MARKET POSITION STATEMENT 2011 TO 2013

Strategic Commissioning Team, Adult Social Care

1. Introduction

The Personalisation Agenda sets out to transform Adult Social Care, including Commissioning, Contracting and the Care and Support Market. The growth in Personal Budgets, individual choice and control will mean that in future we will require a diversity of support services within a broad market of high quality provision.

This Market Position Statement sets out how we are going to develop care and support services in Plymouth to build a vibrant market that promotes independence, choice and control. The document covers not only those eligible for Adult Social Care Services but also self-funders, those who may access housing related (Supporting People) support services and low level preventative services.

2. Future Demand

2.1 Overview of current key issues;

Inequalities around health, crime and housing quality feature strongly in Plymouth. The most deprived areas of the city are in the west which has the lowest life expectancy and the highest crime.

The current economic downturn and changes to the benefits system will impact on the number of people who are risk of homelessness as people may find their rents or mortgages unaffordable. This may impact on homeless services and related support provision such as mental health support and substance misuse services. Earning levels in Plymouth are already below average levels for both the UK and the South West.

In the past ten years, the prevalence of children with severe disability and complex needs has risen. The number of children identified with autistic spectrum disorders has risen over the last ten years. 14 per cent of all pupils have special educational needs and three per cent of all pupils have statements of special educational need.

Life expectancy is increasing with entry into services at a later stage in people's lives. It is estimated that over 10,000 people over the age of 75 live alone and half of them have a limiting long term illness. Demand for care and support services will increase as a consequence of increased life expectancy. More services will be needed to promote healthier living to ensure that people can live independently for as long as possible.

2.2 Predicting Future Demand in Plymouth

Like most areas Plymouth is expecting to see a significant increase in the number of older people over the next 20 years. This is likely to have a significant impact on the number and nature of services required in Plymouth.

Population aged 65+ projected to 2030					
	2010	2015	2020	2025	2030
People aged 65-69	11,500	13,800	12,300	13,400	14,400
People aged 70-74	9,800	10,600	12,900	11,500	12,600
People aged 75-79	8,100	8,700	9,500	11,600	10,500
People aged 80-84	5,900	6,400	7,200	8,000	9,900
People aged 85-89	3,900	4,000	4,600	5,400	6,200
People aged 90 and over	2,000	2,600	3,100	3,900	5,000
Total population 65 and over	**41,200**	**46,100**	**49,600**	**53,800**	**58,600**

As well as an absolute growth in the numbers of older people there will more importantly be an increase in the number of older people over the next 20 years with a limiting long term illness and a growth in dementia;

People aged 65 and over with a limiting long-term illness, by age, projected to 2030					
	2010	2015	2020	2025	2030
People aged 65-74 with a limiting long-term illness	9,274	10,623	10,972	10,841	11,755
People aged 75-84 with a limiting long-term illness	7,722	8,329	9,212	10,811	11,253
People aged 85 and over with a limiting long-term illness	3,135	3,507	4,092	4,942	5,952
Total population aged 65 and over with a limiting long-term illness	**20,132**	**22,460**	**24,276**	**26,595**	**28,960**

People aged 65 and over predicted to have dementia, by age projected to 2030					
	2010	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	142	171	151	165	178
People aged 70-74 predicted to have dementia	266	289	349	312	343
People aged 75-79 predicted to have dementia	471	512	557	681	617

People aged 80-84 predicted to have dementia	700	768	865	952	1,180
People aged 85-89 predicted to have dementia	794	806	922	1,078	1,250
People aged 90 and over predicted to have dementia	631	779	896	1,161	1,487
Total population aged 65 and over predicted to have dementia	**3,004**	**3,324**	**3,739**	**4,349**	**5,056**

With the growth in numbers of both older people and older people with support needs this is set to put a pressure on services as the following tables illustrate;

Self-care

People aged 65 and over unable to manage at least one self-care activity on their own, by age, projected to 2030. Activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines					
	2010	2015	2020	2025	2030
Total population aged 65 and over unable to manage at least one self-care activity on their own	**14,095**	**15,576**	**17,076**	**19,083**	**21,331**

Domestic tasks

People aged 65 and over unable to manage at least one domestic task on their own, by age, projected to 2030. Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities					
	2010	2015	2020	2025	2030
Total population aged 65 and over unable to manage at least one domestic task on their own	**17,172**	**18,980**	**20,881**	**23,340**	**26,053**

The next 20 years is also set to see an increase in older people who are expected to act as carers:

People aged 65 and over providing unpaid care to a partner, family member or other person, by age, projected to 2030					
	2010	2015	2020	2025	2030
People aged 65-74 providing unpaid care to a partner, family member or other person	3,002	3,439	3,551	3,509	3,805
People aged 75-84 providing unpaid care to a partner, family member or other person	1,343	1,449	1,602	1,881	1,957
People aged 85 and over providing unpaid care to a partner, family member or other person	237	265	309	373	449
Total population aged 65 and over providing unpaid care to a partner, family member or other person	**4,582**	**5,152**	**5,463**	**5,763**	**6,212**

As well as growth in older people there is also a predicted rise in the 18-64 age range;

Population aged 18-64, projected to 2030					
	2010	2015	2020	2025	2030
People aged 18-24	40,000	39,500	36,800	37,200	41,000
People aged 25-34	36,000	43,800	46,200	44,700	43,100
People aged 35-44	32,600	28,600	31,600	37,500	39,500
People aged 45-54	32,200	32,900	30,000	26,400	28,800
People aged 55-64	28,400	27,900	30,000	30,900	28,500
Total population aged 18-64	169,200	172,700	174,600	176,700	180,900

Moderate or serious physical disability

People aged 18-64 predicted to have a moderate or serious physical disability, projected to 2030					
	2010	2015	2020	2025	2030
Total population aged 18-64 predicted to have a moderate physical disability	12,333	12,409	12,599	12,667	12,743
Total population aged 18-64 predicted to have a serious physical disability	3,535	3,484	3,566	3,619	3,603

Mental health problem

People aged 18-64 predicted to have a mental health problem, projected to 2030					
	2010	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	27,195	27,791	28,114	28,510	29,127
People aged 18-64 predicted to have a borderline personality disorder	760	777	786	798	815
People aged 18-64 predicted to have an antisocial personality disorder	593	603	608	614	629
People aged 18-64 predicted to have psychotic disorder	676	691	699	709	724
People aged 18-64 predicted to have two or more psychiatric disorders	12,167	12,422	12,560	12,728	13,007

Autistic spectrum disorders

People aged 18-64 predicted to have autistic spectrum disorders projected to 2030					
	2010	2015	2020	2025	2030
Total population aged 18-64 predicted to have autistic spectrum disorders	1,693	1,721	1,736	1,753	1,795

LD - Moderate or severe

People aged 18-64 predicted to have a moderate or severe learning disability					
	2010	2015	2020	2025	2030
Total population aged 18-64 predicted to have a moderate or severe learning disability	932	956	976	1,006	1,048

(All projections have been taken from Projecting Older People Population Information System www.poppi.org.uk or Projecting Adult Needs and Service Information System www.pansi.org.uk)

3. Current and Future Expectations

Feed back provided by Plymouth LINk over the last 12 months identified the issues and priorities which were important to the users of services. The majority of feedback raised concerns about the quality of provision, accessibility and information on services. Feedback included;

- The need for a reduction in the waiting time for assessments and follow up
- The timing of domiciliary care provision was not always flexible enough
- A lack of knowledge amongst the BME community of the services offered by Adult Social Care and a reluctance to ask for help from the local authority.

In addition to feedback from Plymouth LINk the Local Authority has also embarked on a series of Appreciative Inquiry Events which brings together services users, carers, service providers, Plymouth City Council Care Management and Commissioning and NHS Plymouth. These have considered areas of service delivery including: direct payments, self-directed support and young people in transition from Children's services to Adult Social Care. These events raised awareness and gathered positive feedback on what services work and how to improve them. Key issues that people identified for the future included:

- Changes to the Assessment Process
- The service to be based around the client
- More freedom to purchase services they wanted

As part of the development of the Plymouth Carers Strategy, consultation with a broad spectrum of carers and staff from both statutory and non statutory agencies identified the following priorities:

- Single point of contact into the service
- Recognise the value and needs of Carers
- Review of Carers assessment process
- Increase availability of Respite
- More Advocacy

As part of the development of the All Our Futures Strategy for the over 50's, the views of more than 3000 people aged over 50 were collated in a number of surveys and consultations. Some key themes included:

- The need for more information about services and opportunities and single points of access
- Transport systems that promote independence
- Recognise and value the role of carers
- Varied choice of housing and related support
- Work with employers to engage them in achieving active ageing goals
- Secure safer and better living environment
- Issues of affordability and financial planning into older age

A common theme running through all feedback is that people are now expecting better services and more choice, about the services they receive. This latter point is reflected in the increase in personalised care. Currently over 650 people receive direct payments and 390 clients requested personal budgets during 2009 -10 up from zero in 2008-9. In summary therefore, there is set to be an increased demand for services and those services will need to be more personalised and shaped round the needs and expectations of users.

4. Overview of Current Supply

Adult Social Care and Supporting People have recently structured Commissioning Activities around a category management approach. Below is a high level overview of the present supply base segmented into the 6 category management groups.

OVERVIEW OF CURRENT SUPPLY

Category	Type of service	Client group	Number of providers (block)	Number of services/schemes (block)	Number of units available per week (block)	Number of hours available per week (block)	CQC ratings	Number of providers (spot or framework provider)	Type of provider		
									Local Authority	Voluntary and community	Private
Day care	Day care	Older people	2		359			1	0	1	2
	Day care	Younger physically disabled people	2		225			3	1	2	2
	Day care	Learning disability	6		630			2	2	4	2
	Day care	Substance misuse	1					1		1	
Domicilliary care	Domicilliary care		5			10163	2 Excellent, 3 Good		1		4
Housing and Supported Living	Housing and Supported Living	Learning disability		1				12	0	5	7
	Housing and Supported Living	Mental health	3	3						3	
	Housing and Supported Living	Offenders	1	1						1	
	Housing and Supported Living	Older people	12	16						12	
	Housing and Supported Living	Rough sleepers/single homeless	6	7					1	5	
	Housing and Supported Living	Substance misuse	1	1	21					1	
	Housing and Supported Living	Teenage parents/young people	2	3						2	

									Type of Provider		
Category	Type of service	Client group	Number of providers (block)	Number of services/schemes (block)	Number of units available per week (block)	Number of hours available per week (block)	CQC ratings	Number of providers (spot or framework provider)	Local Authority	Voluntary and community	Private
Enabling and Floating Support	Enabling and Floating Support	Older people	7	7						4	3
	Enabling and Floating Support	Mental health	5	5						5	
	Enabling and Floating Support	Rough sleepers/single homeless	1	1						1	
	Enabling and Floating Support	Homeless Families	2	2					1	1	
	Enabling and Floating Support	Substance misuse	1	2						1	
	Enabling and Floating Support	Young people	1	2						1	
	Enabling and Floating Support	Domestic Violence	1	1						1	
	Enabling and Floating Support	Generic/Universal	2	2				4		2	2
	Enabling and Floating Support	Learning Disability	4	4						4	
	Enabling and Floating Support	Long Term Conditions	2	2						2	
	Enabling and Floating Support	Offenders	2	3						2	
	Enabling and Floating Support	Physical & Sensory Disabilities	2	2						2	
	Enabling and Floating Support	Refugees	1	1						1	
	Enabling and Floating Support	Other	4	4						1	3
Universal	Advocacy			7						5	
	Information and Advice			6						4	
Residential Care	Residential Care Homes		105						8	20	77
	Nursing Care Homes		24						0	5	19

Enabling Category

Organisation Structures/Set –Up

The category currently contains **31** different external providers.

Of these **31** providers:

- **15** (or 48.4%) are listed as registered charities.
- **3** (or 9.7%) are non-limited companies/unincorporated associations.
- **28** (or 90.3%) are registered with Companies House, with
- **7** of these (22.6% of category) being 'limited with shares';
- **21** (67.7% of category) being either 'limited by guarantee' or registered as 'Industrial and Provident Societies' ('Not for Profit' organisations).

Housing/Supported Living Category

Organisation Structures/Set -Up

The category currently contains **29** different external providers.

Of these **29** providers:

- **9** (or 31.0%) are listed as registered charities.
- **2** (or 6.9%) are non-limited companies/unincorporated associations.
- **27** (or 93.1%) are registered with Companies House, with
    - **7** of these (24.1% of category) being 'limited with shares';
    - **20** (69.0% of category) being either 'limited by guarantee' or registered as 'Industrial and Provident Societies' ('Not for Profit' organisations).

Universal Category

Organisation Structures/Set -Up

The category currently contains **14** different external providers.

Of these **14** providers:

- **9** (or 64.3%) are listed as registered charities.
- **1** (or 7.1%) are non-limited companies/unincorporated associations.
- **13** (or 92.9%) are registered with Companies House, with
    - **2** of these (14.3% of category) being 'limited with shares';
    - **9** (64.3% of category) being either 'limited by guarantee' or registered as 'Industrial and Provident Societies' ('Not for Profit' organisations).
    - **2** (14.3% of category) organisations are specifically registered as 'Community Interest Companies'.

5. Quality of Existing Service Provision

In terms of regulated services, Capturing Regulatory Information at a Local Level (CRILL) data tells us the quality of the service provision is generally good. The last set of CRILL data (Sept 10) highlighted the percentage of residents in good or excellent homes was 87.4% compared to an England average of 88.2%. In order to improve quality in this area Plymouth are also presently rolling out the Dementia Quality Mark which aims to set and drive up standards for care homes. In terms of Domiciliary Care 96.3% users were with providers who were rated as good or excellent compared to an England average of 93.6%.

In terms of non regulated services there are a number of quality standards and measures in place. All Adult Social Care contracts have quality of service provision built into them. Adult Social Care undertakes contract monitoring for all of its commissioned services. Part of this contract management process includes a quality review which includes seeking feedback from people using services, stakeholders and staff, as well as looking through policies and service files. Where appropriate quality action plans are devised in conjunction with the provider for continuous improvement and these are monitored through regular liaison.

A number of sectors have their own industry standards. For example All Adult Social Care/Supporting People commissioned contracts are required to meet a minimum standard as set out in the Quality Assessment Framework (QAF). A number of service providers also meet quality standards set by national bodies. These include:

- Handy Persons Charter
- Telecare Services Association
- Abbeyfield Standard
- Foyer Federation Standard
- The Advocacy Quality Mark

Plymouth City Council awards a Confidence Mark to existing suppliers of Adult Social Care services who have passed preliminary checks to confirm basic policies and procedures have been implemented. The award of the mark is published online via the Plymouth Online Directory and is the first part of the full accreditation process.

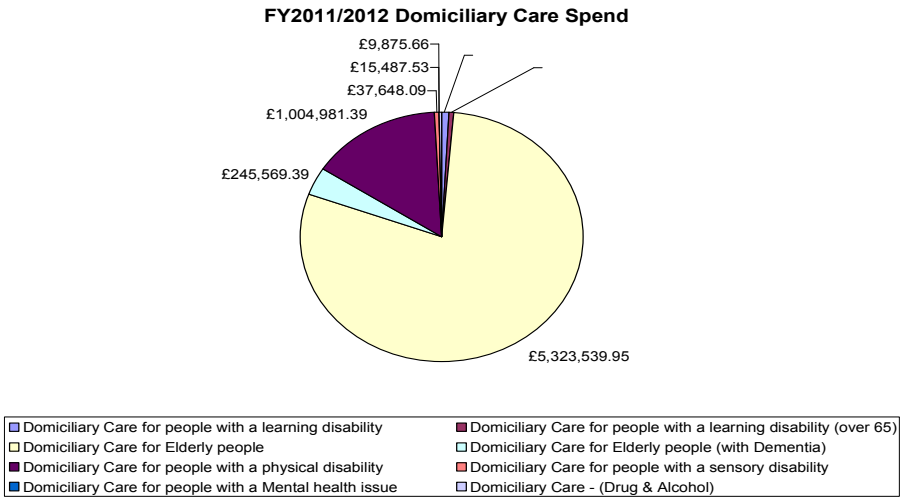
Full accreditation status is awarded to current and potential providers that have also passed a desk top exercise that evidences the implementation of robust policies and procedures and a proven track record.

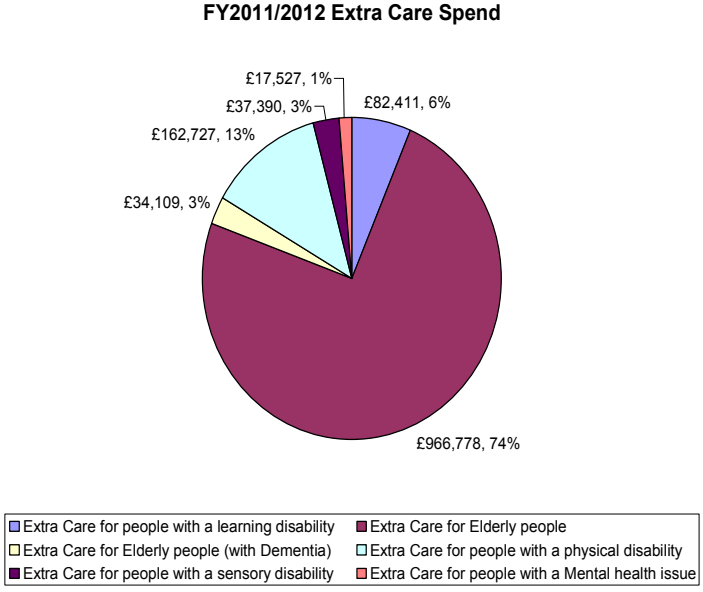
The Council has recently also commissioned a user led organisation to audit the quality of services available for people with learning disabilities in Plymouth.

6. Existing Patterns of Funding

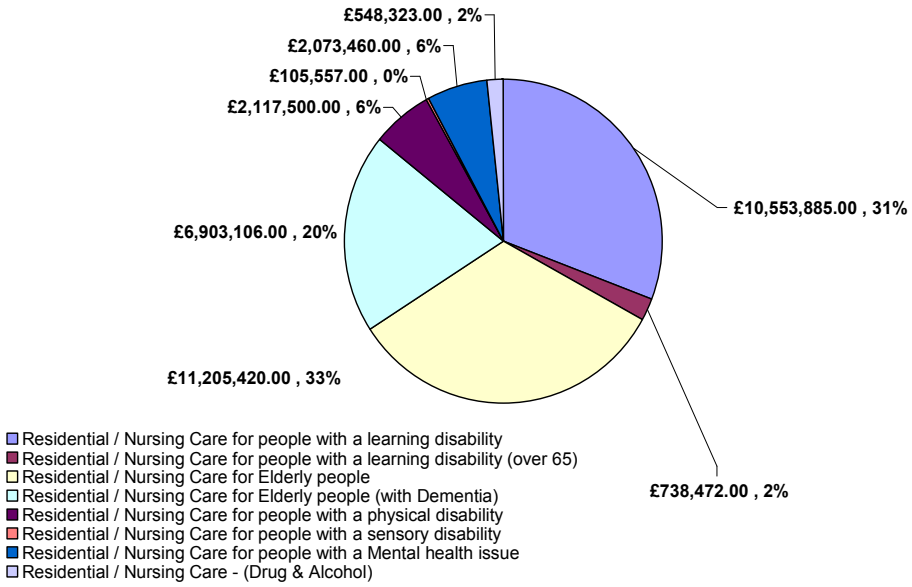
Category	Estimated Annual Category Spend
Residential Care	£39,000,000
Day Care	£3,700,000
Domiciliary Care and Extra Care	£12,400,000
Enabling and Floating Support	£6,700,000
Housing and Supported Living	£4,100,000
Universal Services	£1,400,000

6.1 Detailed Breakdown by Category

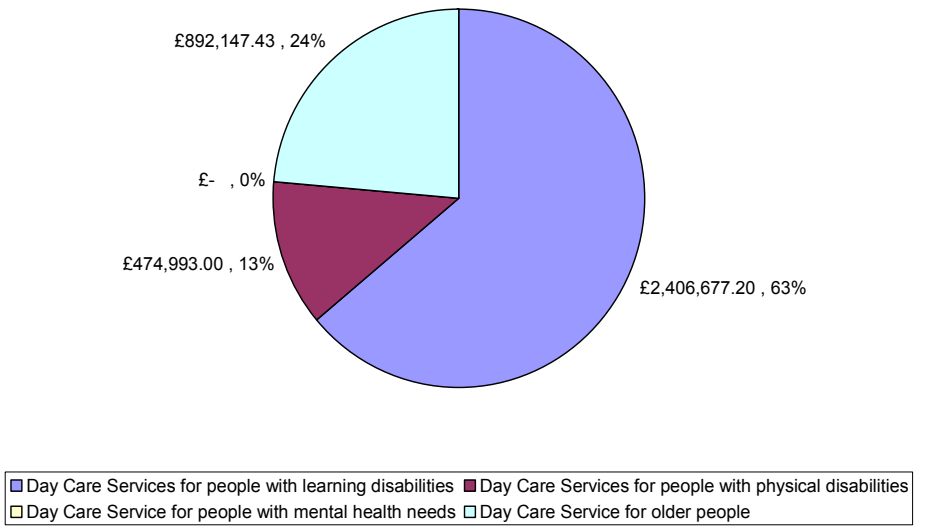




FY2011/2012 Residential / Nursing Care Spend

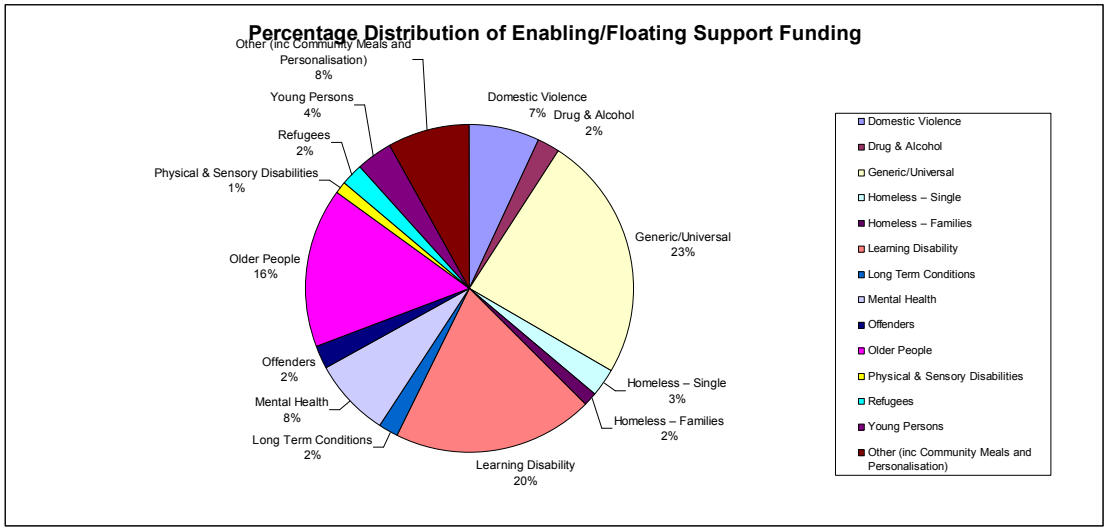


FY2011/2012 Daycare Spend



Enabling Category
As of 28/04/11:

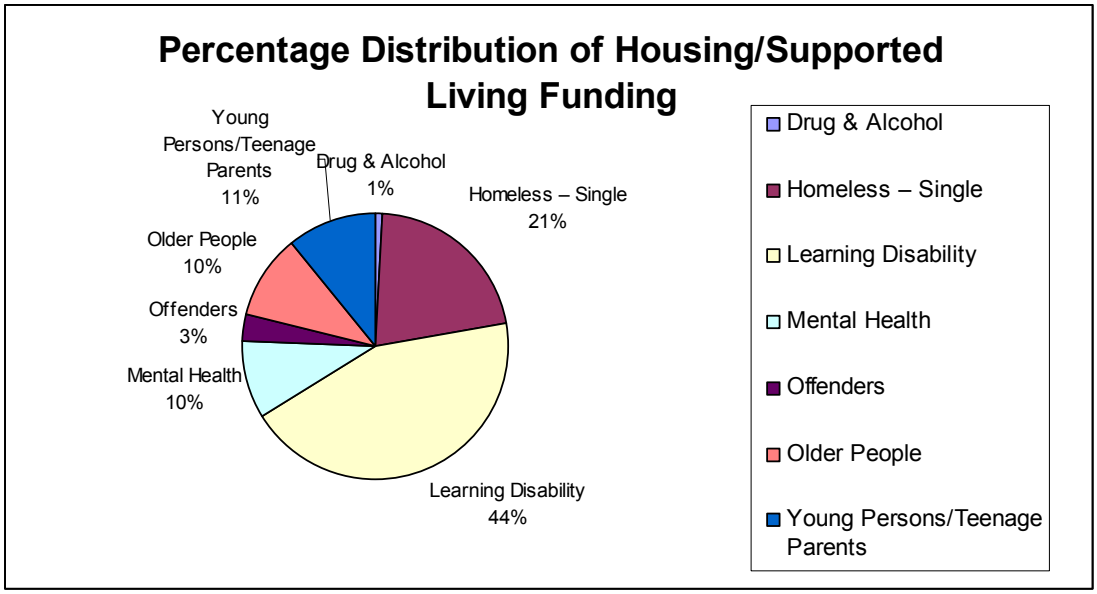
Client Group Supported:	Annual Contracted Value
Domestic Violence	£474,389
Drug & Alcohol	£148,228
Generic/Universal	£1,609,775
Homeless – Single	£187,155
Homeless – Families	£102,869
Learning Disability	£1,308,575
Long Term Conditions	£141,260
Mental Health	£522,203
Offenders	£143,105
Older People	£1,058,949
Physical & Sensory Disabilities	£70,000
Refugees	£146,826
Young People	£253,635
Other (inc Community Meals and Personalisation)	£536,596
	£6,703,565



Housing/Supported Living Category

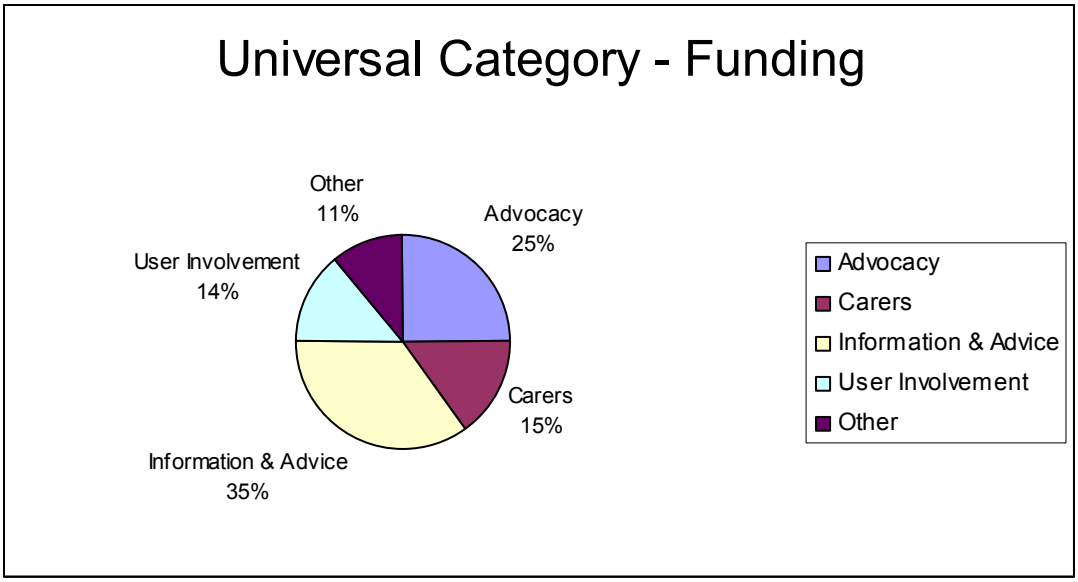
As of 28/04/11:

Client Group Supported:	Annual Contracted Value	
Drug & Alcohol	£60,518.00	
Homeless – Single	£1,577,373.84	
Learning Disability	£3,245,726.20	*Forecasted (not block)
Mental Health	£709,735.58	
Offenders	£244,920.12	
Older People	£758,674.06	
Young People/Teenage Parents	£795,262.56	
	£7,392,210.36	



Universal Category
As of 28/04/11:

Contract Type:	Annual Contracted Value
Advocacy	£340,692.79
Carers	£202,622.50
Information & Advice	£475,004.01
User Involvement	£190,000.00
Other	£150,274
	£1,358,593



7. Analysis of existing market position

Day Services

Our existing day service provision is largely based around traditional building based provision, with elements delivered within the community on an outreach basis. The majority of day services are provided by the voluntary sector, with a number of centres managed by Plymouth City Council. Services are contracted through block arrangements and have not been market tested for a number of years. Recent developments have started to try and change this profile with the commissioning of Lifestyle and Enabling services, which aim to connect people with their local community and encourage the use of mainstream sports, leisure and volunteering opportunities. It is however recognised that such provision still does not represent a significant alternative to building based provision. Employment is still seen as a separate pathway with the Local Authority commissioning a separate Employment Support Service to increase the number of people with disabilities in paid work. The sector has no defined or recognised quality standards

Domiciliary Care

Domiciliary care is provided in the person's home and in Plymouth care is provided for people in critical and substantial need within the Fair Access To Care Criteria. Tasks include assisting a person to deal with personal care, help to manage personal hygiene, meal preparation, monitoring medication and help to get dressed and out of bed in the morning. Over the past few years' local authorities have moved away from purchasing lower level preventative services such as cleaning which is purchased privately by the individual and increasingly the independent sector supports people with complex social care needs. As a result the independent care sector has developed the workforce to a more professional standard with specialised training and career progression. Plymouth City Council purchases approximately 90% of its home care services from the independent sector.

A competitive tender process was carried out in 2008 and benefited Adult Social Care through efficiency gains and further improving the quality of provision across the sector. Four block contracts were let to independent sector domiciliary care agencies and were extended to run concurrently until March 2012.

There are a number of spot suppliers which are utilised when there is demand capacity issues. Overall this creates a level of choice in the market place however it also carries with it issues around managing quality, setting fee levels and making information for users transparent and available. Direct Payments have also grown in this area with the majority of providers now having at least some clients.

There has also been a growth in Personal Assistants however these still represent only a minority of provision. The Local Authority still has an in house domiciliary care provision although this is being remodelled to become a reablement service.

There will be a need for more flexible domiciliary care provision which is linked to personal outcomes rather than a time and task approach and an expectation that agency based personal assistants will act as an alternative choice to employing their own staff through a direct payment.

In respect of dementia care we will expect to see care and support mainstreamed across all of the supplier market with specialist input from Community Memory Service where required. This will be an area of growth for the sector.

Universal Services

At present we have a universal market consisting of block contracted services which provide information, advice, counselling and advocacy. These are all available for members of the public to access irrespective of their Fair Access to Care (FACs) eligibility, although the majority are focused around client groups. Information and advice is provided face to face, telephone based and web-based. As such there are a number of services and information sources which has lead to duplication and controlling the quality and accuracy of information remains a challenge. Face to face information and advice services are available both centrally and in a number of localities, although there are still a number of localities that have little or no information and advice services. A range of web based tools have been developed, such as the POD, Buy with Confidence, Open to All (accessible website for people with learning disabilities), Ask SARA and Disabled Go which are able to guide and advise potential service users. Telecare is universally available and can be purchased via a direct payment or by self funders. Brokerage type services such as Care Navigation are also available to people with care needs who are not FACs eligible or who are self funders. There is a range of advocacy provision which is presently structured around client groups.

In terms of Social Capital there are a number of providers who currently work with volunteers, however, services that support people to volunteer are limited. There are however a number of good innovative schemes operating including a citizen advocacy service that recruits volunteer advocates for people with profound and multiple learning disabilities, which has the potential to be replicated across other vulnerable groups. The recent investment in small community groups through a small grants process has led to the development of a number of projects which are now working directly with vulnerable adults. These projects have seen successful outcomes on a small amount of investment and appear to be an area where further development would be of benefit. A small time bank system (fairly localised at present) is operational in the city and there is potential to develop and increase this provision to achieve a city-wide approach in partnership with the voluntary and community sector.

Enabling

There is cross over between the category definitions but 'enabling' services broadly support people to maintain their own accommodation and lead full and independent lives. This can be by supporting people to become more confident in managing tasks and more involved in the wider community. Services can be short term in order to help somebody get back on track, or can be longer term to support somebody with an ongoing support or care need.

Although there are a range of different service models in the enabling category (e.g. community meals, community equipment services, volunteer befriending, care and repair, hospital discharge, brokerage support, drop-in, telecare) the block contracted service models commissioned are predominantly one to one floating support models. The local provider market in this category is well developed with approximately 33 providers delivering this kind of support.

Often the housing related support block contracted enabling services are client group specific e.g. mental health, offenders, older people, substance misuse, physical and sensory disability. This means that there are a number of different services providing the same kind of support in Plymouth to different people. The scope for creating efficiencies by joining up some of these

contracts is something that we are keen to explore. The hourly rates are not standardised and there is a real opportunity to drive out efficiencies through benchmarking. Block contracts are subject to standard contract and quality monitoring processes. If they do not meet minimum standards an action plan is created.

At the moment block contracts support people who need 'early intervention and prevention' type support as well as people who are FACS eligible and require 'choice and control' services. National policy requires that people's FACS eligible care and support needs are met increasingly through direct payments. This means that any 'enabling' block contracts are likely to focus on providing 'early intervention and prevention' support for people who are not FACS eligible.

The provider market delivering enabling support through personal budgets in Plymouth is less well established than block contract providers and this will require a response to ensure a choice of quality providers from which individuals can purchase their care and support.

As we look to provide alternatives to residential care and inpatient facilities in the community this kind of support will be crucial. It is likely that this shift in focus will create a greater demand for enabling services going forward. A provider accreditation system is in place and this has the potential to be developed into a clear mechanism for ensuring quality and value for money from enabling support providers purchased individually through direct payments. Apart from care management there is no formal mechanism for monitoring quality for enabling services purchased individually unless they are purchased through a Framework Agreement with a set specification and quality standards. This has happened in the Learning Disability sector and has the potential to be rolled out across wider care and support services.

Areas of the market that are presently underdeveloped are equipment and Telecare. A Community Equipment Service is in place and performing well however this area has not been developed in terms of the retail model. There are however a number of potential suppliers who have been accredited by Devon. In terms of Telecare there is a local call centre provider who offers a range of products and we have a response service. However the range of products and responses offered are limited and act as a barrier to future development of both Telecare and Telehealth

A number of floating support contracts have outcome targets around employment, however the only specific employment support service is focused largely around Learning disability. It is a block contract and unlike DWP contracts payment is not focused around payment by outcomes.

Residential

In 2009 Plymouth commissioned Laing and Buisson to undertake a local market, which showed that for older people the market is characterised by a large number of homes. This is despite the fact that the numbers in residential homes falling in recent years as alternatives to residential care have been developed and more people have been supported to remain in their own homes.

Although local authority placements have fallen there is still significant numbers of self funders with one recent research suggesting that an average of 41% of people entering residential care each year self fund. In terms of quality this is generally good with the Dignity in Care forum driving up standards and shaping provision. My Home Life has been commissioned to work with care homes to support personalisation in care planning in order to reduce the one size fits all model of care homes provision. Care homes that are consistently demonstrating poor practice are decommissioned.

Plymouth has moved to a commissioning authority and has decommissioned its in house provision over a number of years – there are 3 local authority care homes remaining with the other 840 beds commissioned in the independent sector.

Overall, taking into account demographic changes, people's aspirations and the strategic direction, we would expect the local residential market to contract across all client groups with the exception of Dementia where new and additional nursing care and residential care provision may be required. In relation to residential care provision for people with learning disabilities we will expect to see less commissioned placements with a growth in partnerships with the housing sector to provide sustainable options and choices for people. This will be similar for residential care for people with functional mental health problems – where we expect to see short term and enabling models of care which supports independent living and recovery outcomes for people.

In relation to self funders the challenge will be to support them earlier in the pathway and to offer alternative and cost effective support so that they are able to remain at home longer - therefore reducing the number of capital threshold referrals.

Housing and Supported Living

These services provide accommodation based support and are either short or long term in duration. Short term services offer either a crisis response or act as part of a pathway to longer term housing. These are funded through Supporting People and are client group specific block contracts i.e. single homeless, mental health, offenders, young people and teenage parents.

Although no single provider dominates, a limited number of providers are delivering from large buildings with high number of units within them i.e 60 beds in one hostel. It is difficult for other providers to move into this market with this model of service provision.

However, this type of block purchasing of services from providers does allow for economies of scale and improves value for money, giving security to providers to establish a viable business. This is important due to the transient nature of the client base and the high throughput levels.

The need for this type of supported housing can be difficult to measure as the 'need' can simply be for the housing and not necessarily for the support provided. So although the need for homelessness services is expected to increase with the current economic climate this may not require greater investment in supported housing but more in preventative services such as housing advice and floating support services.

As well as these Supporting People contracts there are 10 Pathway flats with 3 situated in Sheltered Housing Flats and 7 situated in Extra Care Housing. These help facilitate hospital discharge and can support the reablement pathway.

In terms of long term supported housing there is a mixture of block accommodation and spot purchased provision. In terms of Supporting People funded projects this is centred around Sheltered Housing for older people, where there is a mixture of both category one and category two type provision, and a significant number of older people supported only through the provision of a personal alarm. Extra Care Housing has also being developed in recent years and there are now 6 Schemes for older vulnerable people and 1 scheme for people will learning disabilities.

Other than older people the most developed area is accommodation for people with learning disabilities, where a framework has been established where care and support can be purchased from 12 providers. Although accommodation based support for other client groups is not as developed over the last few years a number of projects have been established which are able to be purchased either via a Direct Payment or a Spot contract. As such there is now probably sufficient provision in the market with the main issue being that both quality and price of this provision has not been sufficiently defined by commissioners. An area that is particularly underdeveloped is around Adult Placements or Shared Lives providers for both long and short term placements, as there are presently only 12 placements with the majority of these being for learning disabled clients.

8. Vision of Future Care and Support Market

The vision of the future care market in Plymouth is one where we

- Ensure a comprehensive range of ***universal*** advice and support services for people regardless of whether they fund their own care
- Maximise ***Social Capital*** by empowering both people and communities to deliver care and support in partnership
- Ensure a much greater focus on ***Early Intervention and prevention***, so that people retain and regain independence
- Users and Carers are able to exercise ***Choice and Control*** with personal budgets preferably as Direct Payments provided to all eligible people

9. Facilitating the Future Market to achieve the Vision for Care and Support Services

In order to shape the market to achieve the vision it will be necessary to structure future commissioning activity around the four elements of the Putting People First Agenda. The table below sets out the key characteristics of each element of this vision and our commissioning priorities over the next 12 to 18 months:

VISION FOR THE FUTURE CARE AND SUPPORT MARKET	COMMISSIONING ACTIVITY/MARKET FACILITATION PRIORITIES 2011/13
Universal ▪ Holistic advice and information provision which is easily accessible and available both centrally and via outreach into localities. ▪ Targeted support for self funders who are likely to choose residential care as a cheaper option to a care package at home. ▪ Libraries acting as community hubs, fully accessible and inclusive leisure centres supported by community transport ▪ Comprehensive high quality advocacy provision ▪ An extensive range of accredited services for self funders to purchase to include meals, equipment, domestic/cleaning services, options for care i.e. residential homes, telecare, PAs etc. ▪ Extended web based market navigation systems, including prices, ratings, reviews	**Universal** ▪ Remodel information and advice provision across all client groups to ensure provision is universal, consistent and comprehensive ▪ Development of the Plymouth Online Directory to incorporate service user reviews a range of services that can be purchased via online market places ▪ Remodel advocacy provision to ensure comprehensive provision across all client groups

VISION FOR THE FUTURE CARE AND SUPPORT MARKET	COMMISSIONING ACTIVITY/MARKET FACILITATION PRIORITIES 2011/13
Choice and Control ▪ Less Building Based Day Services, however with provision to provide carers respite and to meet the needs of those with , dementia and the most complex needs ▪ Range of providers offering enabling and lifestyles and facilitating pathways to employment and mainstream services ▪ A market where providers are able to respond to the individual needs of people wishing to purchase personal care and enabling support through personal budgets and Direct Payments. ▪ High standard of quality provision with clearly defined standards and transparent pricing ▪ A range of bespoke long term supported accommodation based provision	**Choice and Control** ▪ Develop Framework for day opportunities, specifying unit rates and quality standards ▪ Develop the supported living provider market for working age adults ▪ Increase the number of Personal Assistants through the development of the PA register and provider managed PAs ▪ Develop a Retail Model for Equipment ▪ Roll out Dementia Quality Mark for Older Persons Care Home Providers ▪ Develop Domiciliary Care Framework specifying unit rates and quality standards ▪ Increase the provision of adult placements
Early Intervention and Prevention ▪ A range of Telecare and Telehealth options that promote independence and reduce dependency ▪ Good quality personalised early intervention and prevention enabling services for people who are not eligible for statutory support. ▪ A single approach to supporting older people through enabling, which operates in both Sheltered Housing and across other tenures. ▪ A range of move on options to improve throughput of supported housing projects, including the availability of good quality private rented accommodation for vulnerable people with the necessary level of floating support ▪ Jointly commissioned projects to reduce inequalities for client groups in terms of housing, health, education and training ▪ Pathway flats that facilitate hospital discharge and promotion of independent living and also support older people to return from a residential care setting back into extra care housing. ▪ Targeted prevention activity toward the main causes of homelessness, ensuring there is sufficient accommodation and satisfactory support available for those who are or may become homeless	**Early Intervention and prevention** ▪ Reshape and remodel housing related floating support services ▪ Development of Telecare Options and support Services ▪ Develop Telehealthcare in partnership with primary and community health care services ▪ Encourage social and private landlords to improve access for vulnerable groups ▪ Development of rapid response crisis support and reablement services

VISION FOR THE FUTURE CARE AND SUPPORT MARKET	COMMISSIONING ACTIVITY/MARKET FACILITATION PRIORITIES 2011/13
Social Capital ▪ Social capital schemes such as timebanking developed ▪ Increased volunteering opportunities with appropriate support mechanisms ▪ Well supported local community groups, user led organisations and voluntary organisations ▪ Increased user voice in commissioning and contracting process	**Social Capital** ▪ Maximise people's opportunity to contribute through the development of timebanking schemes ▪ Stimulate and support small community groups through small grants process ▪ Development of community support schemes such as Befriending and Meals ▪ Develop opportunities for greater community networking across the localities. ▪ Establish HealthWatch as a consumer champion for Heath and Social Care ▪ Increase user involvement in Quality Assurance
Underpinning Activities Market Engagement Workshops Quality and Performance Workshops Personalisation Workshops Developing Partnerships	