support for children and adults the other, a specialist provider of support for people with dementia. However, this area will provide future opportunities for additional providers, including the independent sector.

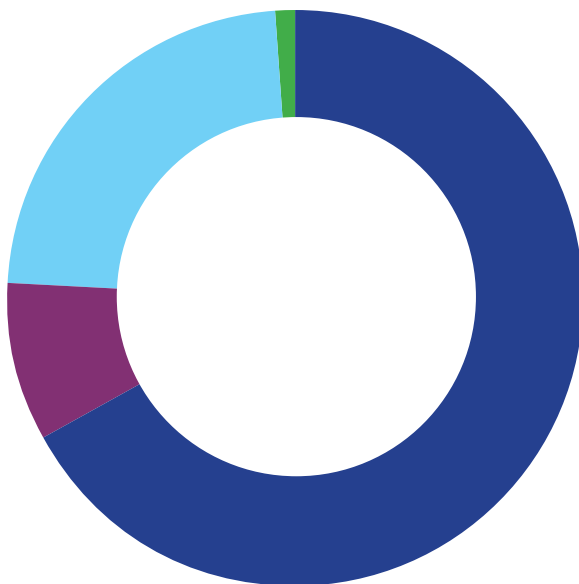
Priority 3: Enabling a range of personalised services that supports people to achieve the outcomes they want

What are we currently commissioning?

The data set that the Department of Health asks local authorities to collect to measure outcomes of providing adult social care indicates Brighton & Hove has made good progress in the personalisation of social care. The proportion of social care service users who have control over

their daily life is higher than the national average and local authority comparator groups. The city has a top quartile performance for people receiving services through self-directed support and an above average performance in relation to the number of direct payments used.

Direct Payments by Client Category 2012/13



- 67% Physical disability, frailty and sensory impairment (total)
- 9% Mental health (total) inc Dementia
- 23% Learning disability (total)
- 1% Substance misuse PLUS Other vulnerable people

The number of people receiving direct payments rose from a total of 462 in 2010/11 to 479 in 2012/13. The number of people with learning disabilities using a direct payment is comparatively high. In line with reporting from the rest of the country the number of older people using direct payments is low. The levels of need of people using direct payments are similar to those using more traditional care services.

ASC currently spends £5,488,000 per annum on people self-directing their support; this figure includes both direct payments and personal budgets.

How are we currently commissioning?

People directing their own support can choose how they have their needs met. People can elect to have Care Quality Commission (CQC) regulated home care providers or opt to have a Personal Assistant (PA) to provide their care.

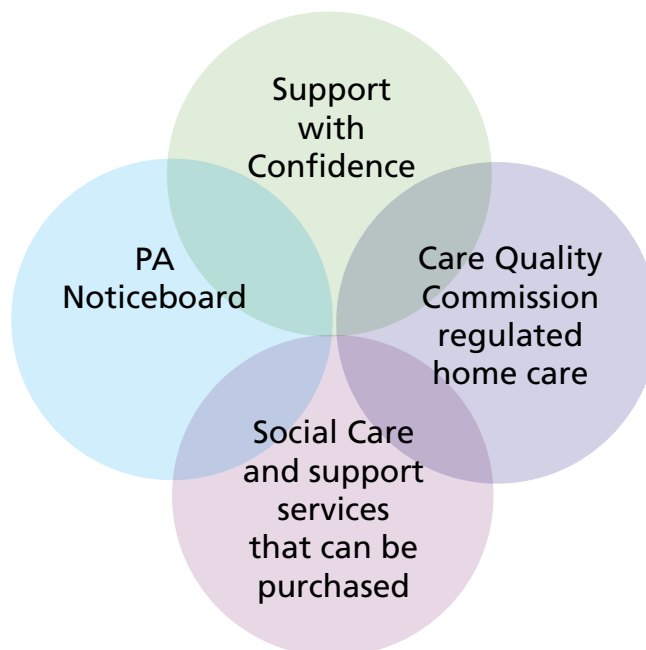
Locally, there is a PA Noticeboard which is a register of local PAs available for work. People can also advertise on the Noticeboard for PAs to undertake specific tasks.

'Support with Confidence' is the BHCC's approved PA scheme. All registered PAs have

undertaken an approval process that includes appropriate training and background checks. Training is provided by local contracted home care agencies. Trading Standards and independent home care providers are jointly responsible for

the approval process. All approved PAs receive on going mentoring from home care providers. ASC will continue to promote this scheme to increase the skill base of the PA workforce.

The Market – choice for service users



What do we intend to commission in the future?

The market is being developed so that services can be purchased by self-funders and service users who use direct payments. Services must become more flexible and all contracted services are being encouraged to have a menu of services that can be individually purchased. This means that instead of committing to a traditional day service, a person could purchase support to meet their needs in another way.

Direct payment processes are being made more attractive to potential users. This includes developing back up plans with out-of-hours providers and support for people who need help with the processes and practicalities of using direct payments.

BHCC is introducing prepaid cards as a cost effective method of simplifying processes and giving greater accountability to service users. The council is developing insurance options to protect people using direct payments and their PAs.

Work continues to ensure that direct payments are integrated into the wider safeguarding agenda.

Implications for Providers

Providers of social care and mainstream services need to be more aware and responsive to flexible and creative solutions to meet need in order to attract direct payment users and self-funders. More providers will have agreements directly with service users rather than the council so providers will need to consider new ways of supporting people and directly contracting with them.

It is anticipated that the growth of direct payments will be across all service user groups, although some developments are specifically aimed at people where there is low take up eg older people.

The growth of personal health budgets will require highly skilled and trained PAs to deliver health care tasks. Services that provide health care will need to market themselves to people purchasing through direct payments.

Priority 4: Investing in community-based services that promote independence and well-being.

4.1 Equipment including telecare

ASC is committed to raising the awareness and use of telecare as a tool to support safe and independent lifestyles. Nationally, the Department of Health believes that at least three million people with long term conditions and/or social care needs could benefit from the use of telecare and telehealth services and it has a programme of work to encourage the use of these technologies.

Telecare is shown to be an effective way of supporting people with a wide range of conditions to remain in their own homes. It can also offer support to carers and reduce or delay entry to hospital, residential or nursing care. The number of telecare users in the city is increasing, as is the range of telecare solutions to support safety and independence. There are currently over 5,000 telecare users in the city supported by the council's telecare service 'CareLink Plus'.

There is a need for telecare developers to continue to expand the range of innovative telecare devices, particularly those that support people in their home and out in the community using mobile technology. Areas in particular need of expansion are medication dispensing and reminding solutions.

Telecare developments should encompass a wide range of needs and not be solely designed for use by older people; attention needs to be equally paid to the needs of younger users, carers and to those with a learning or physical disability.

Home care providers need to consider using telecare as a cost-effective way of meeting an individual's outcomes and person-centred support planning goals.

ASC encourages care home and residential providers to use assistive technology such as telecare more within their homes. This could potentially improve outcomes for individuals

by managing risks more cost effectively, and develop the efficiency and effectiveness of staff interventions.

It is expected that organisations that provide support and advice to vulnerable people will highlight the benefits of telecare and will engage in initiatives that encourage the use of telecare, where appropriate, as a means of promoting safer, more independent lifestyles.

Community Equipment:

Currently, ASC and the CCG jointly commission the Integrated Community Equipment Store which is provided by Sussex Community NHS Trust. The national drive to enable people to remain in their own homes has significantly increased the activity levels of community equipment with demand increasing by a third each year over the past two years. Brighton & Hove are in the process of exploring options for modernising the local provision and increasing the recycling and reusing rates.

4.2 Home Care and Community Support

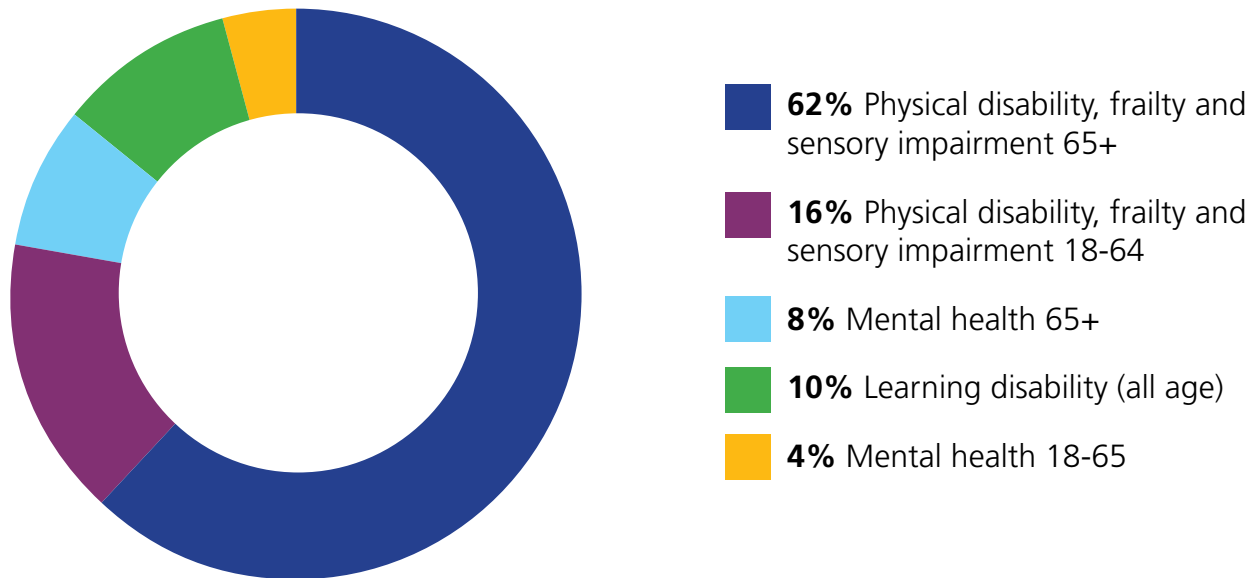
What are we currently commissioning?

In 2012/13, ASC spent £15.7 million on domiciliary care. 67% of this was spent on services provided by the independent sector. The council's own home care service, Independence at Home, provides a short term reablement service and supports one Extra Care housing scheme.

In total, 2,012 people were supported in 2012/13 through BHCC's contracted services. In 2013 around 10,954 hours were provided each week and the majority of people (54.5%) received more than 10 hours of care per week.

The following pie chart gives a breakdown by client category of those people who received home care in 2012/13:

Client Category



There are a number of monitoring processes in place to ensure the quality of the services provided. These include a requirement for contracted providers and the Independence at Home team to use an electronic care monitoring system to record visits. This enables the council to monitor those aspects of care that matter most to service users such as continuity of care workers, punctuality and length of visit.

How are we currently commissioning?

In 2013 there were 43 domiciliary care providers in the city that are registered on the CQC website. 12 of these independent providers hold a contract on the council's framework, which was awarded through a competitive tender process in 2012. The contract is due to end in 2015 although it could be extended for up to a further two years.

The framework is arranged to cover geographical areas of the city. This enables providers to focus their resources within local communities. It is in line with the council's approach to sustainability which includes minimising travel time and developing good links with local resources such as locality based Integrated Primary Care teams.

The current framework contract also covers provision of care in some extra care housing establishments within the city and offers the opportunity to deliver future Extra Care services that are developed by the council.

All home care services are acquired on a spot purchase basis from framework providers. Those people who wish to have a direct payment to fund their care are able to choose to purchase their service from both contracted and non-framework providers or by employing their own PA.

Outside of the council's Home Care Framework services are commissioned from community support/outreach providers for specific client groups where there is a need or a demand for a specialist service. This includes services for people with a learning disability, sensory loss, acquired brain injury or a mental health needs. These services are spot purchased at agreed rates. It is the intention of ASC to continue to work with and develop these services to enable people to receive specialist support in the community that is flexible and responsive.



‘Providers will need to take a more significant role in identifying suitable solutions to support service users in achieving outcomes’.

What do we intend to commission in the future?

The council’s Independence at Home team will focus on maximising opportunities for reablement. They will work with people being discharged from hospital as well as targeting their support at people at risk of hospital admission. This team will become integral to the jointly commissioned Community Short Term Services together with providers in the Health, social care, independent and voluntary sector.

Minimising delayed transfers of care from hospitals will remain a key consideration in future home care commissioning.

ASC will continue to work collaboratively with Health partners to ensure that home care services are commissioned to support and complement health provision. The council aims to develop opportunities that enable and support people to have End of Life care in their home.

As the number of people self-directing their support grows, ASC will increasingly commission services to meet specific service user outcomes. There will be an increased focus on how outcomes are achieved and consideration will be given to introducing a payment by results model.

Implications for Providers

As increasing levels of support are required to care for people with more complex needs, home care providers must be prepared to work collaboratively with partners from a range of organisations including Health, social care, independent, voluntary, community and Housing sectors. There will be an emphasis on supporting people to receive a more personalised service. Use of technology, such as telecare, will become a key feature of care provision.

There will be further opportunities for independent home care providers to work in partnership with both statutory and non statutory housing providers to develop innovative solutions for tenants and home owners to maintain their independence. Providers will also be expected to work with the voluntary and community sector to help reduce social isolation.

Providers will need to take a more significant role in identifying suitable solutions to support service users in achieving outcomes. Innovative practice will be important in achieving improved levels of independence for service users. Care workers will need to be competent and confident in the use of such equipment and in supporting individuals to become familiar with its use.

Providers will need to ensure that their staff are appropriately trained and supported to maintain services that support people with challenging or complex needs.

Providers will need to be responsive both to fluctuations in demand for services and to changes in individual service user's needs. Staff recruitment and retention issues need to be given a high priority to ensure a robust and responsive service.

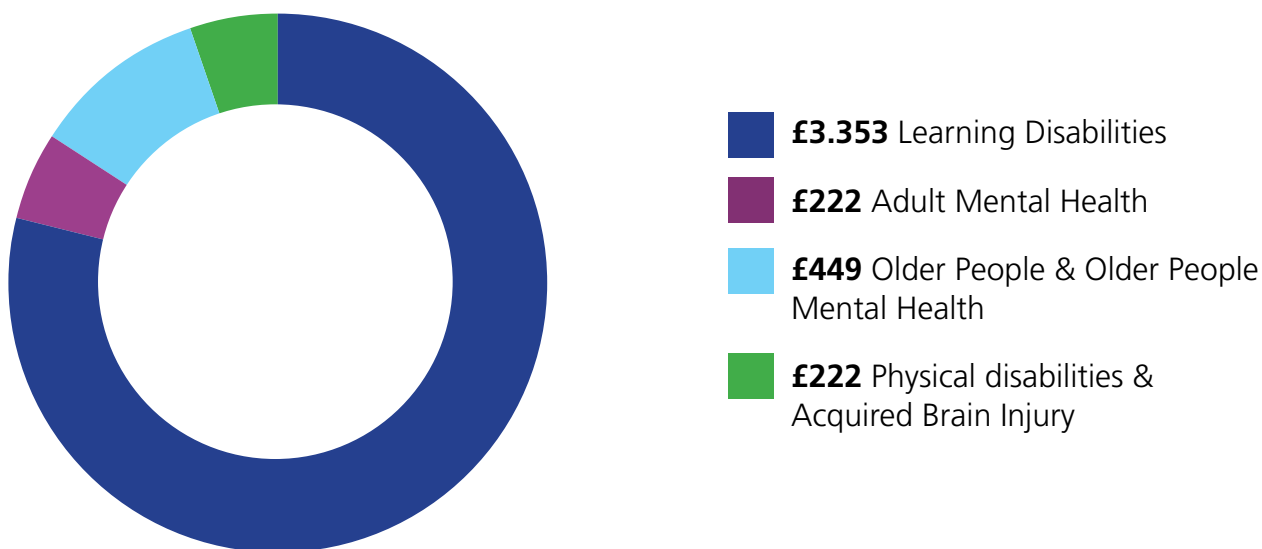
There is greater focus on reducing social isolation and enabling people to achieve identified outcomes. Home care providers will be encouraged to make people who are socially isolated aware of the activities taking place in their area and be actively engaged with the activity hubs.

4.3 Day Activities

What are we currently commissioning?

ASC currently commissions seventeen day services in the city for older people, older people with mental health needs, people with a learning disability, people with a physical disability and for people who have an acquired brain injury. Seven of these services are provided by the council and ten by external providers. Day Services based on a recovery approach for people with mental health needs are commissioned by the CCG. Employment support is integral to supporting individuals. The council will be providing fewer building-based services in the future with an aim to extend the flexibility and choice of services.

Day Services Spend by Client Group 2012/13 £000's



How are we currently commissioning?

In 2012, ASC commenced a city wide review across all client groups of day activities in the city and this is influencing how ASC will commission in the near future. There are a range of good quality local providers with whom the council has existing contracts. A number of people are now receiving a personalised day service that meets their particular needs

The review highlighted that:

- day services are highly valued by service users and carers
- future users of ASC services are reluctant to use the traditional day service model
- there are a range of costs, purchasing and contractual arrangements across the sector which needs to be considered
- there is a lack of awareness of what activities are available in the city and how to access them
- there is very little knowledge of personal budgets and direct payments
- it is important that friendship and social groups are sustained

What do we intend to commission in the future?

ASC will encourage providers to offer a menu of services, with further promotion of self-directed support which will be better enabled through good quality information and advice.

BHCC is following the national trend to move away from provision based on day centre buildings, (except for those who support people with complex or challenging needs). Instead, the council are focussing on more personalised services which are provided, where possible, within the local community, in universal settings. Where building bases are still required, it is important that they are utilised effectively and are open as much as possible to other members of the community to ensure better integration.

In 2011 the following Vision was produced with providers and service users; of a modern, flexible day options model which provides personalised care and support for service users and their carers, with day activities that:

- are flexible enough to meet the needs of current service users and future users
- are, where feasible, accessible via a personal or managed budget and that opportunities to pool money to purchase services is enabled
- offer choice and control over activities that meet individual needs
- are reviewed regularly to ensure that they meet specified outcomes
- offer respite that is flexible to meet carers' needs
- are able to support those with the most complex social care and health needs
- are procured in conjunction with service users and stakeholders
- focus council-provided services on those with more complex needs

Implications for Providers

The council is in the process of assessing the needs of people with learning disabilities who currently access day services to get a greater understanding of their needs and where the gaps in service are.

There is a need for a co-ordination/matching service to support people to find and access community activities to meet their needs. Early indications from young people with learning disabilities and/or autism is that more employment, voluntary work and vocational training is needed as well as having a social life and access to IT. The council is also looking to make small grants available for providers to set up sustainable community-based projects for people with learning disabilities and autism.

Across client groups, as the numbers of people self-directing their support increases, services should:

- operate flexibly and be person-centred in approach
- provide activities during times that enable carers to work
- offer a clear menu of activities and costs that individuals can directly purchase
- offer open access, low level support services that could support people who do not meet the council's eligibility criteria
- support service users to sustain friendship and social groups
- work toward more opportunities for employment, voluntary work and vocational training where appropriate
- promote pathways to independence and demonstrate value for money

Priority 5: Commissioning accommodation options that help people to maintain their independence

5.1 Extra Care and Sheltered Housing

What are we currently commissioning?

The city is currently a high user of residential care accommodation. The Council is committed to providing alternative more cost effective housing options to enable people to live independently with dignity in their own home in a supported environment which enhances their quality of life. This includes developing alternative solutions for vulnerable adults.

ASC and housing are working together to meet the needs of the most vulnerable. Extra Care Housing and Sheltered Housing are preventative services which enable people to stay in their community and maintain their independence for as long as possible.

There is an estimated 92 housing schemes in Brighton & Hove providing 2,929 homes specifically for older people.

Schemes (Units)	Private Provider	Local Authority / Registered Provider		
	Leasehold	Leasehold	Mixed tenure	Social Rented
Retirement / sheltered	9 (515)	8 (304)	2 (78)	46 (1,457)
Extra care			2 (82)	2 (71)
Enhanced sheltered	1 (46)			1 (54)
Age exclusive housing			1 (18)	20 (304)
Total	10 (561)	8 (304)	5 (178)	69 (1,886)



‘Housing and care in the community is generally preferred by services users rather than traditional registered care homes’.

Additionally there is one Extra Care Housing scheme that provides ten younger people with physical disabilities with their own home.

Housing and care in the community is generally preferred by services users rather than traditional registered care homes. Schemes that actively involve tenants in how the service is developed and managed show increased levels of satisfaction among tenants.

How are we currently commissioning?

Homes and Communities Agency (HCA) funding was secured in 2013 in support of Housing and Adult Social Care investment to allow work to start on Brookmead, a development of 45 one and two bedroom flats for older people and people with dementia. It will be built to the Lifetime Homes Standard with 10% of homes fully wheelchair adapted.

As Social Care becomes more personalised, more preventative and focused on outcomes, the provision of appropriate housing is a key element in the delivery services. Specialised housing solutions for older and vulnerable people can deliver benefits to individuals' well-being through increased independence while also providing significant cost savings to local budgets. This has been evidenced in the HCA report, 'Financial benefits of investment in specialist housing for vulnerable and older people', which analyses and quantifies the financial benefits of investment in terms of financial saving.

What do we intend to commission in the future?

There is commitment to undertake local work that will inform the strategic development of appropriate housing solutions across the city. Detail on the care needs of vulnerable people and how this influences housing provision and the type of tenure required will be included in this work. Both Extra Care and council Sheltered Housing are part of this whole market approach. Adults currently using, and those needing, these accommodation options in the future will have a greater role in co-developing services.

The report on BHCC's Extra Care Housing Strategy 2011 considered a range of indicators that could be used to calculate the number of additional places needed. It made the case for just over 700 additional people by 2030 which indicates a growth rate of 39 additional places a year for the next 18 years. Further work is needed to consider detail of capital costs, housing revenue costs and care costs. Consideration must also be given to different sectors of the market and the impact of those who are publically funded against those who are self-funding.

Council Sheltered Housing has a significant role in preventative work and helping to keep people well. In consultation with existing residents, there is a range of value that these schemes could provide; this might include home care that is attached to a specific local area or scheme, the growth of community activities for people living in and around the scheme and possibly meals. Consideration could also be given to co-location of health and social care facilities. This links with developments in assistive technology.

As part of the whole market approach, work will be undertaken to ensure nomination and allocation processes are robust across all sectors of the market. Some growth may be possible through targeting of the resources provided by other Registered Providers including housing associations, to which the city council has nomination rights.

While some service users may be able to thrive in main stream Sheltered or Extra Care Housing, consideration must also be given to what specialist support will be needed to develop different models of care. Schemes will have to meet the needs and aspirations of people with a range of different conditions that may fluctuate as their health needs change. It is likely that a significant number of individuals will have mobility needs and that some will be wheelchair users.

Heed must be taken not to create additional demand; people living well at home may not require different housing. A whole market approach is needed. This includes clear messages to care home providers regarding the direction of travel. As residential and nursing home



‘Shared Lives is the way forward to becoming more independent’.

placements are avoided by commissioning appropriate housing solutions and the positive impact that has on health, scope for joint commissioning with Health will be explored.

The current home care contract allows for home care providers on the current home care framework contract to take on an increase of home care delivery (i.e. to new Extra Care Housing) within their designated area. This is cost effective delivery. Choice for the user means being in charge and getting the service needed, not necessarily stipulating the provider who delivers it. It may be possible to provide home care across a number of schemes which may provide additional savings.

Implications for Providers

- ASC will work with Housing and partners to develop appropriate housing solutions to meet accommodation needs across the city
- It is envisaged that Extra Care Housing will be a major part of ASC provision in the future and will be jointly commissioned in the context of the city’s housing, social care and health care services

- The preventative role of council Sheltered Housing schemes is valued, and ways to build on this will be developed
- Housing developments and activity providers will need to consider how best to provide communal and community activities
- There may be opportunities for home care providers to operate within new or redeveloped schemes

5.2 Shared Lives

What are we currently commissioning?

Shared Lives is a CQC regulated service where individuals and families provide care and support to people who live with them in their family home. People using the service have the opportunity to be part of the carer’s family and social network. The provision of Shared Lives reflects the national drive for more preventative, personalised, community-based care and support.

How are we currently commissioning?

ASC currently primarily commissions Shared Lives to support people with learning disabilities. However, in partnership with the CCG the council is expanding this service type to include people with mental health needs.

Shared Lives has high levels of service user satisfaction. For some adults with complex needs, it can provide a value for money care option.

What do we intend to commission in the future?

The council seeks to develop the Shared Lives model as it provides excellent outcomes for service users against a Value for Money alternative to residential care. The service, although primarily for people with learning disabilities at present, will diversify to include more people with mental health needs and more people with physical disabilities.

Implications for Providers

The council will be considering procurement options in 2014.

5.3 Supported Living and Supported Accommodation

Supported Living and Supported Accommodation is about enabling individuals with significant support needs to live as independently as possible, to enjoy security of tenure, and to learn and develop new skills. This could involve daily living skills (including personal care), housing related support, health and well-being and assistance to access the local community including support to access paid employment and training opportunities.

What are we currently commissioning?

Learning Disabilities:

In 2008, the BHCC Learning Disability Commissioning Strategy reported that there were 91 people with learning disabilities in Supported Living. In 2014 over 150 people with learning disabilities are living in 40 services provided by 17 providers across the city. This represents a 65% increase in the last 6 years.

Local market capacity exceeds BHCC usage; there are over 200 individual tenancies available in the city (for people with learning disabilities) and therefore Brighton & Hove service users account

for approximately 75% of the full capacity of local services. 15% of places are used by other authorities and 10% are voids (snapshot survey, Oct 2013).

There is the capacity in the local Supported Living market to offer more people the opportunity to move into Supported Living, to maximise independence and provide an alternative to residential care. ASC want to work with providers who have vacancies or work with other referrers to see how BHCC can prioritise and maximise their services in the best interests of local citizens. This is because there is a growing need for the Supported Living model to be extended to other service user groups.

Mental Health:

A multi-agency review of Supported Accommodation undertaken in 2012 identified insufficient supported accommodation for people with mental health needs, particularly for those with more complex needs and co-existing substance misuse. Additional Supported Accommodation capacity has been secured to support 100 people which will become available from February 2014. The impact of this additional capacity will be closely monitored to ensure it has the intended benefit and will inform any further commissioning plans.

Overall:

BHCC strongly encourages local Supported Living providers to work with local commissioners to develop partnerships to ensure that local supply is developed in line with local demand and priorities.

The majority of support is funded through ASC budgets. Housing related support monies (Supporting People) has reduced progressively over the years and is no longer a source of new funding. Some service users are funded through Continuing Health Care. ASC intends to bring people who are currently living in a long stay placement out of the city, back to Brighton & Hove.

How are we currently commissioning?

Supported Living has developed in the city in a diverse number of ways, including:

- residential care services that have de-registered
- services actively commissioned by the council
- services created by providers
- services created by families

Services locally:

- are commissioned via a combination of spot purchase framework agreements.
- are approved providers that operate under a framework contract for Supported Accommodation and Supported Living.
- have their costs modelled in different ways, with some providers stipulating a 'core' cost with a rate for extra hours, whilst some others use purely hourly rates.

Adult Social Care:

- is in the process of reviewing the way that Supported Living for people with learning disabilities is funded – the current position is that as long as providers can be transparent about costs and demonstrate Value for Money, then a particular funding model will not be imposed.
- expects providers to be using support hours to specifically work towards goals and targets in people's support plans
- expects all providers to be embedding a culture of promoting independence, reducing dependency and reducing support and fees accordingly

What do we intend to commission in the future?

- the objective will be to secure Value for Money services that achieve positive outcomes for individuals.
- ASC are not expecting to commission any more Supported Living in the city for people with a learning disability unless existing provision is unable to meet a person's specific needs.
- ASC will actively seek providers who use Assistive technology (telecare) to maximise the independence of individuals

Implications for Providers

- this area of the market continues to grow, but supply currently exceeds local demand and no new services are required
- making best use of existing services involves building links with local commissioners
- providers should focus on increasing quality and outcomes
- providers must be able to demonstrate value for money
- providers should be outcome focussed, helping service users to achieve their goals
- increasing independence should be accompanied by reviewing support and reducing costs.

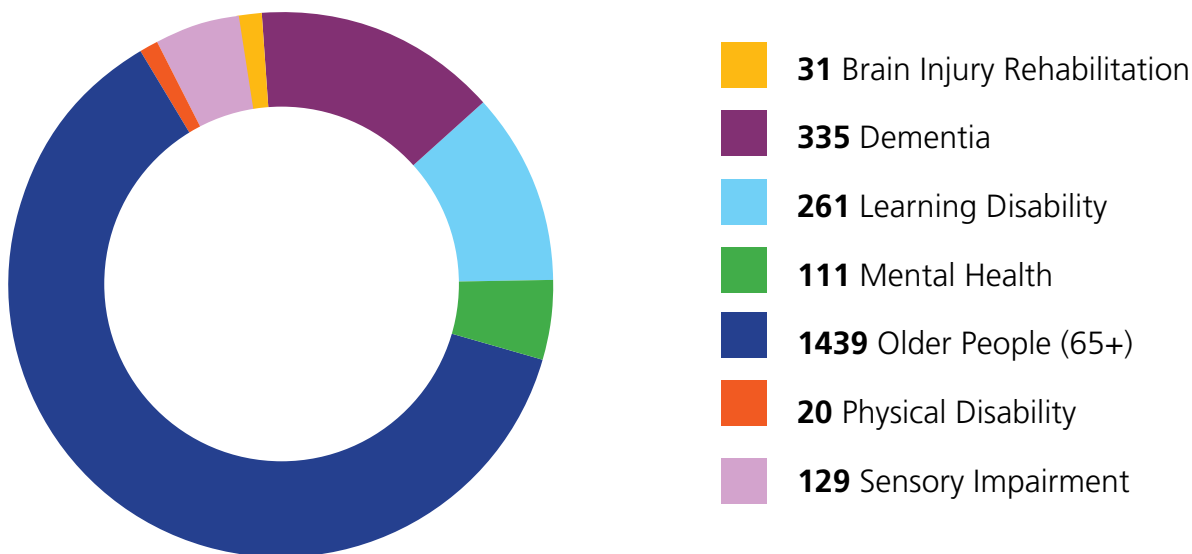
Priority 6: Developing care homes that are flexible and community-facing.

What are we currently commissioning?

There are 110 CQC registered care homes in the city. This includes 29 care homes with nursing and 81 care homes without nursing. Of these, 78 are for profit, 21 are not for profit, 10 are local authority and 1 is NHS. There are a total of 2326 beds in the city.

Registered care homes for older people and people with dementia tend to have more beds than the care homes for younger adults. The below chart shows a breakdown of beds in the city by primary CQC registration:

Breakdown of beds in the city

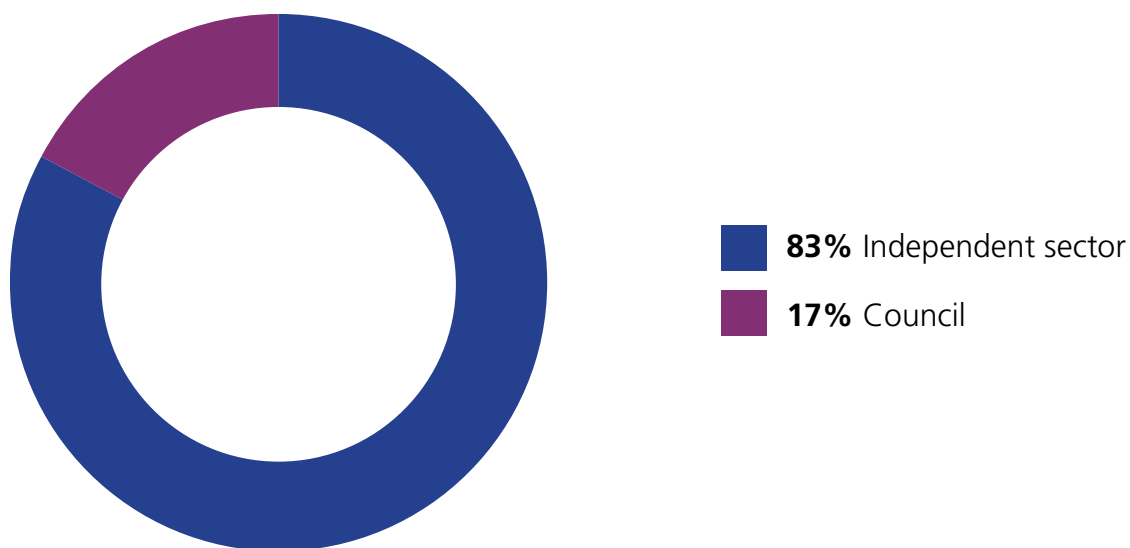


Registered care home places can be accessed by those in receipt of ASC funding or self-funders. It is estimated that there is presently a relatively low level of vacancies within care homes in the city.

The council spend on the independent sector registered care homes in 2012/13 was £43.289m which is over half of the ASC budget spent and almost double the amount spent on home care/ community support. The long term trend is for less money to be spent on care homes.

The majority of council money spent on registered care homes is on those in the independent sector. The 2012/13 spend on the independent sector was 83% with 17% on the council's own services.

Breakdown of care home spend 2012/13



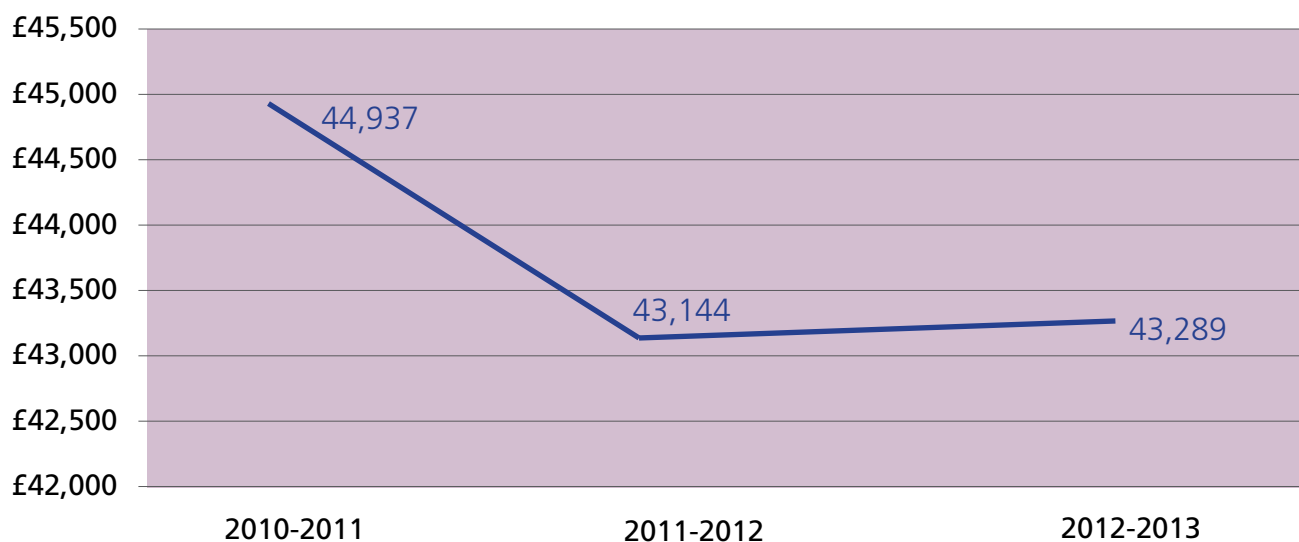
In common with many local authorities, information on the number of service users funding their own care home placement locally is uncertain but it is thought to be approximately 50%.

How are we currently commissioning?

It has been the city's intention to support people in their community for longer and to place fewer service users in registered care homes.

The numbers of ASC funded permanent placements made in both residential and nursing care homes for younger adults (aged 18-64) is significantly lower than the national average and comparator authorities. For older people it is also lower than comparator authorities but higher than the national average.

Independent sector care home spend



The average length of stay in a care home tends to be longer than the length of time spent in a

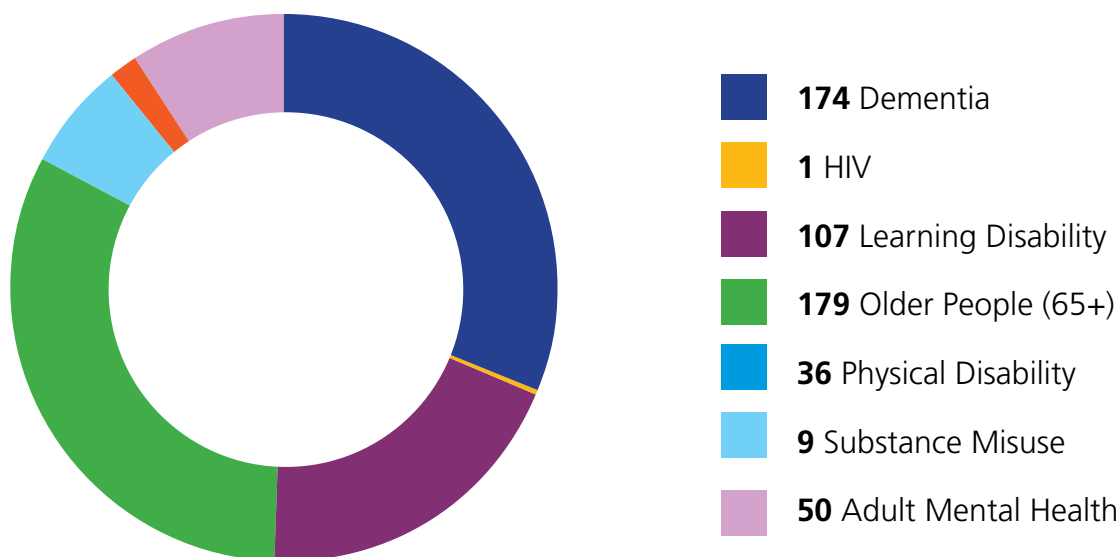
nursing home. The overall length of stay across all provision is 29 months. See table below.

2012 Average length of stay based on packages ending within 11/12				
	All	LD	18-64	65+
Care homes	35 months	72 months	55 months	33months
Care homes with nursing	21 months	14 months	26 months	21months
Overall	29 months	60 months	46 months	27months

A number of people are placed in care homes out of the city. Sometimes this is by choice, possibly to live near a family member and sometimes the registered care home is just outside of the city. There are however a significant cohort of

residents who, if given the choice, would select to live in the city if there was capacity. Where possible and appropriate people who are living in a long stay placement out of the city will return to Brighton & Hove.

Number of care home residents placed out of city



What do we intend to commission in the future?

The focus on reablement and living well, maximising independence, improving outcomes and improving quality will stimulate the Extra Care and Supported Living market and this might affect some care home viability.

It is expected that overall supply and demand for care homes without nursing in the city will continue to decrease as other options take precedent. New care homes for people with learning disabilities will not be commissioned. Instead, as vacancies arise, options will be explored to support existing providers to diversify their support to include other client groups

It is anticipated that demand will continue for care homes with nursing to support publicly funded residents. Specifically it is expected that the demand for care that supports high levels of need and/or dementia continues

Registered care homes will continue to be valued by the council and there is recognition that partnership working will remain important. BHCC is reviewing the way that fees are agreed across all care sectors with a view of making an offer that is more transparent and work on this will help inform the fee setting for 2015/16.

Implications for Providers

Some care homes may wish to exit the market. Planning permission for a change of use will be made on an individual basis.

There will be a demand for care homes with nursing that can meet the requirements of people with complex nursing needs.

Different services that people can purchase with a personal budget or through their own funds are likely to be popular with the public. Care homes need to consider a menu of services which could include breakfast clubs or activities with lunch.

Providers will need to work with the council and health partners to manage the impact of the Care Bill and the affect this might have on fees and self-funders.

In the current economic climate, public money must be used to purchase care on a value for money basis. Home care packages of care and care home placements will be made to meet the needs of the individual but must also represent a good use of public funds.

There is a joint BHCC and NHS framework agreement with registered independent sector care homes in the city. It is an open agreement that care homes can join by application to become an 'approved provider'.

Priority 7: Assuring Quality Services for people using them

The provision of good quality care that provides positive outcomes for people using services is a key priority for ASC.

The council has a Care Governance framework in place through which it seeks to:

- promote good quality care across the sector
- assure itself of quality in each service, and
- ensure effective action is taken when quality is not achieving acceptable standards.

The framework seeks to work positively with all providers of care and support, seeking to identify concerns about quality early and intervene before they have a negative impact on service users. The safety and well-being of service users is always paramount.

The Care Governance framework is overseen by a Board of Senior Managers including CCG representation. It is supported by two panels:

- The 'Promoting Good Quality In Care Panel' actively promotes sector-wide improvement through informing a Learning and Development Programme (which is open to all social care providers in the city) and through its co-ordination of Dignity and Quality assurance networks. The Panel identifies key themes across the sector on which to focus improvement activity. The emphasis is on sharing best practice and exploring the difficult issues that face all providers in an open and outcome focused manner.

- The 'Service Improvement Panel' monitors the quality of individual services, co-ordinates action when services are not achieving acceptable standards and ensures effective service improvement planning.

The monitoring of quality includes gathering information from a range of sources including the CQC, health practitioners, the complaints team and the council's assessment team. The views and experiences of service users and their families are of particular importance in making judgements about the quality of services.

In developing the Care Governance framework ASC will continue to take account of national developments such as the learning gathered through the Think Local Act Personal consortium, the development of national quality ratings, the use of the NHS Choices website and national guidance such as the 'Bringing Clarity to Quality in Care and Support'.

For more information on this Market Position Statement please contact:

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