

Thurrock Council

Market Position Statement: Adult Social Care in partnership with Health and Housing

2015 - 2018

Draft for consultation

Transforming social and health care in Thurrock: Building Positive Futures

The Council and the NHS are facing unprecedented demand for health and social care services. The Council also faces a severe reduction in the means by which it can meet those demands. For example, the Council has to save £32 million pounds in the next 3 years. This equates to 25% of our current budget.

We believe that it is important to be open with providers, not just about the limitations of Council and Health budgets, but also about what in the future we can expect citizens and communities to do for themselves, with their own resources.

We recognise that we need to change the way we commission services, and the way we work with service users, carers and providers. Although our budgets may be limited, we believe the market as a whole still presents considerable growth opportunities for providers as we jointly commission more integrated health and social care services, invest more in preventative and out of hospital care, and as the number of people funding their own care also increases.

Roger Harris,
Director Adults, Health and Commissioning
Thurrock Council

Executive Summary

This Market Position Statement details the current and potential future demand for adult social care services and our vision for a re-modelled care and support service.

The document describes how we think those services might change as people exercise more control over their lives including a greater use of direct payments.

Where health and social care services are required we are committed to stimulating a diverse market where innovation is encouraged and rewarded, and where poor practice is actively discouraged. This is a key part of shaping Thurrock – it directly relates to our **strategic priorities to:**

- **Create** a great place for learning and opportunity
- **Encourage** and promote job creation and economic prosperity
- **Build** pride, responsibility and respect to create safer communities
- **Improve** health and well-being
- **Protect** and promote our clean and green environment

We hope established **providers of health and social care services** will learn about the Council and the Clinical Commissioning Group's (CCG) intentions as commissioners of services, including integrated commissioning arrangements and also the Council's new responsibility for Public Health.

We will support **voluntary organisations and community groups** to build on their knowledge of local needs and find the resources to develop new initiatives to strengthen their communities.

We are keen to engage with those who are interested in developing **new businesses and social and micro-enterprises** to promote health and well-being in Thurrock so that we can better understand what we need to do to foster improvement and innovation in services.

We hope providers will understand the main drivers for change (including the new Care Act and Better Care Fund) and the market opportunities this may present.

The document is structured in 4 sections;

1. Need and Strengths – Population demands/changes and strengths
2. The Strategic Context – National and Local Drivers for change
3. Provider Data – Details the resources available and a 2013/14 snapshot of spend and future trends.
4. Commissioning for the future – This section details the market opportunities for providers looking ahead.

We have highlighted key points for consideration by providers in text boxes at the side of each page.

Key Point 1

Thurrock's population is growing.

There is considerable growth in the number of those aged 70 and over.

Section 1 – Need and Strengths

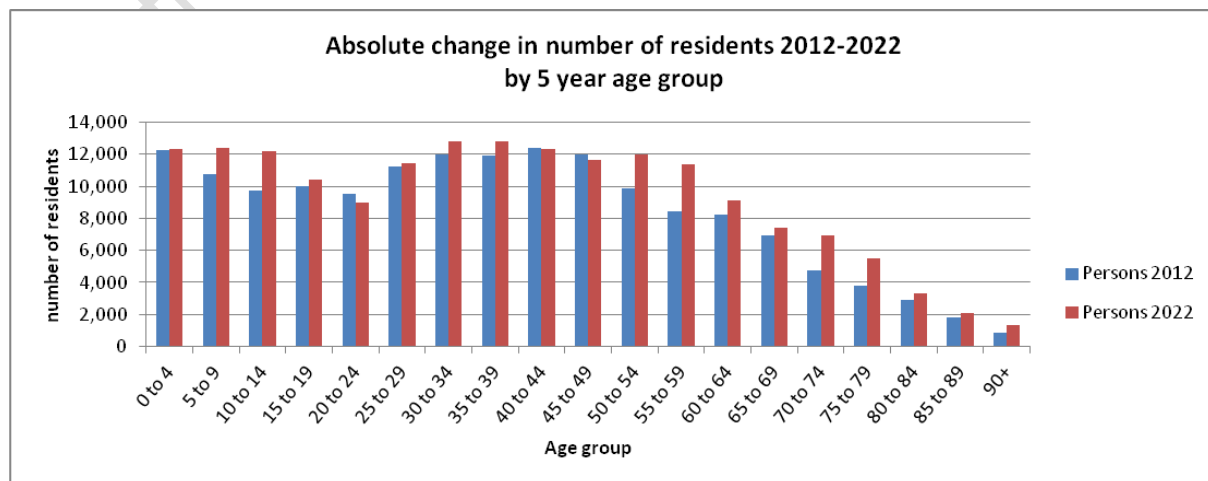
Thurrock is situated on the River Thames immediately to the east of London. The borough is host to one of the biggest growth and regeneration programmes in the UK which will create 26,000 jobs and 18,000 new homes in the coming years. It encompasses the urban the areas of Grays, Tilbury, Stanford-le-Hope and Corringham together with swathes of Green Belt and 18 miles of Thames riverfront. Thurrock has national significance with its key location and significant port capacity for the import and export of goods and services for the UK. The population is currently served by Thurrock Council – a unitary local authority and NHS Thurrock CCG

The latest population estimates for mid-2013 estimate the population of Thurrock at 160,800, of which 79,330 (49.3%) were male and 81,520 (50.7%) female.

The borough's population aged 60 years and above has increased by 16.5% since 2001. However, the proportions of people in each of the 60+ age groups are lower than the England and East of England averages.

There has been a 47.5% increase in the over 85 population, equating to 846 more residents in this age group since 2001.

It is expected that until 2018 the population will continue to grow across all age bands, with significant growth in those aged 70 and over. The 65+ population, which are already major users of health and social care services, is estimated to grow by 17%. But this trend does not automatically translate to an equivalent growth in demand for social care and health care services.

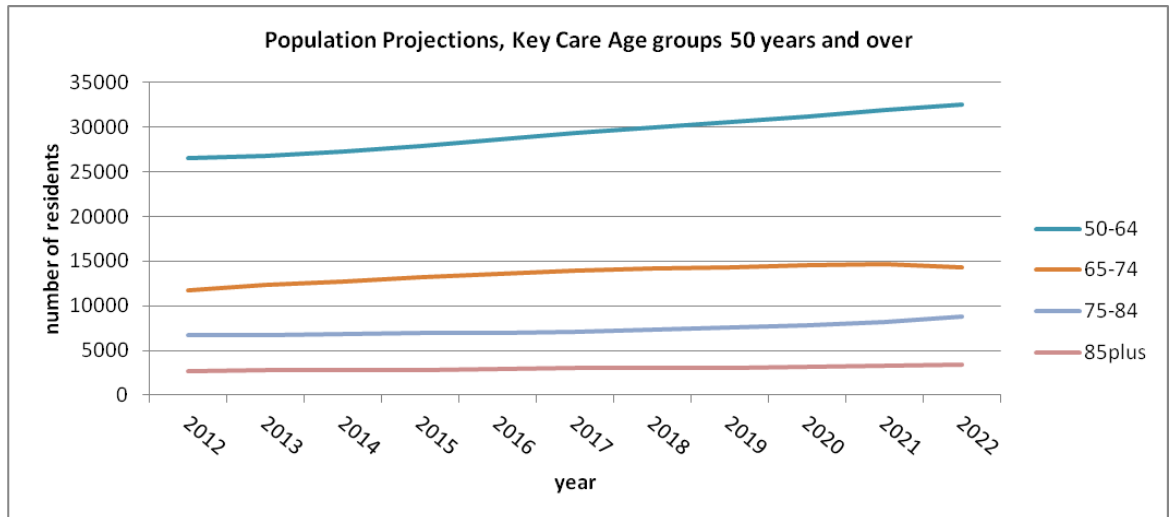


Thurrock will see a significant ageing of its population among the key older care groups – 50-64, 65-74, 75-84 and 85+, all of which will increase in absolute terms and as a proportion of the population.

By 2022, the population group aged 50-64 is projected to increase by 5,900, which is an 18% increase, and the population group aged 75-84 is projected to increase by 2,139 (26%).

Key Point 2

Due to our investment into preventative services, this growth in population is unlikely to result in an equivalent growth in demand for traditional services.



This is because the health characteristics of the current older population is not the same as younger age groups, and also because we expect increasing numbers of older residents to take responsibility for their care. Many have access to greater resources than the generation that went before them. A number of conditions can be prevented or at least managed to lessen the chances of deterioration. Our communities need to be mobilised to provide support and mutual assistance so that many more can take an active part in community life and continue to make a contribution.

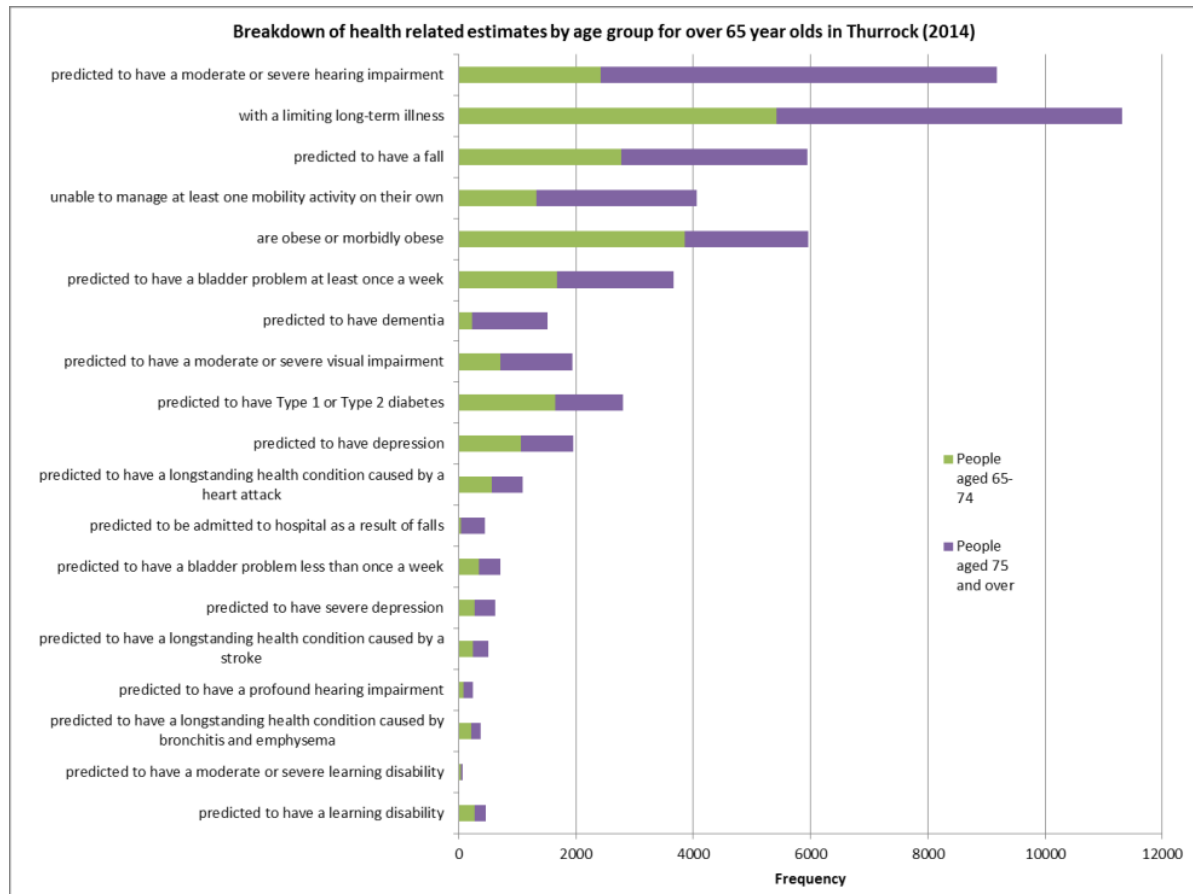
1.1.1 The needs of an ageing population

However a growing older population will see the numbers of people with acquired sensory impairments, mobility problems and physical frailty, often related to the ageing process. Most will live with a number of co-morbidities. These individuals may well need adaptations to their home, as well as equipment or assistance to live independently.

Key Point 3

There is a significant increase in the number of people predicted to have dementia.

This is a potential area of growth for high quality and specialist providers.

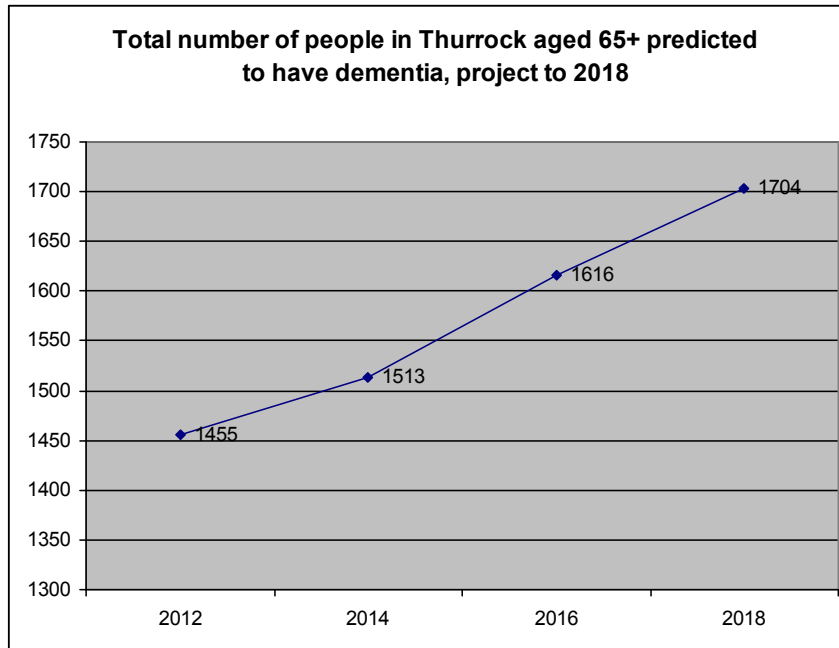


A range of estimates for health related indicators for people aged 65 and over in Thurrock are summarised in the chart above. The most common health problems (predicted) for those aged over 75 years are summarised below:

One area of which requires specific attention is the growth in those aged over 65 predicted to have dementia. If the incidence grows at or near the nationally projected rate, the numbers will increase by over 17% in the next 5 years. To address this issue we will require not just new forms of service but a positive response from the whole community and significant changes in the awareness of, and the attitudes to, people with dementia. As part of its response to this need the Council is encouraging all its staff to become dementia friends, and it has recently been invited to participate in the recognition process for dementia friendly communities. This year community wellbeing programmes are being developed by public health specifically for those individuals diagnosed with dementia

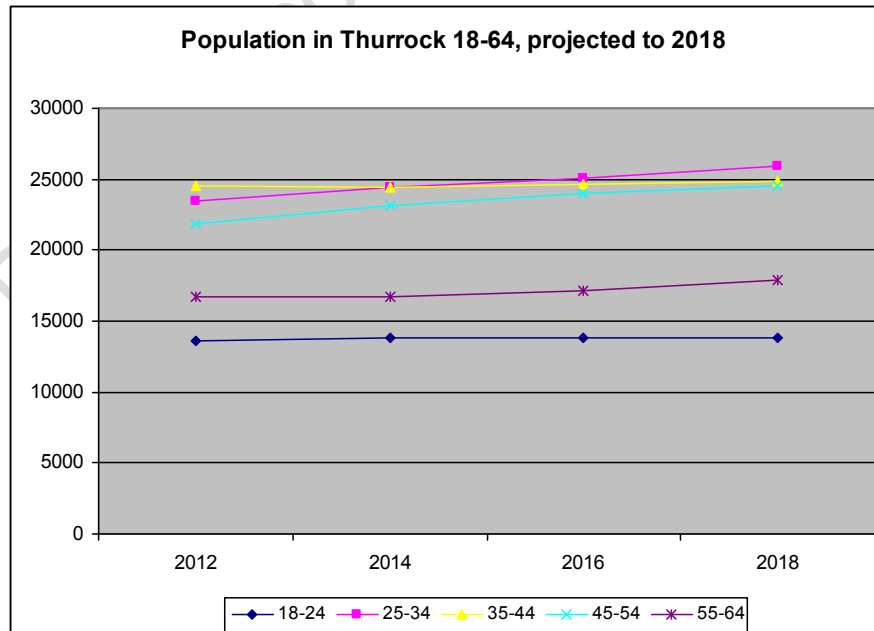
Key Point 4

There is a modest predicted increase in those aged 18 – 64.



1.1.2 The needs of people of working age

The under 65 adult population is expected to grow at a more modest but significant 9%.



The numbers of adults with mental health needs may grow proportionately. However, the numbers of people with a physical or sensory disability is expected to rise in excess of population growth because a greater number of babies with genetic conditions are expected to survive into childhood and adulthood as a result of medical advances. People with learning disabilities are expected to have

Key Point 5

Due to the location of an in-borough school for young people with learning disabilities with a specialist autism unit we are expecting a significant increase in the number of people with autism in Thurrock over the next 5 to 10 years.

Thurrock's Adults Autism Strategy will be published in January 2015 for formal consultation. This document will contain detailed needs data to assist providers.

At this time we believe that this will be a potential growth area for providers (but please check strategy for further information).

increased longevity, in part as a result of advances in medical treatments, which may mean that more may need assistance later in life with needs related to the ageing process, including dementia.

Due to the location of an in-borough school for young people with learning disabilities with a specialist autism unit we are expecting a significant increase in the number of people with autism in Thurrock over the next 5 to 10 years

A detailed assessment of current and future need is currently being undertaken as part of our new Autism Strategy and providers should refer to this document for further information. The consultation version of this document will be published in January 2015. Please see the consultation portal on Thurrock's website at this date <https://consult.thurrock.gov.uk/portal>

Draft for consultation

Key Point 6

We are changing the profile of adult social care services.

We are focussing on prevention and short term reablement services to enable people to live in their own homes in their community.

Section 2 - The Strategic Context

There are a number of national and local strategic drivers that have an impact on the future provision of care and support in Thurrock. These include;

- Health and Wellbeing Board
- Building Positive Futures
- The Care Act
- Integration of health and social care
- Local Population Demands and Projected Change

2.1 Thurrock Health & Wellbeing Board

Health and wellbeing boards are statutory bodies introduced in England under the Health and Social Care Act 2012

Our vision for Health and Wellbeing in Thurrock is "Resourceful and resilient people in resourceful and resilient communities"

We have four priorities to strengthen the health and well-being of adults in Thurrock:

- Improve the quality of health and social care.
- Strengthen the mental health and emotional well-being of people in Thurrock.
- Improve our response to frail elderly people and people with dementia.
- Improve the physical health and well-being of people in Thurrock (initial focus on reducing the prevalence of smoking and obesity).

2.2 Building Positive Futures

Building Positive Futures is our programme to deliver the aims of Thurrock's Health and Wellbeing Board and has three main workstreams:

- **Better health and wellbeing:** helping people stay healthy and independent
- **Improved housing and neighbourhoods:** to give people more - and better - choice over how and where they live as they grow older
- **Stronger local networks:** to create more hospitable, age-friendly communities

Our vision is for a re-modelled care and support system – moving away from crisis responses that too often result in avoidable admissions to hospital and care homes, to wellbeing

services that enable people to live healthy, fulfilling and independent lives in their own homes.

Key Point 7

As the ABCD and LAC initiatives gain momentum there will be an impact on the amount of commissioned services.

Traditional service solutions will only be used when all other avenues have been explored.

This may result in the traditional services share of the market shrinking. However, there should be growth in preventative and low level community based services.

This will mean shifting resources across the housing, health and adult social care system to provide people with a single point of access to personalised services. Over time, this will reduce demand for acute health care services and change the profile of adult social care services. In future, there will be more intensive, short-term re-ablement services, and more low cost preventative services. This will enable disabled people, people with long term conditions and older adults to remain independent, in homes and neighbourhoods more suited to their needs. The local authority now has the responsibility for public health so preventative care is now embedded throughout the Council.

As part of Building Positive Futures an initiative called Asset Based Community Development (ABCD) has been introduced. ABCD strengthens the connections between people and informal associations around common interests and concerns. Through those connections, the ideas of local people can be harnessed to develop initiatives that match their needs. Thurrock is also committed to becoming a dementia-friendly community.

Our emphasis on strength based approaches including ABCD will require service providers and funding agencies to shift their focus from the needs and deficiencies of neighbourhoods, towns and villages to the 'community assets'.

These community assets are the key building blocks of sustainable urban and rural community building efforts and include:

- the skills and connections of the local residents
- the power of local associations (clubs, groups, informal social networks)
- the resources of public, private and non-profit institutions
- the physical and economic resources of local places.
- the heritage, culture and stories of the local community

To complement this we are also investing in Local Area Coordination, a unique and innovative approach to supporting people who are vulnerable through age, frailty, disability or mental health issues to identify and pursue their vision for a 'good life', to strengthen the capacity of communities to welcome and include people and to make services more personal, flexible and accountable. Rather than waiting for people to fall into crisis, assessing needs and then responding with services or money (if eligible). Local Area Coordinators build relationships at the individual, family and community levels, aiming to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities.

2.3 The Care Act

The Care Act 2014 represents the largest reforms to adult social care for over forty years. The Act focuses on:

Key Point 8

The Care Act 2014 represents the largest reform to adult social care for over forty years.

The act introduces

- a national eligibility criteria
- puts the rights of carers on an equal footing
- a legal entitlement to a personal budget.

This act will result in a number of changes to the existing market and may provide some new opportunities for innovative providers (see section 3).

- Promoting people's wellbeing;
- Enabling people to prevent and postpone the need for care and support; and
- Putting people in control of their lives so they can pursue opportunities to release their potential.

The act introduced a national eligibility criteria to ensure that everyone across England is eligible for the same level of social care wherever they live. It also puts the rights of carers on an equal legal footing to those they care for.

In addition, the Act requires local authorities to ensure the availability of information and advice services for the whole population. Information and advice is a vital part of our strategy to prevent or delay the need for care and support. We also see this as a core part of our commitment to ensure carers and families exercise choice and control.

For the first time, the Act provides people with a legal entitlement to a personal budget. This adds to a person's right to ask for a direct payment to meet some or all of their needs. It also gives a duty to integrate care and support with health. Housing is now explicitly referenced as part of local authorities' new duty to promote the integration of health and care.

The Market plays a critical role in helping to achieve this vision and the Act's guidance includes a chapter specific to Market shaping and commissioning. The emphasis of the Market shaping and commissioning chapter is:

- Commissioning focused on outcomes and promoting wellbeing;
- Promoting choice to drive quality and sustainability; and the
- Importance of workforce development and pay.

2.4 Integration and Partnership Working

2.4.1 Integration of funds

The Comprehensive Spending Review announced the Better Care Fund (BCF) in June 2013 as part of the Spending Round. The Fund is a pooled pot of money between local authorities and Clinical Commissioning Groups for the purpose of transforming local services so that people are provided with better integrated care and support. In particular, the BCF Plan focuses on how unplanned admissions to hospital or residential care will be reduced. Each local area has a BCF Plan to detail how the Fund will be spent, and more importantly how outcomes will be improved.

Thurrock's BCF Plan is part of a broader Health and Social Care Transformation Programme. The Plan is underpinned by five principles jointly agreed by the CCG and Council:

Key Point 9

The Council and Clinical Commissioning Group are committed to providing integrated services. Whether this is through pooled resources or by delivering co-ordinated or integrated services.

This presents a real opportunity to those providers who can assist with this ambition and provide integrated services.

There may be additional opportunities for providers as social care starts to develop integrated commission approaches with health (including public health) and housing colleagues

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing;
- Health and care solutions that can be accessed close to home;
- High quality services tailored around the outcomes the individual wishes to achieve;
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible; and
- Systems and structures that enable and deliver a co-ordinated and seamless response.

We are clear that we need to make a difference to patients and service users. In particular, the outcomes we want the Better Care Fund to help deliver are:

- Users of services having an improved experience through multi-disciplinary teams and services that operate around the 'whole person';
- Individuals being able to achieve the outcomes they want through personal health budgets and personal care budgets;
- Risk-based approaches to target those most at risk to enable individuals to remain out of hospital and residential care;
- Proactive approaches to 'ageing well' that enable people to remain healthy, independent and in control for longer; and
- Federations of GP practices aligned with community health, mental health, and social care services that ensure whole person approaches; and
- Carers feeling supported and sustained in their caring role.

Our Whole System Redesign Project Group will drive the change across the health and social care system to achieving these outcomes.

2.4.2 Integration of services

The Council and the CCG are committed to providing integrated services in line with the Department of Health's ambition to make joined-up and coordinated health and care the norm by 2016.

Current examples of how health and social care are working to provide integrated services are:

- The **Rapid Response and Assessment Service**, (a partnership between Thurrock Council and North East London NHS Foundation Trust – our community health provider) is an integrated team of social care and health professionals that undertakes urgent assessments at home and then provides direct access to a range of services. These include re-ablement programmes,

telecare and telehealth services, as well as short stays in specially equipped Short Term Assessment and Reablement Flats or interim care beds in residential homes, to stabilise conditions and to build confidence.

Key Point 10

Public Health is now a responsibility of the Council.

From November 2014 there is an opportunity to apply for a Public Health grant programme.

Public Health are already working closely with internal partners on jointly delivering and commissioning initiatives.

- The **Joint Reablement Team** is an integrated team consisting of social care staff, nurses and a physiotherapist. The service provides short-term support designed to help keep vulnerable people safe and as independent as possible. The Reablement Team works with service users to help them learn or re-learn important tasks needed for everyday life. In 2013/14 over 500 people completed a period of six week reablement.

The main focus of the CCG and Council funded initiatives and services is to support health and well-being and to ensure service users and carers get the help they need in a timely way, including rebuilding skills and confidence to live independently. This will reduce dependence on services and prevent unplanned admissions to hospital and care homes where appropriate. For example in 2013-14, 89% of people discharged from hospital into reablement or rehabilitation services were still living independently after 90 days. The Council and CCG funds a range of external community and residential services for service users who have critical and substantial needs for care and support, as well as help for carers.

2.4.3 Public Health

In 2013 Public Health responsibility was brought into the Council. The role of Public Health is to protect and improve the health and wellbeing, and reduce health inequalities of local residents. The importance of Public Health is now expressed in the Council's top 5 priorities – Improving the health and wellbeing of local residents.

The public health team have undertaken a robust review of all the services they commission for Thurrock using evidence based practice, a full benchmarking review with comparator sites and a community engagement programme to include questionnaires, attending community groups and holding two community workshops. The finding of this review has now resulted in a new re-modelling of the public health service. Public Health grants being awarded from November 2014 to support wellbeing programmes in local communities.

The public health team have quickly become an integral part of the council and are already working very closely with social care, LAC's, and the Building Positive Futures programme. Public Health is also working on an exciting project with the housing department on a Well Homes Project.

2.4.4 Housing

As stated in section 2.2, improved housing options for vulnerable people is a key priority of the Building Positive Futures programme.

Key Point 11

The housing department is a key partner in the future delivery of social care.

We will work together to utilise existing stock or where necessary through purpose built schemes to meet the needs of vulnerable people.

Housing for older people should be built to HAPPI standards.

We will first look to utilise our housing assets for supported living. This is to ensure that people have real choice in their care and support provider and so that their becomes a separation of landlord and care/support functions.

Housing (for the first time in adult social care legislation) is also explicitly reference. It is a duty for adult social care to promote integration.

Housing is a key partner – we have and are continuing to work with housing colleagues to provide and develop suitable accommodation to support older adults as they age. Early successes include a ‘HAPPI’ standard (Housing our Ageing Population Panel for Innovation) specialised housing scheme in Derry Avenue, South Ockendon, where 25 flats for older people are being developed. We have also just received approval for Government funding for another HAPPI scheme of 35 flats in Calcutta Road Tilbury. In general, we are supporting the development of generic housing being built to these standards rather than specific schemes for older and vulnerable people.

We do not plan to just restrict this partnership to Older People. Thurrock retains its own stock and is building more council houses. The council itself has the ability to build through its own company Gloriana Thurrock Ltd. We will wherever possible utilise existing stock (possibly with adaptations or new build if necessary) for supported living services for people with learning disabilities and mental ill health. This is part of our commitment to ensure that people in these services have a separation of care/support and landlord function, thereby ensuring real choice.

These strong links between housing, adult social care and health (including public health – please see reference above to Public Health and Housing’s Well Homes Project) are reflected in the South Essex Strategic Housing Market Assessment Review¹. This document also includes chapters on projected housing need.

¹ The Strategic Housing Market Assessment Review can be downloaded at:
https://www.thurrock.gov.uk/sites/default/files/assets/documents/tgse_fundamental_review_strategic_housing_market.pdf

Key Point 12

The Council is experiencing unprecedented cuts of nearly 25% (32 million) of our entire council budget over the next 3 years.

The Council spent £43.7 million (gross) on adult social care services in 2013/14 compared to £47.9 million in 2010/11

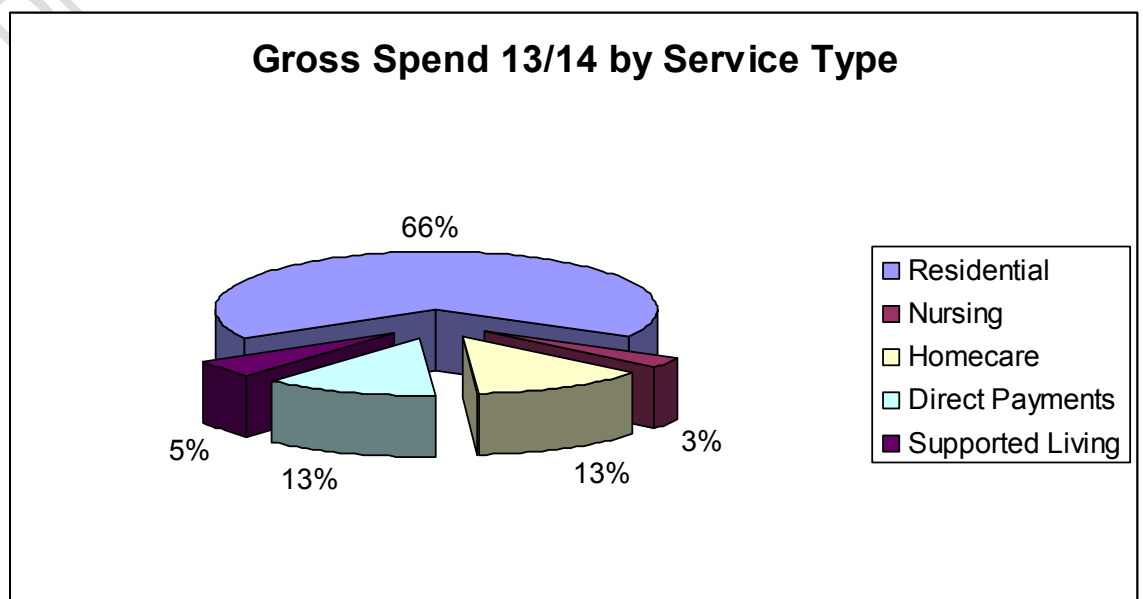
Spend per head on adult social care has already fallen 24.7% since 2010/11

Section 3 – Provider Data

The Council spent £43.7 million (gross) on social care services in 2013/14. This includes £12.6 million on its own internal services including assessment and care management, reablement, day care, respite and care home services.

3000+ new contacts dealt with every year	£43m spent on adult social care in 2013/14	Population aged 65+ will grow by some 17% by 2018. Those over 90 will grow by 55%
Commissioned on average 5100 hours of homecare weekly	1 in 5 service users have a direct payment. 71% with a personal budget	Completed nearly 2000 reviews in 2013/14
Net spend per head of pop. aged 18+ was £272 in 2012/13 – lower than the average of £359.	Over 500 people completed a period of six week reablement in 2013/14	Supported some 500+ people in residential or nursing care as at end of March 2014
There are around 14,500 unpaid carers in Thurrock - 9% of the population.	Assessed or reviewed around 1000 carers in 2013/14	RRAS Service deals with 200+ referrals every month

Adult Social Care spent £32 million during this year on external services including funding home care, care homes and grants to voluntary organisations.



Key Point 13

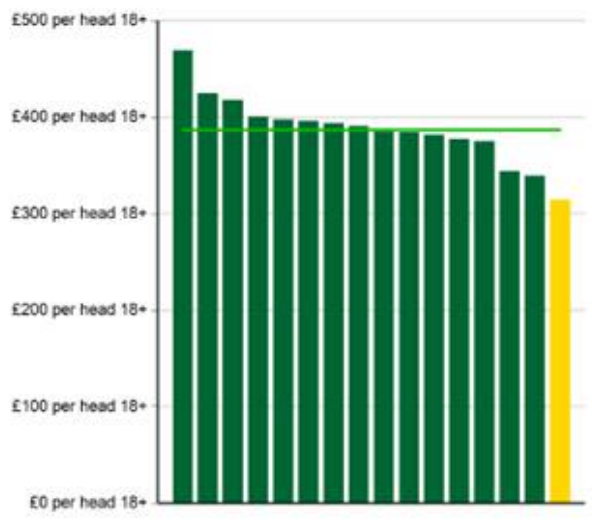
Thurrock is a low spending authority on adult social care (bottom 5% of councils nationally).

Although residential care is still our greatest area of spend, the number of users of these services and as such spend continues to reduce.

2.1 Snapshot of spend

- Provisional national expenditure data for 2013/14 shows that Thurrock spends £3240 per 10,000 people aged 18+ on adult social care. This compares to the national average spend of £4070; the average spend across our CIPFA comparator councils of £3858 and the Eastern Region average of £4180 (It should be noted that this data may be subject to change upon release of final and validated national data later in 2014).
- Thurrock is the lowest spend council among our comparator group (see chart below) and firmly within the lowest 5% councils nationally. Spend per head of population on adult social care in Thurrock has fallen by 24.7% since 2010-11 (£417.68).

Thurrock Council compared to similar areas: Statistical nearest neighbours, 2012/13



- Thurrock spends £901.94 per head of population aged 65+ compared to the average spend nationally of £1,101.08 and £965.97 among our comparator council group. Spending on this age group has fallen in Thurrock by 33% since 2010-11 (£1,349.40).

2.2 Residential Care

- The greatest area of spend is residential care although the number of service users, and so the spend, has been reducing in recent years. A reduction is also seen in nursing care.
- Thurrock has historically placed more people in residential and nursing care as a proportion of the population than the national average. This pattern is particularly acute for people aged 65+. In 2013/14, the rate of admissions into residential or nursing care of people aged 65+ was 644.9 per 100,000 population aged 65+. This compares to the national average of 668.4.
- As at the end of March 2014, Thurrock was supporting some 500+ people in residential and nursing care placements.

Key Point 14

Over 40% of our current learning disability residential care placements are as a result of historical closure of a local long stay hospital. When this cohort of people no longer requires care we will have sufficient (possibly excessive) provision locally. We do not view this as a growth area.

Client Group	Number of Homes	Number of Beds
Older People and Dementia (Including Nursing)	13	593
Working Age Adults – Residential and Nursing Care (Learning Disability, Mental Health and Autism)	23	147

Table depicts the number of in-borough residential care homes in the private, voluntary and independent sector.

- The Council operates one care home for older people which has 45 single bedrooms. Up to 15 rooms in this scheme are used to provide interim care for service users who are unable to return home for a period of time and respite care for users who are supported by unpaid carers. Use of interim care beds enabled 67% of people to return to the community.
- We have recently undertaken a review of all adult residential placements. Over 40% of our current learning disability residential care placements are as a result of a historical closure of a local long stay hospital. When this cohort of people no longer requires care we will have sufficient (possibly excessive) provision locally.
- A detailed assessment of current and future need (including spend) is currently being undertaken as part of our new Autism Strategy. Providers should refer to this document for further information. The consultation version of this document will be published in January 2015. Please see the consultation portal on Thurrock's website at this date <https://consult.thurrock.gov.uk/portal>
- Thurrock Council has also undertaken a recent review of all mental health accommodation based placements. Although 50% of service users were accommodated out of borough this was found to be appropriate (e.g. as a result of their treatment order or personal preference). It was felt that we do not need to increase our residential provision for people with mental ill health; however we will be developing a step up/step down assessment centre in the near future

Key Point 15

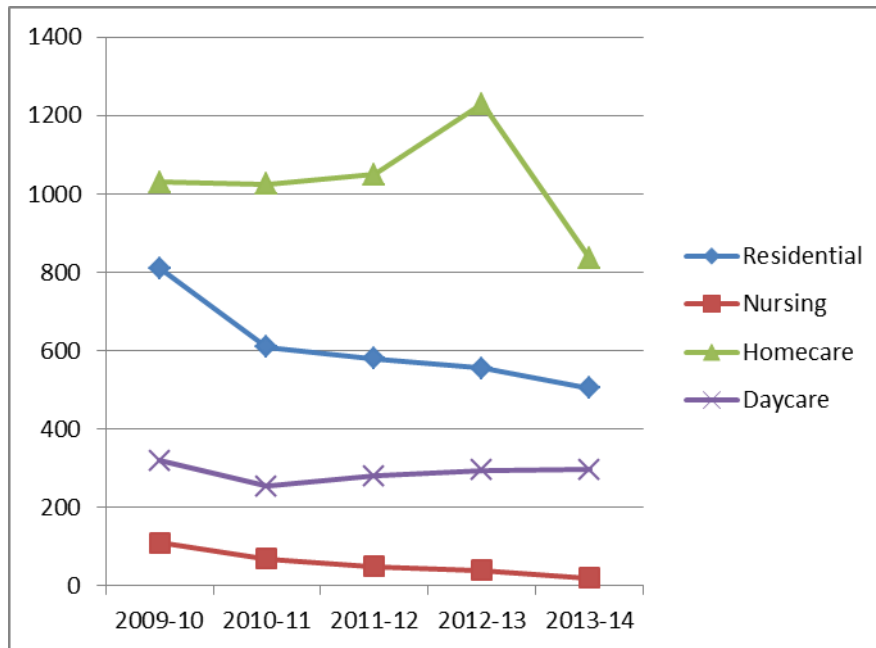
The amount of spend on community services is increasing.

Home Care is our largest funded service. This reflects our strategy to support people to live independently in their community.

We currently commission 3 providers to deliver home care. However, there are over 10 registered home care providers active in Thurrock.

We have recently seen a decrease in the amount of commissioned home care. This has been mirrored by an increase in direct payments.

Meeting the needs of people utilising a direct payment or their own funds is a potential growth area for providers.



2.3 Home Care

- Conversely, expenditure on community services, especially Home Care is increasing (although there has been a reduction in commissioned hours and an increase in the use of direct payments to purchase this service).
- These trends are in line with our strategy and commissioning intentions which are to enable service users to live in their own homes wherever possible.
- Home Care is currently the largest Council funded service. In 2013/14 we externally commissioned 5400 homecare hours per week. Most of the people receiving home care are aged 65 or over.
- The Council currently commissions three providers that work across the whole of the borough. At the end of March 2014, there were 91 adults (18-64) and 411 older people (65+) receiving homecare. These providers may also be commissioned by the CCG for Continuing Health Care. There are over 10 registered home care providers active in the Borough offering support to residents who receive Direct Payments or who fund their own care.

2.4 Direct Payments

- The Council is also committed to delivering greater choice and control to service users. In 2013/14 one in 4 service users (26%) were supported with a direct payment, which is a marked increase in take up compared to previous years.
- From April 2015, the new Care Act introduces the requirement for all service users to have a personal budget. This will mean that all service users will have a clear understanding about the financial resources available to them. In future, Thurrock Council expects most people (or an authorised person on their

Key Point 16

Direct payments are increasing.

The Care Act introduces a requirement for all service users to have a personal budget.

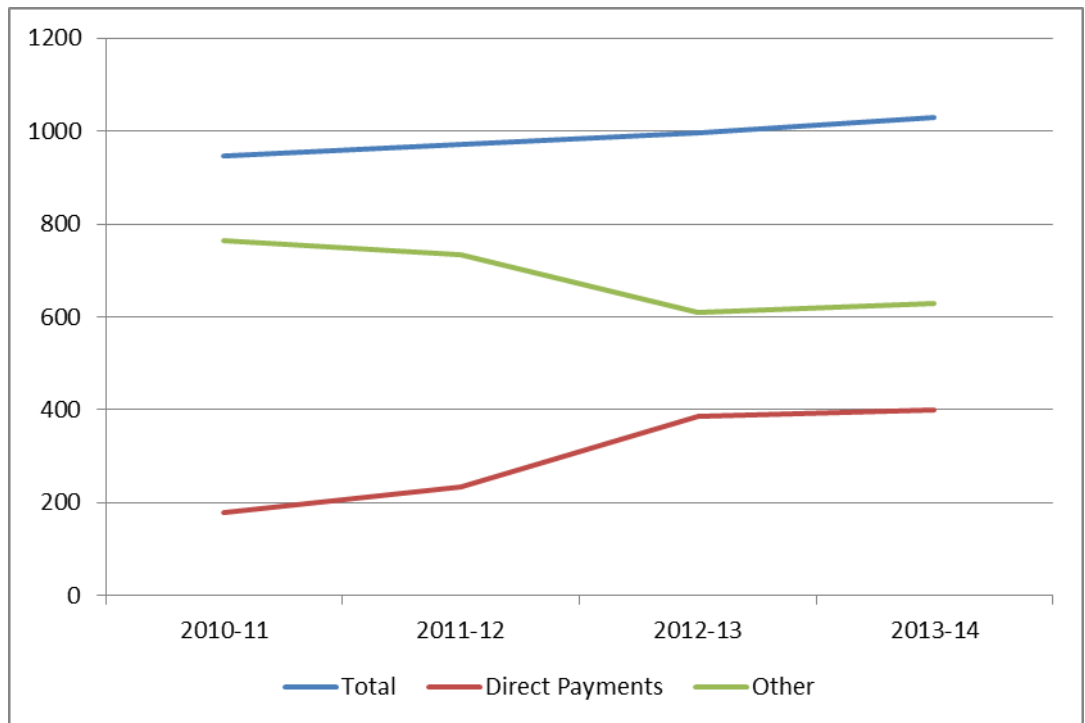
We expect most people in the future to utilise a direct payment.

This will be a significant change for providers as the commissioning moves from the Council to the individual.

Providers will need to be able to respond as service users may wish to purchase something different to the Council.

Meeting the needs of people utilising a direct payment or their own funds is a potential growth area for providers.

behalf) to take this personal budget as a direct payment (i.e. they will have the money) and make their own arrangements for care.



2.5 Supported Accommodation

- The Council provides 1,304 units of sheltered housing in 37 separate schemes which all have support from Sheltered Housing Officers and a community alarm service providing an emergency response.
- There are four sheltered housing schemes operated by Registered Social Landlords providing 113 one and two bedroom homes for rent and three private sector retirement schemes for leasehold ownership, providing 91 one and two bedroomed homes.
- The Council owns 2 two extra care housing sites with a total of 73 units, and demand for these units is high. Also we have in partnership with Hanover developed a new purpose built extra care scheme which provides 18 one bedroom and 47 two bedroom extra care flats for rent and sale.
- As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we will role this out wider. We will make providers aware of this evaluation in 2015.
- As part of this evaluation we are considering the development of a small extra care scheme for people with learning disabilities (utilising council stock) and possibly supporting the development in the west of the borough (as we currently have no provision) a small extra care housing development for older people and people with dementia.

Key Point 17

The Care Act 2014 will give carers the same rights to assessment and support as the people they care for.

Due to this change in legislation we are expecting to identify and support a greater number of carers.

We will be addressing the lack of diversity within this sector of the market so that carers have a greater choice of services. A direct payment provided, either for the carer or the person they are supporting, may then be used to purchase services which help with their caring role or their life outside of caring.

As such, this offers a real opportunity for growth for high quality providers.

- There are 46 units of purpose built (individual flats) supported accommodation for people with learning disabilities and mental ill health. These are mainly run by Registered social landlords.
- In addition we are currently running a pilot to help people with learning disabilities transition to independent living. This pilot has 8 places available and currently utilises Council owned stock (ex-warden homes on sheltered housing sites). This pilot has proven to be very effective and has resulted in a number people moving on to their own homes in the community.
- In addition we currently have 29 units of supported living run by the private sector (and 10 units run by a social enterprise) available in-borough for people with learning disabilities and mental ill health. The accommodation and care/support is currently linked. We plan to move away from this model and will be looking for a distinct separation of accommodation and support over time. People with learning disabilities and mental ill health should have the right to choose how they live, where they live, who they live with and who supports them along with every other member of society.
- Current and potential providers of supported living services should familiarise themselves with the REACH standards² and ensure that their services meet the core principles.

2.6 Carers Services

- The 2011 Census reported that there were 14,606 unpaid carers in Thurrock, which represents around 9% of the population.
- The Council is one of the largest providers of carers services locally. As part of the Care Act we will ensure that there is a diversity of quality provision.
- In the future, we expect carers needs to be largely met through a direct payment.
- The identification of carers early on in their caring role is key to reducing the risk of carer breakdown and crisis situations at a later stage. In order to improve our identification of carers, Thurrock appointed Cariads, to identify and provide support, information and advice to carers. Cariads is a collaboration of three local voluntary sector organisations each with their own area of expertise and a strong track record of supporting carers in the local community.
- In addition to our carer support in the community, the Thurrock Carers Centre acts as a hub for carers providing drop-in support and advice and hosting support groups, training and therapeutic activities. The Carers Centre also hosts regular short break services at the hub and arranges outreach respite services from here.

² Paradigm, REACH: Standards in Supported Living, 2003

Section 4 - Implications for Providers

Our vision is for a re-modelled care and support system – moving away from crisis responses that too often result in avoidable admissions to hospital and care homes, to wellbeing services that enable people to live healthy, fulfilling and independent lives in their own homes

This section sums up the main drivers for change over the next few years and implications for providers.

No.	Driver for Change	What this may mean for Providers
1.	Communities become more resilient and self supporting, and improvements to the homes and built environment enable more people to stay well.	<ul style="list-style-type: none"> • Commissioned Services will no longer be our first response but our last. We will work with people to find the solution in their own community • As the LAC and ABCD initiatives gain momentum there will be an impact on the amount of commissioned services. Traditional service solutions will only be used when all other avenues have been explored • We will support voluntary and community groups with initiatives that strengthen the community
2.	The Council and the CCG are committed to integrated commissioning. The Council and CCG commissioning functions will be integrated removing duplication and improving outcomes for people. In addition, the Council will be hosting the Better Care Fund (BCF).	<ul style="list-style-type: none"> • Single commissioning team across the Council and CCG • Single set of commissioning intentions and commissioning strategy • As the host organisation, the Council will be responsible for contract managing the elements of NHS contracts that sit as part of the Better Care Polled Fund
3.	The new Care Act 2014 introduces the requirement for all service users to have a personal budget. This will mean that all service users will have a clear understanding about the financial resources available to them	<ul style="list-style-type: none"> • Thurrock Council expects most people in the future (or an authorised person on their behalf) will take this personal budget as a direct payment • In the future the Council may not be the main commissioner of services. Both the money and power will shift from the Local Authority to individuals needing support and their carers. • Individual purchasers may be looking for something different to

		<p>services available via a local authority</p> <ul style="list-style-type: none"> • As more people utilise a direct payment to purchase P.A. support, an agency able to offer this service may become a need.
4.	<p>The new Care Act 2014 places a duty on the local authority to ‘Promote Diversity and Quality in Provision of Services’</p>	<ul style="list-style-type: none"> • This means that Thurrock Council needs to ensure that services users have a variety of providers and a range of high quality of services to choose from • We will actively work with potential providers including micro and small/medium enterprises to ensure that service users (and carers) are offered real choice and foster innovation locally. • We will actively support the development of micro and social enterprises • Existing providers may find that their market share shrinks as the offer is increased • As a provider, Adult Social Care will also look to diversify its offer. As the number of people taking a direct payment and choice of providers increases, we expect our internally run services to adapt to reflect this.
5.	<p>The new Care Act 2014 places a duty on the local authority to assess whether a carer has needs for support and to provide or arrange for the provision of services, facilities or resources which contribute towards preventing or delaying the development by carers of needs for support</p>	<ul style="list-style-type: none"> • The provision of information and advice is a core component of the Act. We see this provision as not only the responsibility of the Council but of every providers • If eligible, carers will also be given a personal budget • We expect that in the future most carers will utilise a direct payment to arrange support. • This could be a growth area for existing and prospective providers • A review of the market has shown little diversity of provider in the Carers support service sector. Thurrock Council is encouraging increased diversity in the provider profile. As the number of people taking a direct payment and choice of providers grows, we expect our internally run services may adapt to reflect this.

		<ul style="list-style-type: none"> • We will actively support the development of a shared lives scheme locally as an alternative to residential respite.
6.	There is an increase in Thurrock's population, especially those aged over 70 and people with dementia.	<ul style="list-style-type: none"> • Innovative and high quality community based provision aimed at older people and people with dementia is an area of potential growth. • We are working closely with housing developers and our own housing, planning and regeneration departments to support the building of homes to HAPPI standards for older and vulnerable people. This is part of our strategy to enable older and vulnerable people to live independently in their community.
7.	The number of service users in residential care is decreasing and as a result so is spend.	<ul style="list-style-type: none"> • We may support the development of a high quality small dementia with challenging behaviour nursing home or unit. • We will not support the development of additional learning disability residential care schemes in Thurrock • However, we will actively support the development of a shared lives scheme locally as an alternative to residential care. • Although we anticipate a growth in people with autism and as such may require additional specialist services in borough, this detail will be contained within the Autism Strategy – the final version will be published on the Council's website in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services. • We will not support the development of additional mental health or learning disability residential care schemes in Thurrock • We will be developing a step up/step down service provision for mental health
8.	The number of service users being supported in the community is increasing and as a result so is spend.	<ul style="list-style-type: none"> • As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we wish to roll this out on a wider scale. We will report in 2015. • Due to the success of Elizabeth Gardens we will consider (as

		<p>part of the evaluation) supporting a small extra care housing development for older people and people with dementia in the west of the borough (as we currently have no provision here).</p> <ul style="list-style-type: none"> • Also, subject to this evaluation we will consider the development of a small extra care scheme for people with learning disabilities • Unlike many areas we have the opportunity to utilise RSL and Council owned accommodation for supported living. As such, we will wherever possible utilise this resource and encourage the separation of landlord and support functions for long term provision. We will commission any support separately or service users can utilise a direct payment to arrange their own. • We will actively work towards a 100% of our long term supported living provision meeting REACH standards. • A recent review of the market has shown little diversity of provider in learning disability day services. Thurrock Council will be encouraging increased diversity in the provider profile. This will most likely be by the use of a framework type agreement. • We are anticipating a growth in service users with autism. This will form part of the framework type agreement (detailed above). This information will be contained within the Autism Strategy to be published in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services.
9.	The number of direct payments is increasing.	<ul style="list-style-type: none"> • We expect direct payments to become the primary way care and support is purchased • In the future providers will have a relationship directly with service users – not the Council • Although the Council currently commissions home care under existing contracts with three providers, direct payments are increasing. This offers a real opportunity for the increase of organisations (large and small) who want to provide care to

		people either receiving a direct payment or self funding
10.	Our assessment and Care Management Services are becoming much more closely embedded into the communities they serve and ensuring that strengths and outcomes are more important as needs and outputs in there practice.	<ul style="list-style-type: none"> • Programme of culture transformation is underway that will require providers to engage with fieldwork to find creative solutions based on strength and choice. • Locality will become a crucial factor in solution finding. The challenge for providers will be to add value to the communities in which they provide. • A genuine partnership with the citizen will be a feature of the relationship between them, their support planner and provider; paternalistic models of support will be a thing of the past
11.	Our transition service is committed to providing flexible and appropriate support for young people with disabilities moving through transition to adulthood that maximises their independence and promotes community inclusion.	<ul style="list-style-type: none"> • Residential models of accommodation will become the service solution of last resort for disabled young people. • Community based solutions to lifestyle and respite support will be an area of potential growth. • Shared Lives approaches will also be encouraged for this group.

Draft for comment