

City of Wolverhampton Council

Market Position Statement for Care and Support for Adult Services in Wolverhampton 2015-2017

CITY OF
WOLVERHAMPTON
COUNCIL



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Contents

1. Foreword and Introduction	Page - 1
2. A profile of Adults in Wolverhampton	Pages - 2-6
3. Care and Support Sector Workforce Profile	Pages - 7-9
4. Prevention	Page - 10
5. Housing	Page - 11
6. Residential and Nursing Care	Pages - 12-13
7. Domiciliary Care and Day Time Opportunities	Pages - 14
8. Very Sheltered Housing. Public Health and Transition	Page - 15
9. Micro Providers	Page - 16
10. Dementia Care	Page - 17
11. Carers, People with Age Related Needs and Employment	Page - 18
12. Shared Lives and Personal Budgets	Page - 19
13. Reablement and Assistive Technology	Page - 20
14. Transformation of In-house Services and Consultation	Pages - 21
15. Procurement and Quality Assurance and Compliance	Pages - 22
16. Commissioning Intentions	Page - 23-24
17. Forthcoming Tender Opportunities	Pages – 25
18. Summary for Market Development	Pages - 26
19. What do we want Providers to do?	Pages - 27

Foreword and Introduction

The City of Wolverhampton Council is committed to supporting all businesses, including social enterprises, co-operatives and not for profit organisations, to flourish and be competitive within our diverse local market.

The Market Position Statement (MPS) produced by Wolverhampton City Council is intended to provide a comprehensive base for continued change and improvement.

Our strategy sets the challenge of making Wolverhampton a City that delivers prosperity for all, creating new job opportunities, supporting businesses and communities, and closing gaps in education, skills, health and wellbeing.

The evidence provided in this document will help the Council and its partners to take a strategic approach to understanding and meeting local need for the care and support of older people.

The MPS presents a picture of demand and supply now, what that might look like in the future and details how commissioners will support and intervene in a local or regional market in order to deliver this vision.

I am pleased to welcome you to our Market Position Statement (MPS) for Care and Support for Adult Services in Wolverhampton 2015-2017.

We look forward to working with providers, existing and new, to take advantage of the opportunity created by the policy changes of the Care Act and Better Care Fund. The areas we will want to address together will develop existing services by, for example, building in the use of assistive technology. New areas of work will be to develop earlier intervention, preventing and delaying the need for care, integrated working with our NHS partners and others. Our aim is to increase the choice and control over their lives for adults in Wolverhampton. We have to develop ways of meeting needs much more creatively, making best use of finances available, ensuring that innovative relations flourish.

The MPS includes the policy framework of the Council which will direct our future commissioning activity. The inclusion of the City's demography, current service structures and future tender opportunities will inform your own approach to working with us.

Should you have any queries, please contact our Commissioning team for further information. We look forward to working with you commissioning care and support for adults that promote independence and support that increases individuals choice and control over their lives.

Linda Sanders

Strategic Director - People

A profile of Adults in Wolverhampton

The Wolverhampton overall population is 252,900; both males and females in Wolverhampton having lower overall life expectancy compared to the national average -77.5 years for males and 83.1 years for females retrospectively. In addition, a male in Wolverhampton can expect to live to 56.6 years free of any disability and women to nearly 59 years – over 3 years less than the national average for males and two years less for females. This means that not only do Wolverhampton residents live shorter lives but they also spend more of their lives experiencing ill health and disability.

The need for social care is increasing, mainly because the people who need it most, older and disabled people, represent the two groups growing in size. This is happening at a time when public funding to support these groups are falling, with an 8% cut in spending between 2010/11 and 2012/13 and most councils facing an unprecedented 25% reduction in funding over the next four years.

Wolverhampton has approximately 41,000 residents aged 65+ and 6,000 aged over 85+, and approximately 3,752 residents aged 18 to 64 and 883 aged 65+ with a learning disability or difficulty. Over the next ten years there will be a 2.3% increase in the number of people aged 18 and over with learning disability or difficulty and the total population will increase by 3.7%.

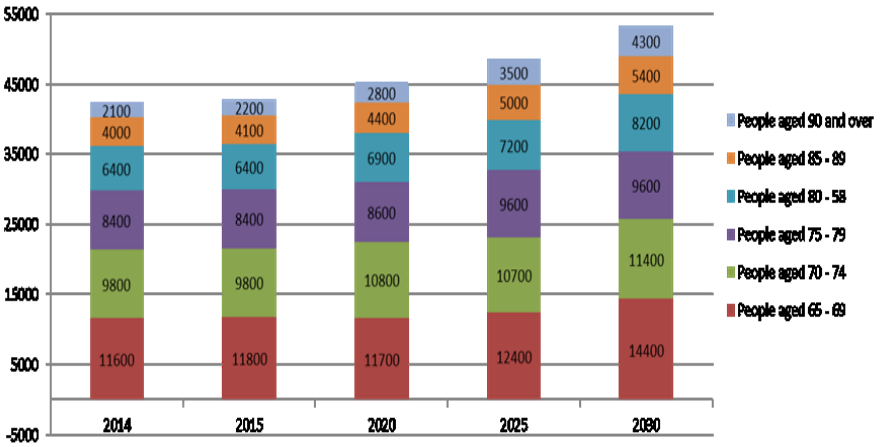
Over the next twenty years there will be a 25.3% increase in the number of people aged 70+ and the 80+ population will increase by 62.5%. 11.8% of older people are Asian and 4.8% are African-Caribbean - both of these populations are set to increase significantly over the next twenty years.

There are approximately 3,100 people with dementia living in the city, and this figure is set to grow by 44% over the next 20 years.

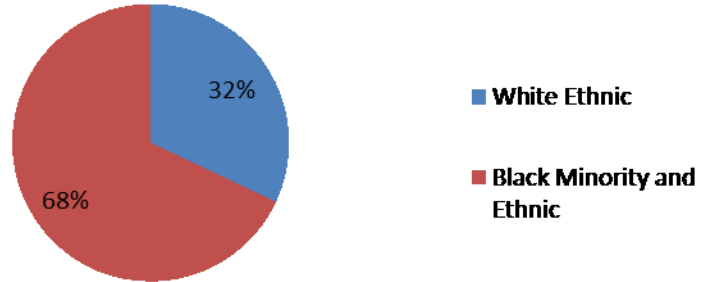
It is estimated that there are around 850 working age adults with moderate to severe learning disability; whereas 636 are actually receiving support from social services. 50% of Wolverhampton's wards fall amongst the most deprived nationally and our history of heavy industry has left a legacy, with healthy life expectancy a year shorter than the England average and 10.2% of the population reporting long term limiting illness and poor mobility.

The challenge for Wolverhampton is to deliver quality outcomes for people within a decreasing budget. This inevitably means changing the way in which we purchase care and support for those people who need it. The Council is committed to working with our Providers to create a market that will deliver quality outcomes though truly promoting independence in a safe environment.

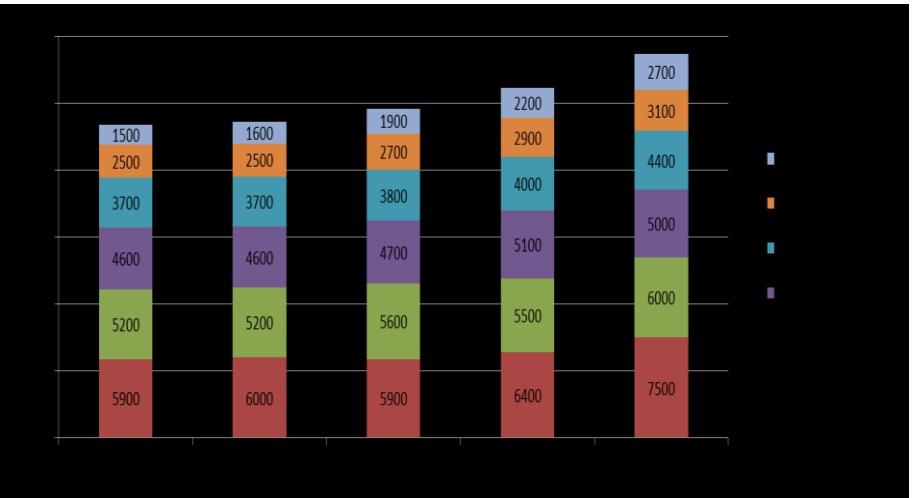
Population and Future Demand - Older People



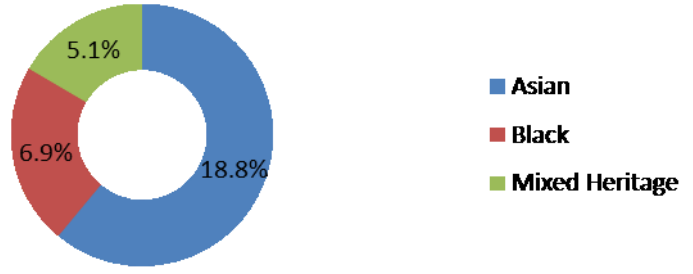
The majority of the population (68%) is from a white ethnic background with the remaining 32% from black minority ethnic backgrounds (BME).



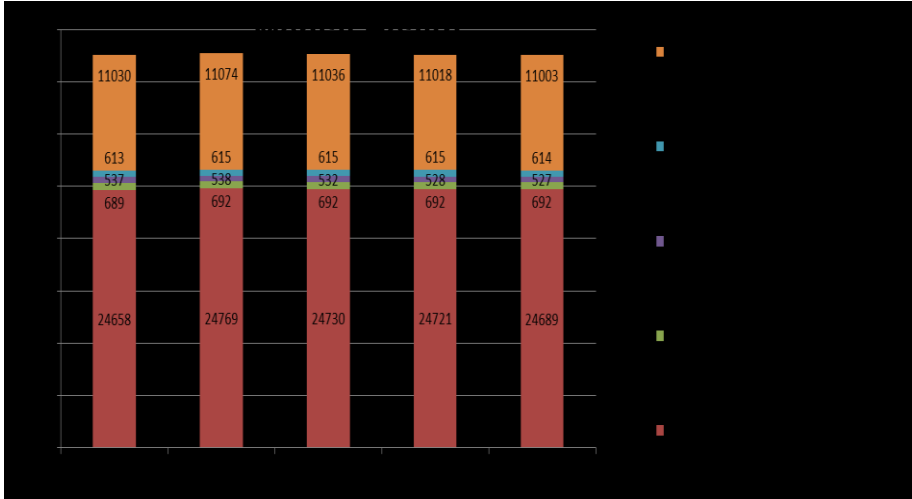
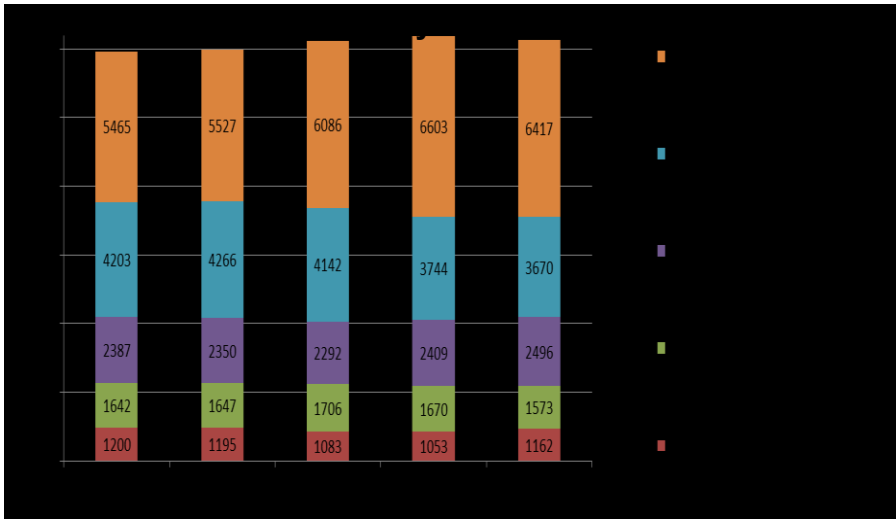
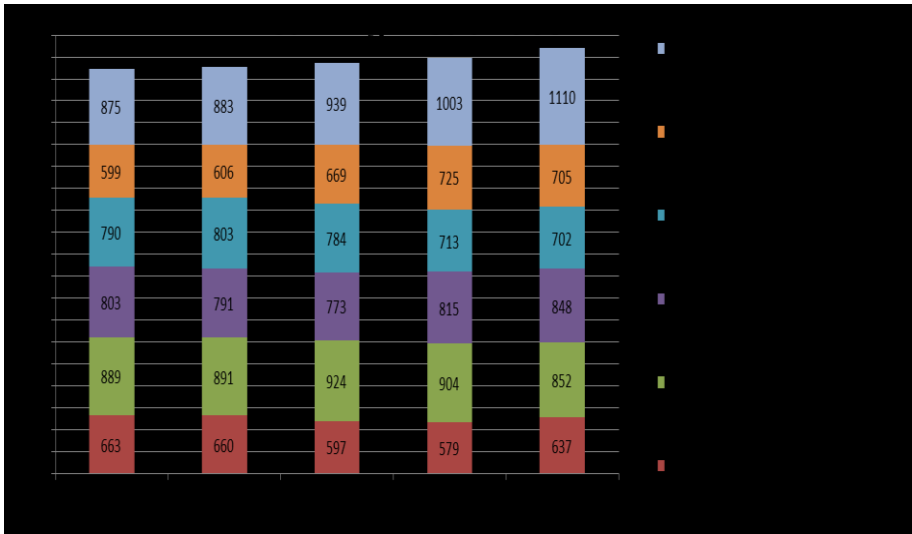
Gender Breakdown - Older People



followed by black and mixed at 6.9% and 5.1% respectively. This is quite different to the national distribution with only 14.3% from a BME background. The south east of the city



Population and Future Demand - Disabilities and Mental Health



Future Direction

We will be implementing the national drive to reduce the number of residential placements and the proportion of spending on residential care.

This will mean remodelling the provision of long term care to enable people to truly achieve independence, choice and control within budget. We will do this by working with providers to develop a new business model that includes supported living and very sheltered housing models instead of residential care.

Where do older people in Wolverhampton live?

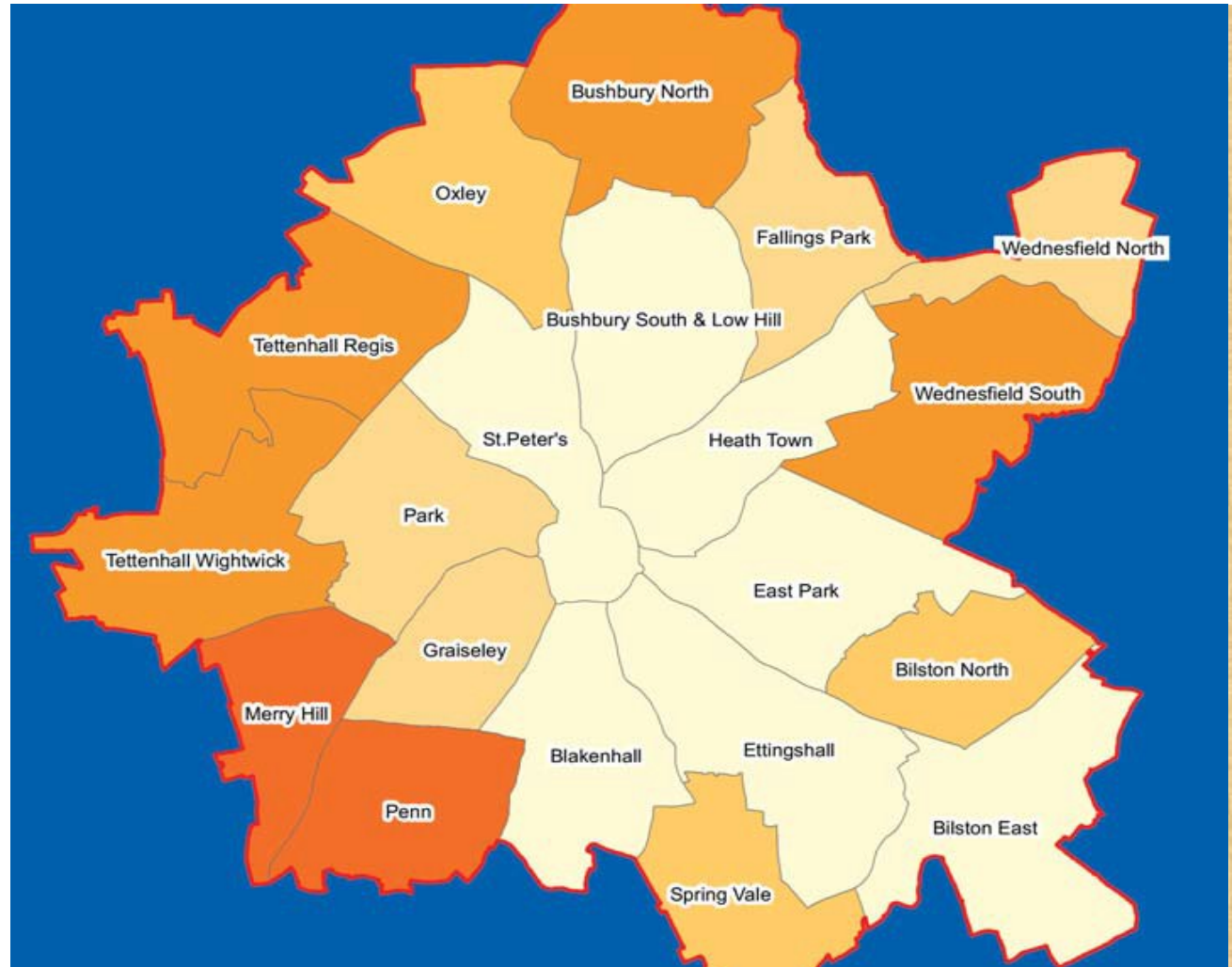
The wards with the highest proportions of older residents are:

- Tettenhall Regis;
- Tettenhall Wightwick;
- Merry Hill;
- Penn;
- Bushbury North.

The wards with the higher numbers of older people also have high proportions of one person households for this age group.

The wards with the highest proportion of pension credit claimants and suggesting a link with deprivation are:

- Spring Vale - 52.9%;
- Ettingshall - 46.5%;
- Bilston East - 46.0%;
- Heath Town - 45.5%;
- Bushbury South and Low Hill - 44.7%.



Where do adults with Learning Disabilities live?

The highest proportion of people registered as having a Learning Disability live in St Peters, Heath Town and Bilston East, with the lowest numbers living in Wednesfield North and Wightwick. The number of people who are receiving care and support outside of the City is 85. This is sometimes to receive specialist support that is not available locally.

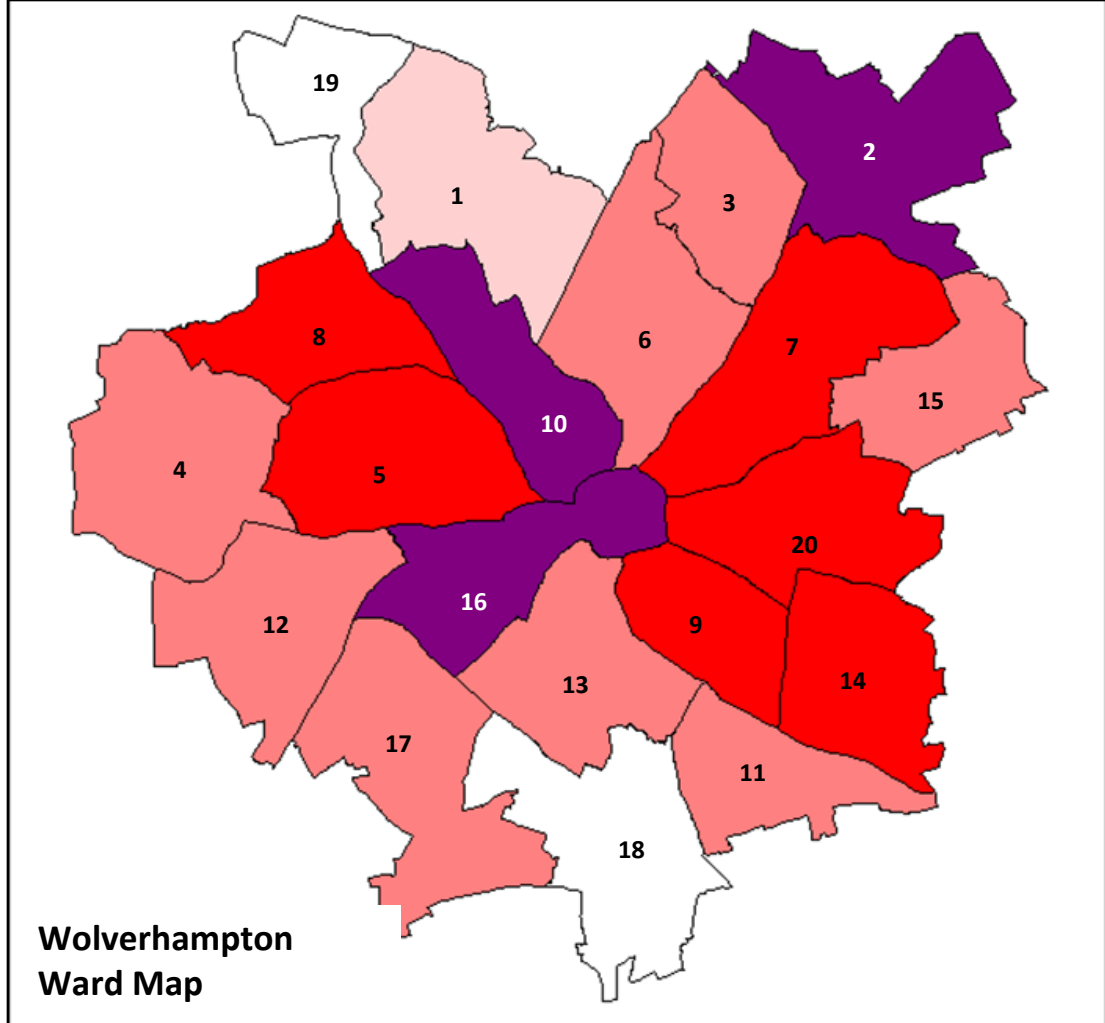
The number of people who are out of City is higher than the Council wants.

Future Direction

We will be supporting people who live out of City the opportunity to move back into the City.

LD 18+ as registered by Wton GPs	
81 to 112	(3)
57 to 80	(6)
34 to 56	(8)
30 to 33	(1)
Less than 30	(2)

- 1- Wednesfield South
- 2 - Bilston East
- 3 - Bilston North
- 4 - Bushbury North
- 5 - Bushbury South and Low Hill
- 6 - East Park
- 7 - Ettingshall
- 8 - Fallings Park
- 9 - Graiseley
- 10 - Heath Town
- 11 - Merry Hill
- 12 - Oxley
- 13 - Park
- 14 - Penn
- 15 - Spring Vale
- 16 - St Peter's
- 17 - Tettenhall Regis
- 18 - Tettenhall Wightwick
- 19 - Wednesfield North
- 20 - Blakenhall



Care and Support Sector Workforce Profile

The care and support sector employs just over 1.8 million people in the UK, which is around 6% of the total UK workforce. The sector is valued at least £43bn and services around 2.3 million adults. Just under a third work in the public sector whilst almost half are employed by private or commercial organisations.

The number of adult social care jobs in England as at 2013 was estimated at 1.52 million. The number of people working in adult social care in England as at 2013 was estimated at 1.45 million. There are an estimated 17,300 organisations involved in the delivery and organisation of adult social care. These organisations are made up of some 39,000 establishments across the UK.

There are an estimated 1.3 million jobs (excluding PAs working for direct payment recipients). The private sector is by far the largest employer employing over two thirds (circa 900,000) of all adult social care workers. The voluntary sector employs just over a fifth of all workers while the statutory sector employs just over 1 in 10 workers.

Around half of the workforce are employed in residential settings while a further 38% are employed in domiciliary care settings.

Just over half the workforce (52%) are considered to be full-time while 36% hold a part-time role.

The West Midlands (5.3%) has a slightly lower overall vacancy rate than the rest of England (5.6%). Community Support and Outreach Workers have the highest vacancy rates of all the main job roles (West Midlands 11.3% and England as a whole (7.4%).

Skilled & Qualified Workforce

The workforce in the West Midlands includes 155,000 people working in 165,000 jobs. Like England as a whole, the majority of these jobs (76%) and workers (77%.) Nationally over half the workforce holds a recognised social care qualification (56%), whilst 43% have no relevant qualifications recorded, the most populated areas of training were Moving and Handling (70%) and Safeguarding Adults (64%).

Within the West Midlands, two thirds (65%) of the workforce have a social care qualification, slightly more than England as a whole (60%). Nearly a third of workers in the West Midlands are qualified to level 2 (30%) and 14% to a level 3. Nearly a quarter (24%) of workers in the West Midlands are working towards a qualification. The majority of these workers are aiming to achieve either a Level 2 qualification (6%) or a different social care qualification (7%).

Care and Support Sector Workforce Profile

Workforce Breakdown

- Almost 170,000 people are working in the care and support sector in the West Midlands.
- Workers who provide direct care make up more than 135,000 (77%) of these jobs
- Over 85% of these jobs are in the independent sector (including those working for people who receive direct payment)
- More than 32,000 social care workers in the West Midlands may retire in the next 10 years (21% over 55 years old).
- There are 20,343 direct payment recipients in the West Midlands - it is estimated that they employ over 25,300 workers.
- The largest proportion of workers are aged between 40 and 54 years old (38%).
- Half of workers in roles such as managers/ supervisors (51%) and registered nurses (45%) are aged between 40 and 54 years old.
- Direct care staff are more likely to be aged 24 and under in the West Midlands such as care workers (16%).
- The percentage of workers who are female in the adult social care sector in the West Midlands is 84% and in England as a whole is 82%

- The largest proportion (88%) of workers in the West Midlands are British. There are a small proportion from other nationalities e.g. 3% from countries within the European Economic Area (EEA) and 9% from Non-EEA countries.

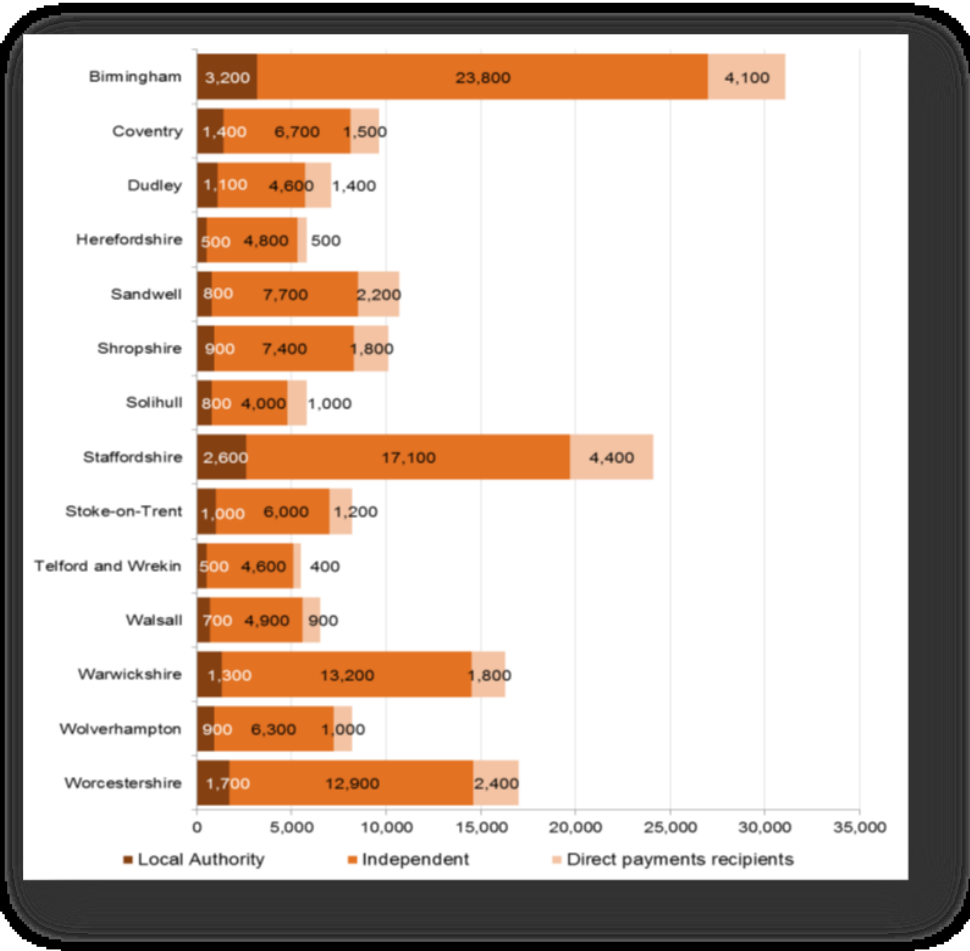
Future Direction

As demographic trends indicate, people in the UK are living longer and their needs becoming more complex. This need reinforces the growing demands on social care services and the changing expectations of service users who require a workforce which is highly skilled and supported, and able to work in flexible ways.

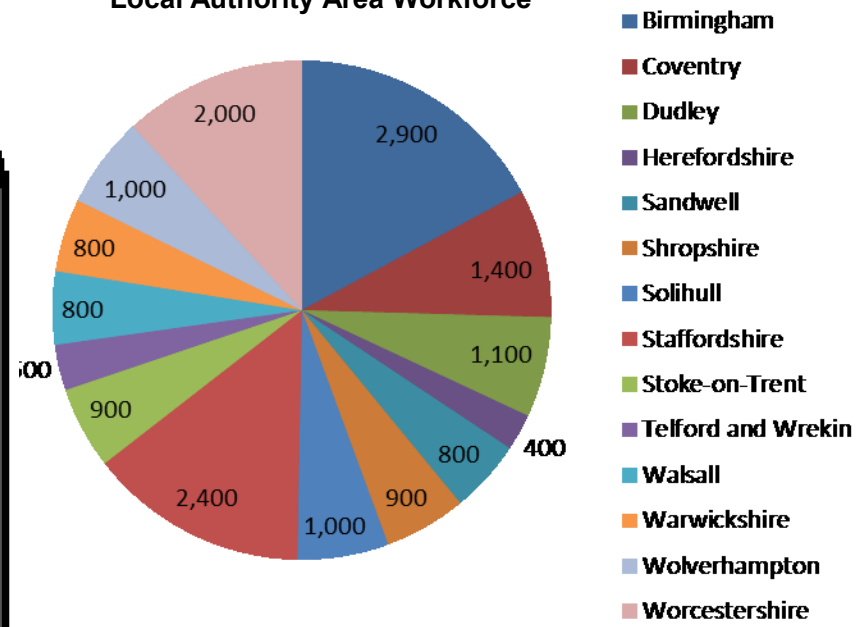
The number of jobs is projected to grow by between 15% and 55% between 2013 and 2025. This means there could be between 1.8 million and 2.4 million jobs by 2025 in the UK.

Care and Support Sector Workforce Profile

There is an estimated 170,000 social care jobs in the West Midlands, the largest number (121,000) are in the independent sector, 17,500 in local authorities and 25,000 are those employed by direct payment recipients. The



Local Authority Area Workforce



The National Minimum Data Set for Social Care (NMDS-SC) is an online workforce data collection system for the social care sector. Social care providers can register, maintain and access their business information by setting up an account on www.nmds-sc-online.org.uk. The data that you enter is used across the whole sector to inform important decisions.

Prevention

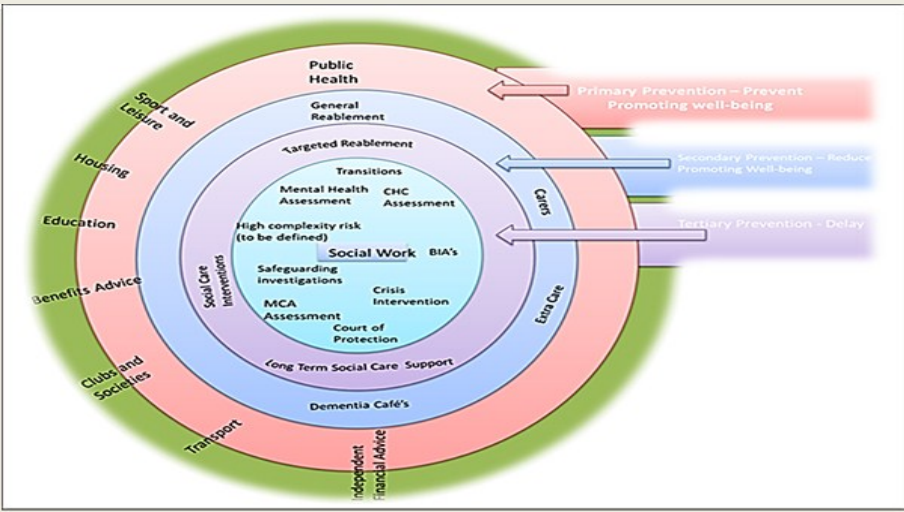
Preventive services represent a continuum of support ranging from the most intensive, 'tertiary services' such as intermediate care or reablement, down to 'secondary' or early intervention, and finally, 'primary prevention' aimed at promoting wellbeing. Primary prevention is generally designed for people with few social care needs or symptoms of illness. A key element of that transformation will be the implementation of a Care Act compliant Adult Operating Model for Social work that is clear about the role of Social Workers. This will provide the foundation for professional expectations within a multi-disciplinary setting.

Many of Wolverhampton's past efforts to redesign the Adult Social care service have focussed on system changes which seek to create more efficient ways of moving people through the traditional assessment and care management process with the outcome of increasing cost without necessarily improving outcomes. The new responsibilities of the Care Act 2014 and adoption of a fundamental principle to promote independence through an individually tailored, personalised approach within a new operating model with nine key features as previously described will underpin the transformation of adult social care.

Scan here for further information on the Wolverhampton's Promoting Independence report.



The Care Act 2014 introduced a duty for Local Authorities to promote Well Being when carrying out any of its care and support functions in respect of a person and their carer. This includes the Prevention of the development or deterioration of needs for care and support. To achieve this, the Council is working to ensure that internal and external services, such as housing, adult and children social care, public health, transport and education are cooperating. The Government defines the following three levels of Prevention:



Future Direction

We are keen to work with Providers that have a track record in delivering an innovative range of preventative services that clearly benefit people at risk of losing their independence.

- It is nationally acknowledged that 'poor housing costs the NHS at least £2.5 billion a year in treating people with illnesses directly linked to living in cold, damp and dangerous homes' (Friedman 2010 reproduced in The King's Fund paper 2013).
- Housing and Health research is very well documented; falls amongst the over 65's take up 4 million bed days each year in England's hospitals at a cost of £2 billion (Royal College of Physicians 2011). Low level interventions to repair uneven paths and hazardous environments, adding steps to doorways, providing extra rails to stairs and installing other safety measures into the home can prevent falls, and therefore save the health service money should these falls require treatment.
- It's estimated that 75% of all non-decent homes are occupied by the most vulnerable, and that this generates a cost to the NHS treating people with housing related illnesses and injuries. 'Everyone should be given the opportunity to live in a decent home'. The Housing Assistance Policy, Public Health, NHS and Social Care frameworks support work that enable all communities, families and individuals to thrive, with a specific goal of investing in early intervention, reablement and prevention to reduce the need for intensive support; developing a seamless response to care needs linking into the Health and Social Care Act 2012.

Other facts include:

- Postponing entry to residential care by 1 year by adapting people's homes saves approx. £28,000 per person;
- A fall at home that leads to a hip fracture costs the state an average of £29,000, 4.5 times the average cost of an adaptation, and 100 times the cost of fitting grab rails to prevent falls;
- Housing adaptations reduce the costs of home care (saving £1,200 to £29,000 a year);
- Hospital discharge services speed up patient release, saving at least £120 a day.



Scan here for the Wolverhampton Mosaic Profiles for more information.

Residential and Nursing Care for Older People

Currently Wolverhampton City Council funds placements in 55 residential and nursing homes across the City, in addition to providing residential care in two homes owned and managed by the Council.

The gross spend on Residential and Nursing Care for older people is approximately £20 million.

Wolverhampton has three parliamentary constituencies the location of residential and nursing home is given for each of these constituencies, their capacity and the number of placements funded by the Council.

North East

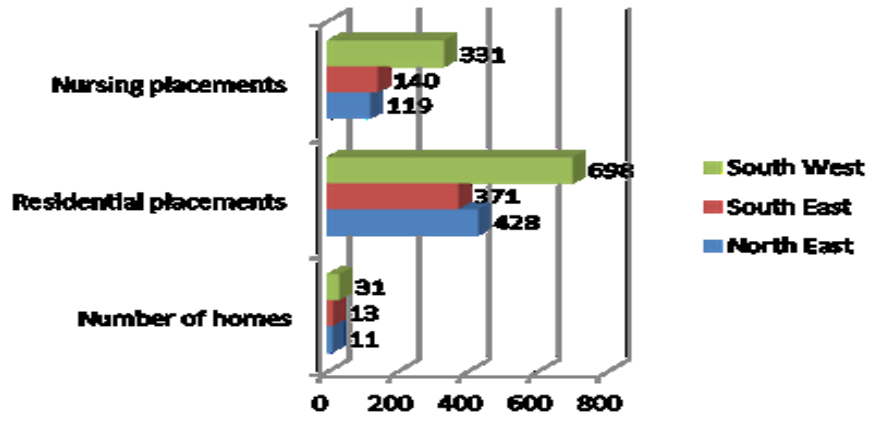
Eleven homes are located in this part of the city including one home which is owned and managed by the Council. The capacity of these homes is 428 placements. Included in these figure are 2 homes that provide nursing care with a maximum capacity of 119 places.

South East

Thirteen homes are located in this part of the city. The capacity of these homes is 371 placements. Included in these figures are two homes that provide nursing a maximum capacity of 140 nursing care places.

South West

Thirty-one homes are located in this part of the city including one home that is owned and managed by the Council. The capacity of these homes is 698 placements. Included in these figures are nine nursing homes providing a maximum capacity of 331 nursing care places.



Future Direction

The Council is moving away from placing individuals in Residential Care settings by exploring robust models of support, that challenges professionals and individual's anxiety of living independently in a safe and familiar environment .

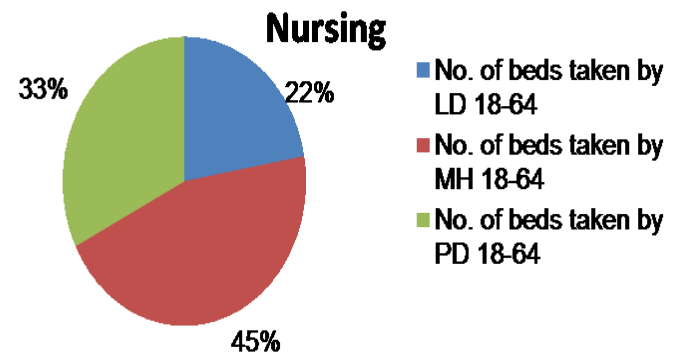
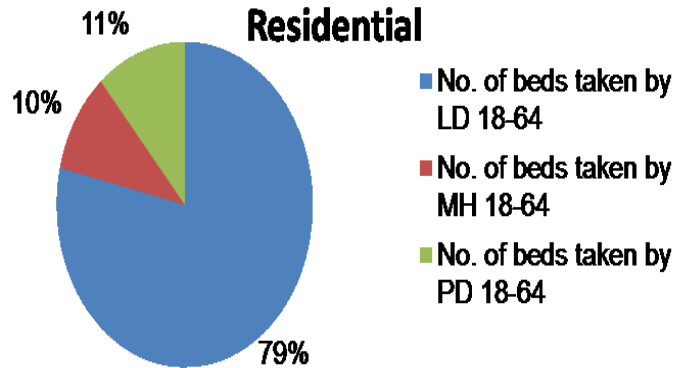
Residential & Nursing Care for Adults with Disabilities and Mental Health

The Council took a snapshot of bed based care packages in April 2015 that revealed there were 100 care homes that we purchased care from. The combined capacity of these homes was 2,163 beds. The Council purchased 328 beds which is 15% of the total available.

The number of beds purchased for adults with learning disabilities equated to 173 with a weekly spend of £220,873.53 per week. This is the largest cohort currently purchasing residential care packages compared to Mental Health and Physical Disabilities.

Future Direction

We do not want to buy as much residential care. The reduction in residential care will enable the Council to divert resources to deliver personalised care such as supported and very sheltered housing.



Current Bed usage	Residential	Nursing
No. of beds taken by LD 18-64	173	24
No. of beds taken by MH 18-64	22	49
No. of beds taken by PD 18-64	25	35
All	220	108

Domiciliary Care Market

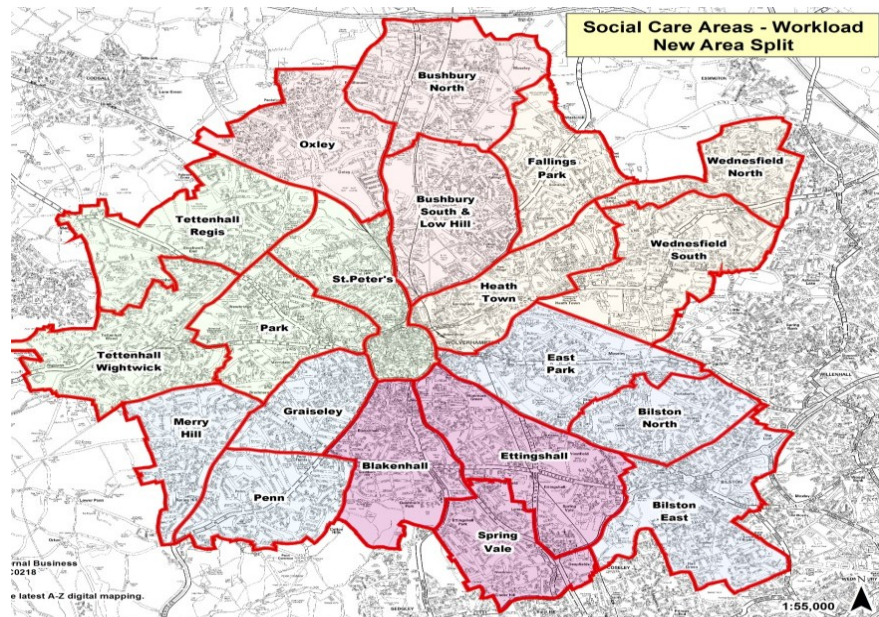
Domiciliary Care is defined as care provided to someone in their own home. The aim of domiciliary care is to enable people to remain living as independently as they can be in their own homes through the provision of personal care and support. The interdependencies that exist to deliver domiciliary care services are significant and we need to take stock of the various outputs and consider what they mean for the commissioning intentions and the strategic priorities for 2015/16 and beyond. The Council has a framework of accredited Providers from which to purchase domiciliary care services.

Day Time Opportunities

Wolverhampton City Council is committed to supporting and stimulating a diverse market for care and support by offering a real choice of opportunities that enable people to continue living independently.

In Wolverhampton day time opportunities for vulnerable adults can be provided by a range of providers including micro providers, voluntary organisations and the local authority, delivering a menu of opportunities to maximise independent living, which delivers the following:

- A flexible service that is responsive to the changing needs and aspirations of individuals;
- An ethos of enablement to maximise people's independence
- An outcome-focused model of services;
- A continuing commitment to provide informal carers with breaks from their caring role and assistance to help them continue to care;
- A diverse range of provision enabling people to access community facilities and universal services.



Future Direction

The Council is seeking to establish an approved list of providers who are able to offer a wide range of day time activities to older residents.

The Council will prioritise working with local providers and also encourages the provision of innovative/non-traditional services.

Very Sheltered Housing

Very Sheltered Housing (VSH) is rented housing provision that delivers flexible care and support services. The aim of VSH is to provide supported living so that people have the opportunity to live in their own self-contained property whilst having on sited access to care and housing related support in accordance with assessed needs.

The Council has nine contracts in place for older people with VSH Providers and the care services provided under these contracts are provided on a 'block' basis. Places are allocated to people who have eligible care needs that have been assessed.

Future Direction

There is low uptake of Very Sheltered Housing in Adults with Disabilities. Commissioners will be increasing this model of housing for adults with disabilities. We recognise that there is a gap in our provision for people on the Autistic spectrum. We will be improving our local provision

Transition

Transition workers joined the 0-25 Disability Children and Young Persons Team to create a new team that was developed in February 2015. The Transition workers are able to specifically focus on the transition of young people who are moving through children's services into adult provision. We are working closely with our colleagues in both Children and Adults teams to form robust transition plans for young disabled people from 14 onwards. We are committed to providing a service that builds on the strengths of the young people and promotes independence. We want to work with providers who can deliver innovative and personalised services.

Public Health

Public Health Wolverhampton has developed an evidence based prevention plan that focuses on improving lifestyle choices (smoking, substance misuse, unhealthy eating and physical inactivity) that have a major impact on the health and wellbeing of the local population.

It is estimated that around 80% of deaths from major disease, e.g. heart disease, strokes and cancer, are caused by poor lifestyle choices.

There is a higher prevalence of unhealthy lifestyle choices amongst individuals with mental health problems (smoking, alcohol and substance misuse) and learning disabilities (unhealthy diet and physical inactivity). Poor lifestyle choices can also contribute to the development of physical disabilities. The five year Public Health Prevention Plan aims to prevent the escalating local need for health and social care support across the life course.

Micro Providers

Micro providers are small services provided by local people using their gifts and skills to provide flexible and individually tailored support and services to other local people who may need support or care; because they are older, disabled, have ill health or are particularly vulnerable for some other reason.

Micro services can be purchased by individuals who have a personal budget or who are funding their own care, in some instances micro services are provided on a voluntary basis. Micro provider organisations can help you to live more independently and help to prevent the need for more complex care later on.

Why are Micro providers important?

- Micro providers offer increased choices for people who do not wish to become employers of Personal Assistants but who are looking to buy support and services to live their lives and meet health and support needs.
- Micro enterprise provides a route for local people to use their gifts and skills to support and provide services for other local people.
- Micro providers are firmly rooted in their communities and have a good understanding of local issues and deliver individually tailored support to people

Micro Providers are people and organisations that provide support and care to people in their community, who have 5 or less workers (paid or unpaid) and are independent of any larger organisation

Micro Providers can help to support isolated and vulnerable people:

- live independently;
- go shopping;
- work, learn something new;
- sustain hobbies and interests;
- take holidays and short breaks, take part in leisure or social activities;
- keep in contact with family and friends, get out and about ... and a whole lot more!

Future Direction

In response to the ever changing landscape of adult social care Wolverhampton needs a diverse market to support our citizens with care and support needs.

The Council intends to increase the number of Micro Providers, and would be interested in hearing from people and organisations who wish to set up as a Micro Provider.

Dementia can affect anyone whatever their gender, ethnic group, age or class, however it is particularly prevalent in the population aged 65 years and over and with a growing aging population the number of people with dementia is set to significantly increase. Raising awareness of dementia across all sectors and the importance of delivering a person centred response is critical to making a real difference to the health and well-being of individuals and their families.

- There are 3,100 people living with dementia in Wolverhampton
- This figure is forecast to rise by 44% over the next 20 years, representing an increase of 75 people per year
- Only 40% of people with dementia in Wolverhampton are on a GP dementia register
- It is predicted that the number of people diagnosed with an early onset dementia is underestimated by three times (Dementia UK 2007)

One third of people with dementia are living in care homes (1000 people in Wolverhampton) with two thirds of the care home population at any one time made up of people with dementia (Alzheimer's Society 2007).

Conversely, two thirds of people with dementia are living independently in their own homes (2,000 people in Wolverhampton). 40% of people in hospital have dementia; the excess cost is estimated to be £6 M per annum in the average

General Hospital; co-morbidity with general medical conditions is high; people with dementia stay longer in hospital, have poorer quality outcomes and one third of people with dementia admitted to hospital never return home (Alzheimer's Society, 2009).

In a national survey of 1,000 GPs only 47% said they had sufficient training to diagnose and manage dementia; 58% said they felt confident about giving advice about management of dementia-like symptoms (National Audit Office, 2010).

Alcohol-related dementia is under-recognised and may account for up to 10% of all dementia cases –around 70,000 people in the UK. (British Journal of Psychiatry); 300 people in Wolverhampton.

*Scan here to view the
Joint Dementia Strategy
2015-17*



Carers

In 2011 there were 5.41 million people who provided unpaid care in England. Health and Social Care services are dependent upon the role played by informal carers, and so it is important to recognise the important contribution unpaid carers make to society. The Care Act has ensured that Carers are a key consideration in the way in which services are designed and delivered. Carers offer valuable support, that is often unpaid.

The way in which we deliver services to Carers is changing and is currently under review. The aim of the revised Wolverhampton Joint Carers Strategy and accompanying implementation plan will to ensure that Informal Carers are appropriately supported in their caring role.

This will involve mapping existing service provision for Informal carers of all ages, consulting with them to understand the issues they face and how they would like to be supported in the future and how this support compliments our obligations under the Care Act 2014 that includes:

- Promoting carers well-being;
- Prevention (prevent, delay, reduce the risks associated with informal caring responsibilities);
- Personalisation of services;
- Information, advice and advocacy;
- Integration and co-operation (between agencies to create a smooth pathway for informal carers);
- Diversity and quality of services.

Employment

Wolverhampton are under performing in supporting people with a disability to gain employment, with figures indicating 2% of the learning disability population as being in employment. Wolverhampton Disabilities Employment Service recognise that there is a need for change. **Future Direction** -*We want to work with a range of supported employment agencies to improve the city offer to disabled adults.*

People with Age Related Needs

Through our Provider meetings we recognise that there are number of people whose primary need has changed to that of an older person. This means that we are no longer meeting their needs in the best possible way. We will be working with our commissioning colleagues to develop a better pathway, focussing on early age dementia.

Scan here for further information on the Joint Disabilities Strategy



Shared Lives and Personal Budgets

Shared Lives

Shared Lives (formerly Adult Placement scheme) offers long term 24 hour care for adults. Shared Lives involves regulated Carers offering a care and support in their own home to people who need it. The individual is able to become part of the family and enjoy the benefits of a community lifestyle.

Wolverhampton has successfully commissioned an external agency to deliver Shared Lives. In April 2015 there were 12 approved Carers available to offer care and support to people with either Learning Disabilities or ill mental health. Shared lives delivers excellent outcomes for individuals and offers value for money.

In the future - we want to increase our use of this service.

Individual Serviced Funds

Individual Serviced Funds (ISF's) and Personal Budgets (PB's) will increasingly need to prioritise safety and risk and the intention is to seek to meet other needs as far as possible through making alternative arrangements. This might be through helping those with their own resources to meet these needs themselves and developing more opportunities to have a personal budget through ISF's.

Personal Budgets

The Care Act has placed a duty on all Local Authorities that people with eligible needs have access to a Personal Budget to improve choice and control of the services they receive. This includes how, and when their care is delivered, as a result service provision will need to be flexible. A way of truly achieving this is through enabling people to have a Direct payment.

Direct Payments are cash payments made to individuals who have been assessed as needing support under the National Eligibility Threshold. They enable individuals to choose not to receive services purchased by the City Council, instead choosing to receive a payment in lieu of these to arrange their own support. In Wolverhampton Direct Payment Support is divided within 2 elements:

- Access to information, advice, support, Third Party Supported Accounts (TPSA) to hold and administer Direct Payments;
- A full payroll service.

The information, advice and signposting functions are paid as a block. The support service and TPSA's are paid by individual agreements and paid at an agreed rate per unit. The payroll provider is Enable and is paid as a unit cost per payslip. In April 2015 there were 116 people with Learning Disabilities accessing a Direct Payments.

Reablement

One of the key strategic drivers for older people in Wolverhampton is that home is the hub and services are designed and commissioned in recognition of people's expectation to remain at home for as long as possible.

Placing people directly into residential or nursing care, even for a period of reablement can quickly create an expectation and level of dependency that can therefore lead to a level of usage above what would be the case if more people were able to experience a period of reablement in their home environment.

The key principle articulated in The Joint Reablement Strategy 2014-2016 is to develop a more robust way to support people requiring a short term service in their own home and reduce the number of residential and nursing beds required for this purpose.

Scan here to view the Joint Reablement Strategy 2014-16



Assistive Technology (Telecare)

Technology and equipment (Telecare) is increasingly being used to support people at home; this enables individuals to live independently and securely in their own home. It includes services that incorporate personal and environmental equipment in the home, and remotely, that enable people to remain safe and independent in their own home for longer.

The Council plans for the utilisation and availability of Telecare to significantly grow and this will be an integral part of the new domiciliary care model. Providers will be required to work closely with the Council to ensure utilisation of Telecare.

Future Direction

There are approximately 950 people supported with Telecare packages in Wolverhampton but bold ambition is needed to drive change and improvement.

It is therefore proposed to create a Telecare service that has capacity to support approximately 3,000 people over the next three years. The medium term ambition is to reach 6,000 people through the proactive Telecare plus service to reduce isolation and promote wellbeing.

Transformation of In-house Services

People prefer services at home and in line with our Promoting Independence agenda it is planned that services will cease at one bed based resource centre for older people and the money will be re-invested into community based reablement. The decommissioning of the two long stay residential homes and one reablement centre for older people offers the Council the best opportunity to improve and develop the community based offer to better meet the needs of vulnerable older people in the City whilst at the same time meet the current financial challenges.

A key priority for the City's health and social care economy is supporting people to remain independent and minimise the need for more intensive health and social care services wherever possible. This principle of demand reduction is central to the integration agenda with health and the delivery of the requirements of the Better Care Fund, through which closer integration between Health and Social Care is being driven. The transformation and personalisation agenda will require that all services will be redesigned where it can be evidenced that this will deliver advances in:

- Choice and control
- Innovation and Creativity;
- The use of personal budgets including Individual Service Funds and Direct Payments;
- Social impact of the service, Pooled budgets and pooled direct payments.

Consultation

All of our adults with disabilities in house services have been reviewed and consultations have been carried out with all stakeholders to ensure services are still required and that they provide best value when compared to external markets.

The Council's Employment Service has been reviewed and changing to a Supported Employment Service. The focus will be on reducing the need and supporting the prevention agenda.

In June 2015, the Commissioning Teams held a series of engagement meetings with Providers. We discussed the way in which our models can be changed. These meetings have highlighted opportunities to improve the way in which we communicate with our providers in the future.

The Commissioning Team delivered an overview of the Care Act Training to Providers. In July 2015 members of the Commissioning team held the first 'Clued Up' event on the Care Act and Personal Budgets. It was a successful event with approximately 95 people in attendance; including providers, families and professionals.

Future Direction

We will have regular meetings with our Providers to further discussions about future services developments

The Council currently holds contracts for a variety of different services including Day Services, Residential, Domiciliary Care, Residential Care and Supported Living. The Council's Procurement Team work closely with departments to ensure compliance with legislation, such as the Public Procurement Regulations in addition to the Council's Financial Regulations. The Procurement Vision is to ensure services provided to the people of Wolverhampton are of a high quality cost and effective.

A revised Procurement Strategy is being developed following the key principles of:

- Equal Treatment, Fairness and Transparency and Openness;
- Value for Money;
- On-going commercial management, partnerships and collaboration;
- Stakeholder engagement and market engagement;
- Regulatory compliance and governance;
- Risk Management, technology and efficiency;
- Opportunities to bid to provide services or get involved in market consultation events can be found on the Council's e-tendering portal, which can be found on the Council's web.

Alternatively, the team can be contacted via corporate.procurement@wolverhampton.gov.uk

wolverhampton.gov.uk

The Quality Assurance and Compliance Team work in partnership with Providers and Stakeholders to enhance the experience of service users by driving improvements across all commissioned services. They are responsible for monitoring the level of risk and quality of provision in care and support services for children and adults purchased by the council.

Our main aims are to:

- Monitor the quality and compliance of care services in accordance with agreed strategies, priorities and systems;
- Inform commissioners and stakeholders of issues relating to services and make recommendations for improvement;
- Advise and support services to enable them to achieve required levels of quality.

Future Direction

We want to work with Providers to develop a new Quality Assurance process and our ultimate aim is to publish information about the quality of our local services so that customers can make informed choices.

Commissioning Intentions - How we want to achieve change for older people

CONFIDENT CAPABLE COUNCIL
People – Stronger Communities



Older People Commissioning Strategies

Strategy			

Commissioning Intentions - How we want to achieve change for Disabilities and Mental Health

CONFIDENT CAPABLE COUNCIL		
People - Stronger Communities		
People live longer, healthier lives Safeguarding people in vulnerable positions	Promoting independence for older people Promoting and enabling healthy lifestyles Promoting independence for people with disabilities	Enabling communities to support themselves Keep the city safe

All Age Disability and Mental Health Commissioning Strategies

Strategy	Objective	Key Milestones	Timescales
Promoting Independence	<ul style="list-style-type: none"> Reduce the level of support provided to adults in contact with services as a result of enablement interventions Reduce the number of people living in residential settings Transform the transition pathway from children's for young people with disabilities and mental health needs 	<ul style="list-style-type: none"> Commission re-ablement services for each client group 30 new people move into supported living accommodation Enablement service to work with young people in Transition 	<ul style="list-style-type: none"> May 2015 By March 2016 September 2015
Transformation of in-house services	<ul style="list-style-type: none"> Offer clients more choice and control through access to personalised services Achieve value for money Develop more creative services that promote independence and choice 	<ul style="list-style-type: none"> Implement new service model for supported employment Complete consultation on Outreach services and implement new service model Complete consultation process for Duke Street Short Breaks and Oxley Plus 	<ul style="list-style-type: none"> April 2015 March - September 2015 September 2015
Transforming Care (Winterbourne)	<ul style="list-style-type: none"> Adults with a learning disability and/or autism only stay in a hospital setting while they are being actively treated. People live in the least restrictive setting 	<ul style="list-style-type: none"> Care and Treatment Reviews completed on all existing inpatients and all planned discharges are achieved Care and Treatment reviews completed on all new admissions New service commissioned to support timely discharge 	<ul style="list-style-type: none"> March 2015 Between January 2015 - March 2016 March 2016

Forthcoming Tender Opportunities

- Domiciliary Care - The Council is tendering for new business with the intention to procure Providers who work across the City. Providers will ensure that they contribute toward a 'whole system' approach, by working with local stakeholders including relevant statutory, voluntary and third sector organisations.
- Reablement Service for Older People and Physical Disabilities -The Council intends to tender for reablement services in the next 12 months.
- Floating Support for people with Mental Health needs
- Framework for Supported Living for Younger Adults.

You can now register free to the Council's Procurement e-tendering portal, which will allow you to tender for Council contracts

Please scan here for further information.



It is intended that all future commissioning activity will be progressed with a common set of embedded themes:

- Personalisation;
- Maximisation of the use of Assistive Technology (telecare);
- Reablement;
- Outcome focussed approach;
- Promoting Independence;
- Co-production;
- User Led.

Future Direction

The focus for Younger Adults will remain on ensuring we meet the demand for accommodation by developing alternatives to residential care, which offers opportunities to Providers in the market

Summary for Market Development

Very Sheltered Housing (VSH)

The Council intends to build two to three new VSH accommodations in the next three years.

Supported Accommodation

Younger Adults are developing alternatives to residential care through Supported Living.

Residential and Nursing Care

We are particularly keen to hear from Providers of residential nursing care that can provide high quality nursing care at the Council's standard fee.

Community Activities

You may wish to consider offering leisure, educational, social and support activities in the local community. Helping people to be a part of their community, this could mean setting up group meal times.

Day Time Opportunities

You could deliver an alternative to traditional day care. This could be a regular club or activity that supports people to enjoy and pursue their interests.

Personal Budgets and Individual Service Funds (ISF)

We will use personal budgets to ensure that the people requiring longer term care can take as much control over their lives as their needs allow. We will continue to increase the number of people who are in receipt of a direct payment.

The Care Act 2014 places new duties to provide a Market Oversight and provider failure. This is for us to oversee the financial health of difficult to replace Providers of adult social care services, so that we can give an early warning if they are likely to fail. The Act imposes clear legal responsibilities on local authorities where a care provider fails.

Commissioners have developed a set of procedures to support the Council to ensure it protects vulnerable residents who live in a residential or nursing care establishment or receive care and support services in their own homes home from a Provider.

Scan here to access the Care Act 2014 factsheets



Better Care Fund

Wolverhampton Clinical Commissioning Group and Wolverhampton City Council, in collaboration and partnership with our two main NHS providers, and other stakeholders, have been working together to define and develop the plans for Wolverhampton which deliver transformational change at both a provision and commissioning level, utilising the Better Care Fund programme.

What do we want Providers to do

We would like Providers to use the information in this Market Position Statement either as a starting point for new business or to review current business models to ensure they are robust and can adapt to meet the changing adult social care agenda.

What Next

- We welcome dialogue about how we best work together.
- The Market Position Statement is the start of a process and we are committed to updating the contents on an annual basis and sharing information through various channels. In the next 12 months we will be looking to engage with service users and residents and will include our findings in the update.

Feedback

- We welcome your feedback.
- Have you found the Market Position Statement helpful?
- Which areas were useful?
- Which areas would you like to see more information?
- How can we keep you updated?
- Was anything missing which you thought should be included.
- If you have any feedback or for further information about the Market Position Statement, please email the Adult Social Care Commissioning team at SC.Market@wolverhampton.gov.uk

The Council has developed a website for everyone who lives and works in Wolverhampton. If you use adult social care, health care or other help and support services, if you fund your own support, or simply wish to find out more about what services and events are provided in your local community, you can find all the information and advice in one place on the Wolverhampton Information Network (WIN) website.

*Scan here for further information on the MPS for Adult Services -
Wolverhampton Information Network (WIN) website.*

