

# Care Market Development Strategy:

Commissioning a Diverse Market

2018 – 2023



## Executive Summary

In 2015 we wrote Thurrock Council's first Market Position Statement detailing the challenges that faced adult social care and the health economy, we set out our thinking to support the development of a diverse, responsive and creative market set against the unprecedented demand for services and the reductions in public sector budgets both centrally and locally. We set out a vision of growth and partnership working supporting individuals to have more choice and control of any support they required with an acknowledgement that as a Council we needed to commission differently.

In 2018 we are now consolidating our initial Market Position Statement into a Care Market Development Strategy that builds on and further develops a new vision for Commissioning and provision. The whole health and social care economy still faces considerable challenges, increasing demands, fragility within the market and decreasing budgets, however we are clear that this can only be solved by an integrated approach across every aspect of what we do.

We currently commission nearly 2000 more hours of home care per week since the last Market Position Statement yet the number of people supported has not significantly increased. This challenge shows the increasing size, intensity and complexity of care packages. We expect this trend to continue and as such must work across the whole system to meet the needs of people who require support.

With that premise the whole system in Thurrock is starting to work together to develop an Alliance approach which will mean commitment from the Council, Health, Providers and the voluntary sector to find solutions together, to focus on individual and population outcomes and most importantly to ensure that people who require support and services influence how that support is delivered and have more control. Solutions are not just service driven but a much wider range of community and personal resource.

The integrated approach across health and social care has been consolidated with a vibrant and effective Better Care Fund, supporting joint initiatives. To further develop our integrated way of working at a community level we are working in partnership to deliver our Better Care Together approach, this is a new model of care based on having services closer to the individual, more responsive with and a clear focus on outcomes.

We are piloting well-being teams which are a new way of delivering domiciliary care, far more focused on the person having choice and control funded by individual budgets. Alongside this we are piloting a refocus of Social Work Teams to be community based with localised budgets and being more easily accessible to the community itself. Health services within primary care are also being redesigned again to be more community based, reduce duplication and offer far more early intervention preventing the need for attendance at A&E or admission to hospital. These new approaches once evaluated will be rolled out across Thurrock under

an overarching Alliance Agreement. In addition, we are also developing more responsive technology to support independence and rethinking our approach to residential support with our 21<sup>st</sup> Century living project a multi-faceted response to living and support solutions for older age adults.

Our vision is one of partnership with people who deliver and have lived experiences of services, within the place and community where they live, which in turn will bring prosperity to the health and care market together with the wider commercial prosperity of Thurrock. This vision encompasses the Council priorities:

**People** – a borough where people of all ages are proud to work and play, live and stay.

**Place** – a heritage-rich borough which is ambitious for its future.

**Prosperity** – a borough which enables everyone to achieve their aspirations.

Finally, it is helpful to highlight some of the really positive progress that has been made since the publication of the last Market Position Statement in 2015. The detail of this progress is given at Appendix One however some key achievements are:

- The development of a Shared Lives Scheme which was delivered in collaboration with Social Finance an entrepreneurial group of businesses wanting to invest in social support. This 5 year contract aims to deliver 75 matches to offer positive alternatives to more traditional service responses.

- The implementation of Individual Service Funds which support people to have more control of their service provision without having the full responsibility of a direct payment.
- The development of over 50 micro enterprises. We recognised the need to diversify the market in the last Market Position Statement. As such we undertook a two year project to develop this segment of the market.
- Accommodation and support is key and a great deal has been achieved through the development of a refurbished complex of flats for people with learning disabilities, the agreement between the Council and Peabody Housing Association to develop 6 specialist units of accommodation for people with autism in Medina Road and the expansion of capacity for people requiring support who have dementia.
- Our Director of Public Health has produced a detailed report discussing the sustainability of the health and social care system and this has been an influential tool in our move towards an alliance approach, integrated commissioning and our Better Care Together agenda for locally based social work, health care, and living well at home teams.

Our Market Development Strategy 2018 to 2023 supports a diversity of approach which is not just service based but solution focussed encompassing the whole community of Thurrock and valuing partnership and collaborative working.

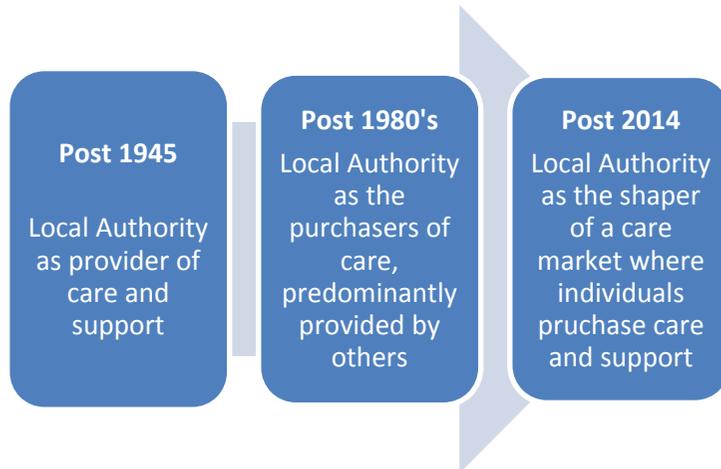
## 1. Introduction and Policy Context

The Care Market Development Strategy is aimed at both existing and potential providers of Adult Social Care services in Thurrock to ensure that we develop a diverse market that can meet the needs of local people. This strategy will help us to deliver the Council's Corporate Vision (specifically the priorities contained in the plan under 'People'). This strategy also meets the Health and Wellbeing Strategy (Goal 4 – Quality Care, centred around the person).

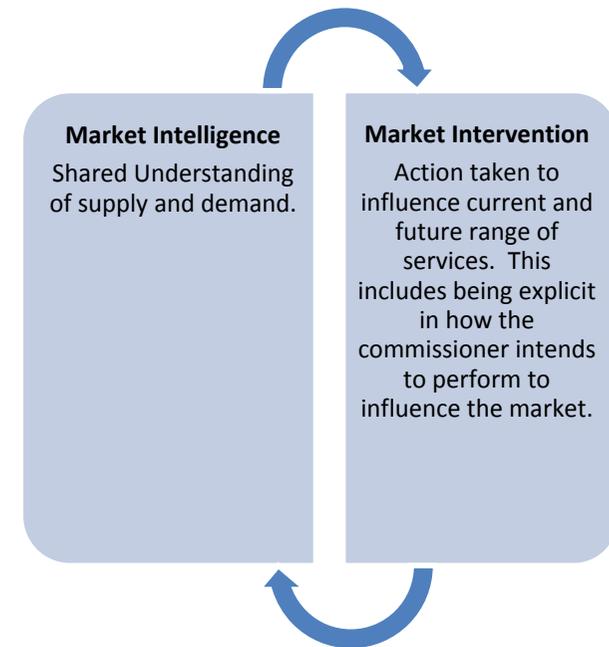
**More information about the Corporate Plan and the Health and Wellbeing Strategy can be found at;**

<https://www.thurrock.gov.uk/priorities-strategies-and-plans>

The Care Market Development Strategy reflects the changing role of a local authority from that of a provider of services to the shaper of care markets



Although the local authority may still purchase care, the introduction of the Care Act in 2014 cemented the change of role by explicitly giving Local Authorities *'overarching responsibility to ensure there is a diverse, sustainable and quality care and support market operating in its area. There needs to be sufficient care and support to available to enable choice for all those who need care and support, including carers'*.



The statutory guidance regarding the Care Act advised that one of the ways to meet the responsibilities of this new role was to publish a Market Position Strategy containing both Market Intelligence data and the approach to Market Intervention.

## 2. Background

In 2014 Thurrock Council published its first Market Position Statement (MPS). The purpose of the document was to:

- Indicate the changes to Adult Social Care services the local authority wishes to encourage;
- Present data and direction to providers to enable them to plan and invest as appropriate for the future (based on need and user preference);
- Detail how the local authority will intervene and shape the market

There was a significant number of actions contained in that document which have been achieved, such as the start of a Shared Lives Scheme, development of a large number of micro enterprises and a number of specialist housing schemes for Older People, Learning Disabilities and people with Autism built to Happi standards (a full update is contained in appendix 1).

This document plans to build upon the success of the MPS but with a focus on increasing the diversity of the market thereby expanding real choice for service users. The Care Market Development Strategy is a concise document that clearly articulates the vision for the future and what Commissioners intend to do to make that vision a reality.

Due to a number of initiatives there will also be smaller, more subject focussed products published over the next two years. The Supported Housing and Accommodation Based Services MPS will be

published in March 2019. It is a key component of a new commissioning role in Adult Social Care to define the model/s of supported housing and other accommodation based services. In 2019 we will also be publishing a Housing Strategy for Older People based on the findings of the Annual Public Health Report regarding the housing needs of Older People in Thurrock. This will result in a clear message to providers or potential providers of these services.



A separate Mental Health MPS will also be published as a new joint appointment has been created across Adult Social Care and Public Health.

A Carers strategy is being developed during 2018 and although we know of some areas of development where gaps in provision have already been identified, we want to ensure that this strategy and the voice of Carers shape the market. Lastly, we are piloting Wellbeing Teams in Thurrock (detailed in section 4) and do not want to present a position on the future of home care until we have the outcome of the pilot (which ends late Autumn 2020).

### 3. Transforming health and Adult Social Care in Thurrock

The health and care system is in the midst of a number of significant and sustained challenges. Transformation of the existing system is a must so that residents are able to achieve the outcomes that matter most to them. A robust and flexible market place that supports our vision for health and care underpins our ability to succeed. It is key therefore that market providers current and future understand what they need to do to be able to respond to our direction of travel as set out by this document.

Our transformation journey began in 2012 with a programme called **Building Positive Futures**. There were a number of achievements under the Programme including Local Area Coordination, HAPPI (Housing our Ageing Population Panel for Innovation) housing schemes, growth in supported accommodation, and the development of community hubs (please see appendix 1). We started to have conversations with people requiring support that focused on ‘what a good life’ was to them.

Following the success achieved under Building Positive Futures, phase 2 of Thurrock’s transformation programme was launched – **‘For Thurrock in Thurrock’** (FTIT) in partnership with local Health partners and the Voluntary and Community Sector (VCS) and built on the work started under Building Positive Futures. The work programme introduced Thurrock First (our single point of access to health and care services), Social Prescribing in some of Thurrock’s GP surgeries, the development of independent living accommodation, and scoping the development of a 21<sup>st</sup> century residential care facility. Phase 2 of transformation sought to influence the health and care system so that it focused on achieving and sustaining ‘wellbeing’.

We have now entered phase 3 of our transformation journey **Better Care Together Thurrock** which consolidates and expands the approach further still – with a focus on place and on whole system redesign. The success of phase 3 is dependent on collaboration across all partners with a commitment to sign up to and deliver a shared goal.

#### **Key Principles**

We have worked with communities and partners to develop a set of principles that underpin the Health and care system we want to achieve. These are as follows:

We will all work together to ensure that:

- We are focused on supporting individuals to achieve the outcomes that are most important to them;
- The amount of resource we spend on bureaucracy is kept to a minimum – ensuring that the maximum amount is available to provide individuals with the solution they require;
- We will all work in partnership to identify and provide the best solution;
- Our solutions look to utilise the assets available within the local area and not just focus on the services we provide;
- We are flexible enough to respond and adapt to individuals and their neighbourhood’s changing circumstances;
- Responsibility for maintaining and improving health and wellbeing is shared by everyone within their neighbourhood;
- Our starting point will always be to prevent, reduce and delay the requirement for a social care and health service; but....

- If a service is the best solution, we will ensure it is appropriate, easy to access, of high quality and provided in a timely manner.

### The Future – what ‘system transformation’ will achieve

The current health and care system has predominantly focused on responding to need and waiting until individuals reach crisis point. To successfully overcome the current challenges that face us and our population, we must redesign the foundations upon which the health and care system is based, ensuring that they help people to ‘live well’. For example:

- A focus on strengths not on need – reducing dependency;
- Empowering individuals to take control
- Targeting interventions so that they prevent crisis;
- The importance of outcomes as opposed to process;
- The need to reduce duplication, bureaucracy and process to ensure that the majority of resource is focused on providing support;
- The importance of technology to enable improved outcomes; and
- The importance of a solution and outcome focus and not of a service and prescription model.

We have collaborated with Health and community partners to begin to put into practice our future model as part of Better Care Together Thurrock. We are not starting from the beginning; the current phase of transformation builds on and consolidates phases 1 and 2 of our programme.

### Transforming health and social care



Better Care Together Thurrock aims to deliver system redesign around a population in a place. Based on a report by the Director of Public Health, Better Care Together Thurrock aims ‘to provide better outcomes for individuals that are closer to home, holistic and that create efficiencies within the Health and Care system’. The report demonstrated that in one area of Thurrock, 9 out of 10 people attending Accident and Emergency could have received the support they required within the community. Further analysis also identified that 50% of hospital spend accounted for only 1.8% of the population. The report acted as a ‘case for change’ to support phase 3, and identified a number of solutions:

- Increasing the capacity of primary care;
- Improving case finding and the management of Long Term Conditions; and
- Proactive, Integrated Community Health and Wellbeing.

Phase 3 of our transformation programme responds to the findings and recommendations contained within the report through:

- Organisational change
- Developing how we commission
- Engaging with and involving staff, individuals and communities
- Becoming outcome focused and evidence based

Achieving this creativity and innovation will be at the heart of what we do. For example, we are currently in the process of developing two self-managed Wellbeing Teams as an alternative model to domiciliary care; and are also developing a Community-based Social Work Team who will be tasked with developing and creating innovative solutions for social work responses. We are also piloting new approaches to technology enabled care so that we use technology where it will help improve the outcomes for people.

It is important that as we transform, we do not lose sight of the three themes that helped to define our transformation journey at the start, as these are as important now as they were then:

- Stronger Communities;
- The Built Environment; and
- The Health and Care Infrastructure.

Most importantly, our overriding approach must be to develop a system that results in a different outcome for the people that use it – and not recreate a system that’s based on the same thinking that created it.

#### **What this means for providers of services.**

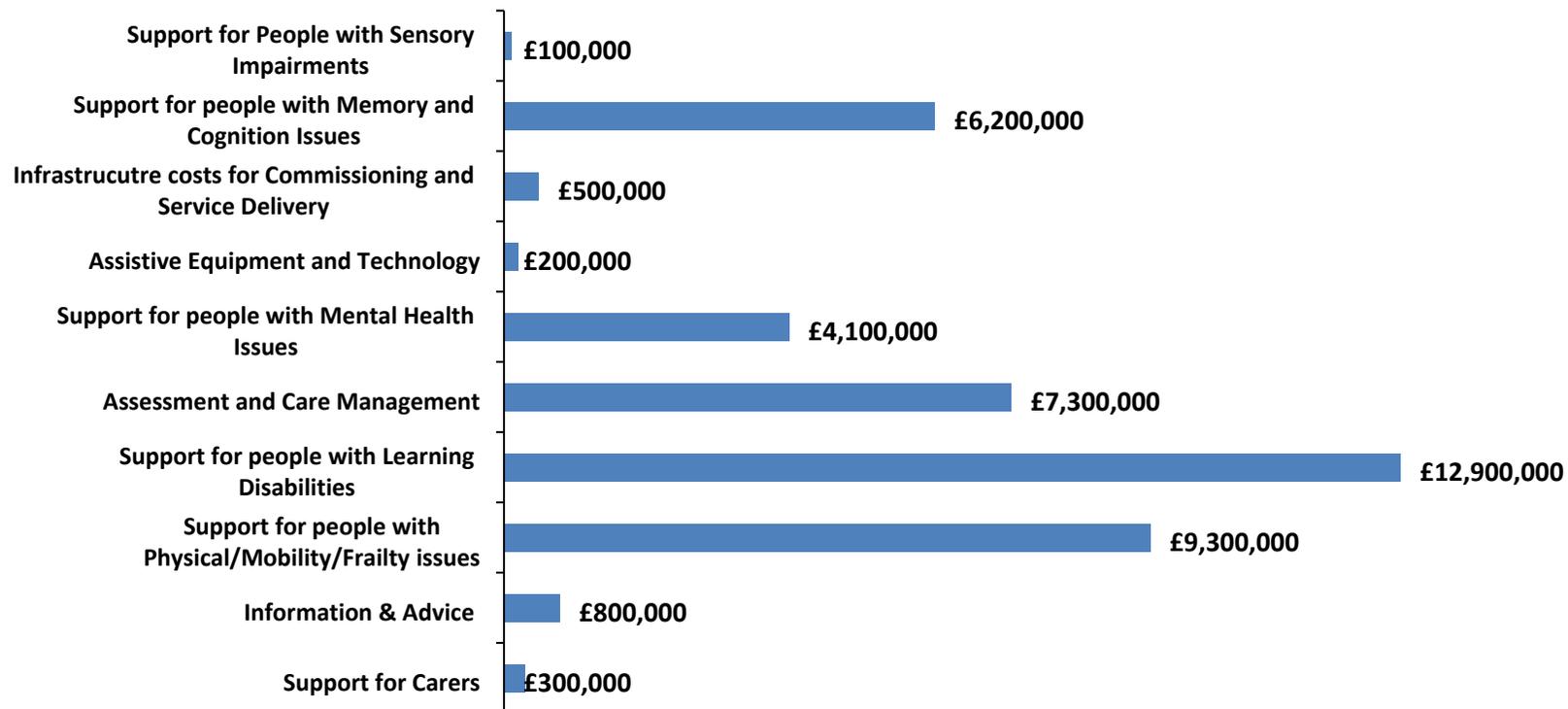
**We want to work with providers of care homes, home care and a range of other community services to ensure they are able to play their full part in Better Care Together. We will be working with providers to ensure that their services are:**

- **personalised and reflect the outcomes that are most important for each service user;**
- **deeply rooted in the local community, and able to make use of community assets (facilities, organisations and networks) which will deliver the solutions service users require;**
- **increasingly geared up to respond to the integrated commissioning of social care and health in Thurrock, and better able to provide holistic services**
- **able to make the most of Technology Enabled Care Services (including telehealth, telecare, and telemedicine) in the support they offer service users;**
- **equipping service users to take more control over their lives, including via direct payments, Individual Service Funds (ISF’s) and working to reduce dependence of services.**

#### 4. Spend and Key Statistics

We spent £41.7 million (Gross) on Adult Social Care services in 2017/18. The chart below shows how our spending is split across key areas:

### Key Areas of Adult Social Care Spend (Gross) 2017/18



<b>Market Position Statement 2014</b>	<b>Current Position</b>
1 in 5 service users were in receipt of a direct payment at the last MPS	1 in 4 service users now have a direct payment.
In 2014 we commissioned 5000 hours of homecare per week	We currently commission 7000 hours of homecare per week, an increase of 2000 hours per week since 2014.
Aged 18+ Net spend per head of pop. Aged 18+ was £272 in 2012/13 - lower than the average of £359	Net spend per head of population aged 18+ was £264 in 2016/17 – lower than the England average of £344
In 2014 we had 13 care homes/593 beds (residential and nursing) for older people and people dementia in borough.	We still have 13 residential care homes however there has been a slight increase in the number of beds for people with dementia making the total 611.
In 2014 we had 23 care homes/147 beds for working age adults in the borough.	We now have 19 care homes/139 beds for working age adults in the borough

## 5. What service users want

Over the past 6 months Thurrock Council has worked with the following groups to gain a greater understanding of user needs and aspirations;

- The Thurrock Autism Action Groups
- The Thurrock Disability Partnership Board
- The Thurrock Emotional Wellbeing Forum for Individuals, Family Members and Carers
- The Thurrock Older People's Parliament (OPP)
- Direct Payment Engagement Group

These groups have highlighted what outcomes people feel are important, how these are being achieved at the moment and what services and support need changing or are missing.

There were some consistent messages across all groups;

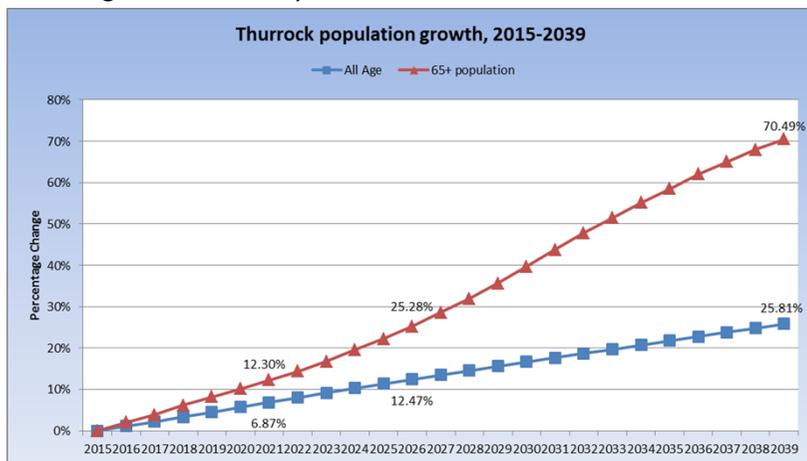
1. The difficulty in accessing services and the lack of coordination between them.
2. The importance of continuity of carer/support worker. Concerns about reliability of carers having to travel throughout the borough and lack of flexibility and contingency in how we commission home care
3. Information needs to be accessible to all (needs to be in a variety of formats – not just digitally available). More training needs to be available to skill people to match the digital approach but people also need a 'person' to talk to.

4. Direct payments are important. Including timely information about what a direct payment can be used for and what options are available for care and support. Users identified the need for a PA agency as they felt new users may have difficulty finding a PA. Specific need for highly trained PA's for people with Autism and specialist/high needs.
5. Increase in care and support options for people with dementia
6. Requires more flexibility in services – specifically respite services and home care
7. Value micro providers but felt they could benefit from being able to access more training
8. Wanted commissioners to understand that social interaction is as valuable as physical interaction.
9. Specialist service for people with complex/profound Autism
10. Felt there needs to be a service between residential care and independent living and that independent living needed a clearer definition.

Most groups also reported that they need an improved accessible transport system (especially to attend medical appointments). There was also a general desire to be independent – for example the OPP group emphasised the importance to them of aids and adaptations to stop them requiring more intensive services.

## 6. Needs of service users

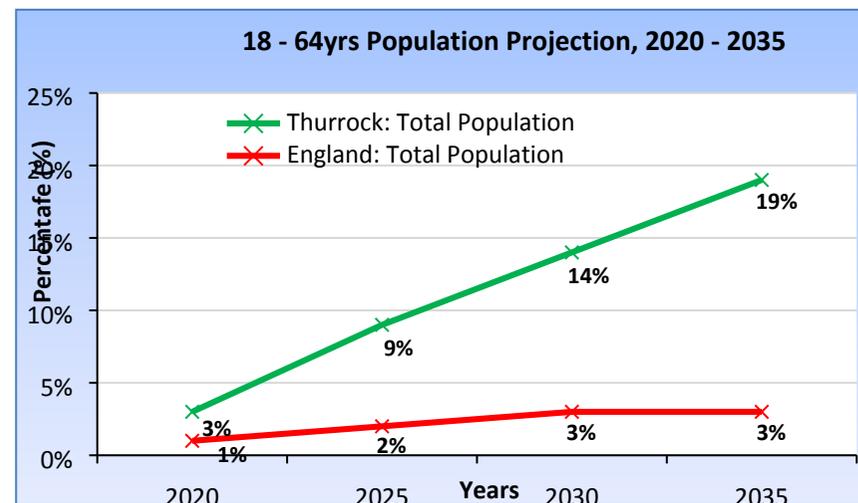
The latest population estimates 165,184 of which 83,835 (50.7%) were female and 81,349 (49.3%) male. This is estimated to rise to 201,000 by 2035. It is known that nationally the population is living longer, albeit not necessarily healthier, lives. Whilst it is expected that in Thurrock, the population might grow by 6.87% by 2021, this is almost doubled in those aged 65+ (12.3%), and this age group is expected to increase at a much higher rate for all years after this date.



Quantifying this, there are an estimated 22,839 people aged 65+ in Thurrock in 2015; this is expected to increase to 25,649 by 2021 and 28,612 by 2026. Those aged 65+ are the highest users of Adult Social Care services and are also more likely to develop multiple long term conditions, which results in increased demand for health and social care services<sup>1</sup>.

<sup>1</sup> Maria Payne, *Likely contributors towards future social care needs*, Thurrock Council

However, it is not just the number of Older People that will experience a significant increase. There is a marked increase in those aged 18 – 64 in Thurrock compared to the projections for England.

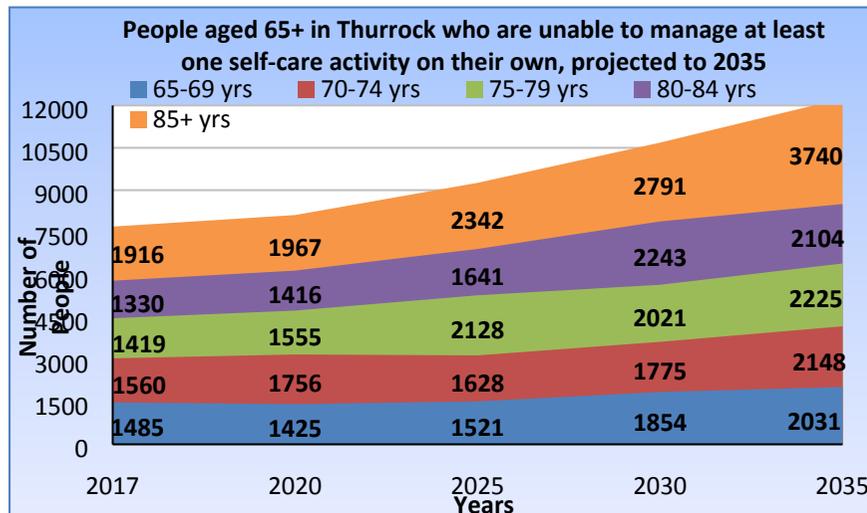


Other indicators of the demand of health and social care are lifestyle behaviours. Thurrock has particularly high numbers of people undertaking behaviours relating to smoking (Thurrock already has more hospital admissions attributable to smoking than both regional and national averages) and obesity (70.3% of adults in Thurrock are either overweight or obese).

**Key Points - Without a successful transformation of the health and social care system and public health initiatives, the growth in population coupled with risky behaviours and high levels of deprivation is likely to lead to a significant increase in health and social care usage.**

### 6.1 Needs of Older People (65+)

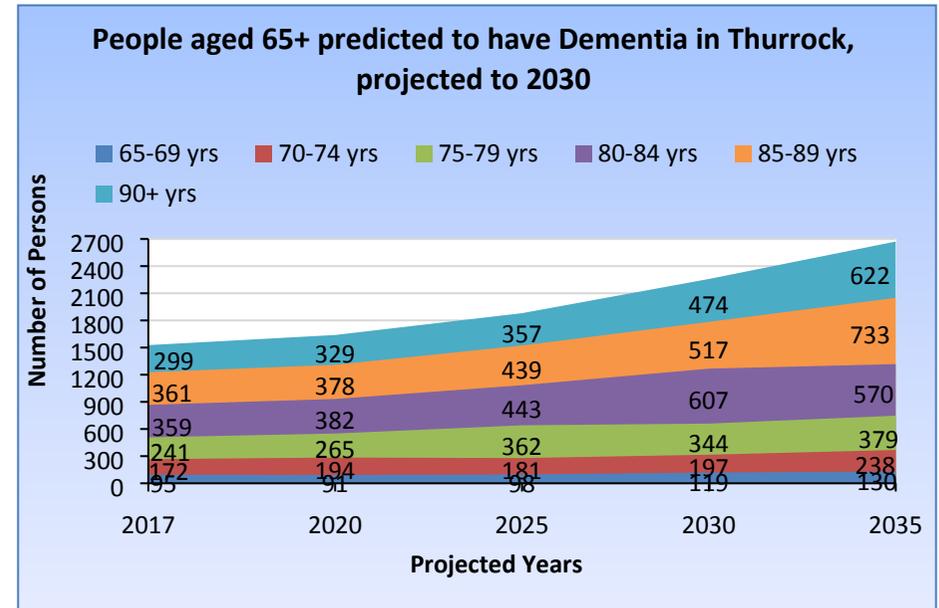
As can be seen from the figure below there is a predicted increase of 59% by 2035 in the number of people aged 65+ in Thurrock who cannot undertake even one self-care activity (basic personal care activities e.g. dressing, feeding, washing and toileting) independently and therefore will be requiring support from Adult Social Care.



In 2017 the total number of people was 7,710 and is projected to increase to 12,248 by 2035 with the largest increase in 85+ year age group, which sees an increase of 95.20% during this period.

It is estimated that the number of people aged 65+ with dementia could increase by 75% between 2017 and 2030. The 85+ age group have the

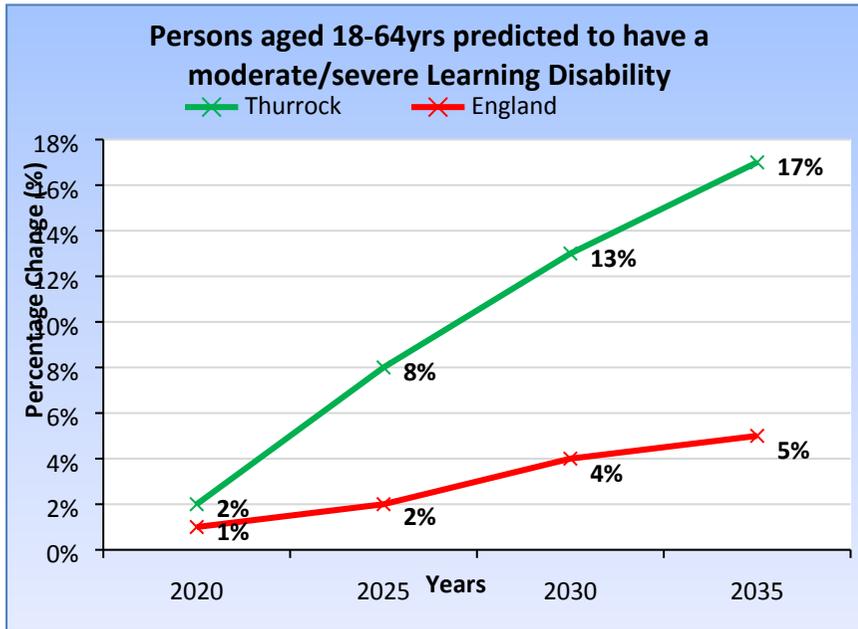
greatest prevalence in dementia. People in this age group with dementia more than doubles during this period from 660 to 1355.



**Key Points -** Although there is a projected increase in need for all people aged 65+, there is significant growth in those 85+ with physical ill health and dementia.

**This pressure should be considered alongside the high levels of obesity in Thurrock which will require both an increase in the number of carers and the purchase of expensive bariatric equipment to deliver care and meet need safely.**

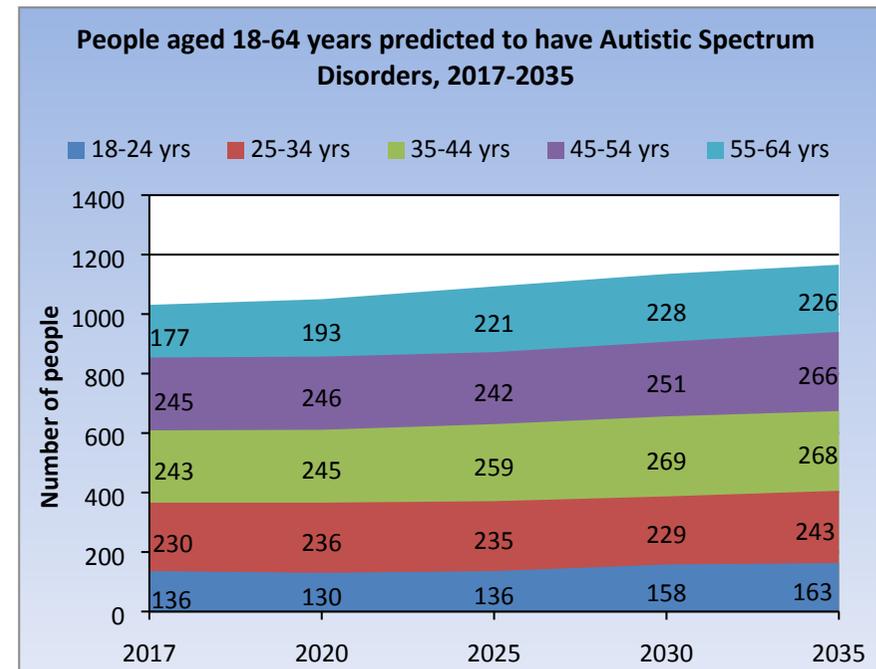
6.2 Needs of working age adults (18 – 64)



Thurrock is expected to have a significant increase in people aged 18 to 64 years with a moderate/severe Learning Disability compared with the national average (Thurrock has a disproportionate number of people with a Learning Disability compared to the national average as a result of a historical closure of Learning Disability long stay hospital in the area). This increase is largely due to people with a Learning Disability already known to Adult Social Care living longer – a large growth area for Thurrock is those aged 45 to 64.

The other area of growth is those 18 to 24. This is due to the location of two specialist schools in the borough meeting the needs of children with disabilities.

One of these schools also has a specialist unit for children with Autism. Although the table below shows a 13% increase in the number of people aged 18 to 64 with Autism, this does not fully reflect the reality and we expect it to be much more. This data is based on national averages and does not reflect that Thurrock has specialist provision which attracts families with autistic children to the borough.



In the last MPS we identified this potential increase in young people who would require Adult Social Care provision and the need for more specialist accommodation solutions. This assumption has been supported by the increase in young people with Autism coming through the transitions process requiring support. In the last MPS, Adult Social Care identified the need for purpose built accommodation for people with Autism. Thurrock Council is working jointly with Peabody Trust (formerly Family Mosaic) to develop their site in Medina Road, Grays to build 6 self-contained properties to support people to live independently as an alternative to placing outside of the borough. Medina Road is primarily aimed to meet the needs of those on the autistic spectrum and as a home for life. Ground works have already commenced on the site with an anticipated completion date of autumn 2019.

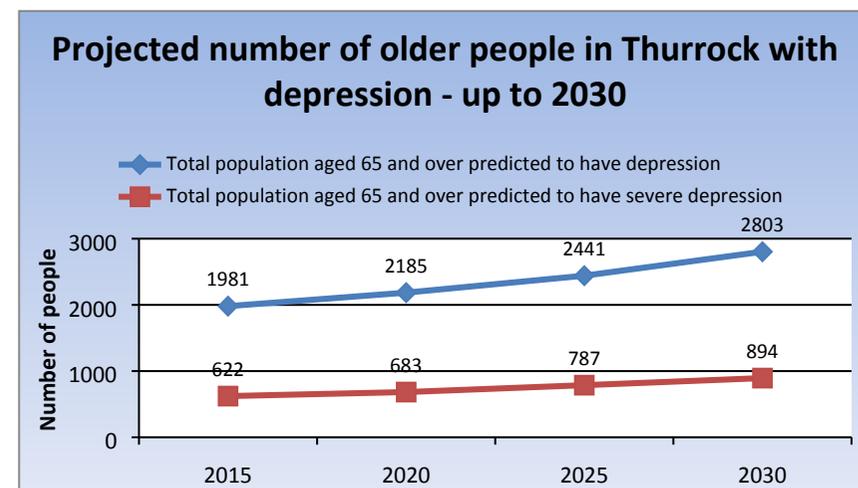
**Key Points - We expect a significant rise in working age adults with a moderate/severe Learning Disability (largely people already known to Adult Social Care aged 45 to 64) and younger people with Autism.**

### 6.3 Mental ill Health

Current figures suggest that 1 in 4 people will experience poor Mental Health at some point in their lives and that 1 in 6 adults are experiencing Mental Health difficulties at any one time.

Population projection data shows that the numbers of people with Mental Health disorders are due to increase steadily over the next 15 years, which means that the need and demand for Mental Health services will increase in coming years

Estimates made by the Projecting Adult Needs and Services Information (PANSI) suggest that 16,270 adults aged 18-64 in Thurrock had a common mental health disorder (includes diagnosed and undiagnosed) in 2015. This is projected to increase to 18,029 by 2030 – an increase of 10%<sup>2</sup>.



One particular area of Mental ill Health which is expected to have disproportionate growth in Thurrock is the projected number of Older People with depression. Thurrock’s mental health JSNA identifies 1981 Older People with depression – this is expected to increase to 2803 by 2030, which is an increase of 41.5%. In addition, the number of older adults predicted to have severe depression is set to increase from 622 in 2015 to 894 in 2030 – a rise of 43.7%.

The same document also identifies how mental health interacts with

<sup>2</sup> Thurrock Council, *Joint Strategic Needs Assessment – Mental Health*, 2018

physical health and risky behaviours such as smoking, substance misuse and obesity.

<p>30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health</p>	<p>There is a strong link between social isolation and mental ill health.</p>	<p>A high proportion of people misusing drugs and alcohol also suffer from mental illness</p>
<p>40% of Older People living in nursing/care services suffer depression. Older People in residential care are two to three times more likely to experience depression than Older People in the community<sup>3</sup>.</p>	<p>Those with serious mental illness have extremely high rates of smoking</p>	<p>There is a strong association between obesity and poor mental health.</p>

**Key Points - Mental Health will be an increasing focus for the Council and Health colleagues over the next year.**

**There are strong links between obesity, smoking and poor mental health. As can be seen from section 6, Thurrock has higher than average prevalence of these lifestyle behaviours.**

**If we consider the link between mental health and physical health, section 6.1 shows an expected increase of 59% by 2035 in the number**

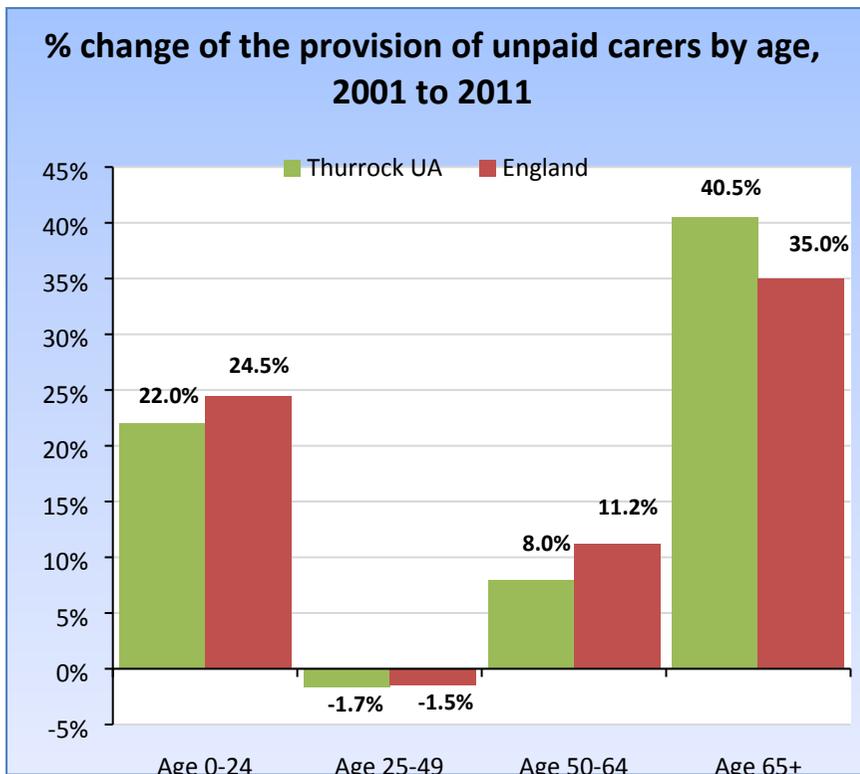
<sup>3</sup> *Assessing the mental health needs of older people.* SCIE Guide 3, 2006

**of people aged 65+ in Thurrock who cannot undertake even one self-care activity. This will impact significantly on mental health services but also suggests a much greater degree of integration is required between mental and physical health services if we are to adequately meet the needs of the population.**

**Thurrock has higher than average permanent residential admissions for Older People. If 40% of Older People living in nursing/care services suffer depression – then the impetus must be on the Council to explore preventative service and/or greater links to the community for those people where residential care is the most appropriate service to meet their needs.**

#### 6.4 Needs of Carers

Carers are people who spend a significant proportion of their life providing unpaid support to a relative, partner, friend or neighbour who is ill, frail, elderly, disabled or has mental health or substance misuse issues. They are a diverse and significant group of people – over 3 in 5 people in the UK will become Carers at some point in their lives. Nationally 1 in 8 adults (6 million people) are Carers and of these, 1.2million Carers provide more than 50 hours of care per week. The 2011 census shows that 26% of those identifying as caring in Thurrock provided this high level of care. This is higher than regional (23%) and national averages (22%).



In Thurrock it is estimated that some 20,000<sup>4</sup> people are Carers. However, of these under 5% are actually known to public services and formally recognised and receiving caring support. In 2016/17 Carers in Thurrock were primarily providing support for Older People or people with a long term illness. The majority of Carers were aged 51-64.

<sup>4</sup> Census data suggests 1 in 8 people are carers. This has been applied to current population projection data.

Caring can be a rewarding experience but many face isolation, poverty, discrimination, ill health, frustration and resentment as a result of their caring role. For example, a Carers survey carried out in Thurrock in 2016 found that 84% of respondents said that caring meant that they either had no control or some but not enough control over their daily life; in addition 78% said that they had encountered financial difficulties in the previous 12 months and most worryingly, there is a significant increase on previous surveys in the number of Carers reporting social isolation.

However, 70% of respondents did report that they found it easy to obtain and access information they needed for their caring role, compared with a national average of 64%. Thurrock Carers also reported a higher than national average satisfaction with social services (40% and 39% respectively).

With Thurrock facing a growing and ageing population, there is likely to be an increase in the demands on Carers who are themselves becoming older and are already providing the bulk of care and support.

**Key Points – The projected rise in Older People and people with long term conditions means there will be more people caring. Without adequate support for Carers there will be an increased strain on the health and social care system.**

**The large amount of care provided by Carers in Thurrock, coupled with the increase in Carers self-reporting as being socially isolated will result in an increase in the use of mental health services if appropriate support and interventions are not put in place.**

## 6.4 Workforce

Most of the health and social care budget gets spent on staff and it is therefore essential that we address the national and local shortage in the care workforce.

Social care has to compete with both the NHS and other sectors such as retail in order to attract staff. Thurrock faces particular difficulties in attracting staff into the care sector as a wide variety of other employment opportunities such as retail (Intu lakeside is based in the borough and planning expansion) and a large and growing logistics sector (e.g. Amazon has recently opened a large distribution centre in Tilbury) trying to attract the same pool of people. Some of the initiatives we are developing in Thurrock are attempting to address this issue. The Wellbeing teams should lead to better care delivery but part of this should be greater job satisfaction and increased pay for care workers.

In addition, we are aware that as we look towards greater integration with health, that the workforce of the future may need different skills that it does today. As such, we are starting to develop a Care Workforce Strategy for Thurrock that will be published in 2019.

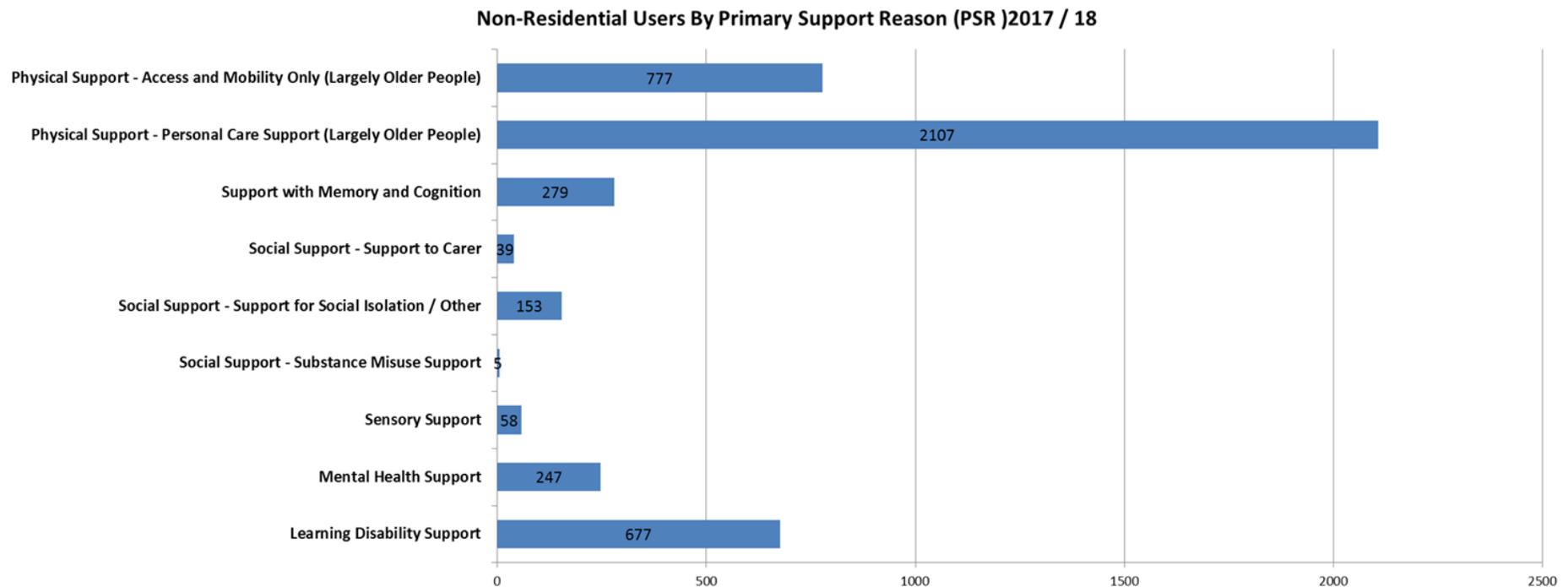
**Key Points – Health and Social Care is about people. Without attracting adequate numbers of well trained staff into the sector we cannot meet the increasingly complex needs of service users.**

## 7. Diversity of the Market

### 7.1 Community Based Provision

In 2017/18 the primary users of community based services were people needing:

- Physical Support – Personal Care Support and accessing the community (largely Older People)
- Learning Disability Support.
- Support with Memory and Cognition (largely Older People with Dementia)
- Mental Health Support (Working Age Adults).



This reflects the previous MPS' areas of concern regarding the increasing requirement for physical support for Older People. This has indeed placed strain on the traditional homecare market within Thurrock as we have seen an increase of nearly 2000 hour of home care commissioned each week since 2014.

Within the last MPS there was a clear intention to diversify the non-residential care market and encourage the use of other forms of service provision whilst simultaneously reducing residential care dependence. While growth of the Shared Lives market has been initially slower than anticipated, usage of other non-residential care options has increased.

The increased focus on maintaining individuals in the community has resulted in the proliferation of non-residential support options for increasingly complex cases. Thus, options such as Supported Living and combined Direct Payments / Homecare packages have increased which has shifted spending patterns to new key areas of growth; Learning Disability; Mental Health; and Older People (physical support).

This shift of £4.3m investment from residential to community based services has enabled a greater flexibility in meeting eligible needs for Thurrock residents in an increasingly challenging non-residential market place and provided a platform for the growth of micro-enterprises in Thurrock.

One of the main challenges moving forward in commissioning and maintaining a diverse market will be adapting and working with providers to meet the service users changing requirements.

As stated previously a great proportion of our current spend is attributable to services for people with a Learning Disability or Mental Health needs. As these groups have some of the lowest average ages for Direct Payment and Supported Living (see appendix 2) it is likely other needs will manifest as these individuals age e.g. there will be an increasing requirement to meet the needs of Learning Disability service users who develop dementia.

If we aim to support these individuals within the community longer term more bespoke services or specialist services may need to be sourced.

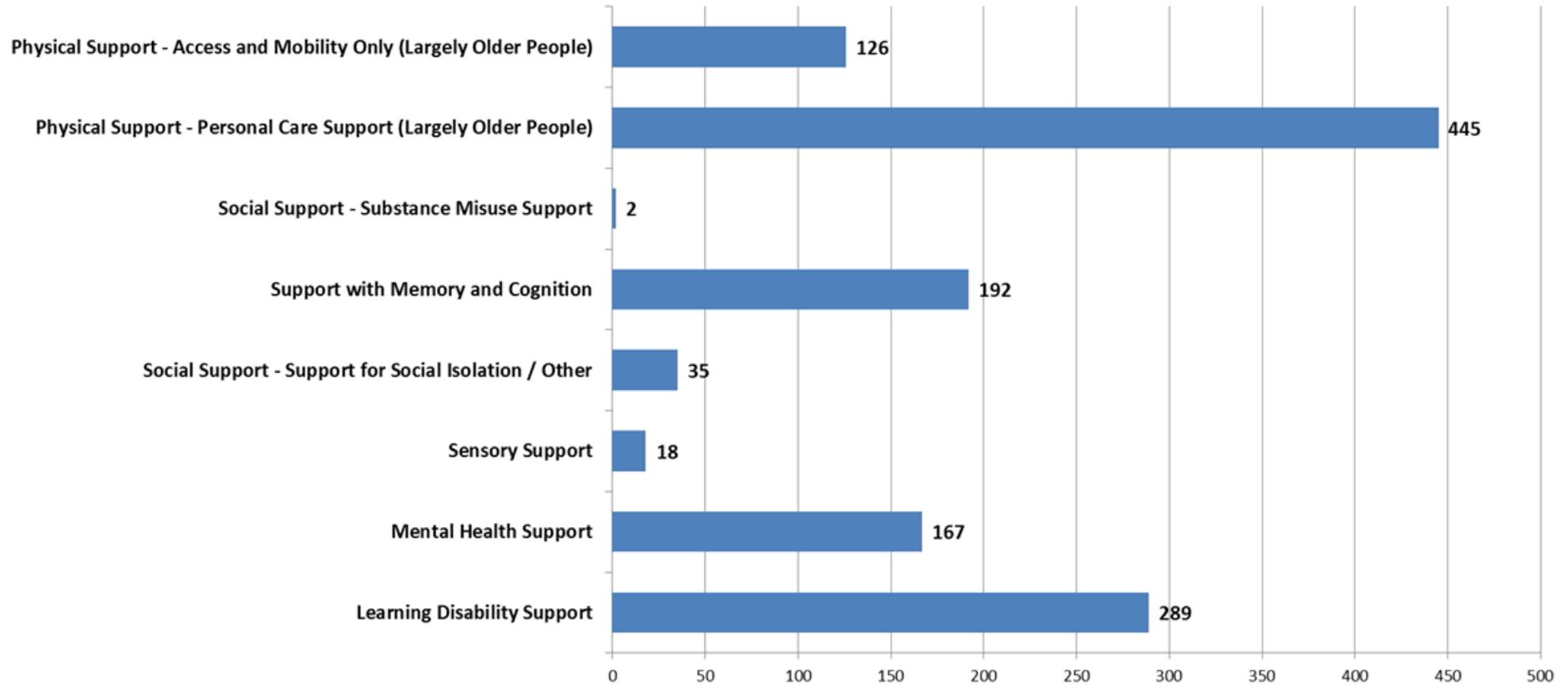
Under 1% of users of community based services are Carers. In 2017/18 only 11 Carers received a direct payment with the needs of most Carers of Older People being met by Council run services. The lack of choice and diversity of provision for Carers is a priority now that a comprehensive information, support and advice service has been procured.

**Key Points – There has been a greater use of community based services since 2014. This has led to a greater diversity of provision including the development of micro providers. We expect this trend to continue and will work with providers to define and develop services to meet;**

- **The need for supported housing**
- **The needs of Carers**
- **The need for more specialist/bespoke services for people with complex needs e.g. Autism, People with both learning disabilities and dementia etc.**

## 7.2 Residential Market

**Residential Users By Primary Support Reason (PSR) 2017 / 18**



Externally provided residential provision (the Council retains one in-house residential care home for Older People) totalled over £20m in 2017 / 18, of which the vast majority was spent with private businesses. We have significantly more people in residential care with physical support /personal care needs (primarily Older People). However, spend does not reflect the number of placements, as although a much lower number of individuals are in residential care than previously, spend on Learning Disability residential care is significantly higher (nearly double).

This is (to a degree) to be expected with the two specialist schools within the borough and the forecast above national demographic trend increases in Learning Disability.

The spending pattern for residential service, in combination with community based spend for Mental Health and high average ages in homecare and day care would point to a potential short comings in our present range of options that address the mental wellbeing of people 65+. This will present a more significant future challenge given the forecasted pressures outlined in the 'needs of Older People' (section 6.1) earlier in this document.

Thurrock's Brokerage team do not report a need for more in-borough residential care placements for people with mental ill health but do require a greater diversity of mental health supported accommodation. This is exacerbated by the increase in demand, both current and predicted of this service type for clients with Mental ill-health.

At present internal brokerage services are reporting a consistent 5% void rate for traditional Older People residential care across the

borough. This is in keeping with overarching trends which has seen a continual reduction in traditional Older People placements since 2010 via externally sourced places (329 individuals in April 2010 compared to 257 in April 2018).

Although actual placements are showing a reduction, our forecast due to demographic pressures (even factoring in community based service solutions) is showing at best a stabilisation or small increase in the number of residential placements for Older People with physical support needs. As we currently have a 5% void rate in Older People residential care we will not support the development of further traditional residential care provision. The proposed development of the White Acres site into a care home for the 21<sup>st</sup> Century may create extra capacity in the system and will provide a new model of residential based care that we may wish to replicate.

While growth in residential placements for people with a Learning Disability have only grown slightly since April 2010 the forecast growth in this user group shows this as a potential issue for the Authority. A proportion of this demand has been absorbed via non-residential service provision which is evidenced by the increasing spending for people with a Learning Disability across all service types.

When looking at forecasted growth and the increase in average weekly cost per placement (please see appendix 2) you can conclude that the Authority will be faced with increased demand and increased levels of client complexity.

Although we are forecasting an increase in service users with Learning Disability with complex needs, Thurrock continues with the commitment from our last MPS to not support the development of traditional Learning Disability residential care homes. Due to our successful development of housing based solutions (please see key facts – section 4) we have enough traditional residential care provision and have voids in some existing schemes.

Looking at the average age of the service user groups in combination with the spend data, Learning Disability Support has by far the lowest average age and the highest proportion of spend. When looking at this in combination with the non-residential data detailed above or the demographic information outlined in the ‘needs for working age adults’ (section 6.2) would suggest the need for clearer step up/down pathways throughout the journey through the Adult Social Care system for this service user group.

It has been highlighted that we will need to continue to work with providers to develop innovative solutions for young people with Learning Disabilities and Autism (including purpose built schemes like Medina Road) in order to address this trend.

Thurrock’s Brokerage team report an under provision of certain types of supported living for both LD and MH (including dual diagnosis) – the supported housing and accommodation MPS will clearly define the required model/s.

**Key Points – The main user of residential care is Older People yet the largest area of spend on residential care is for people with a Learning Disability.**

**We will not support the development of traditional residential care for Older People, People with Mental ill Health or Learning Disabilities.**

**There is an under provision in accommodation based services for working age adults (Learning Disabilities, Mental ill Health and Autism), especially for people with complex needs. The supported housing and accommodation MPS will clearly define the required models and number of units required over the next 5 years.**

## 8. Future shape of the market and Key Actions

The main areas of growth for Providers are;

- Services that address both physical and mental wellbeing.
- Integrated services that can meet health and social care needs.
- Services for people with mental ill health – gaps in service will be defined as part of the MPS (to be published in 2019).
- Service that can respond to people utilising a direct payment/Individual Service Funds/own funding.
- Services for Carers.
- Supported Housing - Exact models to be defined in the Supported Housing and Accommodation Based Services (to be published in 2019).
- Young people with Autism.
- The development of alternative no/low cost community based solutions is a key objective. Providers may want to consider their approach to Social Value initiatives as part of their future service development in Thurrock.

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
1.	Integrated Commissioning and Holistic Care	<ul style="list-style-type: none"> <li>• Without a successful transformation of the health and social care system and public health initiatives, the growth in population coupled with risky behaviours and high levels of deprivation is likely to lead to a significant increase in health and social care usage.</li> <li>• 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long term physical problem.</li> <li>• If we consider the link between mental health and physical health, there is an expected increase of 59% by 2035 in the number of people aged 65 and over in Thurrock who cannot undertake even one self-care activity. This will impact significantly on mental health services but also suggests a much greater degree of integration is required between mental and physical health services if we are to</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Commissioning enhanced through the Better Care Fund will be more fully developed through the creation of an Alliance partnership across all commissioners and providers to become more outcome and locally focused.</li> <li>• Commissioners will be looking for every opportunity over the next 5 years to commission services with health and housing colleagues where it benefits the community do so.</li> <li>• Commissioners will also be looking to develop services that can meet both the physical and mental wellbeing of service</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<p>adequately meet the needs of the population.</p> <ul style="list-style-type: none"> <li>• Service users reported the difficult in accessing services and the lack of coordination between them.</li> <li>• Service users wanted commissioners to understand that social interaction is a valuable as physical interaction.</li> </ul>	<p>users. This will be an area of growth for those Providers who can respond to this need. Part of mental wellbeing is addressing social isolation – as such commissioners will be more explicit in future specifications about the value of social interaction.</p>
2.	Diversity of Provision	<ul style="list-style-type: none"> <li>• Thurrock Council gave £179.5k<sup>5</sup> to the Voluntary and Community Section in 2018/19 through the Adult Social Care grant bidding process.</li> <li>• 37% of the total gross non-residential spend in 2017/18 was made to organisations that were ‘not for profit’.</li> <li>• Development of Micro Providers.</li> <li>• There is little diversity of provision (type of service or provider type) for Carers.</li> <li>• There is little diversity of provision for young people with Autism.</li> </ul>	<ul style="list-style-type: none"> <li>• We view the voluntary and community sector as an essential partner in meeting our prevention responsibilities under the Care Act. Now we have developed our grant bidding process and due to the added value provided by these organisations we hope to commit to 3 year grant funding agreements to enable stability to the sector to enable a greater degree of planning beyond the yearly cycle currently in place.</li> <li>• We recognised the need to diversify the market in our 2014 MPS. As part of this we undertook a 2 year project to develop this segment of the market. This has resulted in over 50 local services being supported to set up in Thurrock. All services focus on improving the lives of local residents by providing support in the</li> </ul>

<sup>5</sup> 30K of this is funded by Thurrock Clinical Commissioning Group

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>fields of health, care and/or support in home and community and have increased the choice of services available locally. Due to its success, from 2018, the continued support and development of new micro-enterprises will form part of our mainstream service offer.</p> <ul style="list-style-type: none"> <li>• We recognise there is little diversity of provision for Carers and young people with Autism and will seek to address this through engagement with existing and new providers to enable people to utilise direct payments/own funds in the short term and formal market intervention such as the publication of new opportunities through framework type agreements medium to longer term.</li> </ul>
3.	Direct Payments	<ul style="list-style-type: none"> <li>• 1 in 4 service users now have a direct payment. This is compared with 1 in 5 service users at the last MPS.</li> <li>• Service users felt that direct payments are important, including timely information about what a direct payment can be used for and what option are available for care and support. Users identified the need for a PA agency as they felt new users may have difficulty finding a PA without one.</li> </ul>	<ul style="list-style-type: none"> <li>• This growth in direct payments occurred during a period where because of provider failure, some service users who were utilising a direct payment to purchase home care had to return to commissioned services.</li> <li>• We expect this trend of increased take up of direct payments to continue. The Authority will continue to promote direct payments as a viable option and will introduce a PA register that is easily</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>accessible to the public.</p> <ul style="list-style-type: none"> <li>The Direct Payment Engagement Group (DPEG) was developed in February 2018 to ensure the council has a greater understanding of service user's experience of direct payments. The Direct Payment policy is currently being reviewed by service users and practitioners so that people have greater understanding of what direct payments can be used for and any associated processes.</li> </ul>
4.	Residential Care	<ul style="list-style-type: none"> <li>Our permanent admissions of younger adults aged 18 to 64 to residential and nursing care is approximately 50% lower than the national and regional average.</li> <li>Although we have greatly reduced our dependence on residential care for Older People through the development of alternatives such as Extra Care Housing, Thurrock still has higher than average permanent residential admissions for Older People compared to regional and national averages<sup>6</sup>. If 40% of Older People living in nursing/care services suffer depression – then the impetus must be on the Council to explore preventative service and/or greater links to the community for those people where residential care is the most appropriate service to meet their needs.</li> <li>Consistently 5% voids of Older People residential care.</li> </ul>	<ul style="list-style-type: none"> <li>We do not support the development of any traditional residential care services for Older People or working age adults within the borough.</li> <li>Thurrock has committed to achieving dementia care home standards by 2020 and will be working with existing services over the next two years to achieve this.</li> <li>We need to create greater links between residential care homes and the wider community to tackle social isolation and depression.</li> </ul>

<sup>6</sup> Adult Social Care Key Performance Indicators 2016/17. 710 per 100,000 compared to 610 and 524

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<ul style="list-style-type: none"> <li>Some voids in Learning Disability residential care – even though three homes have closed since the last MPS.</li> </ul>	
5.	Supported Living	<ul style="list-style-type: none"> <li>There has been a significant increase in the use of supported accommodation for adults of working age since the publication of the last MPS. The Council has utilised its own housing stock to develop some of these schemes for people with a Learning Disability.</li> <li>Service users felt there needed to be a service between residential care and independent living and that independent living requires a clearer definition.</li> <li>The development of extra care housing has led to greater choice for Older People. Current void levels and waiting lists suggest we do not require further development at this time.</li> </ul>	<ul style="list-style-type: none"> <li>The council is experiencing an increase in demand for supported accommodation for working age adults. We will define the model/s of supported accommodation we wish to purchase in the Supported Housing and Accommodation Based MPS – this document will be published in 2019.</li> <li>The Council will not support the development of further extra care housing schemes at this time.</li> </ul>
6.	Home Care	<ul style="list-style-type: none"> <li>We commission 7000 hours of homecare per week to over 700 users. This is an increase of nearly 2000 hours per week since the last MPS.</li> <li>Service users reported that they wanted greater flexibility of service. They also emphasised the importance of continuity of carer/support worker. Concerns were also raised about the reliability of carers having to travel throughout the borough.</li> <li>Service users wanted commissioners to understand that social interaction is a valuable as physical interaction.</li> <li>Services should be deeply rooted in the local community.</li> <li>We will be piloting Wellbeing teams. Outcomes from this pilot will</li> </ul>	<ul style="list-style-type: none"> <li>We have seen a significant increase in the number of home care hours provided but not necessarily the number of people supported.</li> <li>In 2017 we commissioned a Living Well @ Home Service and are currently in the implementation phase. When fully operation, 4 providers will operate within contained areas of the borough. This is to ensure that the providers and their carers get to know an area and can draw upon other services and assets in the local community (including those provided by</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<p>inform future service developments and ultimately the commissioning approach.</p>	<p>the voluntary and community sector) to meet service users outcomes. This approach will also greatly reduce travel time and should result in greater consistency of carers.</p> <ul style="list-style-type: none"> <li>• By January 2019 we will start our Wellbeing Team pilot which will facilitate two Wellbeing Teams within the Tilbury and Chadwell location. Wellbeing Teams are self-managed, values led neighbourhood based teams. They focus on three key elements; <ul style="list-style-type: none"> <li>○ Making sure service users are safe and well</li> <li>○ Ensuring people are in control of their live</li> <li>○ All service users are connected to family, friends and the community.</li> </ul> </li> </ul>
7.	Older People and People with Dementia	<ul style="list-style-type: none"> <li>• There is a project increase in need for all people aged 65and over. There is significant growth in those 85+ with physical ill health and dementia.</li> <li>• Service users felt there should be an increase in care and support options for people with dementia.</li> </ul>	<ul style="list-style-type: none"> <li>• There is very little diversity of provision for Older People and people with dementia.</li> <li>• Health and social care are currently reviewing the pathway for people with dementia and any gaps in service will be identified as part of this process and communicated to providers in the Mental Health MPS in 2019.</li> <li>• Although Dementia will form part of the</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>Mental Health MPS, the Council is committed to increasing the range of services available to meet service user and their Carers needs. This will likely be through a framework type agreement.</p>
8.	Learning Disabilities and Autism	<ul style="list-style-type: none"> <li>• We expect a significant rise in working age adult with a moderate to severe Learning Disability and younger people with Autism.</li> <li>• Service users felt there should be more specialist services for people with complex/profound Autism.</li> </ul>	<ul style="list-style-type: none"> <li>• Advances in care and support have meant that a lot of our service users with Learning Disabilities are living longer. Although this is something to celebrate we do realise that this also brings some additional issues. In particular, we know we need to plan to meet the needs of people with Learning Disabilities who also have dementia. Although there will not be a large number of service users requiring this support – it is an area of development.</li> <li>• We will continue to develop housing related solutions for people with Learning Disabilities and Autism. The Medina Road site is our first purpose built development for people with Autism. However, current demographic data and trends in service users transitioning from Children’s to Adult Social Care suggests that we may need more of this type of service going forward. Full details will be published separately in our Supported Housing and</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
			<p>Accommodation Based MPS in 2019.</p> <ul style="list-style-type: none"> <li>Following a tender exercise, Thurrock opened an Accredited List in January 2018. This allows for a variety of providers who pass the accreditation process to advertise their services. We now have three providers offering a range of day opportunities; the process will be re-opened to allow more providers to join but will also be replicated for other areas of support for people with a Learning Disability and/or Autism.</li> </ul>
9.	Mental Health	<ul style="list-style-type: none"> <li>Current figures suggest that 1 in 4 people will experience poor mental health at some point in their lives and that 1 in 6 adults are experiencing mental health difficulties at any one time.</li> <li>Population projection data shows that the numbers of people with mental health disorders are due to increase steadily over the next 15 years, which means that the need and demand for mental health services will increase in coming years.</li> </ul>	<ul style="list-style-type: none"> <li>This will be an area of increased focus over the next year for health and social care – the joint appointment of a Public Health and Adult Social Care commissioner during 2018 for Mental Health evidences our commitment to improving the lives of people with Mental ill health in Thurrock.</li> <li>The Mental Health and Autism MPS will be a deep dive into the existing health and social care system. It will also identify any gaps in services. This is a potential area of growth for providers.</li> </ul>
10.	Informal/Family Carers	<ul style="list-style-type: none"> <li>The projected increase in Older People and people with long term conditions means there will be more people caring.</li> </ul>	<ul style="list-style-type: none"> <li>We need to improve the support available for Carers in Thurrock to help them continue with their caring role. Without</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<ul style="list-style-type: none"> <li>• The large amount of care provided by Carers in Thurrock, couple with the increase in Carers self-reporting as being socially isolated will result in increased use of mental health services if appropriate support and interventions are not in place.</li> <li>• Service users reported they wanted greater flexibility of respite services.</li> <li>• There is limited choice in provision.</li> <li>• Thurrock has a low spend and low take-up of direct payments for Carers.</li> </ul>	<p>this, there will be increased strain on a health and social care system already under pressure.</p> <ul style="list-style-type: none"> <li>• We have already commissioned an Information, Advice and Support Service for Carers which started in June 2018.</li> <li>• We will publish a Carers Strategy in 2019, in which we will detail what services Carers want. We will then hold an engagement event to encourage providers to operate in Thurrock and meet the needs of Carers.</li> </ul>
11.	Workforce	<ul style="list-style-type: none"> <li>• Health and social care is about people. Without attracting adequate numbers of well trained staff into the sector we cannot meet the increasingly complex needs of service users.</li> <li>• Service users felt there was a need for highly trained PA's for people with Autism and specialist/high needs.</li> <li>• We need to encourage people into a career in care - the complexity of support has increased the number of hours of home care by 2000 since the last MPS and the sector is finding it increasingly difficult to attract enough people to meet need.</li> </ul>	<ul style="list-style-type: none"> <li>• A separate workforce strategy for Thurrock will be developed which will localise the National Health and Social Care Workforce Strategy due for publication in July 2018.</li> <li>• The availability of training for PA's and micro providers will be considered as part of the Direct Payment agenda.</li> <li>• The introduction of Wellbeing Teams will support a chosen career in care by financially rewarding and empowering staff and preventing social care from being seen as a 'Cinderella Service'.</li> </ul>
12.	Technology enabled care	<ul style="list-style-type: none"> <li>• Technology Enabled Care has a place in preventing, reducing and delaying the need for social care.</li> </ul>	<ul style="list-style-type: none"> <li>• By December 2018 we will pilot Technology Enabled Care within the</li> </ul>

No.	Market Segment / Initiative	Supply and Demand (Market Intelligence) and service users Views	How the Authority will shape the market (Market Intervention)
		<ul style="list-style-type: none"> <li data-bbox="584 312 1442 408">Thurrock Councils digital transformation strategy, Connect Thurrock is transforming the way residents of Thurrock live their lives and communicate.</li> </ul> <p data-bbox="629 456 1420 520"><a href="https://www.thurrock.gov.uk/digital-and-information-technology-strategy/connected-thurrock-2017-2020">https://www.thurrock.gov.uk/digital-and-information-technology-strategy/connected-thurrock-2017-2020</a></p>	<p data-bbox="1532 272 2029 552">Tilbury and Chadwell location building on strength based approach to enhance quality of life for service users. This will increase dignity and opportunities to stay more connected with family, friends and the community by the use of technology such as video conferencing, apps and sensors.</p>

## Appendix One – Review of the Market Position Statement 2014/18

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
1	Communities become more resilient and self-supporting, and improvements to the homes and built environment enable more people to stay well.	<ul style="list-style-type: none"> <li>• Commissioned services will no longer be our first response but our last. We will work with people to find the solution in their own community.</li> <li>• As the LAC and ABCD initiative gain momentum there will be an impact on the amount of commissioned services. Traditional service solutions will only be used when all other avenues have been explored.</li> <li>• We will support voluntary and community groups with initiatives that strengthen the community.</li> </ul>	<ul style="list-style-type: none"> <li>• We have developed the ‘stronger communities’ agenda through the Stronger Together Partnership. This has included: the development of six community hubs across the Borough, the development of a number of micro enterprises, the development of social prescribing in a number of GP practices, and the implementation of a Shared Lives scheme. The continued growth of resilient and self-supporting communities is an underpinning theme of our health and social care transformation programme – Better Care Together Thurrock.</li> <li>• The Director of Public Health published a report on developing a sustainable health and care system. In this, he concluded that the development of preventative initiatives such as Local Area Coordination had contributed to the reduction of the number of people requiring a social care service. Whilst the number of people requiring a social care service had reduced, the complexity of cases being dealt with had increased – this was further</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
			<p>evidence that a preventative approach was leading to people requiring a service at a later stage.</p> <ul style="list-style-type: none"> <li>• Social Care has increasingly adopted a strength based approach – focusing on ‘what’s strong’ rather than ‘what’s wrong’. This includes an assessment process that focuses on identifying and meeting the outcomes most important to the person being assessed. The approach focuses on looking at solutions rather than services – which can include support provided from within the community.</li> <li>• Through the Stronger Together Partnership, an initiative known as Small Sparks exists. This provides small grants for community initiatives. We provide support to develop micro-enterprises as well as supporting community-based groups and initiatives to develop via our Local Area Coordinators.</li> </ul>
2	<p>The Council and the CCG are committed to integrated commissioning. The Council and CCG commissioning functions will be integrated removing duplication and improving outcomes for people. In addition, the Council will be hosting the Better Care</p>	<ul style="list-style-type: none"> <li>• Single commissioning arrangements across the Council and CCG.</li> <li>• Single set of commissioning intentions and commissioning strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• As the host organisation for the Better Care Fund since 2015, the Council works closely with NHS Commissioners and Providers to ensure the delivery of integrated care in line with the objectives of the Better Care Fund Plan</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
	Fund (BCF).	<ul style="list-style-type: none"> <li>As the host organisation, the Council will be responsible for contract managing the elements of NHS contracts that sit as part of the Better Care Pooled Fund.</li> </ul>	<p>for Thurrock. This has been very successful and forms the basis of further work to expand the principles of the better care fund to other service areas.</p>
3	<p>The new Care Act 2014 introduces the requirement for all service users to have a personal budget. This will mean that all service users will have a clear understanding about the financial resources available to them.</p>	<ul style="list-style-type: none"> <li>Thurrock Council expects most people in the future (or an authorised person on their behalf) will take this personal budget as a direct payment.</li> <li>In the future the Council may not be the main commissioner of services. Both the money and power will shift from the Local Authority to individuals needing support and their Carers.</li> <li>Individual purchasers may be looking for something different to services available via a Local Authority.</li> <li>As more people utilise a direct payment to purchase P.A. support, an agency able to offer this service may become a need.</li> </ul>	<ul style="list-style-type: none"> <li>Direct Payment take up has increased to its highest level within Thurrock increasing from £3.9m in 14/15 to £4.3m in 17/18.</li> <li>Uptake has also mirrored spend increasing from 744 instances in 14/15 to 816 in 17/18 despite provider failures and general difficulties in the market place.</li> <li>Service user engagement and Provider engagement has aided market diversity and increases in Micro Enterprise usage.</li> <li>Joint working with the ULO to increase service user understanding on how Direct Payments can be used.</li> </ul>
4	<p>The new Care Act 2014 places a duty on the local authority to Promote Diversity and Quality in Provision of Service.</p>	<ul style="list-style-type: none"> <li>This means that Thurrock Council needs to ensure that service users have a variety of providers and a range of high quality services to choose from.</li> </ul>	<ul style="list-style-type: none"> <li>The initial 2 year project has seen 50 local services supported to set up in Thurrock All services focus on improving the lives of local residents by providing support in the fields of</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<ul style="list-style-type: none"> <li>• We will actively work with potential providers including micro and small / medium enterprises to ensure that service users (and Carers) are offered real choice and foster innovation locally.</li> <li>• We will actively support the development of micro and social enterprises.</li> </ul>	<p>health, care and/or support in home and community and have increased the choice of services available locally. Due to its success, from 2018, the continued support and development of new micro-enterprises will form part of our mainstream service offer.</p>
5	<p>The new Care Act 2014 places a duty on the local authority to assess whether a Carer has support needs and to provide or arrange for the provision of services, facilities or resources which contribute towards preventing or delaying the development by Carers of needs for support.</p>	<ul style="list-style-type: none"> <li>• The provision of information and advice is a core component of the Act. We see this provision as not only the responsibility of the Council but of every provider.</li> <li>• If eligible, Carers will also be given a personal budget.</li> <li>• We expect that in the future most Carers will utilise a direct payment to arrange support.</li> <li>• This could be a growth area for existing and prospective providers.</li> <li>• A review of the market has little diversity of provider in the Carers support service sector. Thurrock Council is encouraging increased diversity in the provider profile. As the number of people taking a direct payment and choice of providers grows, we expect our internally run services may adapt to reflect this.</li> <li>• We will actively support the development of a</li> </ul>	<ul style="list-style-type: none"> <li>• Following a tender exercise, in 2018 a consortium of local voluntary sector providers were successful in delivering an information, support and advice service for Carers. This contract is for a period of 5 years and following feedback from Carers allows the provider to carry out assessments on behalf of the council. It will also introduce a Carers emergency scheme.</li> <li>• Spend on Carers services and the diversity of provision for Carers is low. As such, following the implementation of the accredited list for day opportunities – a similar approach will be taken for Carers to ensure a greater diversity of provision in Thurrock.</li> <li>• The council successfully commissioned a Shared Lives scheme in February 2017. This is a 5 year contract to develop and grow the scheme to meet</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<p>Shared Lives scheme locally as an alternative to residential respite.</p>	<p>our Care Act requirements of increasing our offer of services and as an alternative to residential care placements made outside of the borough.</p>
6	<p>There is an increase in Thurrock’s population, especially those aged over 70 and people with dementia.</p>	<ul style="list-style-type: none"> <li>• Innovative and high quality community based provision aimed at Older People and people with dementia is an area of potential growth.</li> <li>• We are working closely with housing developers and our own housing, planning and regeneration departments to support the building of homes to HAPPI standards for older and vulnerable people. This is part of our strategy to enable older and vulnerable people to live independently in their community.</li> </ul>	<ul style="list-style-type: none"> <li>• This is still an area of potential growth.</li> <li>• Adult Social Care, under the auspices of the Health and Wellbeing Board, established the Housing and Planning Advisory Group (HPAG) to ensure that they could influence planning and development to better meet future demand.</li> </ul>
7	<p>The number of service users in residential care is decreasing and as a result so is spend.</p>	<ul style="list-style-type: none"> <li>• We may support the development of a high quality small dementia with challenging behaviour nursing home or unit.</li> <li>• We will not support the development of additional Learning Disability residential care schemes in Thurrock.</li> <li>• However, we will actively support the development of a shared lives scheme locally as an alternative to residential care.</li> <li>• Although we anticipate a growth in people with Autism and as such may require additional</li> </ul>	<ul style="list-style-type: none"> <li>• Since the last MPS an existing residential scheme that accommodated our dementia service users with behaviour that challenges expanded during the last few years. At this point, this expansion in service is meeting the need.</li> <li>• There has been a reduction in 3 Learning Disability care homes since the last MPS. Due to the use of other forms of accommodation based services there is still no requirement to expand on existing provision.</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<p>specialist services in borough, this detail will be contained with the Autism Strategy – the final version will be published on the Council’s website in April 2015. Current and potential providers should reference to this document to understand our desired service profile before investing in local Autism services.</p> <ul style="list-style-type: none"> <li>• We will not support the development of additional mental health or Learning Disability residential care schemes in Thurrock.</li> <li>• We will be developing a step up/step down service provision for mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• There has been no increase in borough of mental health residential care. However, we have increased the availability of mental health supported accommodation in borough.</li> <li>• Step up step down mental health provision has not been developed as yet but is still planned. The main obstacle has been locating appropriate accommodation for this use.</li> </ul>
8	The number of service users being supported in the community is increasing and as a result so is spend.	<ul style="list-style-type: none"> <li>• As the development of extra care is relatively recent, the Council is still evaluating the impact of this service and as to whether we wish to roll this out on a wider scale. We will report in 2015.</li> <li>• Due to the success of Elizabeth Gardens we will consider (as part of the evaluation) supporting a small extra care housing development for Older People and people with dementia in the west of the borough (as we currently have no provision here).</li> <li>• Also, subject to this evaluation we will consider the development of a small extra care scheme for people with Learning Disabilities.</li> <li>• Unlike many areas we have the opportunity to</li> </ul>	<ul style="list-style-type: none"> <li>• The addition of extra care schemes in Thurrock has added to the diversity of provision available to Older People. At this point, we do not have sufficient demand (as evidenced by waiting lists and voids) to consider the development of additional schemes in the area.</li> <li>• We are increasingly meeting the needs of people with Learning Disabilities through the development of supported accommodation utilising council housing stock e.g. Chichester close and LD Project (which utilises empty sheltered housing officer accommodation).</li> </ul>

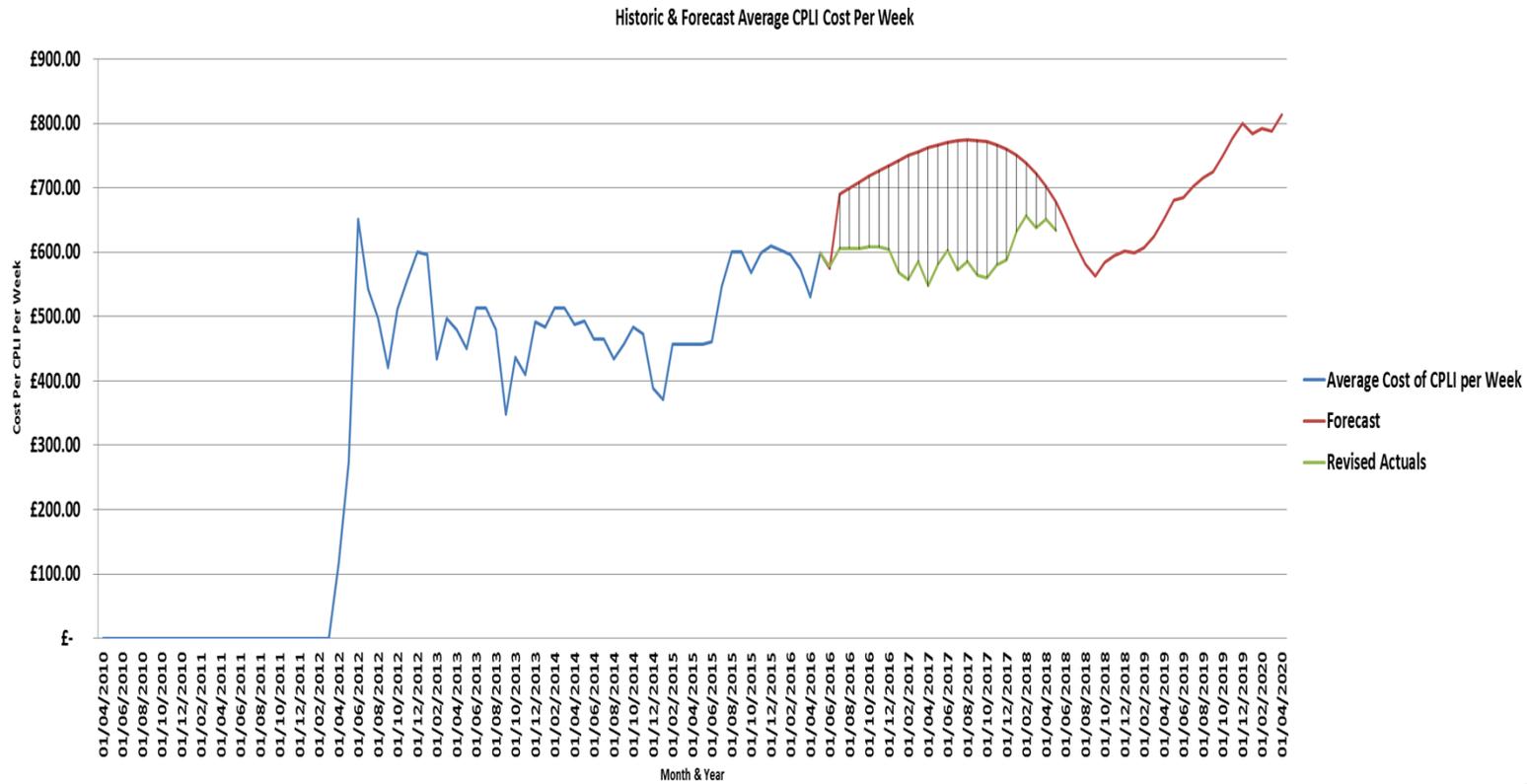
No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<p>utilise RSL and Council owned accommodation for supported living. As such, we will wherever possible utilise this resource and encourage the separation of landlord and support functions for long term provision. We will commission any support separately or service users can utilise a direct payment to arrange their own.</p> <ul style="list-style-type: none"> <li>• We will actively work towards a 100% of our long term supported living provision meeting REACH standards.</li> <li>• A recent review of the market has shown little diversity of provider in Learning Disability day services. Thurrock Council will be encouraging increased diversity in the provider profile. This will most likely be by the use of a framework type agreement.</li> <li>• We are anticipating a growth in service users with autism. This will form part of the framework type agreement (detailed above). This information will be contained within the Autism Strategy to be published in April 2015. Current and potential providers should refer to this document to understand our desired service profile before investing in local autism services.</li> </ul>	<ul style="list-style-type: none"> <li>• Although we have continued to develop supported housing schemes which separate support and landlord e.g. Chichester close. We still need to review and formally define future supported living provision. This will be developed during 2018 and published in 2019.</li> <li>• Following a tender exercise, Thurrock opened an Accredited List in January 2018. This allows for a variety of providers who pass the accreditation process to advertise their services. We now have three providers offering a range of day opportunities; the process will be re- opened to allow more providers to join.</li> <li>• Autism is still an area of growing need in Thurrock. To meet this need ground works have already commenced on the development of a 6 unit specialist housing scheme for people with autism – this has an anticipated completion date of autumn 2019.</li> </ul>
9	The number of direct payments is increasing.	<ul style="list-style-type: none"> <li>• We expect direct payments to become the primary way care and support is purchased.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council has introduced Individual Service Funds (initially) for all eligible Working Age individuals. This has</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
		<ul style="list-style-type: none"> <li>In the future providers will have a relationship directly with service users – not the Council.</li> <li>Although the Council current commissions home care under existing contracts with three providers, direct payments are increasing. This offers a real opportunity for the increase of organisations (large and small) who want to provide care to people either receiving a direct payment or self-funding.</li> </ul>	<p>introduced a more inclusive approach to support planning, commissioning and provider relationships. Support planning is now carried out in conjunction with the chosen provider and individual and flexibility given so the individual can use the service as flexibly.</p> <ul style="list-style-type: none"> <li>PA take up from 167 instances in 14/15 to 276 instance in 17/18.</li> </ul>
10	<p>Our assessment and Care Management Services are becoming much more closely embedded into the communities they service and ensuring that strengths and outcomes are more important as needs and outputs in their practice.</p>	<ul style="list-style-type: none"> <li>Programme of culture transformation is underway that will require providers to engage with fieldwork to find creative solutions based on strength and choice.</li> <li>Locality will become a crucial factor in solution finding. The challenge for providers will be to add value to the communities in which they provide.</li> <li>A genuine partnership with the citizen will be a feature of the relationship between them, their support planner and provider; paternalistic models of support will be a thing of the past.</li> </ul>	<ul style="list-style-type: none"> <li>We have carried out a number of separate pieces of work to develop cultural transformation. This includes a series of staff workshops and reviewing the process for carrying out assessments so that they focus on strengths and outcomes – looking at a range of solutions to meet those outcomes rather than a sole service response.</li> <li>We have developed a community asset map so that practitioners can see what is available within a person’s locality. This means that solutions local to where the person lives can be identified.</li> <li>The assessment process firmly puts the person at the centre of that process –</li> </ul>

No.	Driver for Change identified in 2014 MPS	Implications for Providers in 2014 MPS	Update – Did we achieve what we set out to do?
			<p>ensuring that the person can identify what's important to them and the outcomes they most want to achieve. We work closely with Thurrock Coalition (our User Led Organisation) to ensure that new initiatives continue to be coproduced and enable rather than disable.</p>
11	<p>Our transition service is committed to providing flexible and appropriate support for young people with disabilities moving through transition to adult hood that maximises their independence and promotes community inclusion.</p>	<ul style="list-style-type: none"> <li>• Residential models of accommodation will become the service solutions of last resort for disabled young people.</li> <li>• Community based solutions to lifestyle and respite support will be an area of potential growth.</li> <li>• Shared Lives approaches will also be encouraged for this group.</li> </ul>	<ul style="list-style-type: none"> <li>• We have focused on developing solutions that enable disabled young people to have greater choice over how their outcomes are met. This includes developing supported housing schemes (e.g. Medina Road), the conversion of ex-Sheltered Housing Warden Houses, and the development of a Shared Lives Scheme that enables individuals to live within a family home.</li> </ul>

# Appendix Two – Technical/Data Appendix

Chart 1 – Average Cost of Service for Mental Health Service Users



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<sup>7</sup> CPLI – Care Package Line Items (the services provided to a specific individual/service users)

Chart 2 – Numbers of Older People in Residential Care per month

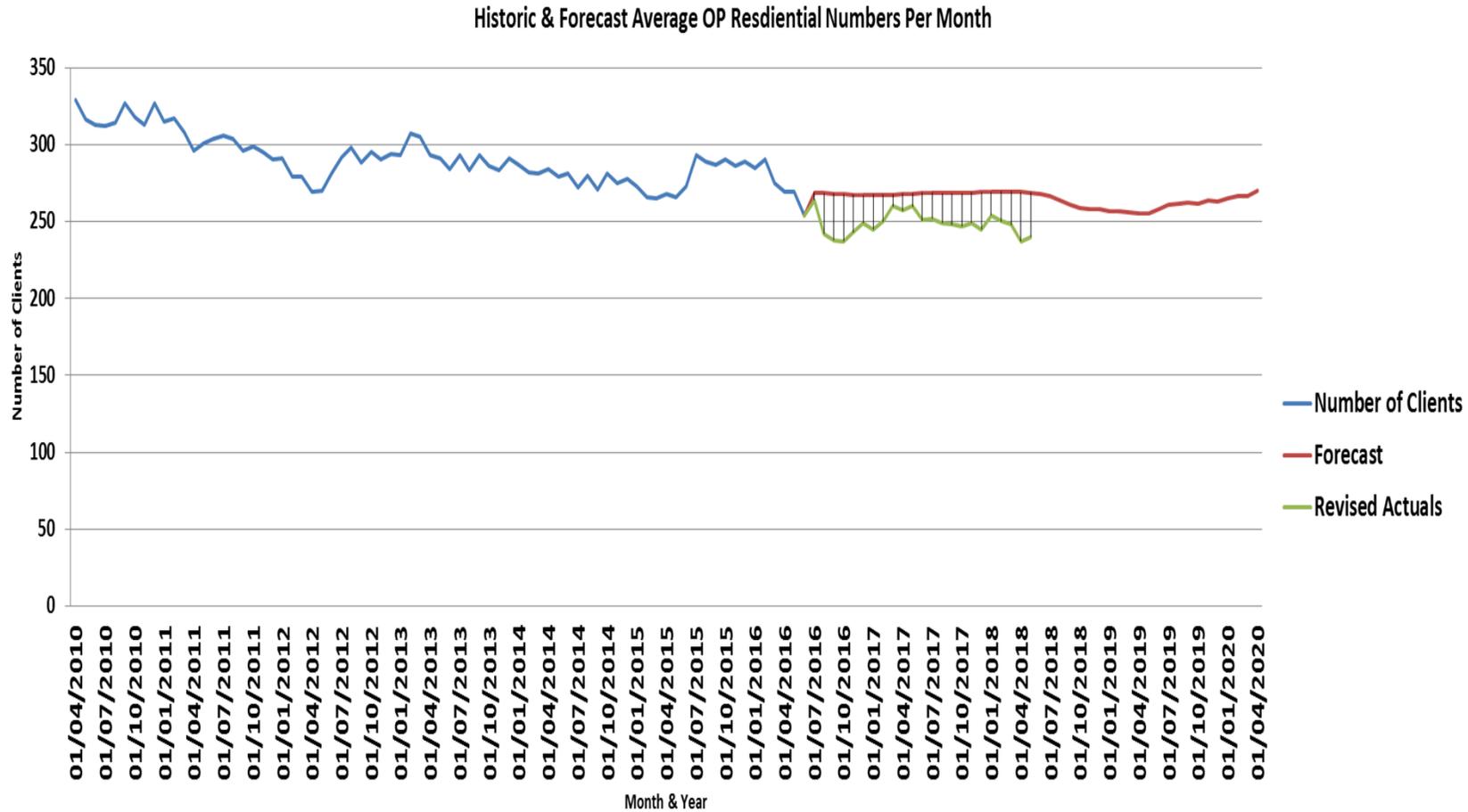


Chart 3 – Average Cost of Service for Service Users with a Learning Disability

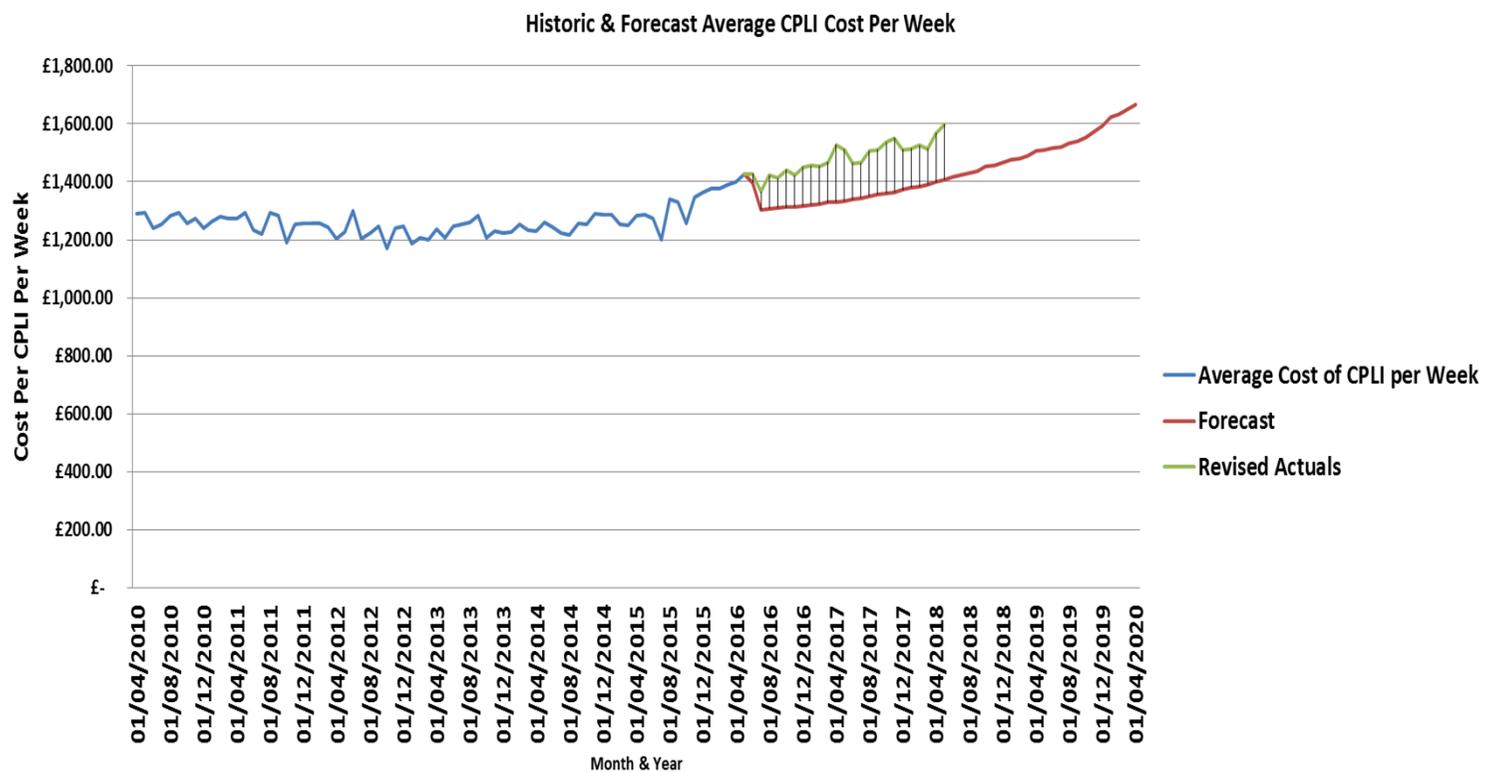


Chart 4 – Number of People with a Learning Disability in Residential Care

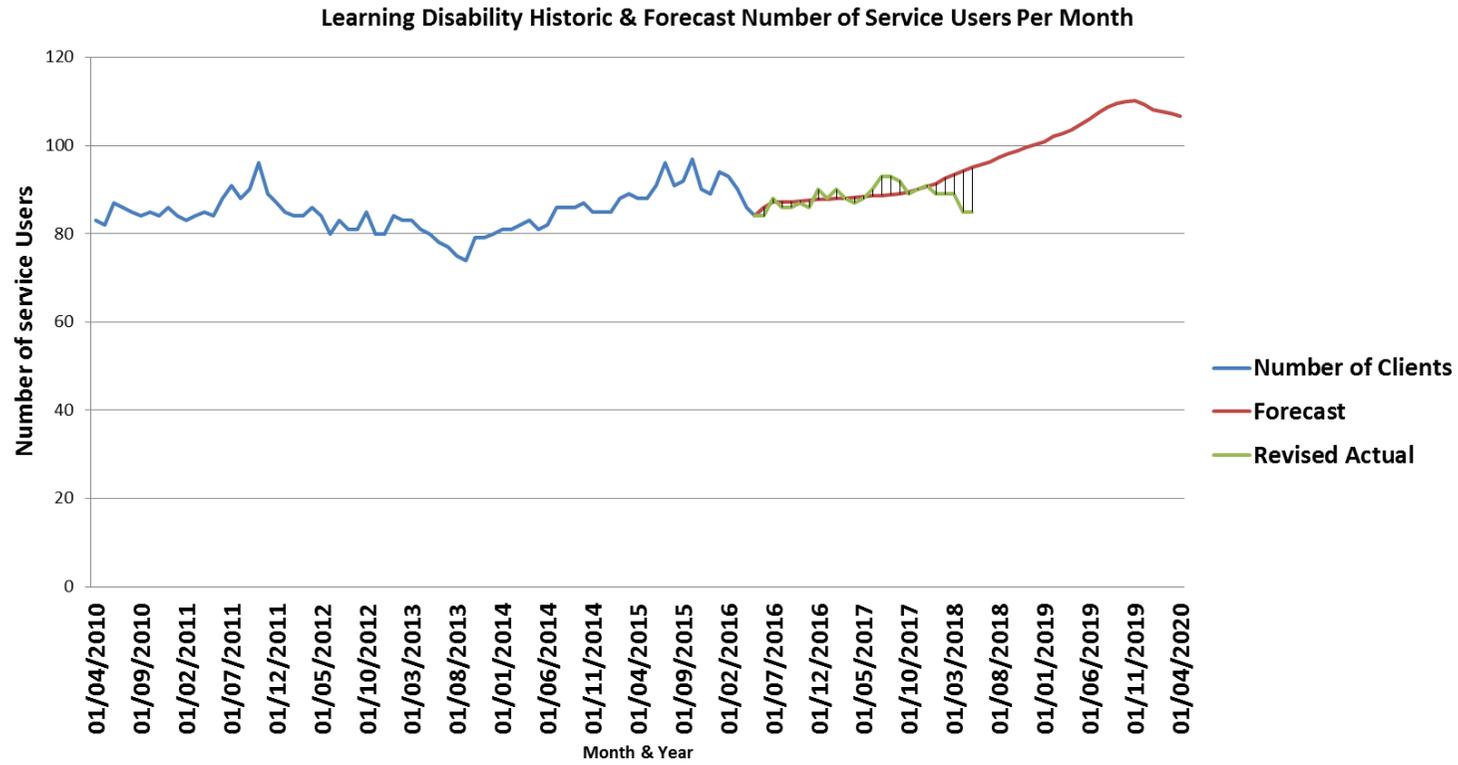


Chart 5 – Gross spend on Residential Care Provision by Provider Type

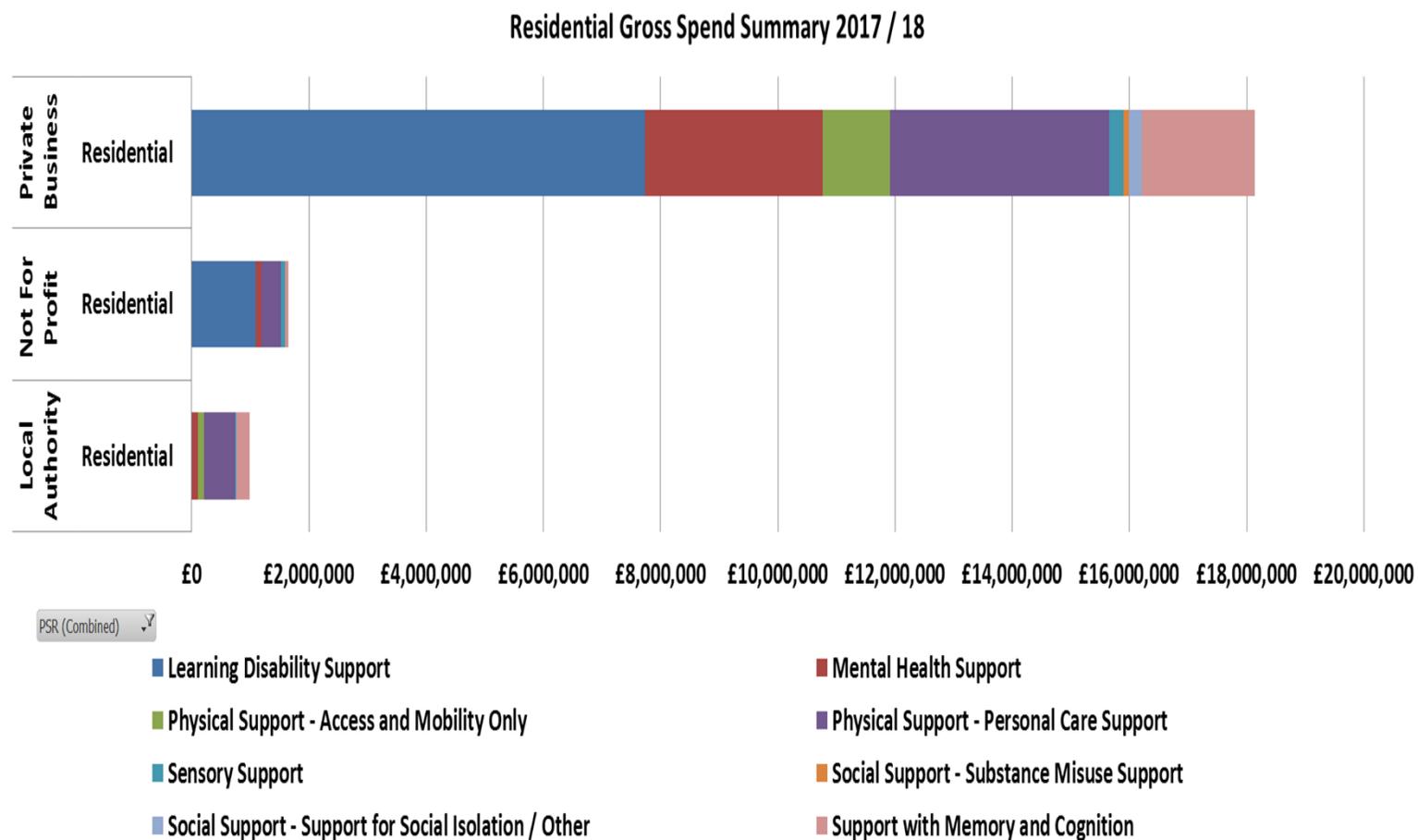


Chart 6 – Average Age of Users of Community Based Services

**Average Age Of Non-Residential Service User**

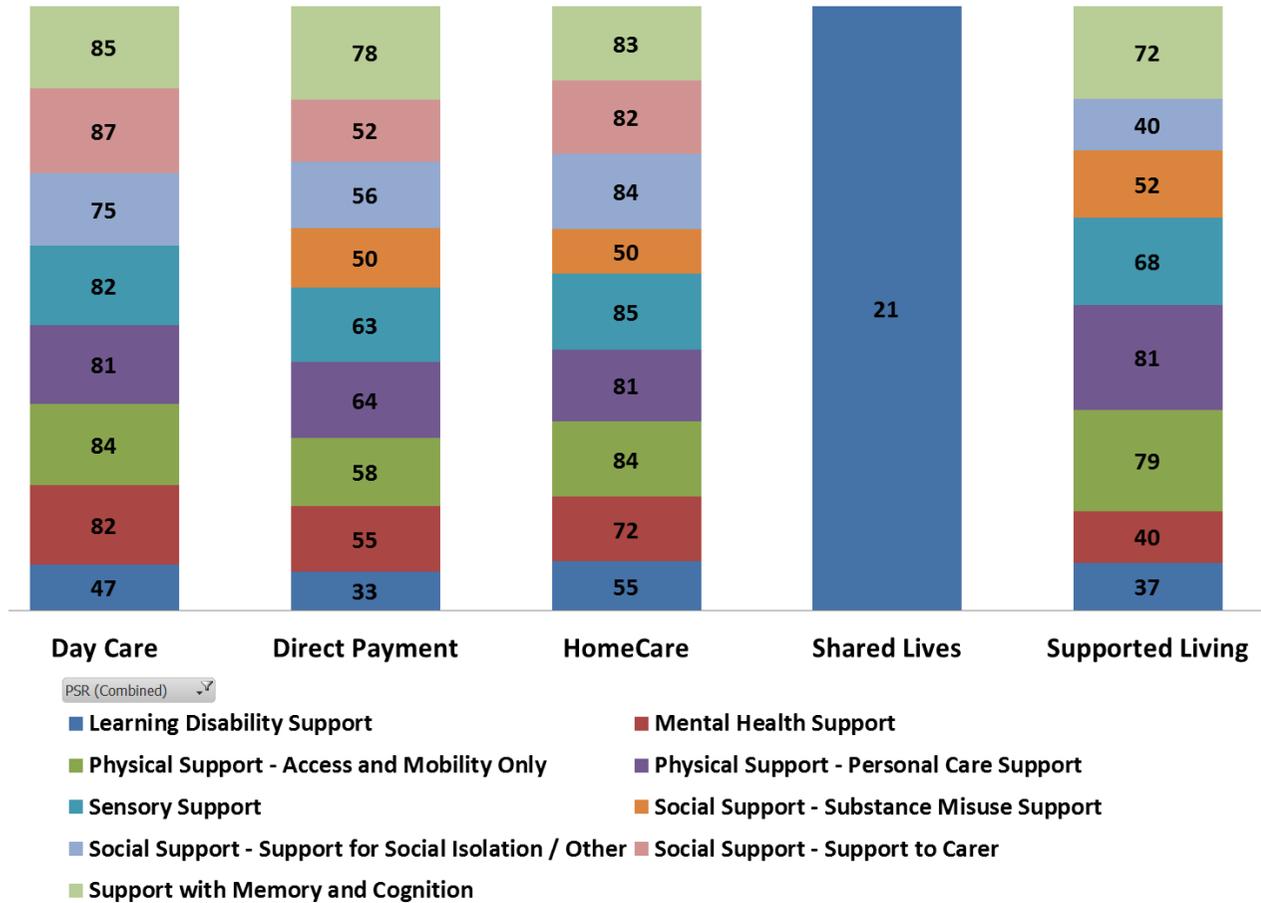
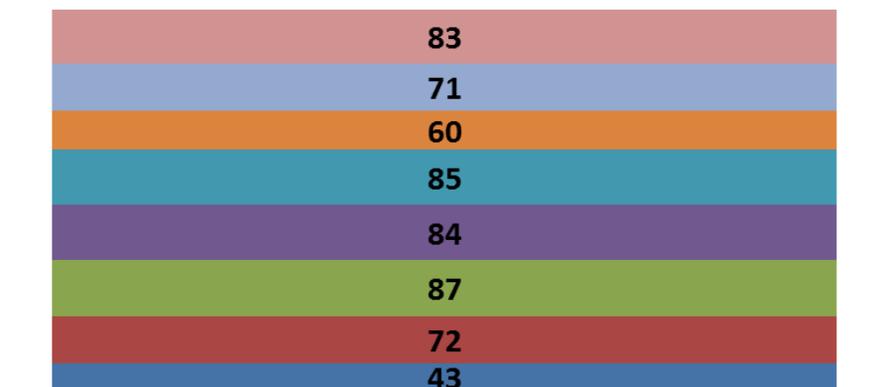


Chart 7 – Average of Service Users in Residential Care by Primary Reason for Support

### Average Age Of Residential Service User



Residential

- Support with Memory and Cognition
- Social Support - Support for Social Isolation / Other
- Social Support - Substance Misuse Support
- Sensory Support
- Physical Support - Personal Care Support
- Physical Support - Access and Mobility Only
- Mental Health Support
- Learning Disability Support

Chart 8 – Gross Spend Summary for Community Based Services

Non-Residential Gross Spend Summary 2017 / 18

