

Shropshire Council Adult Social Care Market Position Statement 2019—2022



The Market Position Statement is designed to support and inform providers working, or intending to work in Shropshire, what our future intentions are for Commissioning Adult Social Care services. It will:

Inform Providers, and future providers of adult social care services about 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 outcome for Shropshire residents, in line with our key principles

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

Our Priorities for the People of Shropshire

(As set out in our Adult Social Care Strategy)

Adult Social Care in Shropshire has a number of priorities, and our commissioning intentions are designed around supporting and implementing the 4 priorities



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ASC Market status and commissioning intentions

Shropshire's ageing demographic means that the provision of adult social care is of particular importance, but the rurality of the county can make the delivery of effective services more challenging. There will be an increased tax burden to support public sector provision; however, market opportunity for the private sector to deliver products and services will also expand. Market shaping and subsequent commissioning can provide a major route for this. Business development may also occur independently of council plans. Other areas of business growth might be considered such as encouraging location of telecare manufacturers in the county.

Shropshire is a large, rural and sparsely populated county, covering a land area of 319,736 hectares, which is approximately ten times that of all the inner London Boroughs put together (31,929 hectares). With a population estimated at 317,500 (Source: ONS mid-year estimates, 2017), this gives a density of only 0.98 persons per hectare.

Around 39% of Shropshire's population lives in villages, hamlets and dwellings dispersed throughout the countryside. The remainder live in one of the 17 market towns and key centres of varying size, including Ludlow in the south and Oswestry in the north, or in Shrewsbury, the central county town.



Shropshire has a growing older population; the county is a net importer of older people whilst it also has a falling birth date. 23.7% of the population is 65 years old or over compared to the national average of 17.9%, and this is expected to grow to 33.5% by 2039 compared to 24% nationally. By 2037 the 16 to 64 population is expected to account for just 52% of the county's total population. This means that Shropshire's wealth generating capability will be severely compromised given a dependency ratio of almost 1:1 (the ratio of those who are economically active against those who are not).



Local authorities in the UK are facing increasing challenges for the effective delivery of adult social care due to rising demands and expectation in a restricting financial context. In 2017 the Association of Directors of Adult Social Care reported that across the last decade there has been £16 billion reduction in spending on adult social care (ADASS 2017). The parallel challenge is that this is happening at a time of increasing demand, not only due to the growing population but also because we are living longer with enduring health conditions.



Shropshire Council is going through a period of unprecedented change and restructure, operating in an uncertain economic environment. In this climate it's important that we set out our current position and our commissioning intentions so that the provider market and the public know what we are currently doing and what we intend to do in the future. With this in mind we need to ensure we are working with our provider partners effectively and creatively. Consequently, this Market Position statement has been written together with Shropshire Partners in Care, commissioners and our provider partners to ensure that we are moving forward through future challenges and opportunities together.

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 effectively and in order to ensure greatest value for money.

The Principles on which we commission services are based on the following:

- We are always looking for new and innovative approaches for our way of working.
- Where appropriate we will maximise our available 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 continue 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 focused upon the outcomes that can be achieved for that expenditure and it must be focused on prevention and maximising a person's independence for as long as possible to reduce longer term demands on care.
- 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.
- We are creating more resilient, community-based provisions, facilitating more natural networks of care and support within an individual's locality.



In order to achieve all the above we have developed a number of good communication channels with our provider market.

We have listened to feedback about our previous Market Position Statement and want to ensure this document provides you with the right information you need. We have also reviewed the way the information is presented to ensure you can extract relevant information for you.

This document will focus more on;

- What the future of care and support will be like locally, how it will be funded and purchased.
- How commissioners want to shape the opportunities that will be available.

The following sections focus on specific areas of commissioning for the next three years, setting out what is currently happening and what our commissioning intentions (future plans) are.

This market position statement is reviewed on an annual basis and sometimes plans can change during periods of uncertainty. As we are aware that this document provides high level details of our commissioning intentions. We plan to provide a 6-monthly commissioning update on line which will include the following;

- Upcoming tender opportunities
- Long term commissioning intentions
- Specific challenges that providers may be able to support with.

The updates will be available on the link below:

<http://www.shropshire.gov.uk/adult-social-care/strategies-policies-and-procedures/market-position-statement>

Nursing and Residential Care

Shropshire Demographics

People aged 65 and over living in a care home with or without nursing by local authority/non-local authority, by age, projected to 2035

Age	2019	2020	2025	2020	2035
65-74	12	12	12	14	15
65-74	283	284	284	322	349
75-84	36	37	46	49	50
75-84	828	863	1,059	1,128	1,150
85 and over	51	52	62	78	100
85 and over	1,635	1,666	1,997	2,515	3,223
Total populations aged 65 and over living in a care home with or without nursing	2,845	2,914	3,460	4,106	4,887

Figures may not sum due to rounding. Crown copyright 2018. Table produced on 13/06/19 from www.poppi.org.uk

Figures are taken from Office for National Statistics (ONS) 2011 Census, Communal establishment management and type by sex by age, reference DC4210EWL. Numbers have been calculated by applying percentages of people living in care homes/nursing homes in 2011 to projected population figures.

Living in a LA care home with or without nursing

Living in a non-LA care home with or without nursing

Current Situation

There is a broad market for residential and nursing care in Shropshire. During 2017-18 Shropshire Council commissioned a total of 3,437 Nursing and Residential beds (1,119 nursing and 2,318 residential for all categories of need including Learning Disability and Mental Health).

The council contracts with over 100 Shropshire residential care providers. To provide individual residential or nursing care services via council contracts all providers must be registered with the Care Quality Commission. Where a new care home is being built or acquired the Council will also undertake a visit once the home is operational and checks four key areas; Staffing; Record Keeping; Operations – Working Practice & Systems; Governance & Policy.



Once care home providers are contracting with the council, a number of key indicators are measured that are used to maintain a risk matrix. These include the care provider's CQC rating, food hygiene scores, safeguarding concerns, infection protection control audits, complaints and performance concerns, and information from other agencies including the local Clinical Commissioning Groups and Healthwatch. This data is used to identify care providers who are of higher risk. Further engagement takes place with higher risk care providers. The aim is to resolve any concerns and issues, and support improvements, by use of

action plans and formal requirements. Engagement can take the form of meetings; site visits and monitoring reports. The process of updating and reviewing the risk matrix, and scheduling of required engagement, is an ongoing process.

The residential care providers the council contract with are expected to follow these;

- Maintaining people's independence for as long possible within those settings
- Building links with local communities
- Intergenerational work
- Personalisation

The Council wants to work with the market place to understand how a revised price structure could be agreed and implemented to ensure that in future the commissioning of spot purchased beds is at rates that are realistic and sustainable for the Council, the provider, and those in receipt of the care provided.

Future Plans

Shropshire Council is currently undertaking a large scale Residential and Nursing Care beds Commissioning Review project. The project is designed to review how we commission nursing and residential beds and the rates that we pay in order to provide sustainability, diversity, choice and value for money.

- We want to support the longer term purchasing of beds to meet both current and future needs, ascertain the commissioning requirements for residential and nursing care beds for the future and find solutions for the commissioning of longer-term contracts.
- We also want to support market development, create positive outcomes for service users in need of nursing or residential care
- We are reviewing the rates currently published for the commissioning of residential and nursing beds to support the development of a vibrant and resilient market place by creating transparency, equity and fairness in the prices we pay for provision.

A public consultation was undertaken 18th March 2019 to the 26th April 2019 to review and update the rates the Council currently publishes and pays for nursing and residential beds. We sought feedback from all parties with an interest in the prices we pay for beds so that relevant views and evidence can be considered in deciding the best way forward.

Following closure of consultation, we will review the findings and share proposals following decisions by Cabinet.

Independent care home assessors – We are working with Shropshire Partners In Care (SPIC) and Shropshire Community Health NHS Trust (Shropcom) to employ independent assessors to support effective and timely discharges from Acute Hospital settings into Residential/nursing provision by enhancing established discharge processes through liaising with and working on behalf of providers, contributing knowledge of their capabilities and capacity within those processes and undertaking necessary informed assessments. The project has now employed the assessors and work with care homes is underway – this project will run until April 2020.

“We have been using the Independent Assessors across a number of our homes, the assessments have proved to be accurate and comprehensive. It is encouraging that skilled professionals are taking the time to better understand the capacity, specialisms, skills and resources available in individual independent services of particular benefit is the “go to” facility post discharge which has proved to be invaluable in the event of needing to resolve issues surround the safe transfer of care.”

David Coull Former Chief Executive Coverage Care



Pre placement agreement - Revision of the pre- placement agreement is underway and commissioners will work with SPIC and market representatives to update and develop the contract so that expectations are clear from the council and for the market. Completion is expected by the end of 2019.

Brokerage - How we commission placements is also being reviewed, the current practice is for social workers to contact care homes directly. In the future we may commission services through a brokerage model similar to that which we use for domiciliary care. This will be reviewed in line with the consultation and arrangement for the prices that the council pay for care in the future.

Domiciliary Care

Shropshire Demographics

People aged 18-64 predicted to have a moderate or serious personal care disability, by age, projected to 2015

People aged	2019	202	2015	1030	2035
18-24	124	120	115	124	123
	82	80	76	82	82
25-34	477	476	451	416	420
	136	136	129	119	120
35-44	972	977	1,041	1,063	1,021
	201	202	215	220	211
45-54	2,239	2,181	1,906	1,823	1,936
	503	490	428	409	435
55-64	4,039	4,145	4,497	4,259	3,775
	780	801	869	823	729

Figures may not sum due to rounding. Crown copyright 2018. Table produced on 13/06/19 from www.pansi.org.uk

Predicted to have a moderate personal care disability	Predicted to have a serious personal care disability
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This table is based on the prevalence data on adults with physical disabilities requiring personal care by age and sex in the Health Survey for England, 2001. These include: getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet. A moderate personal care disability means the task can be performed with some difficulty; a severe personal care disability means that the task requires someone else to help.

People aged 65 and over who need help with at least one domestic task or one self-care activity, by age and gender, projected to 2035

Age and Gender	Need help with at least one domestic task					Need help with at least one self-care activity				
	2019	2020	2025	2030	2035	2019	2020	2025	2030	2035
Males aged 65-69	1,500	1,515	1,635	1,950	1,950	1,600	1,616	1,744	2,080	2,080
Females aged 65-69	2,033	2,033	2,166	2,508	2,565	2,354	2,354	2,508	2,904	2,970
Males aged 70-74	1,957	1,976	1,862	2,014	2,394	2,163	2,184	2,058	2,226	2,646
Females aged 70-74	2,553	2,599	2,415	2,576	2,990	2,664	2,712	2,520	2,688	3,120
Males aged 75-79	1,998	3,003	3,795	4,785	5,346	3,115	3,185	4,025	5,075	5,670
Females aged 75-79	2,788	2,924	3,570	3,332	3,604	2,378	2,494	3,045	2,842	3,074
Males aged 80 and over	2,937	3,003	3,795	4,785	5,346	3,115	3,185	4,025	5,075	5,670
Females aged 80 and over	6,875	7,040	8,305	10,285	11,385	6,125	6,272	7,399	9,163	10,143
Total population aged 65 and over	22,641	23,169	26,286	29,853	32,880	22,471	22,973	25,931	29,470	32,447

Instrumental Activities of Daily Living (IADLs) are activities which, while not fundamental to functioning, are important aspects of living independently: Doing routine housework or laundry, shopping for food, getting out of the house, doing paperwork or paying bills & for each task, participants aged 65 and over were asked whether they could carry out the activity on their own, or whether they needed help (i.e. manage on their own with difficulty, only do the activity with help, or could not do at all).

People aged 65 and over who need help with at least one self-care activity, by age and gender, projected to 2035

Age and Gender	2019	2020	2025	2030	2035
Males aged 65 – 69	1,600	1,616	1,744	2,080	2,080
Females aged 65-69	2,354	2,354	2,508	2,904	2,970
Males aged 70-74	2,163	2,184	2,058	2,226	2,646
Females aged 70-74	2,664	2,712	2,520	2,688	3,120
Males aged 75 – 79	2,072	2,156	2,632	2,492	2,744
Females aged 75-79	2,378	2,494	3,045	2,842	3,074
Males aged 80 and over	3,115	3,185	4,025	5,075	5,670
Females aged 80 and over	6,125	6,272	7,399	9,163	10,143
Total population aged 65 and over	22,471	22,973	25,931	29,470	32,447

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8 Activities of Daily Living (ADLs) are activities relating to personal care and mobility about the home that are basic to daily living: Having a bath or shower & Using the toilet & Getting up and down stairs & Getting around indoors & Dressing or undressing & Getting in and out of bed & Washing face and hands & Eating, including cutting up food & Taking medicine.

Current Situation

The domiciliary care market in Shropshire is wide and diverse. We currently have 96 accredited Domiciliary Care provider organisations, 16 of which provide specialist care, working with Shropshire Council Adult social care across the county. These organisations range from large national businesses to small (under 10 employees) lifestyle businesses. Even though we have a lot of providers working with us there are a number of areas in the county which are very rural, and it can be difficult to commission care in those areas. We are looking at ways that we can work with companies to provide reliable domiciliary care in these more rural areas.

We are working collaboratively with our NHS colleagues to support people to be discharged safely and as quickly as possible and return home from the 3 main hospitals; Royal Shrewsbury hospital, Princess Royal hospital and RJAH.

The Council has embarked on many new initiatives which have resulted in positive outcomes for people needing care and support to reduce unnecessary admission to hospital and facilitate discharge from hospital much more quickly. Our initiatives are deliberately based on the concept of trying new approaches which enable unnecessary hospital admission, delayed transfers of care (DLOC) length of stay in hospital and discharge from hospital. Our new schemes have provided extra capacity within adult social care, reduced pressures on the NHS and ensured that the local social care provider market is supported. These initiatives (on the next page) are currently funded by the Improved Better Care Fund (iBCF) and our principles adopted in allocating the IBCF monies were ones of innovation, creativity and collaboration.



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Over the last 12 months the average discharges from ALL hospitals per week was 57 and the % of patient's home within 48 hours is consistently 65 – 80%. Our Admission Avoidance average has been 6 per week.

Future Plans

Our plans for the future include working in different ways to address this issue being able to support higher numbers timely hospital discharge and admission avoidance.

START Reablement - The START service is Shropshire Councils in house domiciliary rehabilitation team who continue to offer a very valued service. START have been awarded a rating of 'Good' following a Care Quality Commission (CQC) inspection in October 2018. START are a crucial part of Shropshire Council's pathway that ensures appropriate care is available to support people when they are discharged from Hospital and admission avoidance. START enable over 60% of people to achieve full independence again in a period of 2 to 3 weeks. Due to these successful statistics START is steadily growing with increased staffing and in the future we are working towards expanding START to a point where they will be able to support all people coming out of hospital in the first few weeks home to enable them as much as possible. This positive approach will free us the domiciliary care market to focus on long term provision.

Focused Accreditation - Due to the extensive number of provider organisations currently operating in Shropshire the Council are opening accreditation only in the summer months for the areas where provision is not high enough. These areas will be specified at the time that accreditation opens. Last year (2018) 6 new providers were accredited for area specific work.



Community Equipment service – The intention of this project is to review; redesign and recommissioning of community equipment services has been identified a priority as part of wider Improved Better Care Fund (IBCF) planning and work initiatives. The new service is intended to be in place autumn 2019.

Single Handed Care – This ongoing work reviews the requirement and prescription of double handed care for individuals supported through funding from social care in Shropshire council in order to ensure that the most appropriate resources are used to support individuals. Innovations in equipment and manual handling techniques have shown that in many cases, a single carer can provide care safely on their own. This also has the potential to increase domiciliary care capacity at a time of unprecedented and enduring financial pressures, facilitate timely hospital discharges, as well as achieving key quality outcomes for service users, including greater comfort, autonomy, choice and control and improved relationships with care staff.



copyright Handicare



Copyright Prestige

2 carers in a car - This service provides night time support, it is currently focused on 4 market towns and is designed to reduce the need for residential care and night wake ins for people who only need a small amount of support in the night. This frees up residential places for people who really need them, allows people to stay in their own homes for longer - The service was tendered in March 2019 and we look to expand it in the future.

Preventative Services

Shropshire Demographics

People aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2035

Age and hours	2019	2020	2025	2030	2035
65-69 providing 1-19 hours	2,346	2,335	2,504	2,955	2,978
70-74 providing 1-9 hours	1,723	1,739	1,626	1,755	2,069
75-79 providing 1-19 hours	1,082	1,131	1,388	1,304	1,415
80-84 providing 1-19 hours	518	537	661	823	780
85+ providing 1-19 hours	374	381	457	576	737
65-69 providing 20-49 hours	454	452	485	572	577
70-74 providing 20-49 hours	434	438	410	442	521
75-79 providing 20-49 hours	309	323	397	373	405
80-84 providing 20-49 hours	210	217	267	333	315
85+ providing 20-49 hours	145	148	178	224	287
65-69 providing 50+ hours	873	869	932	1,100	1,108
70-74 providing 50+ hours	1,105	1,115	1,043	1,126	1,327
75-79 providing 50+ hours	886	926	1,136	1,068	1,159
80-84 providing 50+ hours	713	739	909	1,131	1,072
85+ providing 50+ hours	492	502	601	757	970
Total population aged 65 and over providing unpaid care	11,666	11,853	12,993	14,538	15,720

Figures are not sum due to rounding. Crown copyright 2018. Table produced 13/06/19 from www.poppi.org.uk

1-9 hours	20-49 hours	50+hours
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A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment. No distinction is made about whether any care that a person provides is within their own household or outside of the household, so no explicit link can be made about whether the care provided is for a person within the household who has poor general health or a long term health problem or disability

People aged 18-64 predicted to have autistic spectrum disorders, by age and gender, projected to 2035

Age	2019	2020	2025	2030	2035
18-24	217	211	203	219	219
25-34	359	360	338	309	313
35-44	333	336	361	374	357
45-54	455	441	383	367	394
55-64	457	469	509	476	422
65-74	409	413	416	474	514
75 and over	335	345	427	478	531
Total population aged 18-75+	2,564	2,574	2,639	2,697	2,748

Figures may not sum due to rounding. Crown copyright 2018: Table produced on 13/06/19 from www.pansi.org.uk version 11 & [Poppi.org.uk](http://www.poppi.org.uk) version 11

People aged 18-64 predicted to have moderate or severe learning disability and be living with a parent, by age, predicted to 2035

Age	2019	2020	2025	2030	2035
18-24	86	84	81	88	87
25-34	94	94	88	82	83
35-44	81	81	87	89	86
45-54	54	53	46	46	49
55-64	21	21	22	20	18
Total population aged 18-64	336	332	325	325	323

Figures may not be sum due to rounding. Crown copyright 2018. Table produced 13/06/19 from www.pansi.org.uk

People aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2035

Gender and Age	2019	2020	2025	2030	2035
Males aged 30-39	1	1	1	1	1
Females aged 30-39	2	2	2	2	1
Males aged 40-49	4	4	3	4	4
Females aged 40-49	5	4	4	4	4
Males aged 50-59	30	30	29	25	23
Females aged 50-59	19	19	18	16	15
Males aged 60-64	21	21	26	25	23
Females aged 60-64	13	13	15	16	14
Males aged 30-64	56	57	59	56	51
Females aged 30-64	38	38	39	38	35

Figures may not be sum due to rounding. Crown copyright 2018. Table produced 13/06/19 from www.pansi.org.uk

'Preventative services' can be described as those which help to delay or reduce the need for unplanned or crisis (and more expensive) health and care interventions later on. Additionally, the types of interventions delivered as preventative services can also have a positive impact on the quality of life, health and wellbeing of individuals and communities.

Prevention can happen at any stage on a person's involvement with services and can be tailored to current and expected future circumstances.

Preventative services should aim to achieve the following:

- Preventing and delaying ill health
- Keeping people fit and active
- Developing personal resilience
- Allowing people to maintain independence
- Reducing inequalities
- Improving wellbeing and quality of life
- Reducing the need for acute services including A&E, hospital admissions, residential care, etc
- Reducing isolation
- Allowing for more informed lifestyle choices and decision making
- Preventing homelessness



Preventative services can be defined at three 'levels' of prevention. Taking the example of helping people to avoid problems associated with falls in later life the preventative response could include:

Level 1 Universal / primary prevention	information, social marketing aimed at the whole population giving advice on how keeping active reduces risk in later life
Level 2 Secondary prevention	targeted at those people who are more at risk of falling, e.g. older people, and provide access to exercise classes, etc
Level 3 Tertiary prevention	where someone has fallen already provide additional interventions to reduce the risk of falling again

Preventative services funding is an area of discretionary spending by the council, although the council does have a responsibility under the Care Act to provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support. In any event, local and national research has shown that investment in preventative services and housing support clearly helps to avoid much higher costs further 'downstream' in areas such as social care, admissions to hospital and homelessness.

Many statutory services and many programmes depend on a sustainable and effective suite of preventative services. For example, the Social Prescribing programme in Shropshire relies on the availability of preventative solutions to be able to 'prescribe' for their clients.

Preventative services are valued by customers, partners, stakeholders and the Council itself. Services achieve this through focussing on those things which have an impact on an individual's ability to be able to live independently in a home of their own and then helping those individuals to overcome them.



Current Situation

Shropshire Council's Adult Services commissions a number of different organisations to deliver preventative services, many of which are Voluntary, Community or Social Enterprises (VCSEs). Providers range in nature and size from very small, very local groups formed in response to a particular local need or specialist type of provision through to local housing providers and branches of national VCSEs. Providers are funded through a mixture of grants and/or contracts, a number of which have been in place for some time, although they have all been regularly reviewed through annual grant reviews or periodic procurement activity.

People needing support are able to access preventative services through a number of routes. These include:

- **Signposting** from the Council's First Point of Contact (FPOC) team, Let's Talk Local sessions, other public sector partners or other VCSEs
- **Referral** where direct referral arrangements have been put in place
- **Direct access** by contacting the appropriate organisation either in person, by phone, by email or online

Shropshire Council funded preventative services can be broadly described by the type of activity or target group. These are general prevention; information, advice and advocacy; carers services; equipment, assistive technology and telecare; and housing-related services.

Future Plans

Following extensive engagement with the voluntary and community sector, providers, people who use services and stakeholders, Shropshire Council will commission preventative services on a 'themed' basis as set out below. Where appropriate a competitive tendering approach will be taken. Feedback from our engagement has highlighted some priorities which will be built into contracts.

These priorities include:

- Services should help people to keep well, live well and to feel enabled to do things for themselves
- Services should feel joined-up, with multiple access points, and all providing good quality information about how the 'system' works
- Services should support complementary programmes such as Social Prescribing and 'out of hospital' initiatives
- Services should be tailored to local needs and circumstances
- Service providers should maximise income from alternative funding streams to complement Shropshire Council funding
- Service providers should maximise the value of all available resources in the communities in which they operate. This will include their own staff, buildings, technology, expertise, volunteer capability and other infrastructure as well as all of these owned or operated by other partners and stakeholders.
- Service providers should maximise the social, economic and environmental benefits gained through the way that they organise themselves.



Practical Help to Remain Independent

The Council will commission services under this theme which have a primary focus on providing enough support for people to be able to live as independently as possible within their own home and to get out and about within their community. These services may include, for example, help with cleaning, laundry and vacuuming, gardening, shopping, collecting prescriptions, befriending and social and creative activities.

Advice, Advocacy and Benefits

The availability of general advice and advocacy services and easy access to these for our residents is a fundamental element of our approach to delivering social care. We want to commission provision that has geographic and thematic reach across Shropshire and historically this has been most effectively delivered by a consortium of organisations with an individual offer.



The primary aim of these services is to give people the tools and the confidence to make their own choices based on good advice. Linked very closely to this is the support available to help people to navigate the benefits system and to ensure that they are accessing the correct benefits.

By far the largest single area that people seek advice about is around benefits and tax credits. In terms of advocacy, the most frequent issues people are seeking the support of an advocate for are around social care and health and community care, followed by financial capability, housing and benefits.

We also want to ensure that specialist advocacy services are available to ensure that people receive advocacy support as a result of mental health and mental capacity challenges and will commission provision for unpaid carers and health service patients for when they need additional support.

Housing-related Support

We will commission housing-related support services which support people whose needs are such that their ability to maintain a tenancy or remain independent in their home would be compromised without that support. The focus of housing-related support will be on ensuring that people have access to appropriate and settled accommodation according to their circumstances and have the support networks in place to help them sustain that accommodation.

Housing-related support will therefore help the council to meet its statutory prevention duties under the Homelessness Reduction Act and will also help to prevent or delay the need for people to progress into residential or nursing care, whilst complementing other activity, for example, making resources available to other agencies to run activities or providing drop-ins and 'surgeries' at other agencies' premises.

Support for family and unpaid carers

We will continue to commission services that provide support, advocacy and emergency respite for family and unpaid carers in Shropshire. We will facilitate a partnership that focuses on ensuring that the voices of carers are heard and responded to and will expect our Providers to take an active part in these.

Development of care and support micro-enterprises

We want to use the challenge of diversifying and growing Shropshire's care and support market as an opportunity to collaborate and work with partners to innovate; designing and delivering new and complementary approaches to the current provision of care and support services.



One of these approaches is the development of micro-enterprises that provide non-registered care and support services within communities, particularly those areas that the existing market finds challenging to serve. Micro-enterprises operate in the areas where their clients live increasing the choice and options available to those in need of support.

We will commission specialist support for the creation and development of micro-enterprises, ensuring that sustainable networks and a system of peer support are created.

Development of digital systems that facilitate our work

Shropshire Council's Digital Transformation Programme (DTP) is working to deliver a range of innovative tools, which will enable residents and businesses to interact with services in new ways, driving efficiencies and savings across the board.

Shropshire Council is ambitious in its plans to bring digital solutions to the front of the way our community and internal services are delivered. We are exploring the options that are available to transform the way we work through the introduction of new digital software, platforms and portals, and the hardware used to maximise its use.

Direct Payments and personal budgets

We want to ensure that there is choice and flexibility in the community-based services and activities for people using Direct Payments and personal budgets to put in place the support they need to live a good life.

We want to see the creation of a vibrant and diverse community-based market of activity and services delivered by micro-enterprises, voluntary and community groups and others across the county, and will welcome innovative ideas from the market that genuinely increase the choice and flexibility that results in better outcomes.



We are looking for other ways to work with provider organisations in creative ways to improve service user outcomes and create great partnerships. We believe that a good relationship with the Market will lead to good outcome for service users and efficient use of resources. We work closely with Shropshire Partners in Care and we are jointly organising a number of Provider information sharing events throughout 2019. These will include information and training regarding Single handed care, business support, CQC information and we will continually look at the issues that our provider partners raise with us for other events.

Support Living services

Shropshire Demographics

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Age	2019	2020	2025	2030	2035
18-24	130	126	121	131	131
25-34	182	182	172	159	160
35-44	207	209	223	229	221
45-54	240	234	206	201	215
55-64	227	233	250	235	208
Total population aged 18-64	986	983	973	955	936

Figures may not be sum due to rounding. Crown copyright 2018. Table produced 13/06/19 from www.pansi.org.uk

People aged 18-64 predicted to have moderate or severe learning disability and be living with parent, by aged, projected to 2035

Age	2019	2020	2025	2030	2035
18-24	86	84	81	88	87
25-34	94	94	88	82	83
35-44	81	81	87	89	86
45-54	54	53	46	46	49
55-64	21	21	22	20	18
Total population aged 18-64	336	332	325	325	323

Figures may not be sum due to rounding. Crown copyright 2018. Table produced 13/06/19 from www.pansi.org.uk

Current Situation

Shropshire Council has a strong focus on providing opportunities for people with disabilities to live independently, and the commissioning of supported living accommodation aims to reduce the number of placements into residential care.

Individuals may have been at risk of going into residential care; they may be in temporary placement, they could be in a position of risk in the community or they could be coming out of educational residential placements or hospital. Whatever the situation the Supported Living Team aims to build support around each individual's needs and strengths.

Since January 2018 we have placed 18 adults in 13 supported living schemes, 6 of which are new properties, in total we have around 200 individuals in supported living in Shropshire.



We continue to develop the supported living opportunities for individuals regardless of their disability, currently the majority of our supported living arrangements are for individuals with a learning disability, with a few schemes commissioned for individuals with mental health needs.

Future Plans

We currently have 189 individuals in 100 supported living schemes across Shropshire and over the next 18 months we are looking to commission an additional 29 properties for 93 individuals. We are keen to develop core and cluster schemes, where we are able to provide individuals tenancies in 1 bed roomed flat, whilst in the same location as 4 or 5 beds schemes supporting individuals with more complex needs, enabling care providers to offer an outreach service to the more independent schemes. We are also aware of the need to commission more large houses in the community supporting up to 5 individuals. These larger schemes work well as there is a broader mix of individuals to share support and common interests, therefore increasing their social opportunities and independence where possible.

We also plan to:

- Further develop the supported living schemes available for individuals with mental health needs. We are beginning to work closely with our colleagues and other Stake Holders in order to demonstrate the demand for these services.
- Reviewing the way, we contract with providers on our supported living framework to offer increased flexibility and continuity of service for individuals.
- Increasing the use of Assistive technology. We wish to work closely with Supported Living providers to consider increased use of assistive technology to enable us to offer more independence to individuals in their own homes and see them requiring reduced levels of support in the future where appropriate. We are currently trialing Just Checking Systems in some supported living schemes and discussing opportunities to look at roaming nights and a core and cluster model of care and support as we recognise these are areas for further development.

We are holding regular meetings with all of our providers on the framework and hold a 6-monthly provider forum to share updates and discuss any new developments. This also offers providers a networking opportunity.



We are looking for other ways to work with provider organisations in creative ways to improve service user outcomes and create great partnerships. We believe that a good relationship with the Market will lead to good outcome or service users and efficient use of resources. We work closely with Shropshire Partners in care and we are jointly organising a number of Provider information sharing events throughout 2019. These will include information and training regarding Single handed care, business support, CQC information and we will continually look at the issues that our provider partners raise with us for other events.

