

# Market Position Statement for adult social care in Thurrock 2013 - 2018

Draft for consultation

## Document Control

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<b>Authors</b>	Josephine Winstone/Christopher Smith
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Draft for consultation

# Transforming social and health care in Thurrock: Building Positive Futures

The Council and the NHS are facing unprecedented demand for health and social care services. The Council also faces a severe reduction in the means by which it can meet those demands. We believe that it is important to be open with providers, not just about the limitations of Council and the Health budgets, but also about what in the future we can expect citizens and communities to do for themselves, with their own resources.

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

We have focussed on these issues rather than prescribe solutions because we believe service users, carers, providers and the wider community between them have the knowledge and expertise to create the conditions for improved health and well-being.

This necessarily high level view of how we expect to see the nature of adult social care and health services being transformed will be supplemented during the course of the next year by more detailed commissioning strategies.

This Market Position Statement is just the start of the work to transform the way care and support is provided in Thurrock, in both community and in residential settings. We feel dialogue with current and potential providers is the key to improving the match between the strengths and needs of local residents and the supply of health and social care services. We believe that if all stakeholders can work together we can help to build positive futures for all our citizens.

**Roger Harris,**  
Director Adults, Health and Commissioning  
Thurrock Council

# Who and what is this document for?

This Market Position Statement marks the start of a dialogue, between the Council and its Health partners, **people who use services, carers, providers and others** about the future health and well-being of our citizens, their need for care and support, and the part to be played by health and adult social care services.

It describes the current demand for, and supply of social care and health care services. It also provides a picture of the public and private funding for those services. It goes on to describe how we think those services might change as people exercise more control over their lives, communities become more resilient and self supporting, and improvements to homes and the built environment enable more people to stay well.

The document covers services provided in the community for older and working age adults, as well as residential accommodation. The section on services for working age adults relates to adults with learning disabilities and physical impairments and mental health problems. The section on older adults includes services for people with dementia - although this is seen as largely a condition of ageing, it will affect some people under 65 years.

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

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

We hope established **providers of health and social care services** will learn about the Council and the CCG's intentions as commissioners of services, including the Council's new responsibility for Public Health. We also think it is important for providers to understand how the information, advice and guidance we provide may influence service users and carers who purchase their own services.

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

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

So, rather than providing just facts and figures about demand and supply of services and the pressure on public resources, this document aims to give providers a sense of the direction we expect services will take. In addition to sharing with you and involving you in setting the detailed commissioning strategies that will follow, we will refresh information about supply and demand so that it reflects as accurately as possible the changes we expect to see in Thurrock.

The last section of this document raises questions about how we can most effectively strengthen our communities, invest in preventative services, equipment and telecare, ensure choice and control for service users and carers and get the best out of the health and social care workforce. We hope you will participate in the dialogue about these issues and work with us to improve the health and well being of our citizens and communities

# Thurrock Health & Well-being Board

## Vision and Aims

Our vision for Health and Well-being in Thurrock is "Resourceful and resilient people in resourceful and resilient communities"

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

### For adults, they are:

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

*Building Positive Futures* is our programme to deliver these aims and has three main workstreams:

- **Better health and wellbeing:** to prevent unnecessary admissions to hospital and residential care and to reduce length of stay where admission is needed
- **Improved housing and neighbourhoods:** to give people more - and better - choice over how and where they live as they grow older
- **Stronger local networks:** to create more hospitable, age-friendly communities

Each of these are linked: high-quality homes, in towns and villages, with services and support to build resourceful, resilient, self-reliant communities.

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

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

Realising this vision will require new partnerships and a significant shift in organisational and professional cultures so that there is shared responsibility to achieve an agreed set of outcomes that foster independence and well-being. In the future, there should be no referrals between the professionals delivering services, rather a multi-disciplinary team-based approach led by an identified lead who can marshal all the required housing, health and adult social care resources, services and expertise that are required.

### Personalisation:

Increasing the focus on self-help and on service users and carers finding solutions for themselves.

### Reablement:

A focus on regaining and maintaining independence.

### Integration:

Expanding our joint commissioning arrangements with Thurrock Clinical Commissioning Group.

### Strength based approaches:

Stimulating self reliance by focusing on people's vision for their own lives and the solutions they can create in conjunction with their family friends and neighbours.

### Developing the workforce:

We will commission for outcomes not by the minute and support providers who train, retain and motivate staff.

### Tackling Inequalities in health:

Housing, Income, Education, Isolation, and the effects of Disability; these are factors that can be addressed and are preventable.

## Regeneration

Purfleet Centre



High House



Lakeside



Grays



Tilbury



London Gateway



# Thurrock – the place and its people

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

In the 2011 Census the total population of Thurrock was 157,705 of which 77,823 (49.3%) were male and 79,882 (50.7%) female. The population has increased by 2,500 (1.57%) since 2001 (more than the national increase 0.82%). The largest age-group is in the 40 – 44 age-group with a median age of 37.2 years.

It is expected that until 2018 the population will continue to grow across all age bands, with significant growth in those aged 70 and over. The 65+ population, which are already major users of health and social care services, is estimated to grow by 17%. The numbers over 90 will grow by over 55%. But this trend does not automatically translate to an equivalent growth in demand for social care and health care services.

Thurrock	2012	2014	2016	2018	% growth
18-24	13600	13800	13800	13800	1.47%
25-34	23500	24400	25100	25900	10.21%
35-44	24500	24400	24600	24900	1.63%
45-54	21900	23100	24000	24500	11.87%
55-64	16700	16700	17100	17900	7.19%
Total aged 18-64	100200	102400	104600	107000	6.79%
65-69	7000	7600	8000	7400	5.71%
70-74	4700	5100	5600	6700	42.55%
75-79	3800	4000	4100	4300	13.16%
80-84	2900	2900	3000	3100	6.90%
85-89	1900	1900	1900	1900	0.00%
90 and over	900	1100	1200	1400	55.56%
Total 65 and over	21200	22600	23800	24800	16.98%
Total all ages	121400	125000	128400	131800	8.57%

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

### Community Hubs

The introduction of community hubs like the pathfinder South Ockendon Centre is transforming council services. 36,000 people visited in the 4 months after the Hub opened on 25 March 2013 and many compliments about the help and friendliness of the volunteers were received.

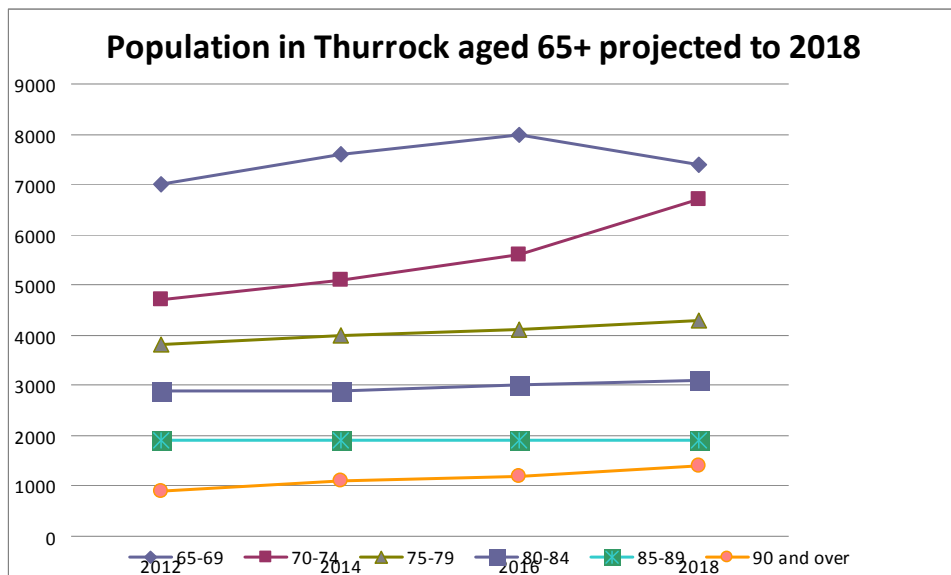


The centre, in Derry Avenue, is seen as a market place for local information, guidance and support – where residents can meet and learn how they can best support their needs.

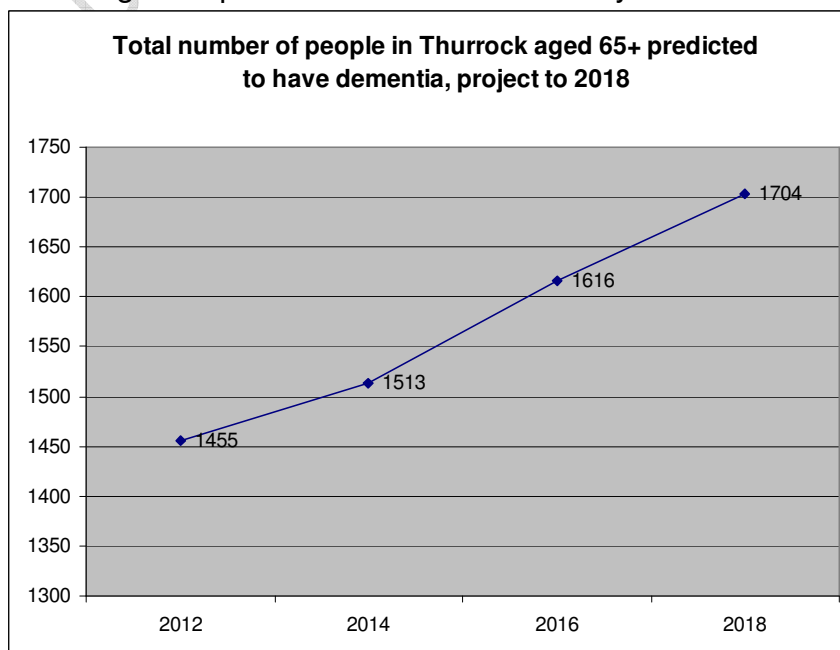
Working groups have been established in other key areas of the Borough to co-plan; co-design and co-deliver hubs in a joint partnership with CVS, forums and communities themselves.

### The needs of an ageing population

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



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



## Supported living in Thurrock

Our placement review programme is now starting to really take off. There are a number of workstreams :

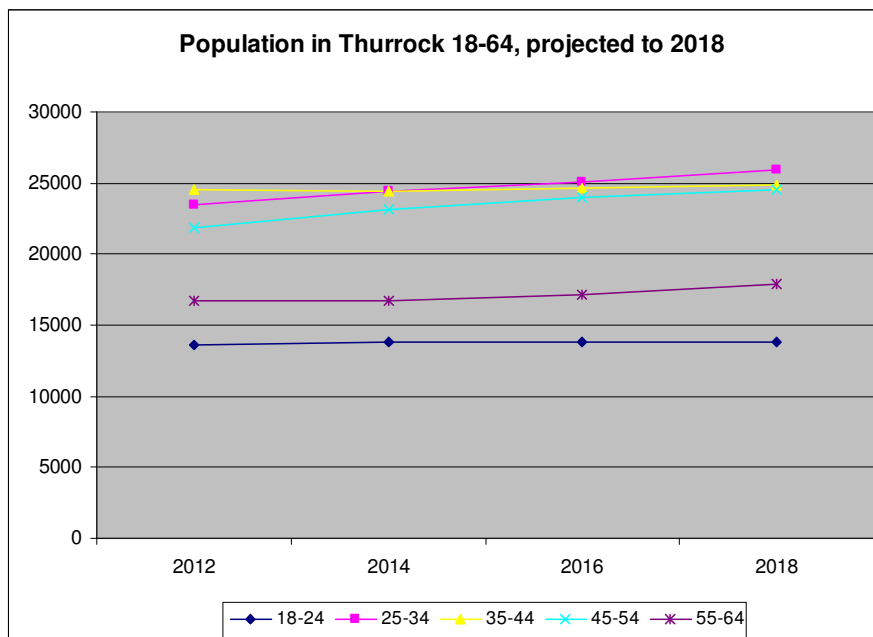
- Supported living Schemes
- Mental Health service remodelling
- Continuing Healthcare /old Section 256 schemes
- Respite review
- Data analysis
- Workforce

We know we need to deliver at least £1m savings in the next 2/3 years from this programme as well as shaping the local market and improve the quality of provision in a number of areas.



## The needs of people of working age

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



The

numbers of adults with mental health needs may grow proportionately. However, the numbers of people with a physical or sensory disability is expected to rise in excess of population growth because a greater number of babies with genetic conditions are expected to survive into childhood and adulthood as a result of medical advances. People learning disabilities are expected to have increased longevity, in part as a result of advances in medical treatments, which may mean that more may need assistance later in life with needs related to the ageing process, including dementia. And a number placed in Care Homes outside the Borough may also wish to return to Thurrock.

In relation to morbidity related to substance misuse, all but one alcohol indicator within the local alcohol profile show Thurrock as being better than England averages. The prevalence of opiate and crack users in Thurrock is also below England averages, and reductions in use of opiate and crack are higher than England averages.

There are significant differences in life expectancy between men and women living in different areas of the Borough – there is an 11 year life expectancy gap between a woman born in the most affluent part of the Borough and a man born in the least affluent part. Some areas of Thurrock experience high levels of deprivation (Belhus, Tilbury, Chadwell, Grays Riverside, Ockendon and West Thurrock/Purfleet), with 12.4% of people living in the 20% most deprived areas in England. Smoking and obesity rates and related conditions are significantly higher than national and regional rates and reducing this prevalence is part of the initial focus on improving the physical health of our residents. However, it should be noted that data from the 2011 Census shows that 83% of people felt they were in either very good or good health. Compared to 81% nationally, and 82% within the East of England.



*Social care is not the sole responsibility of the state.*

*Communities and wider civil society must be set free to run innovative local schemes and build local networks of support.”<sup>1</sup>*

*Department of Health (2010) A Vision for Quality in Social Care: Capable Communities and Active Citizens*

The Marmot Review 'Fair Society Health Lives' looked at what can be done to reduce community inequalities and highlighted social capital as 'a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental well-being, and through the networks that help people find work, or get through economic and other material difficulties. The extent of people's participation in their communities and the added control over their lives that this brings has the potential to contribute to their psychosocial well-being and, as a result, to other health outcomes. It is vital to build social capital at a local level to ensure that policies are both owned by those most affected and are shaped by their experiences'.

## **Thurrock Joint Strategic Needs Assessment Strategic refresh 2012**

The **Joint Strategic Needs Assessment** is an important driver in the commissioning processes across key strategic partners in Thurrock including health, local government and the third sector. It will be central to the decision making processes of the Thurrock Health and Wellbeing Board and its Health and Wellbeing Strategies. A 'big picture' description of health and wellbeing in its widest sense can be obtained by following this link:

<http://www.shapingthurrock.org.uk/health/content.php?page=jsna>

During the course of refreshing the JSNA this year approaches to asset based commissioning for communities across Thurrock will be developed. This will influence strength based commissioning and complement the emerging Thurrock Public Services and Social Value Framework.

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**The Economic Situation**

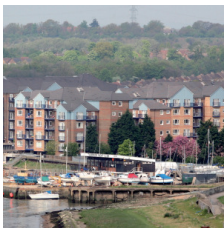
Thurrock Council's budget between 2010/11 and 2014/15 will fall by approximately £56 million in real terms. The total Council budget in 2015 will be circa £100m, two thirds what it was in 2010.

The NHS has to save £20 billion or £90 million a day by the end of 2015, this will only be achieved by wholesale changes to the way healthcare is commissioned, managed and delivered.

This impacts on everyone living and working in Thurrock.

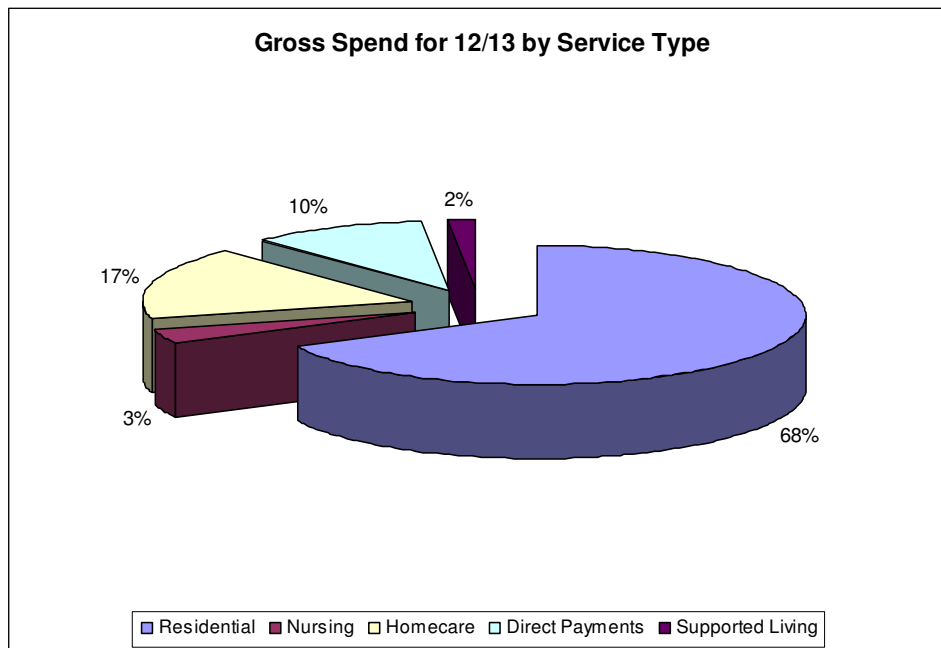
**A new relationship between the Council, the NHS and local citizens is needed:**

Mutual and inclusive problem sharing and solving.

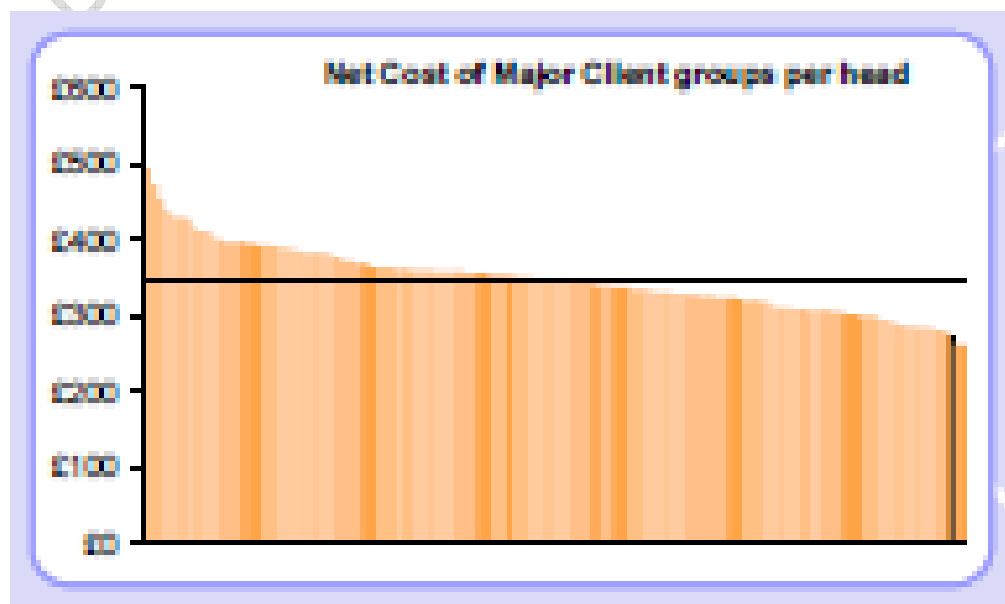


# The current use of resources for adult social care and health care services

The Council spent £42.3 million (gross) on social care services in 2012/13. This includes £12.6 million on its own internal services including assessment and care management, reablement and care home services. It spent £32 million on external services including funding home care, care homes and grants to voluntary organisations. This compares with a gross spend of £44.5m in 2011/12 and £47.9m in 2010/11. Adult social care expenditure in Thurrock is lower than the national average and compared with other small unitary Councils.



In 2012/13 net expenditure in Thurrock on adult social care per head of population aged 18+ was £272. This compares to the average across of England of £359.



**Peer challenge**

**Our** Adult Social Care service will be undertaking a 'peer challenge' on community engagement and co-production which is being led by the Local Government Association.

The review will be undertaken by a team of people from across the country that will include a Director of Adult Social Care, a Lead Councillor, a service expert and a local 'expert by experience'. The review forms part of the national excellence programme for adult social care and will provide an opportunity for external evaluation of our achievements, areas for improvement and our future transformation plans.

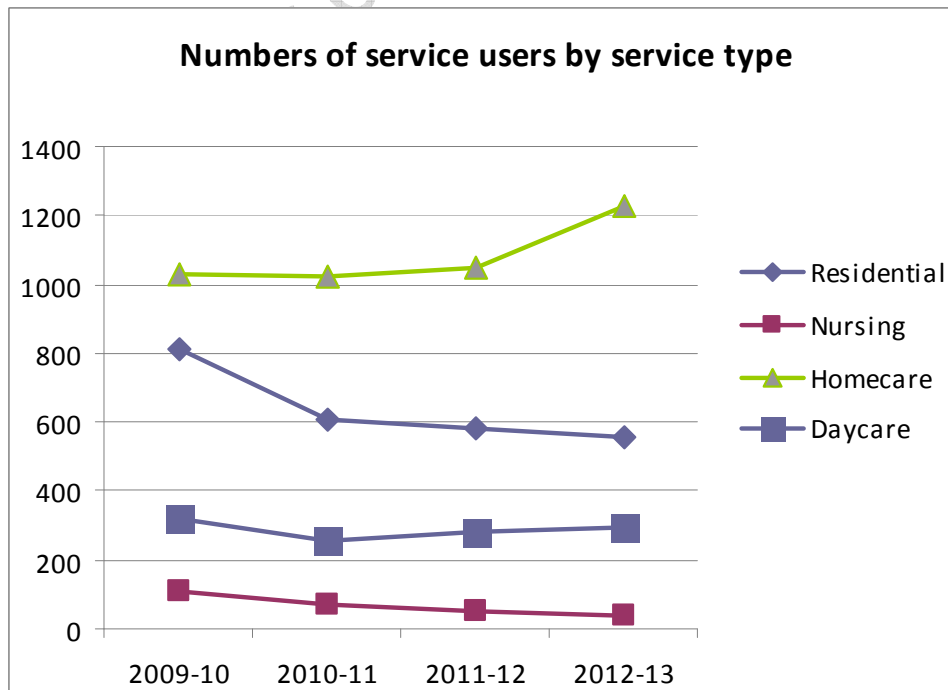
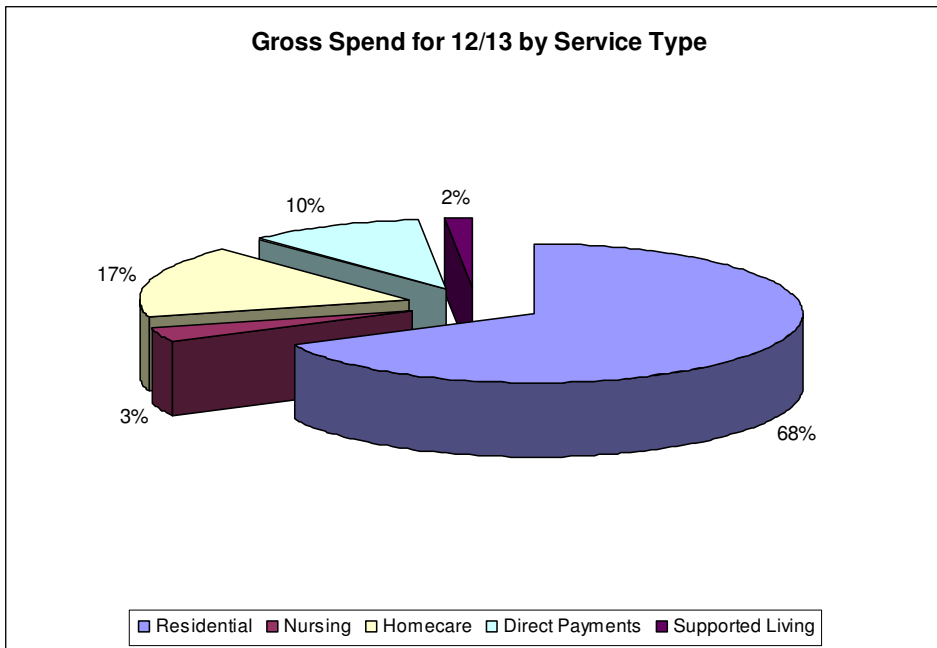
Once again Thurrock is leading the way in being the first council in the East of England to undertake a peer challenge in this field.

We are a national pilot council for this type of approach and have the opportunity to influence and shape how these type of challenges take place in the future.



The greatest area of spend is residential care although the number of service users, and so the spend, has been reducing in recent years. A reduction is also seen on nursing care.

Conversely, expenditure on community services, especially Home Care is increasing. These trends are in line with our strategy and commissioning intentions which are to enable service users to live in their own homes where ever possible.



**A direct payment** is a cash payment given to service users to enable them to arrange and buy own care and support.

**Direct payment entitlement**

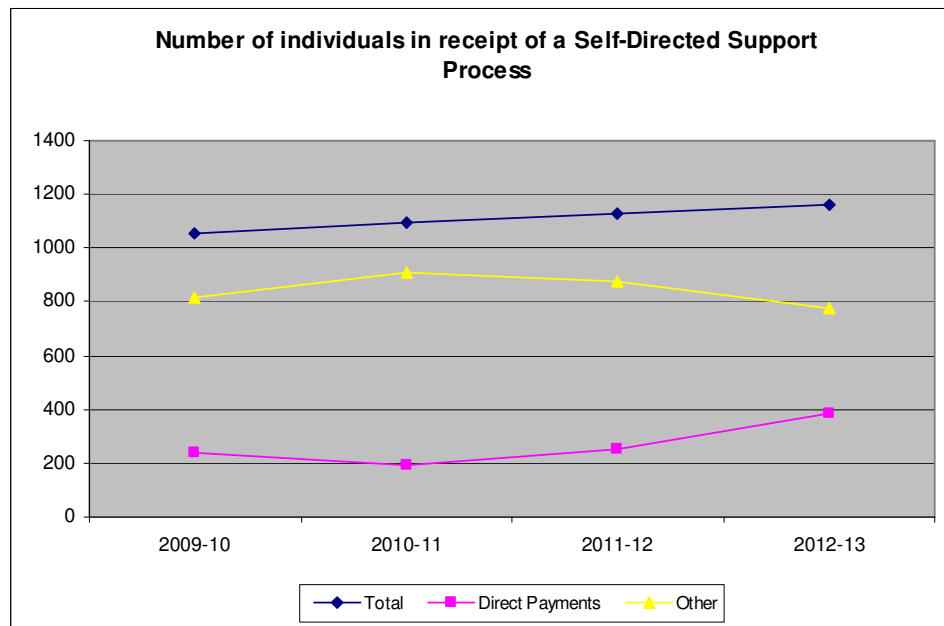
Direct payments can be made when a service user has been assessed as needing care and support.

These include:

- older people who have been assessed as needing community care services
- disabled people aged 16 and over, including those with short and long term needs
- carers, in place of carers' services
- families with disabled children
- disabled parents

## Self Directed Support

The Council is committed to delivering greater choice and control to service users. This will mean increasing the focus on self-help, and on service users and carers finding solutions for themselves including through the use of Direct Payments, which are showing a marked increase in take up, and Individual Service Funds. It will also require a new understanding of acceptable risk-taking within a context that balances individual rights with personal responsibilities.



And, it should be noted that nationally, up to 40% of service users will continue to arrange their own care and support using their own funds, and without drawing on Council resources. The Council already offers information and advice to self funders but under proposals in the new Care Bill it will have a statutory duty to provide information and advice to those who are not assessed as having eligible needs, and also to provide help with access to independent financial advice.

An important extension of self directed support will be introduced from October 2014 when people receiving NHS continuing health care (NHS CHC) will get the "right to have" a personal health budget (PHB). The Council will be expected to refer to Thurrock CCG anyone who may have a primary health care need and the CCG will need to ensure that they will only be declined on clinical or financial grounds which are deemed to make a PHB unviable and to support.



Describing the vision for Building Positive Futures, Thurrock Council Chief Executive, Graham Farrant, said:  
*'Everything we do is geared to delivering these ambitions, connecting people and places and delivering services of the highest quality to change people's lives for the better. In the coming decade, we intend to deliver the kind of housing and services that older people deserve. The new homes on offer for them must make older people think 'this is where I want to be', not 'has it come to this?'*

# Support for better health and wellbeing

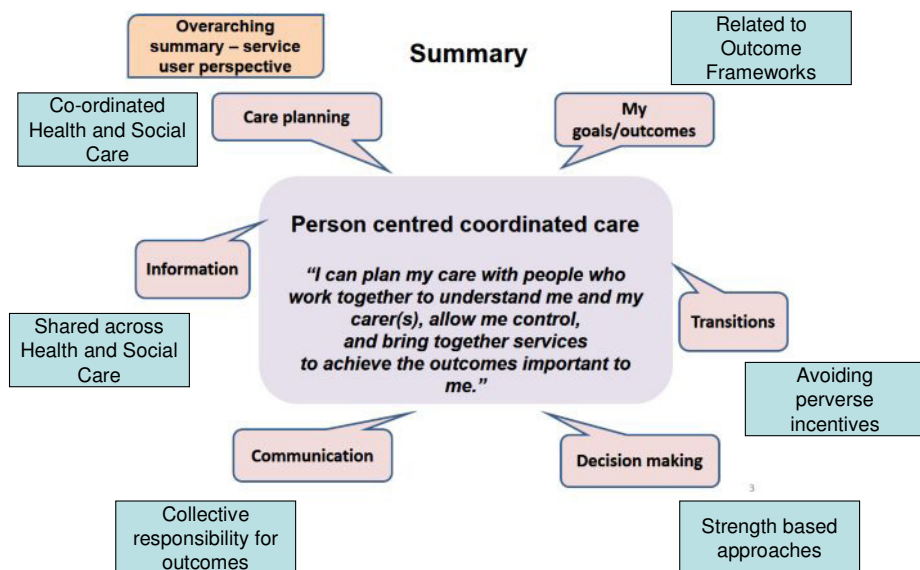
The overall aim of Thurrock's programme to strengthen communities is to improve people's, health and wellbeing and to use the ideas and skills of local people to ensure the best care and support possible is available for all.

Local Area Coordination is a new initiative that aims to help vulnerable people stay connected with the people and services that can help them and a scheme called Asset Based Community Development (ABCD) strengthens the connections between people and informal associations around common interests and concerns. Through those connections, the ideas of local people can be harnessed to develop initiatives that match their needs.

Thurrock also aims to become a dementia-friendly borough, equipping residents to understand what they can do to help those with the condition, which is set to rise by 24% over the next seven years. Training sessions for all council staff and partner organisations are key to this process, encouraging timely intervention and tailored support for people with dementia and their families.

The Council, with its Health partner NHS Thurrock Clinical Commissioning Group provide a number of services directly and well as commissioning over 140 services in the private and voluntary sectors. Central to all services commissioned and/or delivered by us is our commitment to person-centred care. We are committed to *Making it Real* as the standard for all our interactions with service-users.

## Responding to the Making it Real narrative in Thurrock



The All Party Parliamentary Group (APPG) on Housing and Care for Older People (2011) Living Well at Home Inquiry which recommended: *'local authorities should be at the heart of implementing "Living Well at Home" strategies and ... the new Health and Wellbeing Boards should give equal attention to housing, health and social care' '...Government should make specific provision on planning for an ageing society in the National Planning Policy Framework, to facilitate the supply of sufficient housing for older people to meet the demands and overcome the barriers to moving' '... Government should give impetus to local government, planners, designers, architects, developers, providers and older people's organisations to embed ageing in their local strategies and encourage the adoption of Lifetime Homes Standards as part of local 'age-friendly' neighbourhood criteria'.*

The main focus of Council initiatives to support health and well-being is to ensure service users and carers get the help they need in a timely way, including rebuilding skills and confidence to live independently. This will reduce dependence on services and prevent unplanned admissions to hospital and care homes where appropriate.

Our emphasis on strength based approaches including ABCD will require service providers and funding agencies to shift their focus from the needs and deficiencies of neighbourhoods, towns and villages to the 'community assets'. These community assets are the key building blocks of sustainable urban and rural community building efforts and include:

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

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

Social care services provided in Thurrock include practical help with repairs, gardening and advice, as well as programmes helping people to live healthy lifestyles and dedicated schemes aimed at key areas of need, such as falls prevention and affordable warmth.

Council operated social care services in Thurrock include:

- The **Rapid Response and Assessment Service**, (a partnership with NHS South West Essex Community Services) is an integrated team of social care and health professionals which undertakes urgent assessments at home and then provides direct access to a range of services. These include reablement programmes, telecare and telehealth services, as well as short stays in specially equipped Short Term Assessment and Reablement Flats or interim care beds in residential homes, to stabilise conditions and to build confidence.
- The **Joint Reablement Team** in a Council run service which provides short-term support designed to help keep vulnerable people safe and as independent as possible. The Reablement Team works with service-users to help them learn or re-learn important tasks needed for everyday life.
- **Telecare** which is now embedded in all assessments carried out by Adult Social Care to support service users to remain independent. Over the past year Telecare has increased its numbers on an average of 18 installs per month, and is included in 40% of all council funded care packages.

### Specialised housing for older people

A recent review of the Council's sheltered stock in 2010 found that although schemes are well run and largely popular, they were not designed to meet the needs of an ageing population. A number of the sheltered schemes present particular issues for tenants with mobility needs because the first floor flats are not suitable for retrofitting lifts.

Now Thurrock has been successful in its bid for grant funding for a scheme of 28 flats specially designed for older and disabled people.

The recommendations of the HAPPI report<sup>1</sup> informed the design of the scheme planned for Derry Avenue in South Ockendon.

As an exemplar in terms of design standards and quality, the scheme will raise the aspirations and expectations of residents planning for their later years, as well as providing a model for developers.



To further reduce unnecessary hospital admissions and delayed discharges a Business Case is being developed for a **Timely Intervention and Prevention** service which will use community based teams to identify vulnerable individuals with a range of Housing, Health and Social Care issues. The service will put in place a simple solution, a signposting service or pass on a referral for the ongoing management of a Long Term Condition within the home setting.

And the Council and the CCG are committed to providing integrated services in line with the Department of Health's ambition to make joined-up and coordinated health and care the norm by 2018. In response to an Integration Pioneer bid, Thurrock has been invited to contribute to the production of a toolkit to support business planning and delivery locally in conjunction with the NHS Improving Quality (NHSIQ). The expectation is that all localities will in future deliver integrated care and support, supported in particular by the recently announced Integration Transformation Fund that will be shared between the NHS and local authorities.

### Services funded by the Council in the independent sector

The Council also funds a range of external community and residential services for service users who have critical and substantial needs for care and support, as well as help for carers.

In common with carers elsewhere, those in Thurrock can face isolation, poverty, discrimination, ill health, frustration and resentment as a result of their caring role. We recognise that carers are crucial partners in delivering social care and believes they should not pay a penalty for the valuable contribution they make. We want to work in partnership with Thurrock carers by recognising and respecting them in their own right.

The identification of carers early on in their caring role is key to reducing the risk of carer breakdown and crisis situations at a later stage. In order to improve our identification of carers, Thurrock appointed Cariads, a collaboration of three local voluntary sector organisations. each with their own area of expertise and a strong track record of supporting carers in the local community, to identify and provide support, information and advice to carers. Cariads have been tasked with helping to build resilient and self-supporting carer communities as well as promoting and encouraging peer support and volunteering among carers. Thurrock is already benefitting from their broad knowledge base, extensive understanding of local need and their ability to work holistically and responsively with our carers.

In addition to our carer support in the community, **the Thurrock Carers Centre** acts as a hub for carers providing drop-in support and advice and hosting support groups, training and therapeutic activities. Short break and outreach respite services also take place here or are managed from the Carers Centre. Recently there has been a great deal of emphasis placed upon the identification of carers, This decision is validated when we consider the extremely positive feedback we get from carers once they have been identified and are receiving support.

### **A focus on reablement**

In April 2013 the requirements on commissioned Home Care providers changed, they are now all expected to adopt reablement principles and practises as a standard part of the service they deliver. More holistic support planning should also see improved outcomes particularly around learning new skills and confidence which will enable people to live independently in their own homes. This change will also help manage demand for high cost services and residential care.

This year Telecare will be increasing the range of equipment to support the changing needs of Thurrock's population. With projects such as the digital befriending service; Age UK will be using Skype and TVHD webcams to combat social isolation by connecting families and friends by video conferencing.



## **Home Care**

Home Care supports people to remain in their own homes by providing assistance with activities of daily living including washing and dressing and prompts for medication. Home Care is currently the largest Council funded service. In 2012/13 we externally commissioned 5100 homecare hours per week. Most of the people receiving home care are aged 65 or over.

The Council currently commissions three providers that work across the whole of the borough. At the end of March 2013, there were 134 adults (18-64) and 531 older people (65+) receiving homecare. These providers may also be commissioned by the CCG for funded nursing care and Continuing Health Care.

There are over 10 registered home care providers active in the Borough offering support to residents within the Borough who receive Direct Payments or who fund their own care. The actual number of service users funding their own care is unknown but it may equal the number funded by the Council.

## **Sheltered Housing, Extra Care and Supported Housing**

The Council provides 1,304 units of sheltered housing in 37 separate schemes which all have a full or part time Sheltered Housing Officer and a community alarm service providing an emergency response.

There are four sheltered housing schemes operated by Registered Social Landlords providing 113 one and two bedroom homes for rent and three private sector retirement schemes for leasehold ownership, providing just over 91 one and two bedroomed homes.

The Council owns 2 two extra care housing sites with a total of 73 units, and demand for these units is high, and in partnership with Hanover has developed a new purpose built extra care scheme which provides 18 one bedroom and 47 two bedroom extra care flats for rent and sale.

There are a range of supported living services in Thurrock including:

- Learning Disability Supported Accommodation – 3 schemes with 22 units of accommodation
- Mental Health Supported Accommodation – 1 scheme with 8 units of accommodation
- Homeless Hostel Supported Accommodation – 1 scheme with 29 units of accommodation (5 of these units are reserved specifically for Young People Leaving Care at the current time, leaving 24 units available for homeless families)
- Single Homeless Supported Accommodation – 1 scheme with 10 units of accommodation
- Teenage Parents Supported Accommodation – 2 schemes with 16 units of accommodation
- Women's Refuge Supported Accommodation – 1 refuge with 15 units of accommodation



## Streamlining social care

Thurrock led the work in the East of England to develop a standard set of documents and processes for contracting for adult social care and housing support (Supporting People) services across the region.

The deliverables include:

- Terms and Conditions of Contract for care and support services
- Service Specifications and Quality and Performance schedules for Care Homes, Home Care services; and Supported Living

A common quality framework has also recently been developed.

Details of the arrangements can be found at:

<http://www.streamliningsocialcare.org/>

## Residential and Nursing Care

Residential and nursing care is available for people whose needs are complex and can no longer be safely or appropriately met in their own home. Typically a residential care home will provide accommodation, have care available 24 hours per day, all meals available and provide opportunities for activities. A nursing home is for people who require care and medical support that can only be provided under the supervision of a qualified nurse.

Thurrock has historically placed more people in residential and nursing care as a proportion of the population than the national average. This is particularly acute for people aged 65+. In 2012/13, the rate of admissions into residential or nursing care of people aged 65+ was 899 per 100,000 population aged 65+. This compares to the national average of 709. For people aged 18-64, Thurrock placed 8 people per 100,000 compared to the national average of 14.9. As at the end of March 2013, Thurrock was supporting some 585 people in residential and nursing care placements.

Within Thurrock there are 8 providers which the Council have contracts with to provide Residential, Dementia and Nursing care in 13 homes with 593 bedrooms.

The Council operates a care home which has 41 single and 2 shared bedrooms. Up to 15 rooms are used to provide interim care for service users who are unable to return home for a period of time and respite care for service users who are supported by unpaid carers.

A major issue for the Council is that a number of other local authorities make placements into homes in Thurrock, which can mean we are unable to find sufficient care home places locally for local people when they need them. We are working closely with providers to ensure that we can offer local people a place in the home of their choosing when they really need it.

**In terms of performance**, in 2012-13, 89% of people discharged from hospital into reablement or rehabilitation services were still living independently after 90 days. Use of interim care beds enabled 56% of people (out of all discharges) to return home and 67% to avoid a residential care placement (not including those who went in to hospital or passed away). There has been a steady increase in the use of telecare as a means of helping people to remain independent in their own homes;

Thurrock is performing better than the national average and that of our comparator councils in reducing delayed discharge from hospital. In 2012/13 there were only 0.9 delayed discharges from hospital attributable to adult social care per 100.000 population aged 18+. This compares to the national rate of 3.3.

The Cavendish Review found: Social care employers are striving to train, retain and motivate staff under considerable financial pressure.

They find it burdensome to navigate the sea of vocational qualifications and training courses which has developed in response to changing fashions in government funding.

Lack of faith in the system has led to costly duplication, as employers develop their own in-house courses, and retrain new staff irrespective of what training they have had elsewhere.”

Although many of the solutions to these problems are in the hands of national bodies Thurrock is committed to playing its part in driving up the standard of care through its commissioning practice, and contract and relationship management activities.

## Facts about Care in Thurrock

- In 2012/13 Adult Social Care in Thurrock:
  - Handled over 3000 contacts from new clients.
  - Carried out over 2000 reviews of care support.
  - Completed nearly 1000 new assessments.
  - Assessed or reviewed over 900 carers.
  - Supported some 585 people in residential or nursing care in a snapshot at the end of March.
- Thurrock commissions on average 5100 hours of homecare weekly.
- Over 500 people completed a period of six week reablement in 2012/13

The 2011 Census reported that there were 14,606 unpaid carers in Thurrock which represents around 9% of the population.

- 5.5% of people providing unpaid care in Thurrock provide 1 to 19 hours per week and 2.4% provide over 50 hours per week.
- Population of people aged 90+ will rise by some 55% by 2018.
- 7.2% of people in Thurrock state they have a long-term limiting illness. Compared to 7.4% nationally.
- There are 1646 specialised housing units for older adults in the social and private sectors with 28 more currently in the development pipeline.
- Supported living schemes provide over 100 places for working age adults with social and health care needs.
- The Council's Careline provides a 24 hour community alarm service to around 4,000 residents across all tenures. A number of RSLs provide community alarm services to tenants in their own sheltered schemes.
- There are 28 care homes for working age adults providing a total of 164 bedrooms.
- There are 13 private and voluntary care homes for older adults in Thurrock providing 484 residential and 58 nursing care places. A further 51 places are designated for residential and nursing care.
- The Council operated Collins House has 41 single and 2 shared bedrooms. Up to 15 rooms are used to provide interim care.
- Net spend per head of population aged 18+ on adult social care is £272 in 2012/13 – lower than the average of £359.
- One in 5 service users are supported with a direct payment and over 60% with a personal budget.

## As easy as ABCD

### As part of Thurrock's Building Positive Futures

programme, staff from a range of Council departments including Public Health, together with officers from Essex Fire and Rescue Service, came together to explore strength based approaches to supporting vulnerable people.

Over 100 staff attended the two events to plan the rollout of Asset Based Community Development (ABCD). ABCD is about building resourceful, resilient and hospitable communities. It emphasises the strengths of vulnerable people and the resources in their local area, rather than focusing solely on their needs. It encourages us to think about 'what is strong' rather than 'what is wrong'. So in future, rather than looking to services provided by the Council, the result will more often be about people finding solutions in the community.

The events were facilitated by Cormac Russell, from the ABCD Institute. To find out more contact [Community@thurrock.gov.uk](mailto:Community@thurrock.gov.uk)



## What we achieve today and the outcomes we want to see in the future.

We perform well with the resources we currently have at our disposal and we enjoy excellent relationships with our user groups. But we recognise that services, no matter how well delivered are only part of the story.

We also recognise that diminishing resources and increasing demands require a very different perspective on how we work with individuals and their families, communities and service providers. This creates positive opportunities for making the most of the resources we do have as well as achieving better outcomes for people; sucking people into services can be counter-productive, leaving them isolated and dependent whereas, helping them to find more informal solutions within their own communities can lead to a better quality of life.

In future, our approach to commissioning and services delivery will reflect the 5 principles/common threads underpinning our work:

- Place-based
- Strength-based
- Relationship-driven
- Citizens in the lead (rather than institutions setting the agenda)
- Social justice – welcoming people who are on the edge of community

In the coming months we will be engaging with providers to explore how these 5 principles can be shared across sectors and how we might jointly develop new approaches.

### What will success look like?

We will know that we have achieved our vision when:

1. More people live longer, healthy, independent lives – only requiring limited periods of intensive support (hospital/nursing/residential care) as a result of:
  - a medical emergency such as heart attacks or strokes;
  - end of life care;
2. More people live with compressed morbidity rates (i.e. living longer, free from disease/infirmity for a longer period);
3. More people with dementia feel supported and secure in their own communities;
4. Fewer people prematurely move into residential care or languish in acute medical settings as a result of common and avoidable/treatable conditions such as falls, incontinence;
5. Fewer people in old age report depression and loneliness;
6. Fewer people with dementia withdraw from everyday activities and outside contacts because they no longer feel confident.

Thurrock is committed to a Commissioning for Outcomes Development Programme. The programme reflects relevant legislation such as the Localism Act and the Social Value Act. The programme will be compulsory for all staff with responsibility for commissioning and procurement.

## What we may need to change and improve

We believe we have established a firm foundation for health and well-being in Thurrock. But we know we can do more to improve the quality and choice of support available to local people if we can work more closely together – commissioners and providers, service users and carers, the private and voluntary sector, and the wider community. For example, we need to consider:

- what is an appropriate timescale for enabling service users who are placed out side the Borough to return to their community?
- what residential provision is required in the Borough to enable people with autism to live locally?
- what investment needs to be made in specialised housing for older and disabled adults to improve housing choices?
- do we require more extra care housing? If so how much and where?
- how we can develop or improve the Council's own extra care housing so that it meets current standards for design and amenity?
- how, given the fact people are now entering care homes much older and frailer, can we improve end of life care in residential settings?
- do we need specific residential provision, including care homes and extra care housing, for our ethnic minority populations?
- what can offer to families, including via the planning and Council Tax systems, to help them support older relatives or friends at home?
- what support do communities need – residents, voluntary groups and businesses - to create dementia friendly neighbourhoods?
- how can we support providers to pay a living wage, including time for travel, and ensure zero hours contracts are used appropriately?
- how we can engage and empower the health and social care workforce to deliver higher quality care?
- how we can support the development of new provider models including micro and social enterprises, spin outs and mutuals?
- how can we help providers to meet the social value objectives set by the Council in order to enable them to win business?

If you have views on these or any other issues about how we provide care and support in Thurrock please email them to:

[Social.care@thurrock.gov.uk](mailto:Social.care@thurrock.gov.uk) before 14 February 2014. Please put "MPS Consultation" in the subject line of your email.

## **Derry Avenue: realising our new vision – Ann’s story**

There are two versions of Ann’s story. The first has a range of different services responding to her and offering the very best services solutions, but with poor outcomes. The second version couldn’t be more different and it involves very little input from formal services.

### ***What would happen today***

Ann is an 81 year old woman living in south Ockenden, Thurrock who has recently become widowed. Simon, her son lives in the Newcastle and sees his mum three times a year. Alice, her daughter lives in North America and is only able to keep in contact via telephone which is difficult given Ann’s hearing loss.

Ann has lived in the same house for forty years. It is the home in which she raised her family and where she lived with her husband until he died nine months ago. The house has three bedrooms and a large garden which she can no longer maintain. The home is draughty and the heating system is too expensive to run for more than a few hours a day. However the house contains all of her happiest memories and is home. Ann knows that her house is not manageable anymore and makes her life much more difficult. She feels there is nowhere she would want to move to and so cannot contemplate moving.

Ann has become almost totally isolated since her husband died. She has a reasonable income as he left her well provided for but has lost all interest in mixing with people. As a consequence of her isolation Ann feels very low, and there are many days when she feels like there is little reason to carry on. As a consequence of this feeling, Ann has continued to use the sleeping tablets prescribed following her husband’s death, she has continued to take these on repeat prescription as she feels that they help to take the edge off of her loneliness.

Two months ago Ann accidentally doubled up on her dose. This led to her falling down the stairs late at night and not being able to get help until the morning. Ann had broken her hip and suffered other cuts and bruises. After a period in hospital Ann was discharged home with a package of re-ablement. Ann was unsure what this meant but now understood that this was care and support for her in her own home that would assist her to regain her independence. The service she received was very good but despite everyone’s best efforts Ann was unable to improve to the same level of independence she enjoyed previously. Ann now receives a home care package to assist her in her personal care needs and to prompt her medication use. Ann is now on much more medication than before and gets confused about what she needs to take and when. The longer term prognosis for Ann would seem to lead inevitably to a period of decline and ultimately to residential or nursing care.



*Specialised housing for older adults at Derry Avenue*

### ***What should happen in the future***

Ann watched Derry Avenue being built and she and her husband talked about selling their house and using their capital to buy a new equity share home. They recognised that the heating bills would be much lower and there would be fewer worries if they moved to purpose built, attractive housing. Ann had also joined the south Ockenden choir which had been set up by U3A volunteers at the new south Ockenden community hub – just X minutes down the road from Derry Avenue. Her husband has been active in the steering group of the community hub and had set up a reading club. A local volunteer has set them up on Skype so they can maintain contact with family in the UK and abroad.

When her husband and prime carer died suddenly, Ann was contacted by someone who was based at the south Ockenden service hub and who was called “Initial Support”. They explained that their team worked with people who were identified as possibly in need of some help and advice to ensure that their quality of life and independence was being maintained. In Ann’s case the referral had come from the practice nurse in her GP surgery. The worker arranged to visit Ann in her home and was able to provide her with a few aids that would assist in daily living tasks, and some minor adaptations to her house that would help to prevent Ann from falling. Also the worker reviewed Ann’s medication and was able to provide good advice about the possible detrimental impact of using the sleeping tablet she had been prescribed for too long. The worker also provided a medication dispensing system that ensured it was very difficult for Ann to take too many tablets. Finally the worker referred Ann to a “community Connector” who was a volunteer working in the local community who had established excellent links with a wide number of local groups and networks with whom Ann could become involved if she wanted. Through the community connector, Ann felt able to discuss her concerns about continuing to live in her family home in the longer term and how she might get help to move into the Derry Avenue scheme. When she was ready, a local community interest company – ‘People movers’ helped Ann with all the practical arrangements for down-sizing to Derry Avenue. With the community support she has in place, the lovely new home and new friends she has made at Derry Avenue, Ann’s use of medication has reduced as her health has improved. The family who moved into Ann’s house come to visit her, bringing home-made jams made from the fruit trees that Ann and her husband planted when they were first married. Ann in turn, helps their daughter with her French homework. The people mover company – set up with the advice of Thurrock CVS found a good home for some of Ann’s surplus furniture.

Derry Avenue, in tandem with our new Community service hub and our local volunteer services will mean that Ann’s life in older age, after the death of her husband can still be a quality life where health and independence are encouraged. Ann has just taken over the role of management secretary for the group running the day to day management and maintenance of the scheme. This means that the scheme benefits from her administrative and managerial skills she has from her previous career as the school secretary.