Market Position Statement 2014

Adult Social Care

‘Care and Support Closer to home’

“Building a more diverse accommodation based care market in Brent to better meet the needs of local people ensure ‘whole person care’ and reduce over reliance on residential and nursing care”
Introduction - Why a Market Position Statement?

Welcome to Brent’s first Market Position Statement (MPS). The purpose of developing this MPS is to signal our intention to share better, more transparent information with the market; for the benefit of both current and potential providers. We believe that we can only provide the full range of services that people want and need by working more closely with the market to develop services to meet our local need.

Government policy sets out a future where private, 3rd sector and voluntary organisations must play a fundamental role in the development and delivery of services to meet local need and where local authorities take more of an enabling and place-shaping role, rather than just that of ‘purchaser’. This coupled with the growth in numbers of people using Direct Payments and those that fund their own care, brings with it a need to develop further the commissioner/provider relationship in an already complex system of care and support. This is why it is important to make our vision and commissioning intentions clear and ensure we communicate these to the market as early as possible.

The new Care and Support Bill sets out a new duty for local authorities to promote the diversity, quality and sustainability of local care and support services. This duty includes a requirement to promote the efficient and effective operation of local services, ensure that people wishing to access local services have a variety of high quality services to choose from, and that individuals have sufficient information to make informed decisions about the services available. We need to ensure that we are aware of current and likely future demand for services with a focus on the importance of fostering continuous improvement in the quality of services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in local provision.

This MPS is written for current providers of Accommodation based care and support services (ABCSS) who operate locally and for potential providers considering entering the market in Brent in an attempt to grow diversity in available service provision locally. It will support better relationships between Commissioners and service providers, acting as a foundation for better engagement and partnership working. It encapsulates the ‘Brent picture’:

- Current and predicted future demands on ABCSS locally.
- A picture of current supply of ABCSS across Brent.
- What our strategic vision is, our commissioning intentions and models of service delivery we want to encourage in the local marketplace.

At the heart of our MPS is the principle that services should be inherently responsive to individuals’ needs and preferences. This is what we mean when we talk about ‘personalisation’. This requires a shift away from traditional care home service provision towards a model that encourages flexible, personalised care with strong emphasis on individuals’ outcomes and greater co-operation between services. We want to reduce dependency, support people to remain in their homes and in their communities for longer and help people to help themselves. To support better choice and control and deliver personalisation means people must be empowered to make choices about their health and social services and these are made clear to them, in all
circumstances being equal partners in decisions about their health and social care, supported by a workforce that is competent and can support access to the right support and good advice and information and having access to a range of health and social care services available locally and nationally, to exercise real choice.

The MPS is the first step on a journey to ensure together we develop the right services to fully meet the needs of people as close to home as possible and to promote real choice for local people. Working with the market we will strive for continuous improvement by encouraging innovation and sharing best practice.

It is particularly significant now because our strategic direction has substantial implications for ABCSS providers locally and we want to ensure that the council, our commissioning colleagues in Health and providers are putting time, effort and resources into the same priorities. It should serve as a firm foundation for Commissioners and Providers to develop more of a shared approach to delivering care and support. It is a developing model, demonstrating our commitment to improving this relationship.


Principles of the Health and Wellbeing Strategy:

- We will work together to deliver improved services
- We will provide safe, high quality services which respond to individuals
- We will work together to make sure every contact with service users counts
- We will promote a culture of self care and personal responsibility
- We will focus on disease prevention and health promotion We will engage in an on-going dialogue with our communities, residents and patients
- We will provide opportunities for individual and community empowerment

We will achieve more for less, making the very best use of resources

The priorities are:

- Giving every child the best start in life
- Helping vulnerable families
- Empowering communities to take better care of themselves
- Improving mental wellbeing throughout life
- Working together to support the most vulnerable adults in the community

It is therefore crucial that these inform how we develop and work with the market locally to ensure that in building a diverse and quality market, we are supporting our overall vision of achieving improved health and wellbeing for all people in Brent and better care is delivered closer to home, at the right time, in the right place. The Strategy sets how we must move away from a situation where too many of our
services are reactive, helping people only when things have gone wrong, often at
great expense. Instead, supporting local people to live and work in safe, pleasant and
resilient communities, to control their own lives and shape their own wellbeing. This
ambition requires radical transformation of services for the public across Brent – not
just Adult Social Care.

The strategy is clear that people will need to take on much greater personal
responsibility for their own wellbeing, making the right choices when these are open to
them. At the same time, recognising those people who are vulnerable or at risk, so
that we can focus on keeping people safe, prevention and early help for them. This
will only be possible if we can shift resources currently used in intensive reactive
services to invest in services that identify needs at the earliest possible stage and stop
them getting worse.

We also need to put the need to change in a financial context; in recent years Local
Authorities have had to make significant efficiency saving across all services due to
steep reductions in funding from central government. In the 2013 Government
Spending review it was announced that the Local Government resource budget will be
reduced by a further 10% in 2015/16 (£2.1 billion) generating the need for Local
authorities to make even more efficiency savings. In addition demographic and policy
pressures including more older people, Higher levels of acuity and need,
implementing the recommendations of the Dilnot report & changes in eligibility and
access to services result in a need to shape service design on a more sustainable
model of care and support.

The key messages we want to communicate to ABCSS providers through this MPS are:

- Brent is committed to supporting all local residents to stay at home for as long as
  possible or as close to home for as long as possible with excellent quality, flexible,
  personalised care and support.
- Brent’s overall use of ‘traditional’ Care home provision is declining in line with
  meeting people’s needs better at home and using new models of care and
  support in the community. This has involved the development of more flexible
  models of ABCSS.
- We aim to continue this direction of travel by supporting the continued
development of more flexible models of ABCSS locally.
- We want to continue to work collaboratively with the market to develop new
  solutions to meet the needs of Brent residents and we are actively encouraging
  providers to approach us with proposals for how together we can do things
differently.
Brent’s vision for the future of Accommodation Based Care and Support Services

The need to provide better, more flexible services locally to meet rising demand and increasing cost all in the context of significantly diminishing financial resources cannot be achieved in the long term by maintaining the current situation. A new vision for how the needs of local people will be met is required to respond to these challenges. This vision includes plans to continue to reduce the amount of residential and nursing care purchased by Brent, which will be achieved in part by stimulating the expansion of capacity in tenanted models of accommodation based care, including more flexible supported living and extra care provision locally. The following four principles guide our thinking around how we develop models of ABCSS going forward:

- **Principle 1**: Wherever possible we meet people’s needs at home or as close to home as possible and we will build local capacity in the marketplace to achieve this

- **Principle 2**: We recognise that the needs of individuals may change over time, and we work with individuals receiving care and support to review the services they receive in line with these changes; which may mean a change in service provision to better meet their needs

- **Principle 3**: We work proactively with the market to ensure that services are always of an excellent quality and value for money is always achieved.

- **Principle 4**: For local people, who genuinely need residential or nursing care, we actively review and monitor the quality of these services, to ensure they are safe, personalised, and deliver excellent quality and good outcomes for individuals.

Rethinking models of care and support

In Brent, we want to revolutionise the way we talk about ABCSS. The need for personal care, nursing care or 24-hour support or supervision should not necessarily warrant the need for residential or nursing care in every case. Figure 1.0 shows the historically relationship between current types of provision and high level need.
In Brent, our vision is to increase provision of tenanted models of care and support to improve not only people’s individual outcomes and quality of life but also to achieve better value for money in the commissioning of ABCSS. We also want to start having a different kind of dialogue about tenanted models of care and support as well. The separate categories of ‘supported living’ and ‘extra care’ tend to create confusion, despite there being little difference in practice between what these service delivery models deliver. We want to talk instead about **Accommodation Plus models**, that is, accommodation plus a level of care and support sufficient to meet people’s individual needs, for people whose needs can no longer be met in their own home.
Local demand for Accommodation Based Care and Support Services (ABCSS)

In line with national trends for use of adult social care provision, more than two-thirds of people that use local accommodation based care and support services are under the age of 65 are male, and over half of those over 65 are female.

Estimates of the local prevalence of long-term conditions and older people in need of accommodation based care and support paint a familiar picture. As shown below, the demand locally for care and support services is predicted to increase substantially over the next six years (Table 1.0).

Table 1.0 Projected local increases in prevalence of ASC service user groups

<table>
<thead>
<tr>
<th>Care group prevalence in Brent</th>
<th>Projected increase by 2020</th>
<th>Number of new individuals in each category</th>
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<tbody>
<tr>
<td>Aged 25-64 with a moderate or severe learning disability</td>
<td>8.5%</td>
<td>536</td>
</tr>
<tr>
<td>Aged 25-64 with a severe physical disability</td>
<td>4.4%</td>
<td>331</td>
</tr>
<tr>
<td>Aged 25-64 with two or more psychiatric disorders</td>
<td>2.2%</td>
<td>252</td>
</tr>
<tr>
<td>Aged 65 and over who are living in a care home</td>
<td>30.5%</td>
<td>2061</td>
</tr>
</tbody>
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However, looking at our trends over the last two years, Utilisation of both residential (Figure 4.0) and nursing care (Figure 5.0) has steadily declined across all groups during this period, dropping by 12 per cent and 3 per cent respectively. The exception to this overall trend lies in demand for dementia-specific accommodation based care and support services, which has increased (38 per cent) during the same period.

Figure 4.0 Three-year trend in utilisation of residential care by care group
As shown in Figure 7.0, nearly two-thirds of Care home placements are made within the Brent borough boundary, and a further 19 per cent are made within the West London sub-regional boroughs of which Brent is part (Hillingdon, Harrow, Hounslow, Ealing, and Barnet). This is consistent with our aim to provide care to its residents locally wherever possible. This overall breakdown, however, masks important differences across groups. For example, 26 per cent of people with learning disabilities and 38 per cent of people with mental health conditions are placed beyond the sub-regional boundary. Whilst there may be good reasons on a case by case basis for such placements to be made, (e.g. being close to family), such placements should be exceptional and efforts to bring local people back to Brent where this is agreed to be in their best interest needs to continue.
There are 1287 residential and nursing care beds within Brent. This capacity is concentrated along the southern borough boundary (72 per cent), with a smaller cluster of units along the northern borough boundary (28 per cent). Significantly, only 40 per cent of these beds were used by the council within the last financial year. Reliable accurate data on local self-funder prevalence is difficult to obtain, but if we apply national estimates produced by the Institute of Public Care\(^1\), around 45 per cent (579 beds) of the remaining capacity is likely used by self-funders\(^1\). This leaves around 15 per cent (193 beds) that is either unused, or used by other authorities.

The local capacity that isn’t being used by the council represents an opportunity for the market on two fronts. Firstly, for those adult social care service users who have been assessed as in genuine need of residential or nursing care, we want to increase the degree to which those placements are made locally, and we would welcome a dialogue with local care home providers seeking to increase the proportion of their capacity that is utilised locally. Secondly, we want to actively stimulate the development of additional local ‘accommodation plus’ capacity (supported living and extra care), and some of the residential and/or nursing care capacity may be suitable for de-registration and conversion into a tenanted care and support service model. Again we would welcome dialogue with local providers interested in remodelling their service offer along these lines.

\(^1\) People who pay for care: quantitative and qualitative analysis of self-funders in the social care market, Institute of Public Care (2011).
Investment in accommodation based care

Last year, the council spent £39.2 million on residential and nursing care, and £6.8 million on tenanted models of care. Figure 8.0 shows how this expenditure is split across groups. The graph illustrates the extent to which the provision of ABCSS is dependent on the residential and nursing care service models, and the impact that this reliance has on the cost of care for older people and people with learning disabilities in particular.

Figure 8.0 Spend on accommodation based care by care group 2012-13 (millions).

Plans for reducing reliance on residential and nursing care

We have ambitious plans in Brent for re-balancing our utilisation of accommodation based care options, shifting progressively over the next three years towards increasing use of tenanted care models; investment in which is projected to rise by more than half in 2015-16, and a further three-quarters by 2016-17. At the same time, traditional pathways into residential and nursing care will be increasingly diverted into Accommodation Plus services. This plan will enable us to continue to provide high quality services to local people within our reduced budget.

Figure 9.0 Re-balancing expenditure across High Level Care and Accommodation Plus over three years (millions)
What have we already done?

We are already well on our way to achieving this vision. One housing developer is currently in the process of developing 40 units of Accommodation Plus capacity, which will include shared facilities for tenants, carers, and visitors including a hairdressers’, carer’s restroom, an activity room, buggy store, and laundry. This Development is due to complete in January 2015. A further 99 units of Accommodation Plus capacity are being developed by a Housing Association in Brent, which is due to complete in March 2015. Together, these two initiatives will enable 139 local older people to be supported to live more independently than they would otherwise be able to within a care home.

What next?

By March 2016, we need a further 200 units of Accommodation Plus capacity to be developed in Brent. We envisage this capacity being split across groups as per the table below:

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Accommodation Plus Capacity Units Needed</th>
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<tbody>
<tr>
<td>Learning Disabilities</td>
<td>62</td>
</tr>
<tr>
<td>Older People</td>
<td>93</td>
</tr>
<tr>
<td>Mental Health</td>
<td>22</td>
</tr>
<tr>
<td>Physical disability</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
</tr>
</tbody>
</table>

For people with learning disabilities, we predict needing a further 4 to 6 Developments for the provision of 10 to 15 tenants. For people with mental health conditions and physical disabilities we predict needing 2 Developments for the provision of 10-12 tenants. For these groups, developments larger than this tend to raise concerns and issues regarding service quality, whilst Developments smaller than this usually struggle to deliver an efficient operating model for people with complex needs.

For older people, we predict the need for one more large Development for the provision of approximately 90 tenants, or two Developments of approximately 45. The care and support provided within these Developments will need to be able to meet the needs of people with dementia given the increasing diagnosis and prevalence of people with this condition amongst our local population. We will also be working with our commissioning colleagues in the Brent CCG (Clinical Commissioning Group) to develop a model for these services that includes the deployment of district nursing within the community, to increase the degree to which they will be appropriate to support people with a low level of nursing need.

People who use ABCSS regularly tell us about the importance and benefits of shared space within shared living settings to enable them to build and maintain their social networks and reduce the risk of social isolation; essential in supporting people to maintain and improve their quality of life, independence and better outcomes. Therefore all new Developments within the Brent must include provision of an appropriate level of shared space in order to gain the support of the council.
The opportunity

The council cannot achieve this ambition in isolation. We must work in partnership with providers to realise this vision, and we would encourage approaches from any of the following segments of the market:

1. Organisations interested in working with the council to develop and provide new local Accommodation Plus Developments
2. Local providers of residential and/or nursing care interested in de-registration/conversion to an Accommodation Plus service model
3. Local providers of residential and/or nursing care who want to increase the proportion of beds purchased by the council
4. Local providers of residential and/or nursing care who want to know more about what the plans outlined in this MPS might mean for their organisation

Contact us at commissioning.adults@brent.gov.uk to find out more today.

What next and what can you expect form us?

Whilst we want to encourage approaches from current and prospective providers who are interested in working with us to develop new models of ABCSS. We want to take a planned approach to how we develop and stimulate the marketplace in this area as a result of developing this MPS.

Therefore we will be producing a Market development plan to help us achieve the aspirations we have set on in this MPS; to develop the models of ABCSS and full engage providers in this.

This MPS is the first we have produced and we are committed to developing this model going forward to communicate more clearly to the market place about our commissioning intentions and how we want to engage providers in the marketplace to work with us to better meet the needs of the people of Brent.

Engaging effectively with both the marketplace and people that use services will be crucial in developing the right models locally. Our approach to this will be set out in our Market development plan and will involve specific events to bring people together.