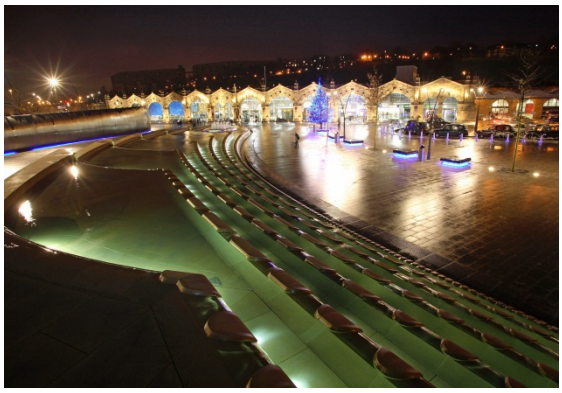

Market Position Statement for Adult Social Care

Sheffield City Council

First Edition – August 2014

Sheffield City Council

Contents

1. Introduction

What is a Market Position Statement?

This is Sheffield City Council's Market Position Statement (MPS) which sets out the key national changes that will have impact on the local social care market over the next few years. It provides information about the current supply and demand forecasts and more critically information about our forward strategy and how this might shape the future development of adult social care and the opportunities for providers.

What is the Market Position Statement for?

The adult social care market will change significantly over the next two years as a result of national Government policy changes, population increases and financial pressures. We recognise that providers are an important source of intelligence about the size and characteristics of our local market and how it might cope with these changes.

We want providers to use their flair, knowledge and experience in conjunction with this MPS to think creatively about business models and different solutions which will respond to the challenges we are facing.

We want providers to use their flair, knowledge and expertise to think creatively about business models and solutions which promote recovery and maximise independence

Who is the Market Position Statement for?

We have targeted our MPS at a broad range of the market including the voluntary and community sector as well as the more traditional providers of adult social care. It has not been written specifically for service users but it may be of interest to them. A summary version of the MPS is also available.

Our MPS will be available on our webpage at www.sheffield.gov.uk/mps and will be updated annually. If you have any questions or comments please use the link below.

Provide feedback on the MPS online

2. National and local context

The Impact of National Change

In 2014 the Care Act received royal assent, this represents the most significant changes to adult social care in recent times. The Act proposes fundamental reforms to how the law on adult social care will work, placing a stronger emphasis on prevention, information and market shaping. Local authorities have a duty to provide information and advice relating to care; it gives carers the right to be assessed and access support where eligible (in addition to support for the people for whom they care); and includes measures to ensure the 'portability' of care provision for people who move from one area to another.

It also introduces a cap on the costs that people will have to pay for care in their lifetime, as recommended by the Commission on the Funding of Care and Support; and pulls together threads from over a dozen different acts into a single, modern framework for care and support.

To achieve these aims, local authorities will need to ensure that people who live in their areas:

- receive services that prevent their care needs becoming more serious,
- have access to information they need to make informed decisions, and
- have a good range of providers in an overarching framework for care and support focusing on their wellbeing.

These changes are happening at a time when we face significant reductions in funding from central government. These reductions, coupled with rising demand for our services and other cost pressures means we have to consider fundamentally changing the way we work if we are to be able to fulfil not only our statutory duties as a local authority but also our desire to provide high quality services to the people of Sheffield.

The Health and Social Care Act established Health and Wellbeing Boards as a forum where leaders in health and care work together to improve the health and wellbeing of their local population, reduce health inequalities, and work on integrating the health and social care system.

We are working with the Clinical Commissioning Group (CCG) on a range programmes to integrate health and social care which will deliver better co-ordinated models of support for the people of Sheffield.

Local Context

A number of key local strategies have informed this MPS including:

The Council's Corporate Plan 'Standing up for Sheffield' is aligned to the Health and Wellbeing Strategy setting the overall strategic direction and the long term vision for the economic, social and environmental wellbeing of the city. It also describes how the Council will prioritise those that most need help and support.

Sheffield Joint Health and Well Being Strategy, identifies some of the things we need to work together on to make Sheffield a healthy and successful city. These are things that cannot be achieved by the NHS, Council or Public services on their own and the strategy and development of the Health and Wellbeing Board presents a significant opportunity to transform health and wellbeing in the City

The Joint Strategic Needs Assessment (JSNA) has informed the development of the city's Health and Wellbeing Strategy. It assists in determining and analysing data and customer feedback to guide prioritisation and investment. The demographic evidence presents a compelling picture of the major changes which ageing will continue to bring to Sheffield.

3. Local government and social care funding

Local government has borne a high proportion of government funding reductions: in the five years up to 2015/16, local government will have found 22% of the funding reductions towards the government's austerity programme. This is despite only representing 7% of public spending.

Cities like Sheffield, which have historically received a higher proportion of government funding than other places, have been particularly hard hit. Over the next two years, it is estimated that Sheffield will lose a further £308 of government funding per household, compared to a £90 loss in the least affected authorities.

The amount of government grant that we receive will reduce by around 50% over the five year period to 2015/16, and although council tax has stayed at the same level in recent years we have received the equivalent of a 1% increase in council tax from government. This only makes up a small element of our overall income and so the amount we have to spend is reducing by around a third once other funding sources are taken into account.

The Adult Social Care budget is reducing, however our plans to spend a greater proportion of this funding with external organisations is likely to be at a much quicker rate than we have seen previously

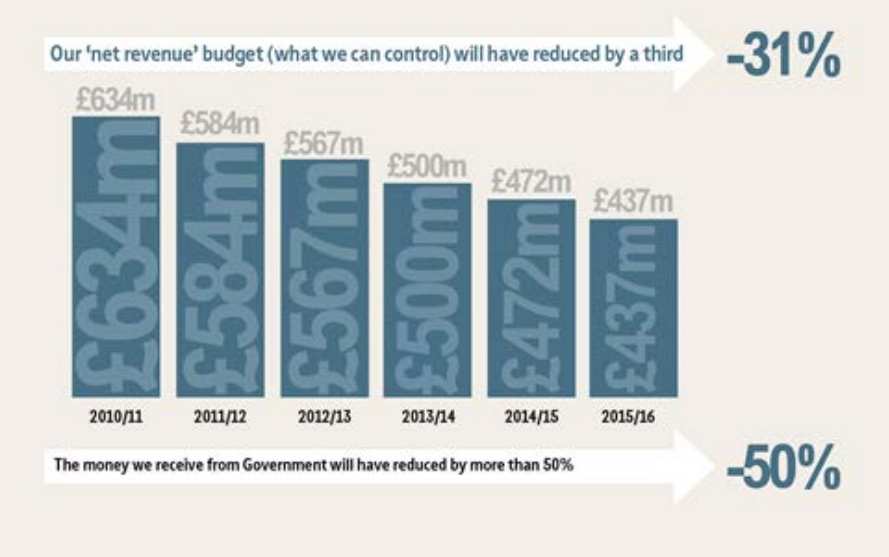

Figure A: Overall Council Budget Forecasts

In previous years we have been able to offer relative protection to adult (and children's) social care. However, the scale of the challenge, and the fact that adult social care accounts for nearly a third of our controllable budget, means we can no longer afford to do this. The severity of the cuts to other services would be unacceptable to us and the public.

The adult social care budget in Sheffield is expected to continue reducing. Our financial spend/forecast spend[1] for adult social care in Sheffield is shown in Figure B below. Years 2013/14 and 2014/15 are based on actual spend, the following years are illustrative estimates, mainly because of the significant uncertainty about national funding for social care, and the unknown impact that some of the changes associated with the implementation of the Care Act will have.

We are clear however, that the trend for a greater proportion of the budget to be spent externally will continue and is likely to be at a much quicker rate than we have seen in the past. Although we cannot estimate at this time what that will look like, we believe that it is worth sharing our budget estimates to ensure the provider market understands the challenges we face as a city to continue to meet people's eligible care and support needs and what our thinking is with regards to the Council continuing to be a provider of direct care and support services.

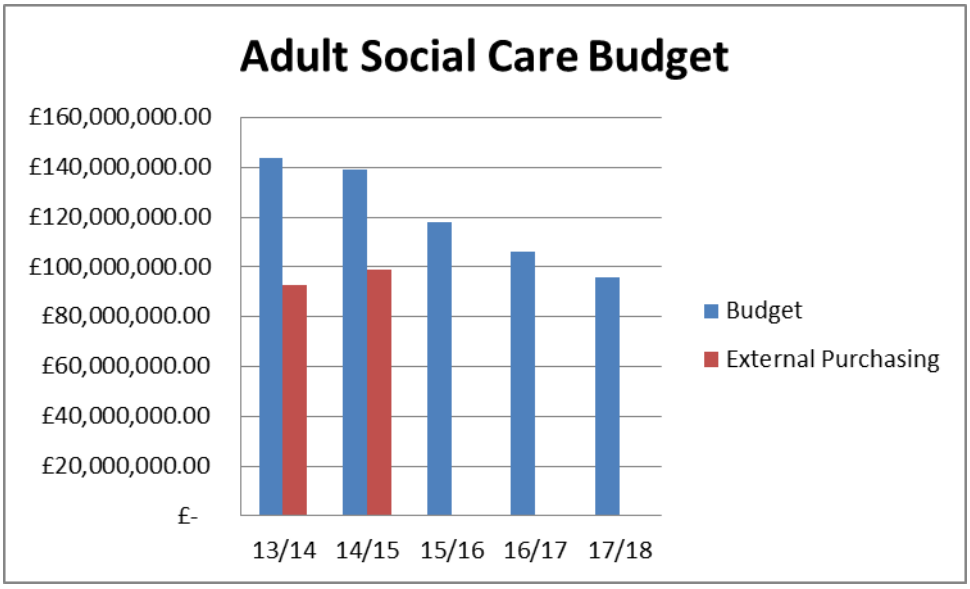

Figure B: Adult Social Care Budget

[1] Includes all purchasing except housing commissioning. Includes all staff except staff working in support services such as project and programme management

4. Revising our social care offer

Reduced local government funding, an ageing population and increasing social care demand all present significant challenges for the years ahead. Our personalisation offer will continue to actively promote choice, control, independence, equality and fairness for all residents, while fulfilling our duty to consistently uphold the principle of value for money.

We expect providers to play a critical part in helping us deliver our personalisation offer, and we will be looking to the market for ways to become more cost effective and ensure our resources are used in the most fair and equitable way demonstrating the best use of public funding.

As well as using our budget to support people with unmet critical and substantial social care needs, we will look to maximise earlier interventions that prevent people needing long term support, and reablement – short term support that helps people regain their independence, for example after an illness or fall.

We will focus on maintaining independence, first looking at how people can help themselves, and the support they get from their family, friends and community. We will involve the person as much as possible in planning and arranging their support, as well as any family or friends they want to help them. We will take full account of the situation of any carers, and ask if they would like an assessment of their needs as a carer to make sure we can support them too.

We will help people choose support arranged by the council, or a Direct Payment which they can use to arrange their own support. People can also choose to get support from their family or friends to manage the payment. Where a person chooses to buy support from a provider that costs more, we will pay up to the general guideline rate that we pay for our contracted providers. The person can choose to pay the difference above that rate, or choose a more cost effective provider.

We know many people are using their Direct Payment to buy similar types of services that previously we would have bought as a block contract. So in future we will help groups of people to negotiate a reduced price from a provider where significant numbers of people are buying the same service. This will reduce the provider's costs and guarantee purchase of an agreed amount of service.

To help maximise people's independence we will always first look at the support the person already has, then provide support for any unmet critical and substantial social care needs by building on their family and community assets.

Many people will continue to arrange their support using a Direct Payment. Where a significant number of people are buying the same service we will help them to negotiate a reduced price from a provider, reducing the provider's costs and guaranteeing purchase of an agreed amount of service.

Other creative commissioning activity will help strengthen the market, by allowing providers to make efficiencies and reduce their costs, and therefore the cost of their services. We will continue to work in partnership with providers, to identify innovative ways to help us deal with increasing demand for support and the financial constraints we face. This will include opportunities for providers to deliver cost effective care and support services in clustered or grouped accommodation with a shared care provider.

Providers will play a critical part in helping us deliver our personalised social care offer, especially where they can demonstrate an impact of delivering new forms of support that help manage demand for services and are cost effective.

5. Quality

The provision of good quality social care and support is a key outcome for customers, providers and commissioners and it is important at a time when financial pressures are of ever increasing importance, that quality is not overlooked.

We know that this is a challenge for providers as well as the Council and therefore our primary focus is to work in collaboration with providers to establish a commitment to quality and to translate this into good standards of care practice so that we make a real difference to the quality of life for people receiving care.

We will continue to actively seek commitment from providers, through our commissioning and contracting arrangements, to embrace quality and work constructively with us to ensure good quality is delivered to service users. However we also want to make sure that those buying their service directly from the provider have the same assurances about the quality of the support they are buying.

We want to have an open and transparent relationship with providers therefore we recognise the importance of provider self-awareness in assessing performance against quality standards. These along with a demonstrable willingness to recognise and address specific concerns are factors which we will consider when making a judgement about the fitness of a provider.

In partnership with service users and other stakeholders, including providers we have developed a set of quality principles which underpin our standards and which set out how customers define quality and how they would expect it to be evidenced. We will work with providers through the Provider forums to promote and develop these standards. The standards cover

- safety,
- wellbeing,
- independence,
- fairness,
- consultation,
- value,
- information and advice,
- accessibility,
- staff behaviours,
- training,
- understanding customers,
- respecting rights.

We want to work in collaboration with providers to ensure where people need services, these are of good quality and value for money

We need you to help us think about incentives that might assist with this

We will do this by continuing to work on systems to capture service user views and by developing comparison websites to capture on-going feedback from users and carers. We will also continue our support to the Adult Safeguarding Customer Forum where we empower customer representatives to seek their own assurances on the quality of provision across the care market.

We are also taking a proactive approach to ensure that the Council has information about the whole market and has mechanisms for 'early warnings' in place where there may be a need for intervention or support to avoid a market failure.

We will continue our work with stakeholders to promote best practice and evaluate quality and performance at a city wide strategic level. We will also continue to discuss our support to providers via the commissioning officers for quality of care homes and home care who were appointed in 2013.

The Recognised Provider List (RPL) is another tool we use for assessing quality in the market; these providers of adult services have gained a recognised status having been evaluated by the City Council.

We require all contracted services and those services on our RPL to demonstrate knowledge of and compliance with safeguarding and mental capacity assessments.

Therefore we will continue our commitment to offer a variety of free multi-training courses in relation to safeguarding and the Mental Capacity Act and anyone who works in social care including the independent sector can attend them.

6. The problems we are trying to solve – a call for evidence

The market is a good source of both national and local knowledge, whether you are a national or local provider we know you have skills, experience and knowledge that might help tackle some of the dilemmas we are working with. We want to hear from you particularly if you have robust evidence demonstrating ways in which we can deliver our priorities more effectively and efficiently.

Moving investment into early intervention

We know that the majority of our investment is tied up in long term high support but we also know that if people had a choice they would prefer to live without statutory support for as long as they are able. We want to be able to move some of the investment into early intervention as often people just need "that little bit of advice or help" at times of crisis or when events cause them to have a "stumble "in life. Do you have evidence of low cost solutions that work and can show a reduction in the need for long term support as a result?

Promoting recovery and maximising independence

We need to create more opportunities for promoting people's recovery and maximising their independence which reduces or delays their need for long term support, but also know we need to do this more innovatively and in a timely way. We need to find ways to incentivise the market to achieve this whilst still meeting our contractual and legal requirements. We know this will not be easy but we are committed to exploring and working with providers who can support these initiatives.

Maintaining and improving quality

We know from our consultations with providers and the public that when people do need care and support, quality is of paramount importance; but we also know we are facing difficult financial times ahead and we want to ensure quality does not suffer as a result. What other ways can we support and invest in quality initiatives without necessarily investing financially, could we assess and monitor performance differently whilst still meeting our contractual obligations and reassuring the public?

Is there local evidence of low cost solutions which tackle life events and can demonstrate a reduction in long term support needs?

Are there provider incentives which would help us achieve improved independence for longer?

What other ways can we invest in and monitor the provider market to maintain and improve quality?

7. Messages to the whole social care market

The health and social care integration agenda

Sheffield's Health and Wellbeing Board has a clear vision to integrate health and social care across Sheffield so that it benefits Sheffield people and improves services.

As part of this, Sheffield City Council and NHS Sheffield Clinical Commissioning Group have made a bold commitment to pool health and social care budgets in 2015/16 - with 2014/15 being a preparatory or 'shadow' year. We will be using this approach in four areas:

- Keeping People Well in their Local Community
- Independent Living Solutions
- Intermediate Care
- Long-Term High Support.

Underpinning these areas, we will be looking at how we as commissioners can work more closely together, and what is required from a system perspective to enable that.

We anticipate that the general trend across all areas of integration will be a move towards outcome-based contracts for pathways, population groups, and potentially geographic areas of the city.

There will be significant market opportunities for 'lead providers' capable of managing a supply chain of smaller services to deliver improved outcomes, such as reduced admissions to hospital and increased independence. There will also be opportunities for smaller providers to deliver specialist services into the supply chain and / or potentially form consortia to deliver a wider range of services.

Sign up the Health and Wellbeing Board's e-newsletter to ensure you stay updated and hear about any events.

Keeping people well in their local community

We will build on our learning from past work in this area by planning a new and coordinated network of low level support to people at most risk of needing health and social care.

We recognise the opportunity for real integration of community services. For us, community services is both formal health and social care (such as GPs, social care assessments, public health services) as well as the less formal support in the local community (such as families and carers, the voluntary, faith and community

One of our key development areas is intermediate care both for reducing and preventing hospital and long term care admissions

There will be opportunities for " Lead Providers" capable of managing a supply chain

In some areas, we will be looking to develop single outcome based contracts

There will be opportunities for providers to help shape the agenda and we are particularly interested in your views on incentives in the market and whether these work

(VCF) sector, community development activities and support workers).

During 2014/15 we will work with local people and providers to assess the potential in this area, develop the market and produce a specification for a contract which can begin in some areas in 2015/16, potentially starting in areas of Sheffield that have the infrastructure to support quicker implementation. We are working with the Think Local Act Personal initiative to establish genuine engagement with Sheffield's communities as we develop our proposals.

Intermediate care

We recognise that we need to be smarter in how we support people (a) after they have had a spell in hospital or care; and, (b) who need short-term support to avoid admission to hospital or other acute care. Therefore we are planning to bring together specifications and services to create a single set of services meeting both health and social care needs. It is a real and genuine opportunity to commission intermediate care as a whole, with outcome-based specifications.

This work will be developed over the coming months.

Independent Living Solutions

We know that the provision of alternative solutions (such as equipment, minor adaptations and telecare/telehealth) can have a significant impact on enabling people to live independently without the support of traditional health and social care services. We also know that these solutions can provide a vital gateway towards independence, dignity and wellbeing for many people living in the community.

An initial review of the current arrangements has identified opportunities for improved service outcomes as well as a better experience for those receiving services. We are developing proposals for a new model for the provision of equipment and adaptations. This could include small daily living solutions like hand and grab rails, to the provision of more specialist solutions such as profile beds or specialist communication equipment. We are also considering other forms of independent living solutions (such as telecare/telehealth).

Long-term high support

The users of these services are many and with a wide range of conditions, varying from children and adults with a learning disability to older people in a care home. We have identified real potential for improved coordination of services and savings in this area by working together. This means we will be looking at the high support offered to people on a long-term basis; by and large this support is offered through accommodation and associated support packages.

Services for people who pay directly for their care

The rigorous application of the eligibility and cost effectiveness test is likely to mean the level of direct payments people receive will reduce.

Budgets will effectively be limited to the level at which the council could arrange good quality care and support that meets someone's unmet eligible social care needs. This could reduce the size of the market for council funded, highly personalised, relatively expensive care and support in Sheffield (e.g. individualised supported living and care arrangements). However, we also know that there is a growing number of people who fund their own care and support and we know that providers of reliable, good value, good quality care and support will attract this business.

For those people funded by the council, there will be opportunities for providers that can deliver cost effective, personalised care and support services - e.g. those that can provide cost effective clustered or grouped accommodation with a shared care provider.

In 2014 there will also be an opportunity via a direct payments support service for providers to assist people with the planning and administration of their direct payment so they can make best use of the money they have available to arrange the support they need. An example of this may be helping people to recruit their own personal assistant.

Support to carers

Sheffield has an estimated 64,000 carers, equivalent to around 1 in 10 of the local population. Many of these are family carers helping providing support and care to someone with a range of disabilities and/or illnesses. A number are also known as ‘sandwich carers’, which means they will be looking after an older parent or relative with an illness or disability as well as caring for a partner or dependent with a disability or for someone who needs around the clock care.

Preventing carer breakdown is one of our priorities and consideration will be given to including support for carers in the wider integrated prevention work of health and social care. However we currently have a specific contract arrangement to provide different levels of support to carers which will end in 2015. We will be consulting with carers and providers to identify how we can build on work so far to develop support for carers. We are particularly interested in talking to providers who can work within an outcome based approached, demonstrate creativity in designing solutions, who can work with and co-produce support and by doing this can demonstrate they can improve the overall outcomes for carers and the offer that we make to them.

8. Key messages for providers of care and support to older people

Future demand key messages

In 2013 there were estimated to be just over 89,900 people over the age of 65 living in Sheffield. We know this represents an increase in particular in the numbers for those over 85 years. However we also know that the older population of the City is predicted to continue increasing. By 2020 it is estimated that the over 65 age group will have increased by more than 6,000 to 96,000 with the over 85 age group showing the biggest increase.

In 2013 approximately 12% (9,000) of over 65s in the city received some form of adult social care; we also know that older people are the major users of health and social care services. Rising numbers of older people is likely to bring with it increased demand unless we are able to look at alternative solutions.

Although we know that older people live in many areas of the city, there are high numbers of older people living in Chapeltown, High Green, Burncross, Mosborough and the South West of the city.

We also know that as the city population diversifies so will the older population, therefore it will be important to ensure the market is ready to meet more diverse and differing needs.

Around 6,400 people aged 65 or over in Sheffield are living with some form of dementia. This number is expected to increase by 1,000 by 2020 and by 3,000 by 2030. We know the biggest increase is likely to be in the numbers of those aged over 85 and that almost a third of those with dementia currently live in care homes in the city, with others living in the community often supported by family carers. People with dementia are more likely to be admitted into long term care after a hospital stay than returning to their own home.

Anecdotal evidence suggests that loneliness and isolation is one of the most significant factors facing older people today. We are working with partner organisations to try and identify the scale of the issue in the City, but there is growing evidence to suggest that isolation and loneliness can impact significantly on a person's physical and mental wellbeing. We anticipate this will have an increasing impact in the future.

Sensory impairments affect older people disproportionately which can have negative impacts on their health and wellbeing. It is

Good quality nursing care at our standard rate is likely to be in demand in the short term

Providers who can diversify and respond to differing needs e.g. dementia are likely to be sought after

Alternative supported accommodation such as extra care is likely to be in demand

We're interested in local organisations with ideas on how small investments can reduce the need for longer term support

estimated that 70% of the population over the age of 70 in Sheffield have a hearing impairment and 70% (3,670) of those registered blind are over the age of 65. We expect that this will be a growing issue in the future.

We know that good quality accommodation and the environment can have a positive impact on the wellbeing of older people. A recent strategic housing market analysis found 21% (11,748) of households aged over 65 said they needed to move, of these 9,251 were aged 65-79 and 2,497 were aged 80 and over. The majority are looking for ordinary accommodation or social rented sheltered accommodation.

Not all older people do, or can access social care support and as numbers of home ownership increases across this population, there are likely to be increased numbers of older people buying their own support. In 2013 in the residential and nursing sector, it was estimated that this equated to 32% of the market.

Current supply key messages

In 2013 there were 88 residential care and nursing homes for older people in the city with just under 4,000 beds. We have no block contracts with any provider for long-term care as we purchase support on an individual purchase arrangement.

Care Type	Number of homes 2013	Number of beds 2012	Number of beds 2013
Care homes with nursing	44	2007	2447
Residential Care homes	44	1887	1542
Total Private Care homes in Sheffield	88	3894	3989

Table 1: Number of beds

There are three main purchasers of care and nursing home places in Sheffield:

- Sheffield City Council – about 48% of all places,
- People funding their own care – estimated at about 32%,
- Clinical Commissioning Group – about 20% of all places.

Though average occupancy data shows that care homes in Sheffield remain broadly comparable with other regions, the overall trend is down from 2012/13 and there are variations within homes across the city. Some care homes have consistently high levels of occupancy whilst others are experiencing significant problems filling places.

	Nursing % Occupancy	Residential % Occupancy
Sheffield 2013/14	83.00%	86.70%
Sheffield 2012/13	90.10%	88.30%

Table 2: Occupancy of care and nursing homes

There are eight extra care housing schemes in Sheffield; three of these are privately run and located in the south west of the city (Dore, Abbeydale and Nether Edge). We don't have any contractual arrangements with these private schemes. The other five schemes in Woodhouse, Norfolk Park, Jordanthorpe, Shirecliffe and Wincobank were developed in partnership with the council and are provided by Registered Social Landlords (RSLs). These vary in size; the smallest scheme has 39 units of accommodation and the largest being the extra care retirement village at Woodhouse with 217 units.

Extra care remains a popular choice of accommodation in the city and the schemes continue to have healthy waiting lists. We currently commission the care and support in these schemes in the form of block contracts arrangements. From next year, we will no longer pay a housing support 'top-up' to extra care providers. We will however be taking another look at how we support extra care developers (see below).

There are well over 100 agencies registered to provide home care services in Sheffield (not just older people). Sheffield City Council contracts with just over half of those registered.

There has been a steady increase in the use of council funded home care services in the city over the last 12 months. We have recently completed a procurement exercise which will ensure there is capacity in the market for the next three years.

There are a significant number of support services in the community supporting wellbeing and particularly addressing social isolation. Whilst many of these are not funded by adult social care, they are integral to preventing or reducing long term care needs. Our work on integration of community prevention investments will focus on how we best support local people, communities and organisations to continue to provide and grow preventative services.

There are around 125 schemes that provide accommodation for older people across Sheffield; this includes supported and unsupported schemes. In a recent survey a small number of people indicated a desire to move in the next five years.

Key Messages for Market

Residential Care

Demand for residential care for older people is likely to be relatively stable over the short to medium-term. We know that the age of people entering residential care has increased therefore we predict this will offset the need for additional beds. However, people who are much older are likely to be frailer and have more complex needs and the growth in the numbers of people with dementia may mean the residential care market needs to diversify to meet these changing needs.

We expect to see changes in the parts of the residential care market that are predominantly council-funded, as static fee levels and competition between providers sees a greater share of the market going to larger, more cost efficient accommodation. These changes may lead to some smaller providers exiting the market.

Nursing Care

The demand for nursing care is currently high in Sheffield; around 200 beds are currently being used to provide temporary intermediate care, mainly for older people coming out of hospital. We expect our health integration work to increase the proportion of people supported to recover from a period of ill-health in their own home, which will reduce the demand for intermediate care beds from 2015 onwards. However, in the short-term at least, good quality nursing beds at the council's standard rate of £353 per week (as at 2014) are likely to be in demand.

Dementia

The numbers of people with dementia are increasing; diagnosis and early intervention helps people with dementia to live well and delay premature admission to long term care. Providing high quality support to people with dementia will become an increasing focus in all commissioning activities for older people and we will be looking towards providers who can demonstrate they are able to support people with dementia as part of their on-going service offer. We are currently reviewing our dementia commissioning plan to ensure it is meeting the needs of both users and carers. This may mean we identify gaps in provision which we will be looking to source from the market. Finding quality solutions which support people to remain at home and delay the need for long term care will be a priority.

Extra care/supported accommodation

We expect alternative supported accommodation such as 'extra care' or 'sheltered accommodation' where people retain greater privacy and independence, whilst benefiting from safe, communal facilities, is going to continue to experience increased demand in Sheffield.

A recent analysis indicated that there might be a need for further extra care type facilities and sheltered accommodation in the South, South East, Manor, Wybourn and another area north of the city.

We're discussing with providers and developers how capacity in extra care accommodation can be increased to both meet demand and help people live independently for longer. Whilst we will not be offering subsidies or giving land away to stimulate the market, we are willing to discuss new models of payments. We would also be particularly interested in speaking to providers that have ideas on how we could provide extra care type accommodation for people with dementia and learning disabilities. Until we have discussed and developed our plans for alternative accommodation in the city, we will be looking to re-procure the social care and support contracts for extra care during 2014/5.

Community Services

Our integration work on preventative community services will be exploring how we can help communities develop local support networks for older people. We are looking at our investments far beyond social care for example, the funding we put into community development, community activities, and direct support for the voluntary sector. We would be very interested in speaking to local organisations with ideas on how small local investments can measurably reduce the need for longer term support.

Along with other partners and the lead organisation we remain committed to the Ageing Better Big Lottery bid to tackle the issue of isolation and loneliness in older age. If successful this would bring around £6million of investment into the city over the next five years.

This investment will fund activities and interventions that have been designed and developed with older people, and that reduce the impact that loneliness and isolation has on the wellbeing of older people in the city.

9. Key messages for the care and support of people with learning disabilities

Future demand key messages

The number of adults with a learning disability in Sheffield is increasing and the nature of their needs is changing. In the last ten years the overall number of adults with a learning disability known to Sheffield Case Register increased by around 4% a year. In January 2014, the Register recorded 2,500 adults in Sheffield with a learning disability aged over 20. This number is expected to rise to over 3,000 by 2020.

There are two main reasons. More children with major disabilities are surviving into adulthood and more adults with learning disabilities are living into older age. However there is little evidence of any closing of the gap in life expectancy between people with a learning disability and the general population.

The number of people with the most complex needs known to the Case Register increased from around 600 to over 900 between 2003 and 2013. Of particular significance the number of 15-19 year olds identified as having the most complex needs more than doubled over the same time, from 100 to over 250. This includes young people with profound and multiple intellectual disabilities, people with complex autism and people with behaviours that services find challenging. We have also seen an increase in the number of older adults with a learning disability and dementia. The increase in the number of people with more complex disabilities has specific implications for the types of support required, and for an integrated approach to meeting people's health and social care needs.

There is a 'bulge' in the population of adults with a learning disability aged 35 to 50. Many of these people live with their family carers, many of whom are in their 70s and 80s.

The proportion of BME people with a learning disability in younger age groups is higher than the proportion of BME people in Sheffield's overall population, around the same for people between 20 and 50, and lower in age groups over 50. However there is increased prevalence of people with the most severe and complex impairments within BME communities.

We want to develop innovative community and daytime opportunities which reduce dependence on more formal support

Suitable housing in terms of design and location will be needed

We're interested in accommodation for people with lower level or less complex needs

We're reducing block residential contracts and increasing supported living arrangements

We want to work with providers to see how we can support people's transition from intensive to more independent support

The recent Autism Act highlights the needs of those adults with autism spectrum conditions who have neither a learning disability nor mental illness. There is a need to improve understanding of autism in the city, and how to design environments, services and skills to support people effectively.

Current supply key messages

The rising number of adults with a learning disability has led to an increased number requiring support: the number of adults with a learning disability receiving care and support increased by approximately 5% a year between 2009/10 and 2013/14.

Care and support is currently delivered by a range of providers including the Council's 'in house' Learning Disability Provider Service, Sheffield Health and Social Care NHS Foundation Trust, a number of local Housing Associations, and a range of Independent Sector providers.

Approximately 700 adults with a learning disability and their families arrange their care and support themselves using a Direct Payment. The nature of the current Direct Payments process means we do not currently hold detailed information on what services people are purchasing with their payments.

We are developing our Commissioning Strategy for services for people with a learning disability based on clear principles.

- The local system and services should prevent, delay or minimise people's need for formal care and support by promoting their independence, health and wellbeing, and by extending support to family carers,
- If people need ongoing care and support, they should have choice and control through a diverse market of good quality personalised services,
- We will take actions to make sure all services in all sectors provide the best value for money for Sheffield.

Community and family support

Just under half of all adults with learning disabilities who receive adult social care live with parents or family members, and supporting families to care for disabled sons and daughters at home is a key priority.

People living with their families may access a range of support, including day time opportunities and short breaks (respite) services provided by both Independent Sector and the Council's 'in house' services. The 'in-house' service provides approximately 50% of all Council arranged day time opportunities, and around 30% of all short breaks services. Sheffield Health and Social Care Trust provides approximately 60% of all short breaks services.

We want to work with providers to stimulate to a diverse market of good quality, innovative family and community based support. Our vision is that services should reduce people's dependence on formal support by helping them build independent living skills, connect with their communities and access voluntary or paid employment. However, relatively few people in Sheffield with learning disabilities are currently in employment when compared to similar areas.

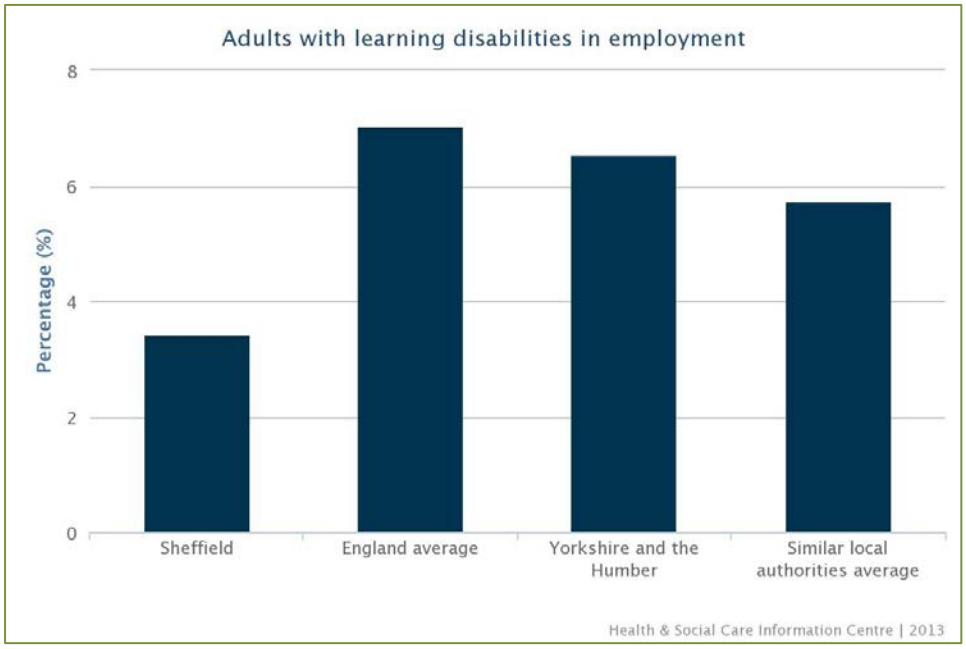

Figure C: Adults with learning disabilities in employment

Accommodation and support

Of those adults with a learning disability who do not live with their family, over 300 live in residential or nursing care settings, and a similar number access supported living services. A further 40 people live in long term Adult Placement Shared Lives services. We anticipate a net growth in the need for accommodation with support of around 200 places by 2020. It is a priority in our Commissioning Strategy to ensure the best value for money in all services providing accommodation with support.

Registered residential and nursing care

We currently 'block purchase' 134 residential and nursing care beds. We also 'spot purchase' over 160 places made up of 93 residential or nursing care beds from the independent sector in Sheffield, 40 in homes in neighbouring authorities, and 30 in homes further afield.

Supported living

We have block contracts (including the 'in house' service) for supported living services for approximately 200 adults, and spot purchase supported living for a further 150 adults. A number of people also purchase supported living through their Direct Payments.

We have recently tendered for a preferred list of supported living providers based on a new supported living specification. This will assure quality and value for money, and introduces an expectation that supported living providers will reduce people's dependency on funded support by helping them maximise their independent living skills and building their social capital.

Sheffield currently lacks sufficient accommodation for people with lower level or less complex eligible needs, and there is a comparatively low level of 'Key Ring' type housing network schemes.

Opportunities for market development

Our Commissioning Strategy will aim to stimulate the supply of community and family support. This will include the volume and types of bed-based short break provision taking into account the following factors:

- The need for separate beds provided for adults with challenging behaviour away from adults with profound and multiple learning disabilities,
- The need for dedicated provision for emergency or crisis access
- The need to develop more flexible forms of respite provision to provide greater responsiveness and choice over duration and timing of breaks,
- The need to develop innovative alternatives, particularly for young people, who have expectations of different forms of short breaks to currently commissioned provision.

We want to work with providers to stimulate innovative day time opportunities that reduce people's dependency on funded support, helping them build their independent living skills, access universal services and take part in mainstream community activities. We are also keen to explore with providers how we can increase voluntary and paid employment opportunities.

In accommodation with support, there is a clear preference for supported living over residential care amongst most adults with a learning disability, particularly amongst younger adults. This will drive a change in the balance between residential care and supported living over the next three years. There will remain a need for registered residential and nursing care, but at a reduced level: we plan to deregister nearly all our block contracted residential provision over the next three years. The number of local supported living places will further increase as we help people return from out of city residential care to supported living services in Sheffield.

We currently have too much large shared housing for people with a learning disability. Whilst this can work for some people, it often creates difficulties. Compliance with regulations in multi occupied

housing can make it feel institutionalised and unhomely. There is often a lack of personal space and issues of incompatibility between tenants. This can impact significantly on people's wellbeing, and increase the likelihood of long term voids, which is costly to landlords and the Council, and is not sustainable in the longer term. In addition, some accommodation in the city falls below expected standards.

We aim to improve the overall quality of accommodation and minimise the potential for voids by reducing the amount of larger shared housing. We will review the standard and use of each large shared housing setting and where it is not fit for purpose or does not meet appropriate standards, we will decommission and replace with more suitable accommodation. It is a priority to increase the amount of self-contained accommodation with shared communal space for socialisation and opportunities to share support.

Many people with a learning disability have highly specific housing requirements as a result of their particular needs. We will produce a strategy for accommodation that will stimulate the supply of suitable housing in terms of building design and location. We are working closely with our council housing managers to increase access to appropriate accommodation, but there will be demand for private sector and social landlords who understand the housing needs of specific groups of adults with learning disabilities. It is a further priority to increase the supply of suitable housing for people with lower level or less complex eligible needs. We also consider there is potential for at least four more 'housing networks' in the city. We also aim to at least double the level of Adult Placement Shared Lives services.

We want to work with providers to develop the supply of 'step-down / step-up' provision. This may include short term residential care to help people with more complex and challenging care and support needs move from intensive support services (including in-patient services) or out of city residential care to independent supported living in Sheffield.

10. Key messages for the care and support of people with mental health issues

Future demand key messages

Mental health problems are common. They can have a significant impact on your ability to identify and take up opportunities such as employment; to safeguard or care for yourself and others; and on your physical health and wellbeing.

Common mental health problems such as depression and anxiety

12.3% of Sheffield adults are estimated to have depression compared with the England average of 11.7%.

Severe mental ill health such as psychosis or severe depression

2011/12 data indicates the number of people of all ages with a psychotic disorder registered with a Sheffield GP practice was about 4,500. People with severe mental ill health have a reduced life expectancy of approximately 16 years for women and 20 years for men. Suicide accounts for 25% of these deaths, but physical illnesses account for the other 75% with cardiovascular disease being the most significant cause of death and diabetes being the most significant cause of increased ill health. Smoking rates are on average twice as high as the general population and sufferers are three times more likely to lose their teeth. These are both the consequence of the mental ill health including poor self-motivation and self-care, but also a side-effect of many psychiatric drugs.

The premature mortality rate in Sheffield for people with mental ill health is 988 per 100,000, compared to the England average of 921. The mortality rate from suicide/undetermined injury however is 6.45 per 100,000 (2009/11) compared to the England average of 7.87.

Population information (Pansi) indicates serious mental illness growth across the Sheffield adult population 18-64 years is between 8-19 persons per year and 10-20 per year for significant personality disorder.

Approximately 4,000 people are in contact with secondary care mental health services. Clustering is a means of categorising the types of need presented based primarily on clinical information.

Care and support to assist people to live at home will continue to be through individual purchases therefore providers will need to be on a framework agreement

One to one support focused on recovery and supported living services are likely to be in demand

We're interested in services for complex needs which are good value and residential and nursing care places at competitive prices

Our supported housing services will be re-commissioned

In August 2013:

Total number in contact with secondary care	3,946	100%
Non Psychotic – severe to very severe and complex	955	24.2%
Psychosis – high disability/severe	820	20.8%
Dual Diagnosis	55	1.4%

Table 4: Breakdown of numbers in contact with secondary care (mental health)

The Care Programme Approach (CPA) provides the basis for the assessment, monitoring and review of the care and support for people with serious mental ill health. At July 2013 there were 1461 people on CPA: 41% Women; 59% Men; 24% from black or minority ethnic communities.

CPA is a proxy for people with eligible social care needs. However, many people on CPA will not require social care assistance, and few others not on CPA will have needs that are critical and substantial.

Current assessment indicates approximately 550 people (18 to 64 years) will have eligible social care needs due to mental ill-health for community based support and approximately 160 for residential or nursing home care.

Current supply key messages

The introduction of personal budgets has had a significant impact on the mental health provider market since 2010. It has led to different models of care and support developing including befriending; personal assistants; assistance to access other opportunities in the community e.g. physical activity, building social networks and developing skills and confidence. New providers have come in to the market and existing ones have changed their business models including closer partnership working with other providers and extending their range of services.

Approximately £1.2m has been transferred from traditional contracts purchasing blocks of community based support to allow for individualised purchasing arrangements, two thirds of this from statutory services. This includes personal budgets (direct payments) for individuals to purchase their own care and support as well as services purchased by the council on a person's behalf from providers on a framework agreement.

In 2013/14 processes for delivering personal budgets were revised. Personal budgets are still an important option for people, but there are more requests for the council to arrange support on a person's behalf. There has been a corresponding decrease in the need for transactional services such as money management.

Analysis of personal support plans in November 2013 indicated the following:

- £1.4m to £1.6m spent on various forms of 1:1 support. This ranged from a befriender to a support worker
- Demand for personal assistants is relatively small (est £0.11m per annum)
- £0.17m per annum spent on short stays away from home (respite care)
- £0.3m per annum spent on daytime activities

There is a persistent demand for supported housing and residential or nursing care to support hospital discharge. In 2013, at any one time two people, on average, were waiting on acute inpatient wards for supported housing.

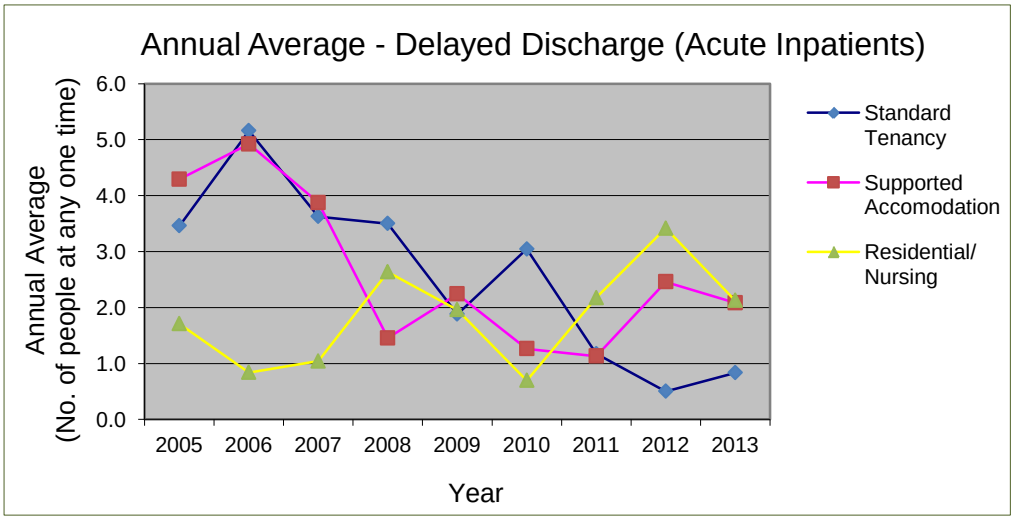

Figure D: Average mental health delayed discharge

In 2013/14, 248 units of housing related support were commissioned for people with mental ill health difficulties from ten providers (value: £1.4m). It includes support to people in their own homes and housing with support.

The numbers of placements supported by social care funding for residential and nursing care has fluctuated over recent years. However, there has been a noticeable increase in the last two years corresponding with a transfer of funding responsibility for some individuals from Continuing Health Care (NHS) to Sheffield City Council. This has increased the number of people in more specialist, high cost resources, sometimes out of city.

24% of people in residential and nursing care have complex needs, i.e. specialist packages of care, to meet physical as well as mental health needs. The data identifies a 26% increase in number of placements from March 2011 to March 2013 at an average increase in cost of 38%.

Year	2009-10	2010-11	2011-12	2012-13	2013-14
Average Number of Residential Care Placements	99	90	96.75	115.5	136
Average Number of Nursing Care Placements	26.5	19.25	18.25	28.25	29.5
% subject to Section 117	57.8%	61.8%	61.1%	63.1%	66.1%

Table 5: Number of residential and nursing placements

The market for mental health residential care and nursing providers for adults in Sheffield is relatively small. 80 beds are registered for mental health only, 55% provided by the independent sector and 45% by not-for-profit sector e.g. national mental health charities or housing associations. But there are 300+ beds in homes registered to provide care across a range of needs including mental health, physical disability and learning disability, primarily in the independent sector that are also used.

Opportunities for market development

Packages of care and support to assist people to live at home will continue to be purchased through either personal budgets (direct payment) or by the council on a person's behalf. It is expected that the number of packages arranged by the council will continue to increase. To provide these you will need to be on a Framework Agreement.

The delivery of one to one support remains a primary need in most support plans. The Framework Agreement for Supported Living for more complex care is important for mental health. In addition a Framework for a Recovery Pathway is being developed. Both these Frameworks will allow for the purchase of support across the spectrum of housing arrangements.

The process of regularly reviewing individual support plans and identifying the most effective way of meeting them is a priority. This includes ensuring they have a focus on recovery (maximising independence). It is essential the packages of support providers' offer are recovery focused e.g. supporting people to build up skills, confidence and personal support networks.

Mental health has been identified as a priority for supported housing in Sheffield. As part of this a new supported housing scheme is being developed (20 units) and will be available by March 2015. We anticipate the support required for it will be commissioned in the second half of 2014/15.

Supported housing

The current investment in supported housing in mental health is under review and will be re-commissioned. It is looking at short-term as well as long-term needs. The Supporting People Programme is to focus on short-term or intermittent needs. Support for longer term needs will be dependent on people having eligible social care needs. Three areas have been identified as needed to meet the short-term intermittent needs:

- Supported housing that provides time limited but more intensive assistance for people to develop skills and confidence to move on to independent housing. The new build scheme will be part of this,
- Time-limited support for people in their own homes or to establish their own homes. This will be targeted at people at risk of becoming homeless, including those being discharged from hospital,
- Flexible model of short-term housing support including the ability to dip back into support for a short period to avert longer term or more intensive support needs. An important aspect is the ability to access housing from a range of sources including private as well as social landlords.

Autistic spectrum and mental health

We anticipate a small increase in demand for care and support from people presenting with mental health problems and diagnosis on the autistic spectrum such as Asperger's. Packages of care are often complex and high cost and so alternatives that provide effective support and good value are important.

Residential and nursing care

There is a need to make sure residential and nursing care placements continue to provide good value in terms of quality and cost.

The increase in demand indicates some scope for more supply, provided it is competitive in price.

A programme of review of high cost residential and nursing placements is in place and will continue to look at individual needs and how more cost effective and local alternatives can be established for more complex situations.

11. Key messages for the care and support of younger people with physical disabilities and people with sensory impairments

Future demand key messages

The majority of younger people with disabilities are supported by means other than adult social care services.

Barriers still exist for disabled people; disability can be a significant factor in the ability to access services and getting out and about due to environmental issues, transport and low incomes.

Most people are not born with their impairments most acquire impairments in their adult life mainly from the age of 50.

In 2012 in Sheffield there were approximately 33,000 under 65s with a moderate or serious physical disability, 6% of the total population for that age band. 930 18-64 year olds were living in Sheffield with a longstanding health condition caused by a stroke (2012) and this is predicted to rise to 986 people by 2020. However the vast majority of these people are not supported by adult social care.

In 2012 almost 400 younger adults with a disability were supported by adult social care, the majority were over 50 years of age and supported via a direct payment or home support service.

National data about sensory impairment (SI) is more easily accessible than local data, so we are currently undertaking a SI needs assessment to collate information and data relating to SI.

We know people with SI using social care are likely to fall into other categories or have other conditions regardless of age; therefore it is difficult to extrapolate information on SI and the impact this has on the person, nevertheless the health needs analysis remains of interest.

We do know, however, that SI can have negative consequences for people's health and wellbeing, and often lead to significant formal and informal caring costs.

Current Supply Key Messages

In 2013 the majority of people with physical disabilities placed by social care into long term care were aged over 50 and in the

Younger people with physical disabilities often purchase their support through direct payments, therefore good quality, good value for money providers are likely to attract business

We will need to sustain a small amount of residential and nursing places which are age appropriate and good value

We're interested in providers of extra care who will consider people with disabilities from the age of 50

We're interested in activities and interventions which reduce the need for long term support or assist people back into employment

majority of cases were in homes for older people which can create issues around age appropriateness. The number however remains very small (approximately 17 in 2013)

In 2013 there were very small numbers of people under 65 supported in extra care developments but a lack of supported housing in the city.

30% of younger adults with disabilities choose to buy their support with a direct payment indicating younger people desire greater flexibility and control. This is often used for a personal assistant or for home support services.

Opportunities for market development

Residential and nursing care

There is no evidence to suggest that the nursing and residential market requires further development. However there is a need to sustain a small number of long term placements for younger adults and to review current placements to ensure age appropriate services. We will also assess whether alternative housing with support is a viable option for some current users and whether the service represents value for money. The lower cost options for 24 hour support are more challenging to find as a result of the reduction of the Independent Living Fund but we would be interested in speaking to providers who can provide these.

Extra Care Housing

We believe there are opportunities to expand our work on extra care housing options to support younger adults with disabilities. This may will mean reducing the age from 55 to 50 and ensuring there is a balance of opportunities for younger people within a community environment.

Community Activities

There is an opportunity to re-focus current investment into those activities which are likely to delay or reduce the need for long term support and connect people to their community for on-going contact. This is likely to be part of our integration and prevention work and will consider the needs of those under 65 with a disability.

12. What we need providers to do

We would like providers to use the information in this MPS 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.

We will be talking to providers who can demonstrate they have considered and have creative solutions for reducing demand for long term social care support with either preventative solutions or creative and different ways to maximise people's independence.

Where we do need to provide long term support we need to be assured that this is good value for money and of good quality. Those providers who can show that the people they provide the service to as well as commissioners believe in their ability to do this will almost certainly be favoured for funding.

We ask that providers continue to check our website for details of opportunities and how to become more involved in the future shape of adult social care. This includes checking our procurement timetable that will be published during 2014, our Health and Wellbeing Board engagement events and our provider reference group.

13. Sources of Information

In addition to the data supplied in this document there are a range of other sources of information.

Local Information

- State of Sheffield 2013
- A City for All Ages – Making Sheffield a Great Place to Grow Old
- Joint Strategic Needs Assessment
- Health and Wellbeing Board
- Joint Health and Wellbeing Strategy
- Health and Wellbeing Profiles
- Sheffield Health and Wellbeing Atlas
- Electoral Wards Health and Wellbeing Data
- Adult Social Care Ward Profiles
- Household Profiles
- Sheffield Facts and Figures
- Sheffield Neighbourhood and Ward Population Trend Tools
- Sheffield Commissioning Landscape
- Fees and Market Analysis Care Homes 2014/15
- Adults Social Care Provider Bulletin
- The Sheffield Dignity Code
- Business Development
- Sheffield Clinical Commissioning Group
- Sheffield's Strategic Housing Market Assessment (SHMA) 2013
- Sheffield Housing Strategy 2013-23
- Sheffield Older People's Accommodation
- Disability Access and Guidance
- Sheffield voluntary sector grants and funding
- Sheffield Help Yourself Database

National Information

- Care Quality Commission
- Department of Health
- Care and Support White Paper: Caring for our Future: reforming care and support
- A Better Home Life (Centre for Policy on Ageing)
- Social Care Institute for Excellence
- Projecting Older People Population Information (POPPI)
- Office for National Statistics (regional statistics)
- Joseph Rowntree Foundation (Ageing Society)
- Housing LIN (Commissioning)
- Housing LIN (Funding Extra Care)
- Elderly Accommodation Counsel
- Sitra (Commissioning and procurement)

Sheffield City Council
Communities Commissioning
Provide feedback on the MPS online