<u>Contents Page</u>

Market Position Statement (MPS) 2014-2017 (and updated thereafter online)

1. Introduction

This Market Position Statement is designed to:

- **Inform providers**, **and future providers** of adult social care services about the existing and future demand for care services.

- **Be a starting point, for discussions** between Shropshire Council and providers, about how we can best work together to shape a diverse, flexible market for care, that achieves the best possible outcomes for Shropshire residents, in line with our **key principles**, below.

- **Be updated on a regular basis**, as a live, transparent **resource for providers**, where market information, including best practice, can be pooled and shared.

It contains information about:

- Shropshire's current demography and service provision

- Population projections and predictions for future demand for services

- Shropshire Council's vision for how providers may need to respond to the changing needs for care and support in the future

- The support that Shropshire Council will offer towards the development of services

- Shropshire Council's strategic commissioning intentions and new ways of working

Our key principles for this are:

- Working together
- Prevention
- Enabling
- Maximising independence and choice
- Being innovative
- Providing targeted, personalised support where it is needed

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How providers can get involved:

We hope you find this document useful and that we can agree mechanisms for how it will be updated in the future. We hope to engage you again through Shropshire Partners in Care (SPIC) and the Voluntary and Community Sector Assembly (VCSA).

WILL ADD WEB LINK OF WHERE CURRENT MPS CAN BE FOUND.

The transformed adult social work model will be delivered in partnership with People2People. This partnership is based upon the following clear set of principles:

- Reducing dependence upon paid support and enabling and maximising individual independence
- Maximising the use of community resources and natural support and developing resilient communities
- Facilitating key partnerships within local communities that maximise the use of natural support and universal services
- Focusing on the use of volunteers and particularly those who have experience of using services

Through this statement, we aim to promote:

- High standards in care and support services for the people of Shropshire
- Transparency of information in terms of how we aim to strategically commission and influence services for the future of Shropshire
- An increased level of choice for those receiving Adult Services
- A seamless continuum of care options for individuals in receipt of support

We want to work with providers who...

Can support people with dementia: have signed up to 'Dementia Friendly Communities' and have pledged to support individuals with these needs.

Meet our quality standards and are open and transparent about their standards. We expect providers to publish the findings of their independent monitoring.

Are committed to supporting individuals to stay as independent as possible, for as long as possible; reducing the need to enter the care system.

Are innovative and who want to improve the landscape of Adult Services.

Are committed to maximising the impact of their activities on the social, economic and environmental wellbeing of our customers and communities.

Use telecare to support individuals to remain independent in their own homes.

Can facilitate the development and function of community based services in line with Shropshire Council's approach to locality commissioning.

At the same time…

It is important, in the context of Shropshire's demographic changes, that people are helped to acquire the 'tools' (information, advice, personal and community networks, assistive technology) to minimise their reliance on publicly-funded services. We want to work with providers who can enable this to become a reality.

Our locality commissioning approach means that we will work with communities to explore a different way of designing and delivering services so that services can better complement what is already happening in each community.

As a council we are focusing on delivering outcomes for our customers. Everything we do will work towards and fulfil one or more of our outcomes shown in the table below.

Shropshire Council Outcomes	Which means that people…
Your money	Feel financially secure and believe in a positive future for themselves and their families
Your health	Live a long, enjoyable and healthy life
Your life	Feel valued as individuals, to 'live life my way', with their choices respected and with as few compromises as possible
Your environment	Live in an attractive, vibrant and safe environment, in a place that is right for them
Your council	Feel confident that the Council is doing the right thing with their money and that the customers' needs are at the centre of any decisions taken about their lives

Our Pledge *(to go down the side of the page in a column like in the exemplar)*

In the next 12 months we want to:

Be confident that users and carers are satisfied with the services that they receive which we will measure through our continued engagement with the Making it Real framework and published in our annual Local Account.

Develop a closer relationship between Local Authority commissioners and the provider market following feedback from providers that they want more interaction with Local Authority commissioners and more opportunities for collaboration. A summary of the feedback from providers is available on page 27.

Work with our partner agencies to ensure that people in Shropshire feel safe, an area we will explore further to better understand how this can be achieved by working with individuals, service providers, the public sector and local communities.

Engage with the Dementia Friendly Communities framework for Shropshire to become a Dementia Friendly county and support our providers in becoming Dementia Friendly too.

Make information and advice more accessible in-line with the council's development of a framework for recommissioning services. This will ensure that Shropshire residents receive services early that prevent their care needs from becoming more serious, can get the information they need to make informed decisions about care and support and have a good range of providers to choose from. Information, advice and advocacy will be recommissioned during 2014.

2. <u>Key Messages in this MPS</u>

This MPS is being developed at a time of significant change in the way that public services are funded, commissioned and delivered. Local Authority funding from central government is likely to be under continued downward pressure at the same time that demographic pressures for the county, such as an ageing population, are on the increase. The scale of these pressures that the council and its partners face means that we will need to do things differently which make a permanent improvement for our residents and the communities that they live in wherever possible, reducing costs in both the short and long term.

§   In 2012, 21.6% of the Shropshire population were estimated to be aged over 65

§   By 2015 it is predicted this will have increased to 23% and to 25% by 2018

§ In 2012 there were 8,900 people in Shropshire aged 85 and over. This is expected to increase to 12,000 by 2020 (an increase of 34%)

§ By 2020 it is anticipated that there will be around 5940 individuals aged 18-85 with learning difficulties living in Shropshire

§ As of 2012, there were 19,686 individuals aged 18-64 with moderate to serious physical disabilities

§ It is anticipated that by 2020 there will have been an increase of 25% in the number of individuals aged 65 and over who are unable to manage at least one self-care activity on their own. In 2012 there were 22,061 individuals who struggled with one of these activities, by 2020 it is anticipated that this figure will be 27,623

§ During 2012, 26,840 individuals aged over 65 were unable to manage at least one domestic task on their own. This was 40% of the total population aged over 65

§ The number of those aged 65 and over who are unable to manage at least one domestic task on their own is expected to increase by nearly 26% by 2020

Shropshire Council's priorities are:

a) **Protecting -** Strive to keep people from harm (in a way that does not compromise their choices)
b) **Growing -** Help to manage our environment (in a way that helps Shropshire to thrive)
c) **Helping -** Help people to help themselves (in a way that helps them to make the most of the choices available to them)

We want to ensure that, as soon as possible, everything is as efficient as it can be, with our customers at the heart of everything and with a focus on prevention and partnership. We want Shropshire's communities to be resilient, to take ownership of issues important to them and, with our support, to develop their own resources to be able to flourish during this time of change and into the future.

We recognise that there are many communities, people and organisations that are as well or better placed to deliver the solutions and services which will help us to deliver our vision. We also recognise that other organisations are sometimes better placed than the council to attract external funding and to deliver inward investment to Shropshire. That is why we see the council's role as that of a **commissioner** as opposed to a direct deliverer of services. This means that the council's relationship with our customers and communities will be to engage, listen and understand needs and demand whilst securing the best possible solution from those organisations who will be delivering services in future.

Doing things differently

We will be looking towards our local communities: we want to see each other as partners, working towards a shared goal.

We believe that the voluntary and community sector (VCS) has a considerable role in helping to support individuals in Shropshire and we want to help to facilitate their work. Community services have an incredibly important part to play in enabling individuals to build natural and resilient support networks.

Our commissioning approach embraces this notion of real communities and places importance on helping individuals to create valid and caring support systems which are potentially more supportive than that created through paid support.

Shropshire benefits from diverse and skilled community and voluntary groups (many can be found on The Shropshire and Telford & Wrekin Community Directory) that provide support for local communities and vulnerable people.

3. Our Commissioning Intentions

We are going through a period of unprecedented change and restructure; operating in an uncertain economic environment. We want to use funding to invest in new styles of care and support activity that will invigorate the market and that will move us away from reliance upon some forms of traditionally funded service provision.

We want to work with providers to develop a market that is diverse and that can offer real choice for individuals.

We want to ensure that there is an even base for all providers, regardless of their status as independent, private, not for profit social enterprises, large or small.

We need to ensure that all funding is focussed upon the outcomes that can be achieved for that expenditure and it must be focused upon driving down longer-term demand.

We will look to commission more of our services in partnership with the Shropshire Clinical Commissioning Group (CCG) so that joined-up health and care services can be made more widely available.

It is clear that the financial landscape for councils will remain very challenging for some time to come and so it is important that resources are employed efficiently and effectively in order to ensure greatest value for money.

We are looking to create more resilient, community-based provisions, facilitating more natural networks of care and support within an individual's locality. The social work teams in the county are working to explore alternative resources for support.

We are focusing upon reablement; exploring what a person is able to do as opposed to what they are unable to manage. This then becomes the starting point for their care and support plan.

4. Shropshire's Adult Social Care Profile

4.1 Older People (aged 65 and over):

Local context:

Demand for care and support services is likely to rise with a growing older population. The rise in the old (those aged 85 and over) poses particular challenges across all care and support services in Shropshire. Whilst life expectancy is increasing, and entry into care services are likely to be later in life, these people are likely to have more complex and costly needs.

The prevalence of long term health conditions increases with age. Most notably, the prevalence of dementia, and with Shropshire experiencing significantly higher numbers in its

older population than the England average, we can expect significant rises in the number of reported cases of dementia in future years.

It is crucial therefore, that providers of care and support services recognise the pressures on the overall health economy of dementia, strokes, falls, long term health conditions and end of life care and that we work together to plan for the type of support services that may be needed in the future.

Numbers in Shropshire (existing and future demand):

- As of 2012, there were 66,000 people aged 65 and over, living in Shropshire. This is an increase of 30% since the last census of 2001 (which recorded a population of 51,194 aged 65 and over) and indicates a significantly greater growth than that experienced by England and Wales as a whole (10.9% increase in those aged 65 and over from 2001-2011).
- By 2020 it is predicted that more than 25% of the population of Shropshire will be aged 65 and over. It is clear, therefore, that Shropshire has a distinct ageing population.
- In terms of those aged 85 and over, the predicted increase in population by 2020 (up by 34% from 2012) indicates that we can expect an increased demand on care services, as those in the oldest age band are the population most likely to be in receipt of some form of social care provision due to the associated rise in long-term conditions.

Table 1: Current and predicted population of Shropshire, by age bands

Age Band	2012	2015	2020
0-17	61,200	61,800	64,000
18-64	180,800	178,300	175,900
65-74	36,300	39,600	41,400
75-84	21,400	23,100	27,500
85+	8,900	9,900	12,000
All Persons	308,400	312,800	320,600

Source: Office for National Statistics, interim 2011-based Subnational Population Projections

Over the last decade, life expectancy has increased in the total population of Shropshire. Similarly, all age, all-cause mortality has decreased (see Shropshire's JSNA). Life expectancy is expected to continue to rise for both men and women in Shropshire.

Dementia

Due to its ageing population, Shropshire has a high proportion of individuals living with dementia. It is expected that by 2030, the population aged over 65 who are predicted to have dementia will have increased by 85% (from 4,602 in 2012, to 8,516 in 2030).

For more detailed predictions of older people predicted to have dementia, see www.poppi.org.uk.

What does this mean for care providers?

With our work alongside our partners, to ensure "dementia friendly communities" in Shropshire, we want to work with providers towards ensuring Shropshire residents with dementia feel part of their local community and to avoid feelings of isolation and loneliness.

We want to strengthen approaches that support older people to remain in their own homes and to ensure that moving into residential care is a last resort option for older people in Shropshire.

We want to encourage the take-up of self-directed support and "self-help" options where possible, for greater independence, choice and control.

We want providers to help us to focus on prevention services and we will develop better and more targeted information on how to access these services, enabling more people to help themselves.

4.2 Adults with a Physical Disability

Local context:

People with physical disabilities are often frail, incapacitated and/or have a physical or sensory impairment such as sight problems, hearing loss, or speech impediment. These people may have on-going specific needs for aids or adaptations to help them live independently in their own homes. These items may include walking sticks, spectacles, access ramps, as well as newer items of assistive technology such as pendant alarms, and motorised door and window openers – all of which make living at home easier and safer.

Numbers in Shropshire (existing and future demand):

The latest information shows the predicted number of adults (aged 18-64) expected to have a moderate physical disability in Shropshire, is anticipated to rise by 0.7% (from 15073 in 2012 to 15,183 by 2020) between 2012 and 2020.

Please see www.pansi.org.uk for more detailed predicted data.

The latest information shows the number of adults (aged 18-64) predicted to have a serious physical disability in Shropshire, is anticipated to rise by 2% (from 4,613 in 2012 to 4,719 in 2020).

Please see www.pansi.org.uk for further details.

What does this mean for care providers?

We will continue to support people with a physical disability to live independently in their own homes, building on initiatives such as the telehealth pilot, to develop assistive technology and telehealth services across Shropshire. Home care providers will be encouraged to continue to exploit assistive technology, to reduce the cost of social care packages for

people living in their own homes, for example, reducing or replacing the need for night support.

We are developing our prevention services, which includes providing extra help for people leaving hospital through the Short Term Assessment and Reablement Team (START), to reduce the numbers being readmitted to hospital or entering residential and nursing care.

Feeling connected to friends and family and the wider community can help people to have the confidence to remain independent for longer. This is particularly important in a sparse, rural county such as Shropshire. We will therefore continue to exploit social media to connect people with similar issues and interests, using projects such as the GUSTO pilot. We will also contribute to the campaign to bring better broadband to Shropshire so that more people have better access to support provided in this way. (www.giveitsomegusto.org)

We will support the local housing partnerships to work with developers to ensure a suitable supply of appropriate specialised housing to meet the needs of people with physical disabilities. We will also explore the potential of building "lifetime homes" as part of new housing developments so that houses are more adaptable as residents' needs change.

4.3 Adults with Learning Disabilities

Local context:

In comparison to the England and Wales average, Shropshire has a greater percentage of the adult population with a learning disability. There are approximately 1,000 people with a learning disability living in Shropshire and around 850 are supported by adult social care.

Numbers in Shropshire (existing and future demand):

The proportion of adults with a Learning Disability, living in settled accommodation, in Shropshire, in 2012-13, was 78%, compared to the England average of 73.5%.

What does this mean for care providers?

We will continue to support people with learning disabilities to live independently in their own homes, keeping admissions into hospitals or care homes as low as possible. Home care providers will be encouraged to continue to exploit assistive technology, to reduce the cost of social care packages for people with learning disabilities living in their own homes, for example, reducing or replacing the need for night support.

We are keen to work with providers offering innovative opportunities, to help people with learning disabilities into training, development of self-help, and paid and voluntary employment, which all boost confidence, quality of life and enables peoples' independence.

We will be looking to work with providers who can help people with learning disabilities to live in safe, stable and appropriate accommodation. Suitable housing is closely linked to improving peoples' safety and reduces the risk of social exclusion.

4.4 Adults with Autism

Local context:

Autism is a lifelong condition that affects how a person communicates with and relates to other people. It affects a person's social interaction, social relationships and understanding

of the world. The condition can affect people in different ways, some may experience sensitivity to light, sounds, touch and taste, while others prefer to have a fixed daily routine.

Numbers in Shropshire (existing and future demand):

The latest information shows there are an estimated 1,800 adults with autistic spectrum disorder living in Shropshire, in 2014. This number is expected to remain fairly static over future years. However, not all of these people will require care services.

Please see www.pansi.org.uk for further details.

What does this mean for care providers?

We have developed an Adults Autism Strategy 2012-2015 in Shropshire, in conjunction with Stoke on Trent, Staffordshire and Telford and Wrekin councils, which together form the Adult Autism Partnership Board, to enable collaborative working across boundaries, commissioning services from some of the same providers.

The strategy sets out our agreed priorities for adults with autism. These include:

- **Improving access to the services and support** which adults with autism need, to live independently within the community
- **Enabling local partners to plan and develop appropriate services** for adults with autism to meet identified needs and priorities
- **Increasing awareness and understanding of autism** amongst frontline professionals

Future direction and possible business opportunities:

We will be working with providers, to review how we commission services for adults with autism, to ensure that there is sufficient capacity and appropriate services to help adults with autism to live as independently as possible.

Providers of these services will be expected to provide good quality information about their services and signpost people onto more appropriate services when circumstances change.

4.5 Adults with Mental Health problems

Local context:

Mental health conditions are very varied and include a range of diagnosable illnesses and disorders, some of which may be present throughout most of a person's life, whilst other symptoms or problems may occur for relatively short periods of time. The severity of some mental health conditions can be significantly different depending upon our own resilience and support networks.

It is important therefore, that in Shropshire, we develop good support networks that enable people with mental health problems to feel part of, and contribute towards their local community.

Numbers in Shropshire (existing and future demand):

In Shropshire, it is estimated that between 26% and 32% of the population have a mental health condition with the main illnesses being depression and anxiety, alcohol related

mental health problems, and personality disorders.

The percentage of adults receiving secondary mental health services, living independently, in Shropshire, in 2012-13 was 77.9%. This is well above the England average of 59.3%.

The predicted number of adults in Shropshire anticipated to have Mental Health problems in future years is expected to remain fairly static between now and 2020.

Please see www.pansi.org.uk for further details.

What does this mean for care providers?

We will continue to support people with mental health problems to live independently in their own homes, keeping admissions into hospitals or care homes as low as possible. Home care providers will be encouraged to continue to exploit assistive technology, to reduce the cost of social care packages for people with mental health problems living in their own homes, for example, reducing or replacing the need for night support.

We are keen to work with providers offering innovative opportunities, to help people with mental health problems into training, development of self-help, and paid and voluntary employment, which all boost confidence, quality of life and enables peoples' independence.

We will be looking to work with providers who can help people with mental health problems to live in safe, stable and appropriate accommodation. Suitable housing is closely linked to improving peoples' safety and reduces the risk of social exclusion.

4.6 Carers

Local context:

We recognise the important role that carers have in supporting vulnerable people in Shropshire, and so see the development of further support for carers as a continuing priority. Supporting carers forms a key part of delivering our prevention agenda.

Numbers in Shropshire (existing and future demand):

Latest figures from the 2011 census in the table below show that approximately **34,300** people provide some form of unpaid care, the majority of these (nearly 23,000) provide between 1 and 19 hours per week. This compares to **3,400** carers who received a specific carer's service, as the result of a carer's assessment or review, in 2012-13 (which equates to about 10% of informal carers).

Table 2: Provision of Unpaid Care

Data relates to the following census 2011 Question:	2011 - Shropshire	
Do you look after, or give any help or support to family members, friends, neighbours or others because of either: - Long term physical or mental ill-health/disability? - Problems related to old age?	**number**	**% of total population**
Provides no unpaid care	271,869	88.8

Provides 1 to 19 hours unpaid care a week	22,835	7.5
Provides 20 to 49 hours unpaid care a week	4,046	1.3
Provides 50 or more hours unpaid care a week	7,379	2.4

Carers now have choices in Shropshire about the way they complete a carers' assessment, in a way that suits them, for example, over the phone, rather than face to face. In this way we are able to reach more carers and help them identify sources of support. Provision of accurate, clear, up to date information and advice is essential for giving carers the correct signposting and guidance. We have made a public commitment within our annual Local Account for 2012-13, to improve access to and the quality of information about care services in Shropshire.

For more information see:
http://www.shropshire.gov.uk/adult-social-care/local-account-for-adult-social-care/

What carers say about care services in Shropshire:

We aim to continue to improve carers' quality of life in Shropshire, and as part of the government's national programme of surveys, we undertake a survey of carers every two years, using nationally prescribed questions.

We ran this survey for the first time in its current format in 2012-13.

We recognise the important role that carers have in Shropshire, and this survey shows us that there are clearly areas where we need to improve, particularly around ensuring carers can easily access information and advice, and making sure that they feel part of the discussions about the person they care for.

For more detailed information about our Carers' Survey results see:
http://ascof.hscic.gov.uk/Outcome/

What does this mean for care providers?

Supporting carers continues to be a key priority, as we recognise their important role in helping people to remain living independently in their own homes. We will be looking for a broader range of ways in which carers can be supported and so providers are encouraged to develop innovative, cost effective carers' services that we can signpost carers to.

It is particularly important for carers to be able to take a short break from caring, so that they can sustain their important caring role for the longer term, and at the same time, be confident that the person they care for will be safe in their absence.

We will be encouraging organisations to sign up their care staff to "Carers Aware" on our website, which is an e-learning pack. This will be extended shortly, to include young carers to promote awareness of their needs. http://static.shropshire.gov.uk/carer-aware-course/index.html

5. Domiciliary and Community Resources – Current Service and Supply

Domiciliary care and community resources are Shropshire Council's largest areas of expenditure in terms of Adult Services. So too, the care sector is a significant employer within Shropshire.

As part of the redesign and development of services, Shropshire Council is moving away from the traditional use of day care centres and is investigating the use of alternative community resources. Instead of delivering more and more efficiencies by incrementally changing what we currently deliver, we will talk to providers about an entirely new approach that is financially sustainable but which actually meets people's needs. We aim to support people independently at home using commissioning services but where people are eligible will provide via their personal budget.

The following table shows the number of clients who have been assessed and meet our eligibility criteria for receiving care services, at any time during the year, split by client group, age band and service type.

Table 3: Number of clients receiving services at any point during the year (from 01/04/12 to 31/03/13)

Primary client type:	Service type - 18 to 64 age group only				Service type – 65 and over age group only			
	Total of clients	Community - based services in own home	Residential care	Nursing care	Total of clients	Community - based services in own home	Residential Care	Nursing care
Physical disability, frailty and sensory impairment (total)	**505**	**467**	**21**	**25**	**3966**	**2709**	**889**	**764**
Of which: Physical disability, frailty and/or temporary illness	474	436	19	25	3671	2497	816	711
Hearing impairment	7	7	1	0	107	79	30	15
Visual impairment	20	20	1	0	155	110	35	30
Dual sensory loss	4	4	0	0	33	23	8	8
Mental Health (total)	**238**	**200**	**39**	**9**	**168**	**85**	**62**	**32**
Of which: Dementia	1	1	0	0	30	9	11	14
Learning disability (total)	**723**	**606**	**246**	**5**	**82**	**49**	**48**	**4**
Substance misuse (total)	**42**	**39**	**3**	**1**	**7**	**3**	**4**	**1**
Vulnerable people (total)	**0**	**0**		**0**	**30**	**14**	**12**	**7**
Total of above	**1508**	**1312**	**309**	**40**	**4253**	**2860**	**1015**	**808**
The total number of adult clients of all age groups receiving services during the period is 5761								

Domiciliary Care Framework

From April 2013 the Council introduced a framework for domiciliary care which exists as a list of providers to take on Council managed care packages: these are packages where service users ask the Council to manage all the arrangement for their care needs.

This is an open framework so new providers may continually be added to the list as they apply and operates so that there are providers on the market willing to quote an hourly rate for care at the levels set by the Council. The banding levels reflect urban and rural locations as well as assessed needs. The Council sets a minimum rate and a ceiling rate to ensure that a quality service is maintained within the resources available to the council.

Providers wishing to be on the framework can contact us at contracts@shropshire.gov.uk

Self-Directed Support

Where a service user does not wish the Council to manage their care needs for them they may choose to have a direct payment and employ a personal assistant or choose their own service provider. Alternatively they may wish to have an 'Individual Service Fund' (ISF) and may then choose a provider from the Council's list of 52 ISF accredited providers: this is also an open list of both care registered and support providers to which any provider may apply; this does not however state specific geographical areas as does the framework providers.

In 2012/13 we supported nearly 3,100 adults to have self directed support, which was over 74% of the number of people who were receiving community based services. This was above the national average of 56.2%.

The Future

The Care and Support Bill 2013

The Care and Support Bill 2013 states that a Local Authority must promote an 'efficient and effective' social care market in order to achieve the following for individuals:

- A variety of high quality providers and services from which to choose
- Access to services at an early stage, that prevent their care needs from becoming more serious
- Sufficient information to make an informed decision about how best to meet needs

To do this, we intend to work with providers and work proactively together to meet the needs of those receiving care in Shropshire. In Shropshire we believe that this can be achieved by focusing on the needs of the citizens and developing services that will meet those needs.

For more detailed information relating to the Care and Support Bill, see link below:
https://www.gov.uk/government/publications/the-care-bill-factsheets

People Who Fund their Care in Care Homes

A self-funder is someone who arranges and funds their own care and support. This can include care and/or support to live independently at home, or in a care home.

With the introduction of the Adult Social Care and Support Bill, the changes in funding and the projected increases for social care services in the future, this means that it is more important than ever for us to work together to fully understand our local needs and the care market.

The Institute of Public Care (IPC) estimates that 44.9% of registered care home places in England are self-funded. Estimating the number of self-funders is not an exact science, for a

variety of reasons. However, we recognise that the self-funding market forms a significant part of the overall care market in Shropshire and we will need to work with providers to ensure we understand this part of the market better and support self-funders to make informed choices about their care and the full range of options available to them.

One of the challenges to be addressed in relation to people who fund their own care is the need for more detailed information and advice regarding quality, level, type and appropriate price of care. This includes financial advice which would help self-funders to maximise their income and help prevent them running out of money and needing state support in the future. The 2011 report by the Local Government Information Unit (LGiU) highlighted that Local Authorities need to offer clear guidance to self-funders on choosing the care which is most appropriate to their needs. It showed that the information and guidance available was often not of sufficient quality to offer self-funders real choice or support.

In order to help self-funders in the future, we will be linking closely with domiciliary care providers as they will often have the first contact with individuals requiring long-term care. We will also look at developing quality assurance mechanisms for self-funders through directories of care and offer clear guidance on what to expect and the end-to-end process of accessing care.

We will be examining best practice from other councils in this area to form a judgement on the best way forward to developing our collective understanding of the self-funding market and welcome your views on this topic.

6. <u>Residential and Nursing Services – Current Service and Supply</u>

Older People

There are currently 136 registered care homes for older people in Shropshire, providing a total of 3780 beds. Of these homes, only one is operated by the Council and the remainder by the independent sector. Shropshire Council purchases places on behalf of Shropshire individuals receiving these services and the remainder is purchased by:

- Shropshire residents who self-fund
- The NHS for those with Continuing Healthcare (CHC) needs
- Other Local Authorities (out-of-county placements)
- Vacant beds

The table below indicates the numbers of those aged over 65 who are receiving services from Shropshire Council (per 100,000). As can be seen, as of 2012-13, Shropshire Council has a lower proportion of individuals in residential placements than both the England average and other comparative authorities. However, in contrast, Shropshire has a greater proportion in nursing placements, and we are looking to reduce this figure.

Table 4: Number of Older People, per 100,000, aged 65+ Receiving Services from Shropshire Council Funded Places, at 31 March 2013

	Shropshire Council:			Comparator Group Average	England Average
	2010-11	2011-12	2012-13	2012-13	2012-13
Residential placements	1,311	1,183	1,118	1,198	1,329

Nursing placements	739	781	788	600	571
Community based services	6,506	4,840	2,077	3,637	4,787

Source: ASC-CAR table S1, and RAP table P2s.
NASCIS - Older People Standard report 2012-13.

Source: ASC-CAR table S1, and RAP table P2s.
NASCIS - Older People Standard report 2012-13.

Table 5: Trends in the Number of Permanent Admissions per year of Older People into Residential/Nursing Care, per 100,000 Older Population

	Year	Residential Care	Nursing Care	Total
Shropshire	2010-11	471	333	804
	2011-12	400	441	841
	2012-13	355	457	812
Comparator Group Average	2010-11	444	248	692
	2011-12	435	264	699
	2012-13	442	262	704
England average	2010-11	464	222	686
	2011-12	468	228	696
	2012-13	475	234	709

Source: NASCIS Older People Comparator Report

Table 5 above shows that we have significantly reduced the proportion of older people entering permanent residential care, over the three years since 2010-11, and Shropshire's levels for the last two years have been much lower than the comparator group and England averages.

However, the proportion of older people entering nursing care in Shropshire has increased over this same three year period, and whilst the comparator group and England averages have also seen increases, the rates are at a higher level in Shropshire. We will need to undertake further analysis to understand this data more fully, and we will also need to ensure admissions into nursing care are kept to a minimum in 2013-14 and beyond.

More detailed information on the number of residents in homes during the year can be accessed at https://nascis.hscic.gov.uk/.

Those aged under 65:

Table 6: Trends in the Number of Permanent Admissions of Adults, Aged 18-64, into Residential/Nursing Care, per 100,000 Older Population

	Year	Total
Shropshire	2010-11	19.3
	2011-12	20.4
	2012-13	24.7
Comparator Group Average	2010-11	n/a
	2011-12	19.5
	2012-13	15.0
England average	2010-11	n/a
	2011-12	18.9
	2012-13	14.9

Table 6 above shows that, we have actually increased the proportion of admissions of adults into permanent care homes, year on year, since 2010-11, which is contrary to our intended local objectives and to the direction of travel of our comparator group of councils and the England averages. These are showing both reductions year on year, and also lower rates. Again, we need to understand this data more fully, but the guiding principle for 2013-14 and beyond, is to ensure admissions into care homes are kept as low as possible, and are only undertaken, once all other care options have been considered.

Table 7: Proportion of Adults, Aged 18-64, Placed in Residential/Nursing Care Homes, as at 31st March, per 100,000 Adult Population

	Shropshire Council:			Comparator Group Average	England Average
	2010-11	**2011-12**	**2012-13**	**2012-13**	**2012-13**
Residential placements	123.0	105.4	106.0	n/a	n/a
Nursing placements	17.7	17.6	20.4	n/a	n/a

Source: ASC-CAR table S1.
Residential care excludes adult placements, unstaffed and other homes.

Table 7 above, shows the proportion of adults resident in care homes on 31st March each year. These figures show that more work is needed, at the point of residents' reviews, to check if other care options could be considered, to reduce the proportion of adults living in care homes in Shropshire.

As stated earlier, we are looking to reduce admissions and numbers residing in care homes, to reduce peoples' dependency and to reduce our care support costs. Entering care homes is seen as a last resort option, once all other types of care services have been explored.

7. <u>What do service users think about care services provided in Shropshire?</u>

We take many opportunities to listen to the people who use our services, their carers, supporters and family and friends.

Live Life Your Way

In 2011 Shropshire Council undertook the biggest consultation on adult social care in the history of the county (for full details, see Live Life Your Way). The results from the consultation indicated that individuals feel that Shropshire Council is moving in the right direction by focusing on the following key themes:

- Participation
- Prevention and enablement
- Personalisation
- Partnership
- Plurality (diversity of services)
- Protection
- Productivity
- People

- Shropshire individuals told us that they no longer wanted a narrow range of standardised support options and instead wanted personal support that enables them to remain independent and active members of their communities for as long as possible
- People wanted the focus to be on supporting the individual rather than being service-focused

National data suggests that the large majority of older people want to retain their independence in their own home for as long as possible. Similarly, our consultation indicated that people in Shropshire wanted support to be able to remain within their communities.

Annual Surveys

Shropshire Council conducts an annual survey of those who receive services through the council, and also surveys carers once every two years. The surveys ask individuals about their quality of everyday life and their satisfaction with the social care services that they receive.

In summary, results from these surveys told us that we need to improve overall satisfaction levels, make it easier for people to find out about services available and how to access them, and ensure people feel safe and secure.

More details of our survey results are available on the following link:
http://ascof.hscic.gov.uk/Outcome/

Making it Real

Making it Real is a practical tool that has been developed nationally by service users and family carers to help organisations to check their progress with personalisation and community based support, identify areas for change and develop actions. During summer 2013, Shropshire Council conducted research across a section of individuals who receive care and support through the Council. Amongst other things, individuals were asked about their access to information and advice, flexible support, their community and their support staff. Below are a series of responses:

"My social worker is fantastic"
"I have limited contact with my community"
"I know who to contact but I'm not sure if anything ever changes"
"I have three P.A.s I can contact in a crisis – they cover my care needs and each other's holidays"
 "I don't always feel safe. Better training for my carers and PA is needed"

Our newly established "Making it Real" Board and partnership boards have been involved in the production of our latest annual Local Account which, sets out what we have achieved over the last year, and what our agreed priorities are for 2013-14. The recently founded Making it Real Reference Group, made up of local people who are expert by virtue of their experience, in adult social care, will be involved in the production of the next edition of the Local Account.

By signing up to "Making it Real" Shropshire Council is showing our commitment to:

• Making sure people have control over the things they need for their care and support.

• Being clear about how support and care is making things better for people.
• Including people who use services and carers when deciding the best ways
to support them in their community.
• Listening to people, especially to what they want.
• Making sure all managers support their staff to change the ways they think
and work.
• Thinking about and speaking to each individual's family and support staff
when planning their support.
• Thinking about a person's whole life including if they need support to do
things or go places.

What does this mean for providers?

As part of our on-going engagement with service users and family carers we want you as
providers to engage with the Making it Real tool in order for us to continually improve and
personalise our services. (http://www.thinklocalactpersonal.org.uk/Browse/mir/)

A copy of our local account can be accessed by following the link
http://www.shropshire.gov.uk/adult-social-care/local-account-for-adult-social-care/

8. Key Statistics on Housing

Housing and Accommodation for Older, Disabled & Vulnerable People in Shropshire

Context

There is much common ground in published research and guidance, including Government
policy, in supporting the principle of enabling people to "live well at home". People want to
be supported to stay in their existing home or to make a move to more suitable
accommodation when they choose. The challenge is for health, social care and housing
bodies to work together to reduce the barriers that can prevent this and to do this in a way
which is cost effective.

Recently, the publication of the Social Care White Paper and the Care Bill has further
reinforced the need for a joined up approach between Housing, Social Care and Health to
prevent the need for older people to access hospital or residential care.

Table 8: Proportion of Shropshire's population aged 65 and over by tenure

All Households where the Household Reference Person is Aged 65 and Over	40966	**100%**
Owned	31952	**78.00%**
Shared Ownership (Part Owned and Part Rented)	199	**0.49%**
Rented from Council (Local Authority)	2070	**5.05%**

Other Social Rented	3276	**8.00%**
Private Rented	2481	**6.06%**
Living Rent Free	988	**2.41%**

There are variations in the rate of home ownership across the population ranging from 58.56% in people aged 85+ in the Bridgnorth area to 81.94% in people aged 65-74 in South Shropshire.

Table 9: Social rented specialist accommodation for older people (including sheltered housing and leasehold schemes for the elderly) by area of the county

Former district council	Housing for older people	Shared ownership and leasehold for the elderly (LSE)
Oswestry Borough	225	53
North Shropshire District	328	97
Shrewsbury and Atcham Borough	1555	145
Bridgnorth District	273	47
South Shropshire	356	189
Total	2737	531

Source: Shropshire Local Housing Market Assessment 2010

This table demonstrates that by far the greatest concentration of specialist or dedicated social rented accommodation for older people is in the former Shrewsbury & Atcham Borough Council area, comprising Shrewsbury Urban and Shrewsbury Rural.

What do we intend to do in relation to housing and accommodation for disabled and vulnerable people?

The following themes or priorities arising from our published plans and strategies for older, disabled and vulnerable people are:

1. Accommodation
   - A range of housing, including affordable housing, is provided in partnership to meet the current and future needs of all our communities
   - Development of additional Shared Lives places
   - Develop additional supported living bungalows to enable Shropshire adults with learning disabilities who are currently in care outside of the county to return to Shropshire
   - Develop additional supported accommodation for people with mental health problems
   - Develop additional supported accommodation for people with learning disabilities
   - All existing stock is of a high quality and used effectively

2. Support and advice
   - Residents are able to influence decisions through having access to suitable and timely advice on housing options and support available.
   - For vulnerable people of working age to:

- o maximise stability within the home
- o minimise dependence on welfare benefits
- o support access to education training and employment, and community based social networks.
- For older people and those unable to work to:
  - o maximise stability within the home including management of the home environment and financial matters
  - o support access to other services
  - o facilitate involvement with community networks.

What do we intend to do in relation to housing and accommodation for older people?

In addition to those shown above the following themes, or priorities, have been identified specifically for provision of accommodation for older people, based on the principles of:

- **Partnership working** - joint working between housing, health, social care, NHS bodies, other local authorities and other organisations; inclusion of older, disabled & vulnerable people through consultation and involvement in design and planning of provision.
- **Enabling** - providing and promoting measures that enable older, disabled and vulnerable people to live independently, and to maximise health and well-being.
- **Choice** - a range of flexible housing and support options in recognition of differing needs and expectations, supported by accessible information.

In particular, evidence in the Council's draft Extra Care Commissioning Framework suggests the need for 672 units of Extra care accommodation in Shropshire by 2020, rising to 956 in 2030. Based on the expectation that schemes would be of approximately 45-60 units, it is anticipated that around 12 schemes would be required by 2020 and 17 by 2030. This can be split by former district areas as follows:

Table 10: Prediction of Units of Extra Care Accommodation

	2020	2030
Bridgnorth	129	191
North Shropshire	129	187
Oswestry	92	136
Shrewsbury	203	277
South Shropshire	115	165
TOTAL	**672**	**956**

Accommodation Condition & Vulnerability

The condition of the accommodation in which people live can affect their health and wellbeing. This is particularly so amongst older and vulnerable groups. The Shropshire Council Healthy Housing Survey, which reported in October 2012, identified some key themes or links between housing condition and vulnerability.

The survey has confirmed that Shropshire, as a large rural county, faces a range of factors which combine to create complex housing challenges each of which has a cumulative adverse impact on the other - older housing, risk of fuel poverty, relatively low income levels and lower than average social housing options.

The report shows that the most commonly occurring category 1 hazard under HHSRS (Housing Health & Safety Rating System) was that of excess cold, mainly in properties built before 1919. We wish to encourage or pursue solutions that improve energy efficiency and which will improve Decent Homes performance in relation to Excess Cold and Thermal Comfort. In order to achieve this we would like to see further development of partnerships with energy efficiency organisations and initiatives, whether local or national, which would provide property improvement and reduce fuel poverty for low income groups.

9. <u>The Current and Future Level of Resourcing</u>

Financial outlook

Shropshire faces significant demographic challenges both in relation to the increasing number of elderly people as well as those elderly people aged over 85. Equally there are growing numbers of people who have life limiting conditions either as a result of accident or disability that require high levels of support and therefore associated funding. In addition to the increase in overall numbers, the type of support requested is often disproportionately expensive and therefore work will be needed to ensure that the most cost effective support is provided whilst offering as much choice as possible.

We also need to factor in the impact of emerging national policies. The Care Bill currently under development will put care on a more statutory footing as well as introducing deferred payment arrangements and national minimum eligibility for support.

The Commission on Funding of Care and Support, headed by Andrew Dilnot, set out its blueprint for reforming social care funding in July 2013. Its proposals, which would add £1.7bn to the costs of care in England, include:

- Capping lifetime individual contributions to care. This would cover care at home and in residential care, but not board and lodging costs within care homes
- Providing free care for some younger adults
- Raising the means-test threshold for savings below which people become eligible for state-funded residential care
- Standardising contributions to board and lodging costs in residential care
- Introducing a national system of assessment and eligibility, initially set at substantial need
- Retaining disability benefits paid to people with care needs, but rebranding attendance allowance

While the government has welcomed the proposals there is concern about the cost of implementation. However, a full government response will not be made until a White Paper next spring.

Our approach

Shropshire Council faces considerable financial challenges over the medium term with an assessment of the difference between costs and resources over the following three years of £80m. Adult Social Care Services will respond by

- Changing how we support vulnerable adults – seeking to understand the whole person, their family and their lives, helping them to understand and make best possible use of all available resources in the community. Only then and where absolutely necessary will the council step in to provide what support is needed to keep people as independent as possible. This will make much more sense from the

perspective of the customer and cut costs by stopping the need for high cost services in as many cases as possible by doing more to prevent personal situations getting worse, early on.

- Changing how we commission care services - both across the county and, particularly locally in our towns and villages to help develop and grow what is on offer there, so that people can get the affordable care and other services they need through personalised budgets giving them choice and control.
- Encouraging and enabling voluntary and community sector organisations to play their part in offering more affordable options for people to get a decent quality of life.

Table 11: Adult Social Care Services Directorate Overall Budget

£	Gross Revenue Budget	Gross Controllable Budget	Savings Target	Proposals Identified
Overall Current Gross Controllable Budget	98,023,000	69,858,121	24,450,342	24,450,343

Table 12: Summary Estimate for Realising Budget Reductions*

	2014/15	2015/16	2016/17
Phasing of proposals (%)	28%	36.8%	35.2%
Phasing of proposals (£)	6,843,354	9,008,547	8,618,442
Income generation (where separately identified) (£)	400,000	400,000	400,000
Total	**6,443,354**	**8,608,547**	**8,218,442**

estimates are subject to change as plans are developed and finalised

The diagram below indicates the distribution of total spend of the Council's Adult Services budget on each service type for 2012/13:

Total spend in 2012/13: £86,996,000

				Direct		Supported
Residential	**Domiciliary**	**Nursing**	**Day Care**	**Payments**	**Other**	**Living**
39.9%	**20.3%**	**18.5%**	**7.3%**	**6.9%**	**4.6%**	**2.6%**

As can be seen from the diagram above, a large amount of our expenditure is upon residential and nursing placements. We want to work to reduce this figure and alter the balance to increase the percentage of the budget spent on preventative support. Not only is this more cost-effective, but the outcomes for individuals are far more in-line with people's desire to remain living in their own home for longer.

New opportunities for providers are regularly advertised on Shropshire Council's website. These include opportunities to tender or quote for business, inclusion on a framework, or invitations to discuss preliminary or outline proposals through a 'soft market testing' exercise. These opportunities can be viewed at http://www.shropshire.gov.uk/doing-business-with-shropshire-council/current-opportunities-for-tendering/

Support and training for care providers can be accessed through Shropshire Partners in Care http://www.spic.co.uk/

Shropshire's Voluntary and Community Sector Assembly brings together a wide variety of VCS organisations to come together to provide a strong voice for the sector http://vcsvoice.org/

Shropshire Providers' Consortium (SPC) is a collective of community and voluntary sector organisations working and bidding together for the benefit of the people of Shropshire http://www.shropshireprovidersconsortium.co.uk/

Summary

We aim to deliver these plans in partnership with providers who can focus on prevention and promote independence while putting our customers' needs at the heart of everything we do. We hope to create opportunities for Shropshire residents to have greater choice to enable them to 'live life their way' while having confidence that as a council we are doing the right thing with their money and are placing them at the centre of any decision made.

Thank you for taking the time to read Shropshire's first MPS, we will continue to work in partnership with providers to deliver the best possible service for Shropshire's residents.

Appendix 1: <u>Feedback from the MPS Provider Event</u>

On the 20th August 2013 Shropshire Council and Telford & Wrekin Council hosted a joint event for providers of nursing and residential care and community-based support across the two local authorities. The event was held at Shirehall in Shrewsbury and was well attended by nearly 120 providers from across the two regions.

The event was designed to elicit the input of our providers and other organisations providing care and support to individuals in need and was an opportunity for providers to help to shape the future of Adult Services within the two Local Authorities.

Providers told us they would welcome:

Communication
- A forum to share ideas and build concepts
- Sharing of good practice through groups or online forums
- Being notified of 'up-coming' individuals and cases
- Face to face support
- Being approached by the council and increased communication
- Close collaboration, including at lower levels in the system
- More information on self-funders
- Greater networking opportunities
- Honest, transparent data
- Good communication and sharing of information between providers, the authority and others
- Fast communication
- More publicity around local schemes (VCS)
- More information on self-funders and the ability to share this

Technology
- Encouragement of wifi and mobile technology

Learning and Development
- Support through training
- An holistic approach to processes
- Best use of a wide skills mix, especially between care and business
- Development of peer support

Information and Advice
- A streamlined approach to processes and systems
- Access to accurate statistics
- All work and support being developed in the best interests of the resident
- A 'one point of contact' system
- Partnership working
- Less bureaucracy
- Prevention of the 'revolving door'
- A review of systems, especially around hospital discharge and reablement
- Seeing the council acting as a broker for a consortium of smaller care homes to provide economies of scale
- Consideration of an apprentice programme

These fit within the priorities of the council and our pledge and will be developed in-line with our improved communication to form a strong working relationship with providers and a tailor made service for our customers.

Glossary

ASCOF – Adult Social Care Outcomes Framework, a handbook which sets out the technical detail of each measure with worked examples, to minimise confusion and inconsistency in reporting and interpretation.

CCG – Clinical Commissioning Group, these are groups of GPs responsible for designing local health services in England. CCGs work with patients and healthcare professionals and in partnership with local communities and Local Authorities.

Dementia Friendly Communities – The Dementia Friendly Communities programme focuses on improving inclusion and quality of life for people with dementia.

IPC – Institute of Public Care, the The IPC team is committed to improving the quality and performance of services across health and social care, education, housing and welfare.

JSNA – Joint Strategic Needs Assessment, the purpose of which is to present an overview of our population's health and identify long term trend of need, demand and demographic changes.

LGiU – Local Government Information Unit, an award winning think tank and membership organisation whose mission is to strengthen local democracy to put citizens in control of their own lives, communities and local services.

Locality Commissioning – Working with communities to explore different ways of designing and delivering services which better reflect what is important to local people.

NICE – National Institute for Health and Care Excellence, quality standards which are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.

ONS – Office for National Statistics, the UK's largest independent producer of official statistics and is the recognised national statistical institute for the UK.

START – Short Term Assessment and Reablement Team.

White Paper - documents produced by the Government setting out details of future policy on a particular subject.

Resources and more information

For more information about The Care Bill please see the Department of Health's factsheets
https://www.gov.uk/government/publications/the-care-bill-factsheets

The regulator of the care sector is the Care Quality Commission. For further information, please see: www.cqc.org.uk

For further information on populations please see POPPI (Projecting Older People Population Information) www.poppi.org.uk and PANSI (Projecting Adult Needs and Service Information) www.pansi.org.uk

It is also possible to access information via the Office for National Statistics www.ons.gov.uk

For more information on the Social Care Institute for Excellence (SCIE), please visit www.scie.org.uk

To access information about Shropshire's Council Adult Services department, please see http://www.shropshire.gov.uk/adult-social-care/

Shropshire & Herefordshire Joint Housing Strategy 2011 – 2015
http://shropshire.gov.uk/media/131054/Joint-Housing-Strategy.pdf

Strategy for Learning Disability Services in Shropshire 2010 – 2013
http://www.shropshire.gov.uk/committee.nsf/0/6DC00B46FA23E179802576A30036C959/$file/LD%20Strategy%202010-2013%20Appendix%20A.pdf

Shropshire Supporting People Commissioning Framework 2011 – 2014
http://shropshire.gov.uk/media/127624/Supporting-People-Commissioning-Framework.pdf

To view the local account follow http://www.shropshire.gov.uk/adult-social-care/local-account-for-adult-social-care/

For more information on the NHS in Shropshire visit www.shropshireccg.nhs.uk

The population of Shropshire can be found at www.shropshire.gov.uk/facts-and-figures/population

For information on the Health and Wellbeing Board Stakeholder Alliance visit www.shropshiretogether.org.uk/stakeholder-alliance

Further Useful Websites:

The Health and Social Care Information Centre web site is the official source of published data relating to adult social care:
http://ascof.hscic.gov.uk/

The link below presents 'outcome measures' from the Adult Social Care Outcomes Framework (ASCOF) for 2012/13, published in November 2013:
http://ascof.hscic.gov.uk/Outcome/

The National Adult social Care Intelligence Service – contains more detailed, published performance data relating to adult social care:
https://nascis.hscic.gov.uk/

Appendix A