Your Life, Your Choice

Derby City Council
Care and Support for Adults Market Position Statement

Issue 2
2017 Update

Derby City Council

Contents

1 Introduction

1.1 What is a Market Position Statement?

A Market Position Statement is a tool incorporating key intelligence which supports providers to:

- Make proactive business and investment decisions
- Respond to opportunities around self-directed support
- Prevent providers from wasting resources on poorly targeted initiatives.

This document will be dynamic, updated regularly with input from customers' consultation, providers, and with details of the current patterns of Council and NHS commissioning spend and current information on the changing market. The document will also attempt to describe the pattern of current and future demands from people who are arranging and paying for care and support themselves – either through a direct payment or using their own resources. Under the Care Act 2014, the Council has new duties to advise and support people who fund the total cost of care and support themselves, and providers will also want to ensure their services are tailored to all potential customers and stakeholders.

1.2 Why have a Market Position Statement?

The Care Act 2014 requires Councils to take a lead role in influencing the development of the kinds of services that are best for their local community through "market-shaping". This market position statement is intended to set out what Derby City Council feels are the key areas where care and support services need to focus and also sets out how and which services the Council is looking to see operating in the area, as well as those which individuals may wish to access using a direct payment or their own financial resources.

This document should assist organisations providing care and support to know who they are designing services for so they can develop the right care for the right people. Under the Care Act, Councils have a general duty to meet the needs of the whole population, as well as specific statutory duties to those people with assessed needs for social care. In order to achieve this we want to work with a range of partners to plan, commission or provide the necessary services to meet these needs. This is ever more important whilst public expectation of Council performance rises at a time when Council resources are limited and stretched.

A major challenge for providers will be to ensure they deliver more choice and control to people while also improving quality and outcomes. This Market Position Statement should assist by setting out Derby City Council's view of the local care market, signaling the direction of travel for services in coming years and also explaining how we will engage and communicate with providers on an on-going basis.

1.3 Who is this document for?

This document is not just aimed at existing and potential "traditional" providers of adult social care services, such as home care agencies and residential care facilities. The statement is also aimed at organisations and businesses providing wider "universal" services aimed at anyone in the community, including people with moderate levels of support – such as recreation and leisure activities, gardening, handymen, advice and information services. Under the Care Act 2014, Councils have a duty to ensure that an individual's wellbeing is achieved, and many of the universal and preventative services can assist with this.

1.4 The Care Act 2014

From 1 April 2015, anyone currently receiving care, or supporting an adult family member or friend as an unpaid carer, could be affected by the national changes introduced by the Care Act.

The Care Act 2014 is the most significant reform of social care legislation in more than 60 years, putting people and their carers in control of their care and support. It replaces a patchwork of laws which have built up since the 1948 National Assistance Act. The Care Act has created a single, modern law relating to:

- social care and support for adults and carers
- safeguarding
- care standards.

The Care Act will help make care and support more consistent across the country. Any decisions about care and support will consider people's wellbeing and what is important to them and their family, so they can stay healthy and remain independent for longer.

The Act places new duties on Councils in relation to their local supplier market for social care and support. Councils now have duties to ensure there are a good range of care and support services in their local area to meet the needs of vulnerable people. Councils must take an active role in developing local services and ensuring there are sufficient and sustainable organisations/ providers available to meet demands and needs. This "market shaping" role also extends to getting involved when providers have financial difficulties as the Act mandates that Councils must ensure the continuity of care for individuals with support needs. Responding to providers that fail includes supporting all individuals receiving care from the failing organisation, not just those the Council has a statutory duty to support.

2 Local Picture

2.1 The Vision for Adult Care and Support in Derby – Your Life, Your Choice

Over the past five years, the Council has been delivering essential public services with less money than it has had in previous years. It is really important that we are clear about what we are trying to achieve for local people and where we are heading. As part of our work on personalisation we have been talking to Derby people to better understand what their experience of our service is like and whether we are focusing on the right things.

The Council has responded to the new challenges it faces in its 2016-19 Derby Plan, with the aim of becoming a 'modern, flexible and resilient council' through a 'Delivering Differently' approach. Of the eight priorities the pertinent ones for Adult Social Care are:

- Protecting vulnerable children and adults;
- Enabling individuals and communities;
- Promoting health and well being.

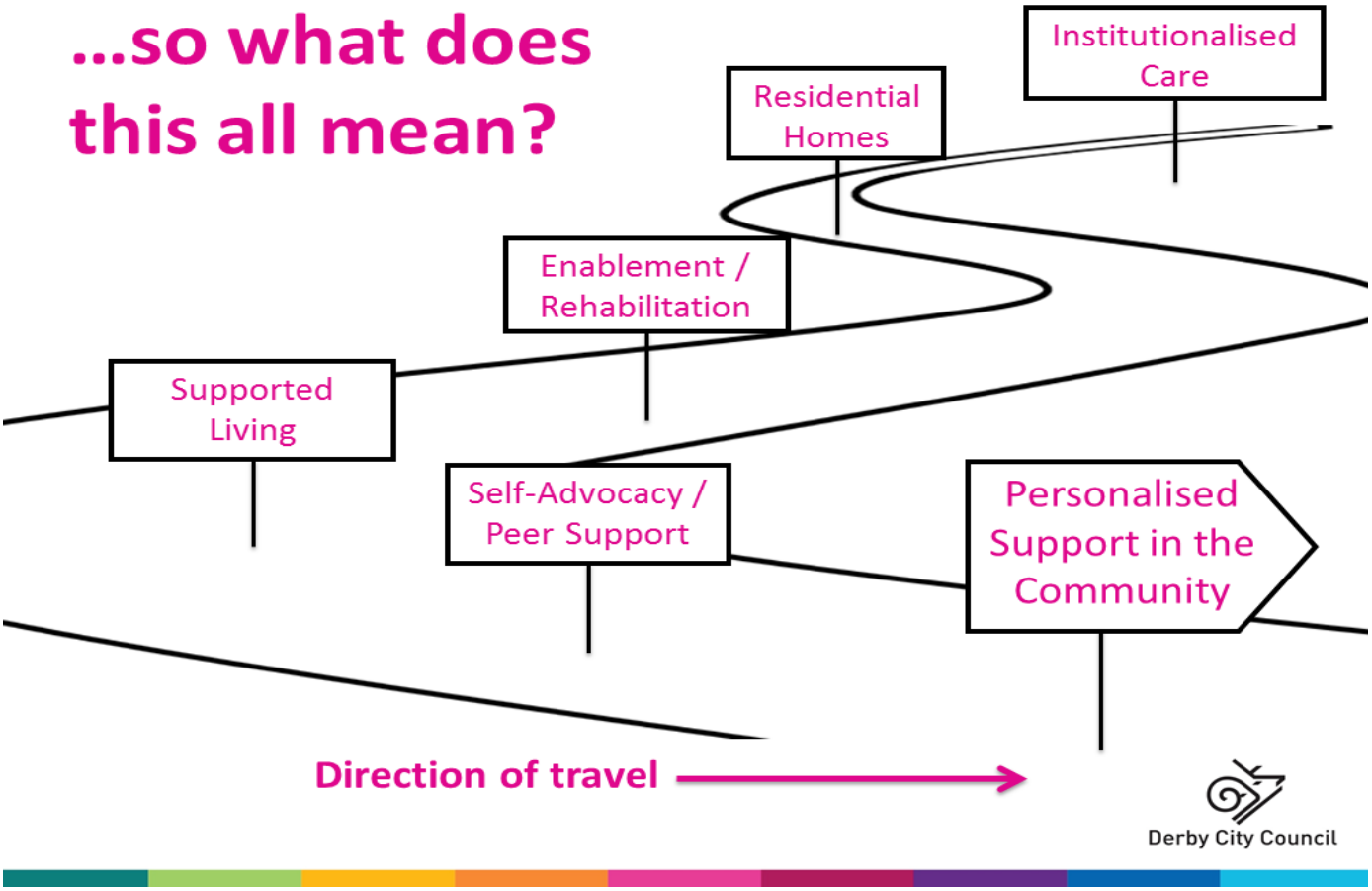
The Derby City Health and Wellbeing Board, a statutory partnership between Derby City Council, Southern Derbyshire Clinical Commissioning Group and Healthwatch, have also agreed to work towards services that deliver integrated care that is defined from an individual's point of view as:

"my care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes"

Our strategic aim is therefore to support people to have the best quality of life, within the constraints of their personal circumstances, through an integrated and high quality health and social care system. This model is underpinned by the following guiding principles where care must:-

- Be organised around the needs of individuals (person-centred)
- Focus always on the goal of benefiting the customer
- Be evaluated by its outcomes, especially those which customers themselves report
- Include community and voluntary sector contributions
- Be fully inclusive of all communities in the locality
- Be designed together with the users of services and their carers
- Deliver a new deal for people with Long Term Conditions (including Mental Health)
- Respond to carers as well as the people they are caring for
- Be driven forward by commissioners
- Be encouraged through incentives in the right place
- Aim to achieve public and social value, not just to save money
- Last over time and allow for innovation

We have created a simple diagram to explain the strategic shift we want to engineer and refer to it as the "Road Map of Care and Support". We are using this with citizens, staff and stakeholders to explain what we intend to achieve. Over the next five years our aspiration is that, as much as possible, people are no longer supported in institutionalised or residential settings but that they are helped to find the support they need in their community and as close to home as possible. To enable this we will need to change the financial pattern of current investment by moving services and resources closer to the individual, away from institutional forms of care and into the community.



Our strategy sets out our aspirations for where we will be in five years time:

https://iderby.derby.gov.uk/media/derbycitycouncil/contentassets/documents/adultsocialcare/ylyc/DerbyCityCouncil_yourlifeyourchoiceSocialCare%20brochureMARCH16.pdf

2.2 What does our strategic direction mean for care and support providers?

The table below summarises the impact our plans could have on the social care and health economy:

Outcome we are aiming for by 2020	Impact for provider organisations
Empowered citizens, able to access helpful information on a range of subjects that promote their independence and enable them to manage their long term condition/ risk to independence.	All organisations and local networks should be well versed in services and support available across Derby, and not just the skills and services offered by their own organisations. Providers should liaise with each other and make referrals where other organisations can offer advice and information, or can better meet needs. Providers should ensure they are aware of local support services available in the community to support citizens to stay independent and to promote wellbeing.
Individuals will be supported through a good network of family and friends. The amount of social capital in our communities will have increased through the facilitation of the Local Area coordinators and our voluntary, community and faith sector.	All care and support organisations should be actively assisting people to have a good social and support network, including making use of unpaid and voluntary activities in the community, outside their own organisational boundaries. For most people, providers who try to deliver support in isolation of wider community activities are not likely to be able to provide the best outcomes for individuals.
Increased volunteering will make a valuable contribution to tackling social isolation and increasing informal forms of support. Every older person aged 85+ will be offered the opportunity to have an individualised "winter plan".	The best organisations will use an appropriate mix of paid and unpaid support to ensure individuals remain connected to, or become involved with, their preferred communities. Organisations supporting older people in their own homes, will be expected to contribute to, and even develop, winter and emergency plans.
A more effective involvement of carers at each level will contribute to meeting identified outcomes.	Where carers are involved with individuals, providers will be expected to liaise with them, ensuring they are also given correct advice and information and signposted for a carers assessment where required.
Community Support Teams (created through integrating social work, primary and community health services) will be at the heart of Derby's community offer and will cover both physical and mental ill-health. They will have a close professional relationship with the Local Area Co-ordinators.	All organisations will be expected to have a good working relationship with the Community Support Team that they operate in and be actively coordinating support for individuals across statutory agency boundaries. For example, we would expect there to be a close working relationship between GPs, social workers and care homes.
We will be effectively reducing planned and unplanned admissions to hospital. Rather than people being assessed in hospital to facilitate discharge, the default position will be to discharge people home to assess, ably supported with intensive support and night sitting if required in the first few days.	All organisations will need to be clear about their role in reducing hospital admissions, and how to make best use of primary care facilities. Traditional care providers will need to be flexible and responsive when individuals requiring a hospital stay are ready to come home.

Support for people with mental health problems will be more community based and will encourage social inclusion	Rather than go to day centres, people with a mental health problem will be supported to access universal services in the community – i.e. services that are available to all
Derby City Council is moving away from being a Direct Provider of Adult Social Care services	During 2017 Derby City Council will be looking to sell, as going concerns, five of its residential homes for older people. We will also looking to remodel and modernize the two Day services we currently provide for people with profound and multiple learning disabilities and severe autism.

Citizens have good access to information about what support is available through the new Talking Points. These are community hubs where people can have conversations with social care workers about what their goals are, and how they can access support in their area.

People will be encouraged to consider how their support needs can be met in their community instead of by formal services – for example by taking part in local social groups or community activities.

Citizens can choose to purchase localised, possibly small scale support services that have been developed as a result of understanding local needs. Services may be delivered at 'Place' as opposed to city-wide

An increased focus on localised service provision will require providers to understand communities and tailor support according to needs in each area. The way that services are commissioned may change in the future as a result of more localised support provision, and Place Based Commissioning.

2.3 Derby's Population

The table below shows Derby's population in 2014, projected to 2030

The population profile of Derby will shift slightly by 2030 with the cohort aged over 85 rising from 2.4% of the population in 2015 to 3.3% in 2030, an increase of 3,500 individuals. This has the potential to increase the requirement for additional home care provision to ensure the most elderly of the population can remain active and independent.

In addition to those who may wish to live at home the increase in the elderly population will impact on demand for residential care with an additional 500 places in residential care required by 2030.

Tables produced on 30/10/14 from www.poppi.org.uk version 9.0

Age projections 2014-2030

	2014	2015	2020	2025	2030
Total population	254,300	256,100	265,200	273,300	281,200
People aged 65-69	11,800	11,800	11,000	12,500	14,700
People aged 70-74	8,900	9,100	11,000	10,300	11,600
People aged 75-79	7,700	7,700	8,100	9,900	9,300
People aged 80-84	6,000	6,000	6,300	6,800	8,400
People aged 85-89	3,800	3,900	4,200	4,600	5,200
People aged 90 and over	2,100	2,200	2,700	3,400	4,100
Total population 65 and over	40,300	40,700	43,300	47,500	53,300
Population aged 65 and over as proportion of total	15.84%	15.89%	16.32%	17.38%	18.95%
Total population 85 and over	5,900	6,100	6,900	8,000	9,300
Population aged 85 and over as proportion of total	2.32%	2.38%	2.60%	2.92%	3.30%

Projections for those aged 65 and over living in a care home with or without nursing

People aged 65 and over living in a care home with or without nursing	2014	2015	2020	2025	2030
People aged 65-74 living in a LA care home	16	17	17	18	21
People aged 75-84 living in a LA care home	33	33	35	41	43
People aged 85 and over living in a LA care home	68	69	81	92	107
People aged 65-74 living in a non LA care home	158	159	168	174	200
People aged 75-84 living in a non LA care home	354	354	372	431	457
People aged 85 and over living in a non LA care home	665	676	788	901	1,048
Total population aged 65 and over living in a care home with or without nursing	1,293	1,308	1,461	1,657	1,876

It is predicted that the number of individuals living in Derby with dementia will nearly double by 2030. Due to longer life expectancy dementia levels will particularly rise in those aged over 85.

Projected incidence of dementia 2014-2030

People aged 65 and over predicted to have dementia, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	147	147	137	156	183
People aged 70-74 predicted to have dementia	242	248	298	279	318
People aged 75-79 predicted to have dementia	452	452	475	579	543
People aged 80-84 predicted to have dementia	717	731	751	811	999
People aged 85-89 predicted to have dementia	767	783	861	917	1,033
People aged 90 and over predicted to have dementia	628	628	834	1,010	1,217
Total population aged 65 and over predicted to have dementia	2,952	2,988	3,356	3,752	4,293

Dementia rates

Percentage rate of people aged 65 and over with dementia, by age and gender

Age range	% males	% females
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-85	10.2	13.3
85-89	16.7	22.2
90+`	27.9	30.7

3 Current supply

3.1 Services Regulated by Care Quality Commission (CQC)

As at March 2017, there were 130 locations registered in Derby with the Care Quality Commission. The profile of registered services is as follows:

Profile of registered services*

Service Type	Number of locations
Residential Care	49
Nursing Care	27
Domiciliary Care organisations	54
Supported Living	6
Rehabilitation services	8
Extra Care	3
Community based services for people with complex needs	5
Community Healthcare Service	1

*Note that locations can provide more than one type of service

As at January 2017, and of those Derby services inspected by CQC**,** 84% of domiciliary care agencies were rated as 'Good', 75% of Residential Homes were rated as 'Good' and 48% of Nursing Homes were rated as 'Good'.

3.2 Key messages about the care and support sector in Derby:

- There are currently 54 **domiciliary agencies** registered with the CQC which suggests that there is a wide variety of organisations for individuals to choose from, and, given population projections, this provides plenty of opportunities for people to have care and support that enables them to live at home. It may be that this number of separate agencies is more than adequate for a city of Derby's size – the current population is estimated to be 256,100, with over 80% being under 65 that are of working age. As at March 2017, the Council arranged domiciliary care services for 1158 people, with a further 1,085 people accessing community support using a direct payment.

- As a consequence of the Council's strategy to help more people remain independent in their own home for longer, there has been an overall reduction in the number of people the Council has permanently admitted into **residential and nursing care** compared to 2010 – In 2015/16, 246 new admissions compared to 293 in 2010/11. As at December 2016, there were 79 establishments registered with the CQC which offered approximately 2254* places. Based on the data provided by establishments themselves, most homes are operating with an occupancy rate of 50-100%**. Of those bed spaces occupied, 47% were commissioned by the Council or the NHS. As at December 2016, the profile of beds was as follows:

Bed spaces

	Bed spaces	Number occupied	Council Commissioned beds	NHS commissioned beds (fully funded CHC residents only)
Residential care	1246	1030	502	81 across both
Nursing care	1008	939	371	
TOTAL	2254	1969	873	81

**Two care homes are in the process of deregistering so are not included in the figure below*

*** DCC run care homes are 17-75% occupancy - not included due to consultation*

This figure is declared by homes and will include all residents i.e it will include Council and NHS commissioned beds, those occupied by self funders and beds occupied by residents placed by other Councils

- The total number of **residential and nursing care** beds as at March 2015 that were being funded by Derby City Council and the NHS amounted to **954.** This equates to approximately **51%** of the occupied beds spaces – this means that the remaining bed spaces are likely to be occupied by self funders or people placed by other Councils or other NHS Clinical Commissioning Groups out of the area. The NHS is currently operating an "any qualified provider" framework which enables it to purchase nursing care beds directly, and as at March 2015 – the NHS were purchasing 81 residential/ nursing care beds in Derby for people whose needs met the criteria for Continuing Health Care.

The table below shows the number of Derby citizens aged 65 and over in nursing or residential care homes as at 31 March 2017

People aged 65 and over in nursing or residential care homes	**Nursing**	**Residential**	**Total**
People in long term accommodation	290	422	712
People in short term accommodation	0	34	34

The table below shows the number of people with mental health problems in nursing or residential care homes as at 31 March 2017

People with mental health problems in nursing or residential care homes	**Nursing**	**Residential**	**Total**
People in long term accommodation	7	25	32
People in short term accommodation	0	0	0

The table below shows the number of Younger Adults Aged 18 to 64 with Learning Disabilities in nursing or residential care homes as at 31 March 2017

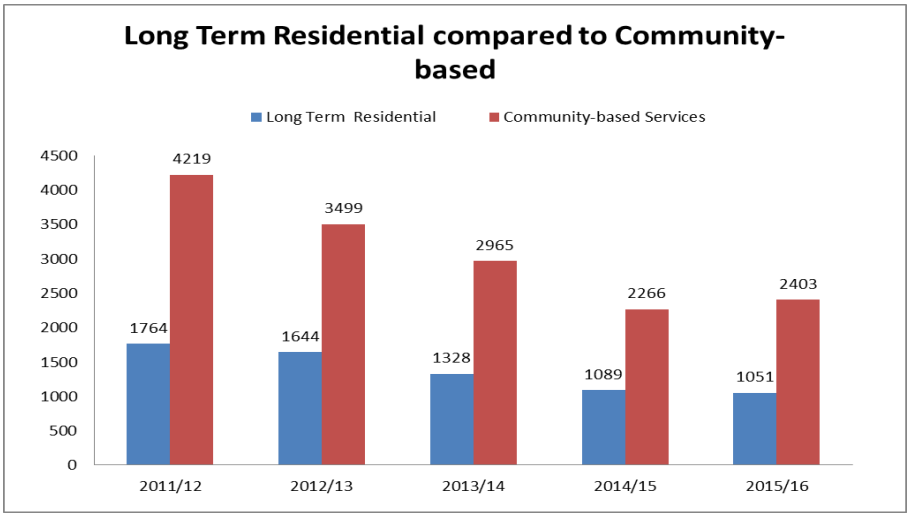
Younger Adults Aged 18 to 64 with Learning Disabilities	**Nursing**	**Residential**	**Total**
People in long term accommodation	13	103	116
People in short term accommodation	0	1	1

- There are 21 providers who Derby City Council commission to support people with a learning disability via a framework contact and there are 8 residential colleges supporting 19 customers to access education. The cost for this support is approximately £1.1M.

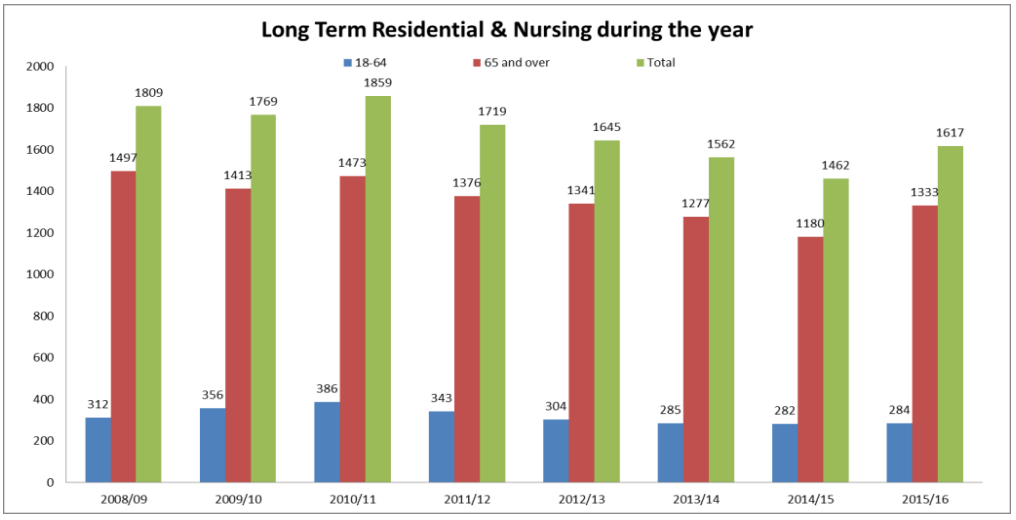
The table below shows the number of people aged 18 to 64 with physical disabilities/sensory impairments in nursing or residential care homes as of 31 March 2017.

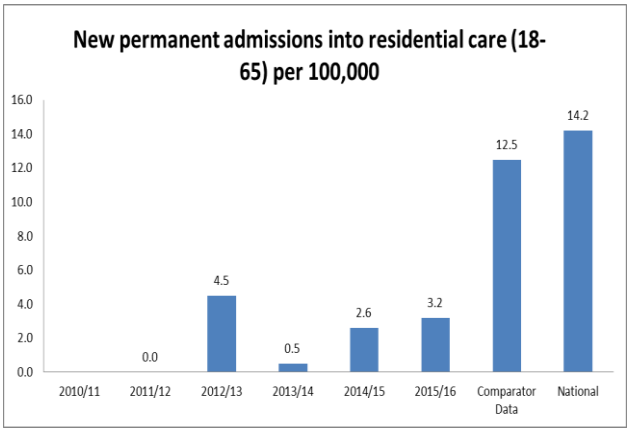
People aged 18 to 64 with physical disabilities/sensory impairment in nursing or residential care homes	Nursing	Residential	Total
People in long term accommodation	19	20	39
People in short term accommodation	1	3	4

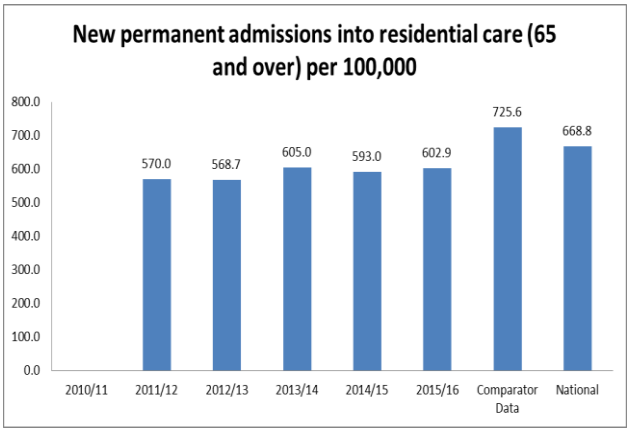
Residential and Nursing & community placements 2008/9 to present



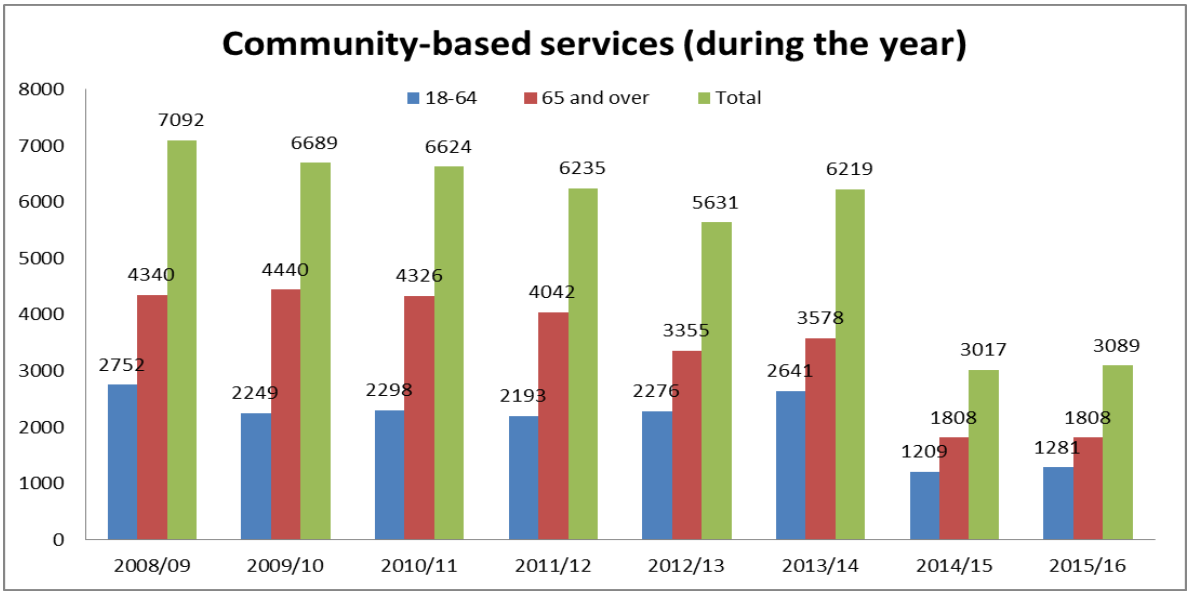
For the last eight years there has been consistent and sustainable performance in reducing overall numbers in long term residential care during the year from 1809 in 2008/9 to 1617 (-11%) in 2015-16, both younger (-28, -9%) and older (-164, -11%) age groups have had fewer permanent placements over this period.





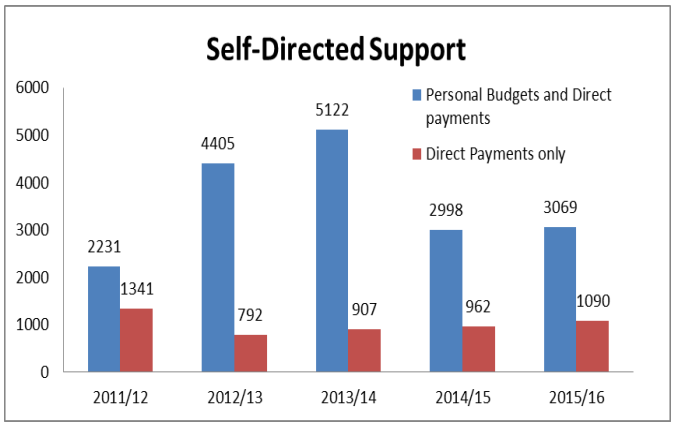


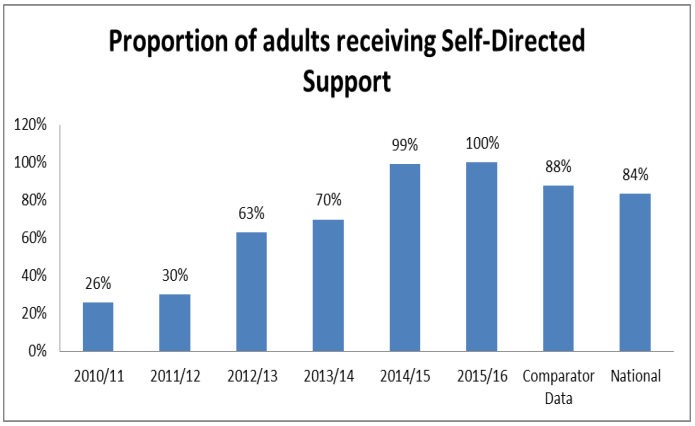
Those in community based services have fallen from 7092 in 2008/9 to 6219 in 2013-14 (-863, -12%). Younger adults have reduced by 111 (-4%) and older adults by 362 (-8%) over the same period. In the last two years these figures have halved, mainly due to a change in definition meaning that only long term community based services were counted as opposed to short term.



Derby has a positive direction of travel in reducing the number of residential and nursing placements during the year, whilst it has also reduced numbers in the community reliant on social care and support.

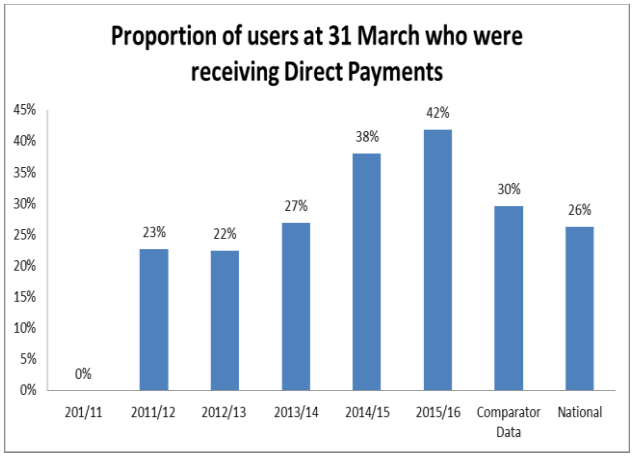
Self-directed support 2011/12 to present

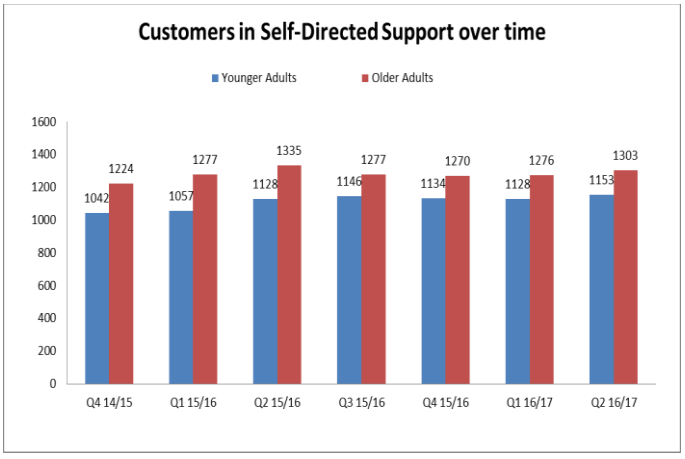




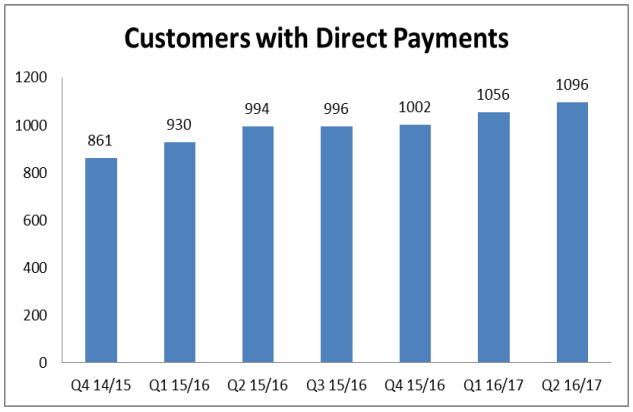
This reduction of long term support has been possible by a successful 6 year programme of personalisation through self-directed support (SDS). The proportion of adults receiving SDS has improved from 26% to 100% (a 3 fold improvement), and is above comparator and national averages. Our Ordinary Lives and Shared Lives initiatives have been a key part of this success.

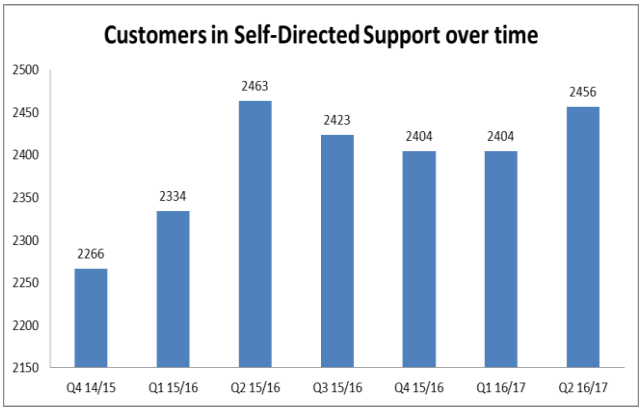
One of the tests of genuine personalisation is the performance on direct payments rather than budgets that we manage for customers. On this measure again there has been an improvement from 23% to 42% (almost a 100% improvement) which is significantly higher than comparator and national averages.

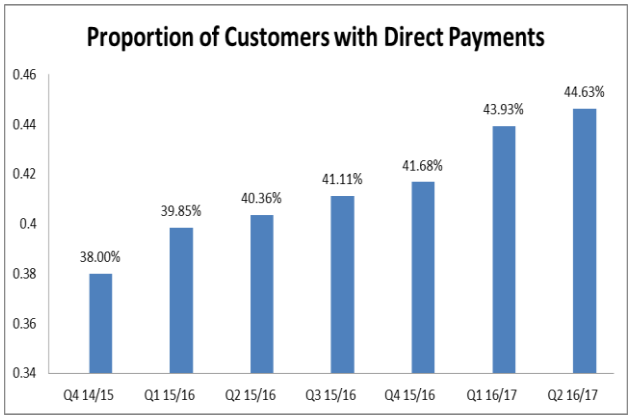


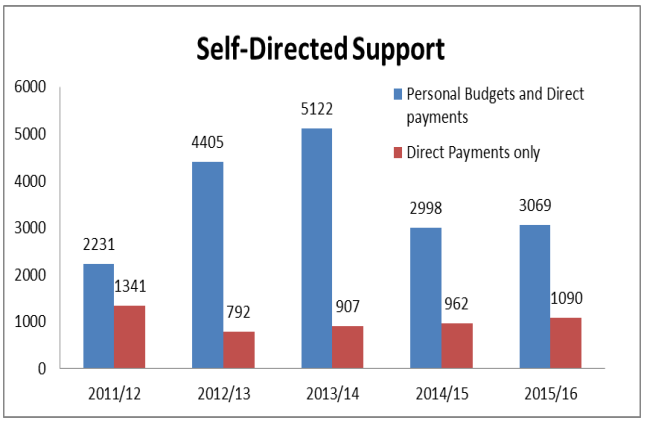


So most of the customers in a community setting are now receiving self directed support and these numbers have been rising as overall numbers in residential and nursing have been falling. Of the 3069 community based customers in 2015-16, nearly 4 out of 5 (79%) have self directed support.









- There has been a growth in the number of **"Extra Care" services,** predominately aimed at providing older people with an alternative to residential and nursing care whereby individuals own or rent their home in a purpose built housing development where both planned and emergency domiciliary care is provided on site. This sector has grown due to the Council's and partners' continued investment (both capital and revenue) and now provides 326 Extra Care properties compared to 70 in 2012. This strategy will continue as our Housing Strategy states that in total, 925 Extra Care properties would be required based on local analyses of need.

- There has been a reduction in the number of more traditional sources of support such as day centres, respite centres, supported housing facilities and Council commissioned services. This has been caused by commissioners reducing or ceasing contracts for these types of facilities in response to the personalisation agenda, with individuals using Direct Payments to purchase a range of non residential activities

- **Shared Lives -** The Council's Shared Lives scheme supports adults over the age of 18, with eligible social care or health needs, in a home environment. This involves sharing family and community life and is provided by Shared Lives Carers who can be single people, couples or extended families. Carers are 'matched' with the individuals that they support. Support can be for a few hours during the day, a weekend break or someone living in the home for a short or long period. Carers use their family home as a 'resource'. As at December 2016, Shared Lives has 80 registered Carers providing support to 102 individuals.

- **Carelink –** The Council's Carelink monitoring and response service together with a range of optional Telecare monitoring sensors are available to support vulnerable people to live independently. This service enables people to be supported at home while offering reassurance and peace of mind to the individual, their carers and relatives. As at 1 April 2016, Carelink had 4,550 total service users. Of these, 3,161 required a responsive service, 1,291 required call handling only and 98 were back up calls.

- In Derby **Carers** are currently helped with:

    - **A Carers Assessment and Support Plan** which will identify needs in relation to an individual's caring role and outcomes to improve their wellbeing supported by a plan to achieve those personal outcomes and enable the carer to continue caring. In 2015/16, 1241 Carers Assessments and Support Plans were done.

    - **An Emergency Plan** which is incorporated into the carers' assessment and details the arrangements if the carer cannot provide care due to an emergency. In 2015/16, 1201 carers agreed to have an Emergency Plan in place.

    - **Information and advice** which is provided across different voluntary sector organisations and statutory agencies.

    - **Carers Training** which is provided locally and is designed to help carers with more specific information and develop skills to enable them to continue caring.

    - **Carers Breaks** which are provided to help carers to maintain their caring role by utilising the varied opportunities available for a short break allowing them to have some time away from their caring role and doing something that they enjoy.

  Work over the coming year will develop Derby's offer to carers which will be based on a more community focused response with support and services 'closer to home' for the majority of carers. There will be other options that the Council will look to commission or manage directly to help those carers who have needs that cannot be fully met by the community response.

3.3 Opportunities for business development

Universal Services – The concept of wellbeing is central to the Care Act and Councils have a duty to consider the physical, mental and emotional wellbeing of the individual needing care. There is a shift away from past legal requirements on local authorities to provide particular services and replaces them with the wider duty to promote wellbeing. Many of these interventions are likely to be available as part of wider "universal services" such as services and activities available to anyone in a local area regardless of their eligibility under the Care Act for social care assistance. These will include preventative services (such as handy person services, falls prevention service, lunch clubs, assistive technology such as care alarms), as well as advice and information services such as advice bureaus, libraries, Council/NHS customer services/ information points, websites and community noticeboards . Although there is already an extensive range of information and advice services in Derby, independent financial advice with a focus on planning for long term care is an area where the Council would like to see more provision - particularly to people nearing retirement age. The Council has a partnership with a financial advisory company, however would welcome an increased range of providers in the market. The **voluntary and community and faith sectors** are often best placed to deliver universal services, given their reach and connections within local communities, particularly those the Council may not traditionally reach out to. Providers who understand local needs around wellbeing services such as cleaning and shopping are encouraged to find out more about local needs and demand, as customers often prefer delivery on small scale.

- **Standard Domiciliary care –** We have retendered contracts for the provision of standard domiciliary care. This contract will be in place until 2018. Customers will continue to be encouraged to take up a Direct Payment to organize their own support and will be assisted to find information out about the providers operating in the area. For more information about contracting arrangements for domiciliary care, please contact Tracy Garbett, Service Quality and Brokerage Manager – tracy.Garbett@derby.gov.uk

- **Domiciliary care and support for people with complex needs** – Increasing numbers of younger adults in Derby are accessing personal budgets and direct payments. Some may not be able to manage direct payments or may choose to opt for a Council managed service. The Council operates a Dynamic Purchasing System agreement for providers who are able to offer care and support to people, mainly with learning disabilities and/or autism with complex support needs. This means that providers tender to become listed under the Framework which is able to re-open more frequently enabling new providers to join and subsequently bid for service requests distributed electronically to all listed providers. This approach was set up in 2013 and there are currently 16 providers. The overall Framework contract expires and is due to be renewed by procurement in spring 2017. For more information about accessing the Framework please contact Trevor Wright, Strategic Commissioning and Partnerships Manager – trevor.wright@derby.gov.uk

- **Extra Care Housing with domiciliary care and support**– The Council's Accommodation Strategy for Older People states that Derby would need 925 units of accommodation which is

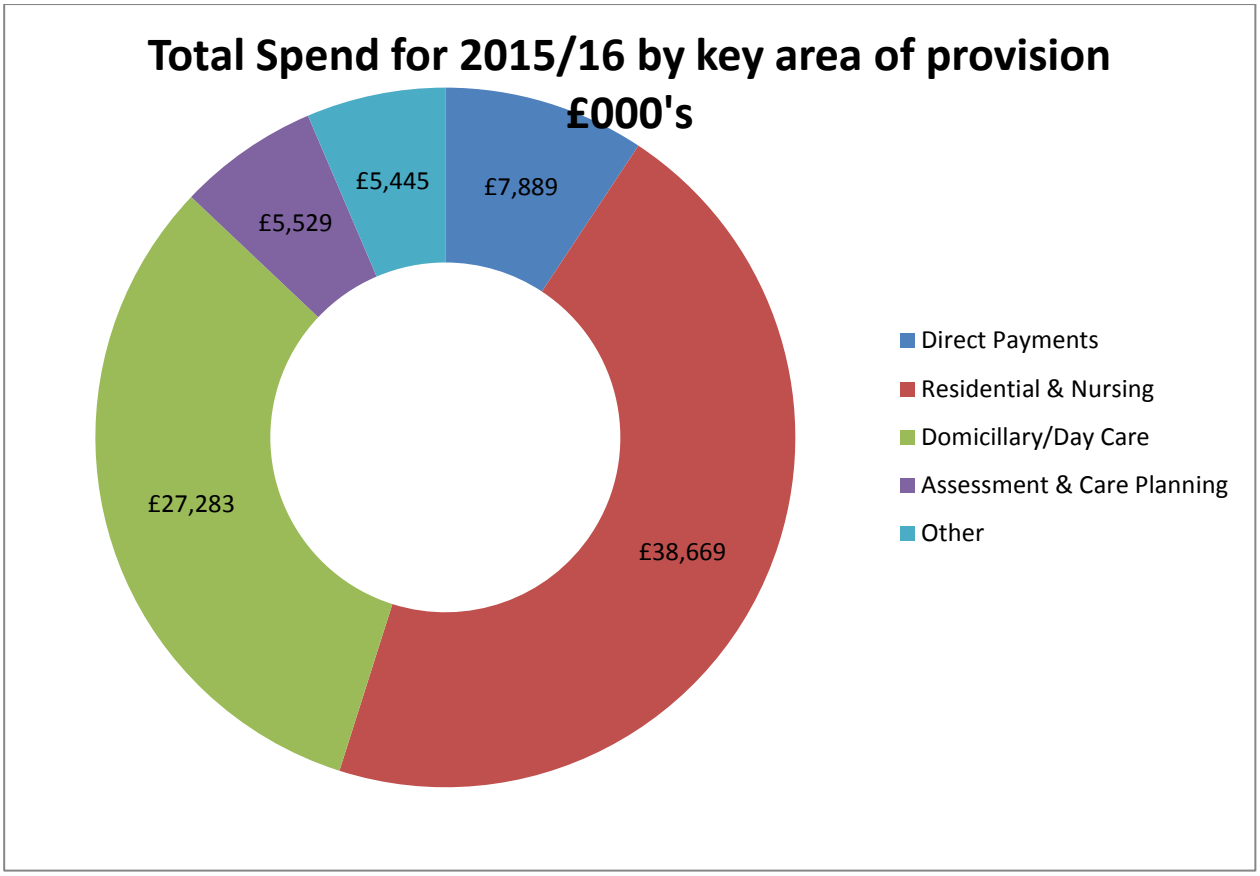
two thirds more than our current provision. The Council's model for Extra Care is that the on site emergency care provider should ideally be the provider of choice for individual's planned care needs, although anyone wishing to arrange their support using a direct payment would be able to continue to do so. This means that as new Extra Care developments come on stream, the Council will be running a tender to secure a domiciliary care provider to operate from the site. For more information on forthcoming Extra Care tenders, please contact Ian Chennery, Strategic Commissioning and Partnerships Manager – ian.chennery@derby.gov.uk. If you are a freeholder, and want to explore development opportunities concerning Extra Care Housing, please contact James Beale, Housing Development Officer- james.beale@derby.gov.uk

- **Residential and Nursing Care** - the Council operates a Framework agreement where individual homes sign up to our standard terms and conditions, and is issued with individual contracts should a bed space be commissioned by the Council for someone it has a statutory duty to support. The Council and NHS's Better Care Fund programme seeks to reduce the number of people supported in residential and nursing care in favour of people living for longer in their own homes, supported by a range of community based support. As a result of this policy direction, the Council is not encouraging new entrants to the market, however would be interested in supporting homes to become more suitable for older people with complex needs, such as dementia, as there remains a need for some individuals to access more institutionalised settings towards the end of their life.

- **Adults of Working Age and the Ordinary Lives agenda** – The Council's Accommodation Strategy for Adults of Working Age 2013–17 sets out the direction of travel that seeks to move people out of institutional care into more ordinary forms of accommodation with support. We have an Ordinary Lives team which is focused on reviewing all younger adults currently living in residential care, or long term high cost supported living placements.The Council's ambition is to have no adult of working age living in residential or nursing care on a permanent basis and therefore would not support the development of any form of institutionalised or large scale, accommodation for this group. Rather, where housing providers have good quality accommodation – self-contained or large shared houses, it may be that individuals would be supported to move into ordinary tenancies and arrange their support using a direct payment, or using one of the Council's contracted care providers. The Council is actively working with residential care providers and the CQC where de-registration is a positive option to remodel services to deliver better outcomes for individuals. The Council will however not support "schemes" where there is a condition of tenancy agreements that care and support needs to be provided by a specified organisation as this contradicts our drive for personalised, self-directed support. For more information, or to discuss through development ideas, please contact Christine Collingwood, Head of Integrated Commissioning- christine.collingwood@derby.gov.uk

3.4 – Current budget profile

Adult Social Care Spending for 2015/16 - Derby City Council spent £84.82M on care provision in 2015/16, with the most being spent on residential and nursing care (£38.67M) and domiciliary / day care (£27.3M spent) This is shown graphically in the figure overleaf



As can be seen from the table below, people with Learning Disabilities are the client group which had the highest annual spend at £28.04M in 2015/16, followed by older people (aged 65+) where £26.40M was spent. Residential care and Nursing Care was the area of largest spend for people with Learning Disabilities and the provision of domiciliary / day Care is the area of biggest spend for older people.

Total spend for 2015/16 by area of provision and client group

			Older People	People with Physical Disabilities (PD)	People with Learning Disabilities (LD)	Mental Health	Other	Total
Direct Payments	£7,889				5,529	1,465	895	7,889
Residential & Nursing	£38,669		9,577	14,404	12,993	1,482	212	38,669
Domiciliary/Day Care	£27,283		11,503	7,989	7,291	355	145	27,283
Assessment & Care Planning	£5,529		1,721	1,561	1,828	250	168	5,529
Other	£5,445		3,598		400		1,448	5,445
Total	£84,815		26,399	23,955	28,041	3,553	2,868	84,815

4. Future Demand and Customer Preferences

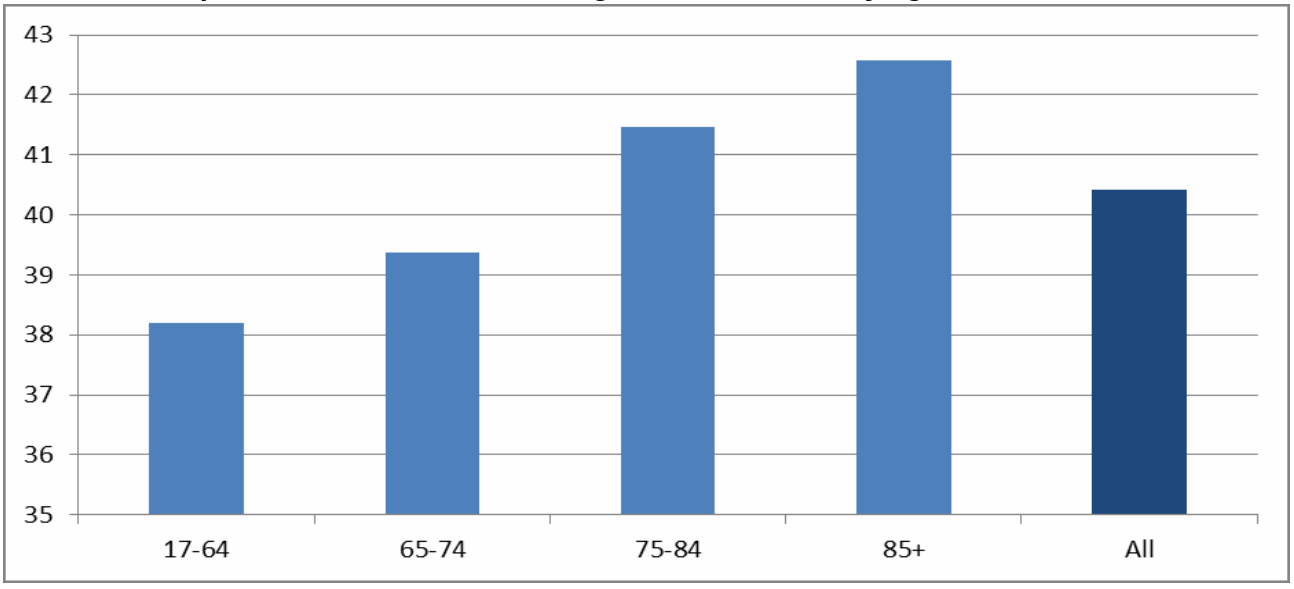
The "Local Picture" - described in this document at section 2 provides demography information and population projections, however this only indicates the trends around the wider population, rather than specific information in terms of local demand for adult social care and related support services. In order to provide a more specific indication of future demand and customer preferences, a number of other data sources can be used.

4.1 – Analysing the support needs of individuals already known to Derby City Council

An Outcome Based Support Assessment (OBSA) of 2338 people with social care needs has been undertaken to help understand the types of assistance people need, and the outcomes they would like to achieve:

Deteriorating health condition leading to frequent healthcare intervention - Around 40% of the 1180 responses to the question in 2014/15 said the individual had a deteriorating health condition leading to frequent healthcare intervention. Older individuals (see figure below) are the most likely, with those aged 85+ (45%) having the highest proportion with a deteriorating health condition and those of working age (38%) the least. In 2014/15, a slightly higher percentage of individuals stated that they have deteriorating health condition than in 2013/14 (36%)

Percent of respondents with a deteriorating health condition by age

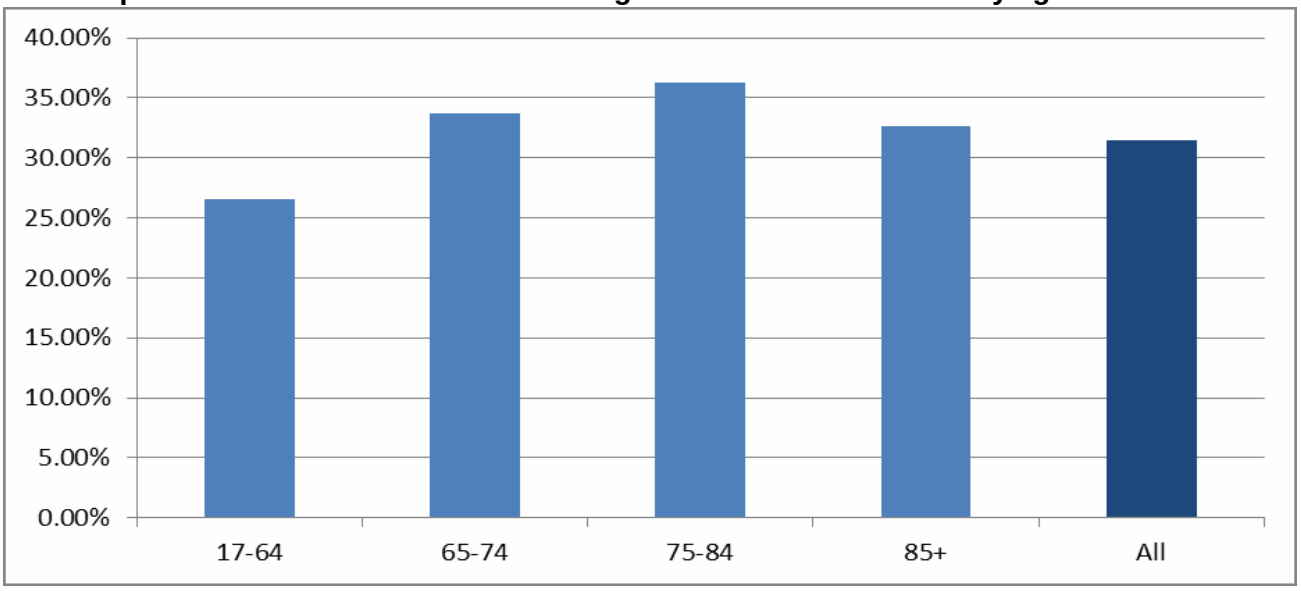


N = 1180

Those with a deteriorating health condition are most likely to live in the most populated wards of Abbey (14.5% of the total of those who responded), Arboretum (12.4%) and are least likely to live in less populated areas such as Oakwood (1.9%). 82% are white British; this is much in line with the general demographic profile of the City

Have had a Continuing Healthcare Assessment - Around a third of responses (32%) in 2014/15 said that they have had a continuing healthcare assessment. This has declined slightly since 2013/14 (35%) Those aged 75-84 (36%) were the most likely to have received a continuing healthcare assessment – see figure below, with those of work age the least likely (26%).

% of respondents who have had a continuing health care assessment by age



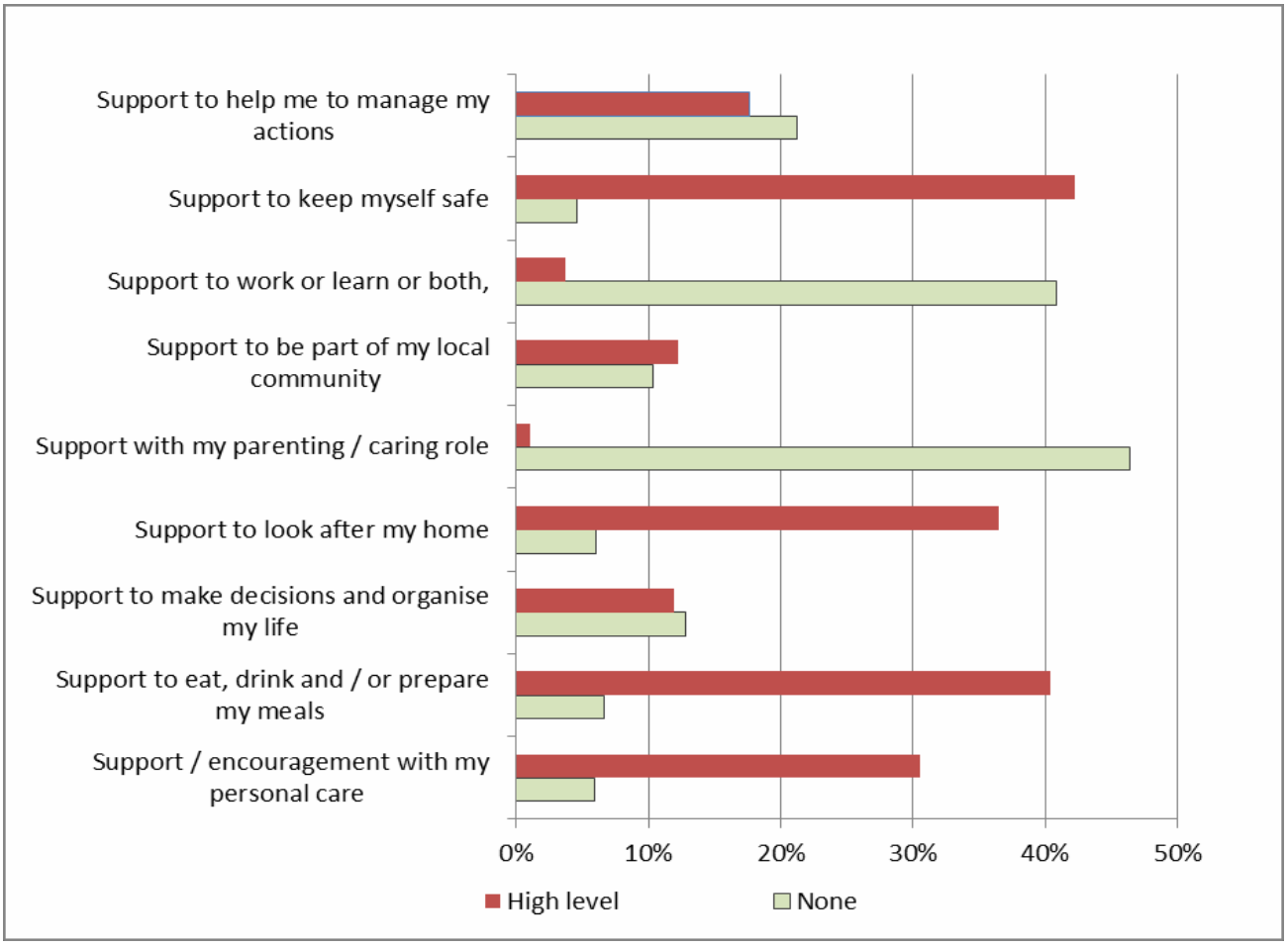
N=1162

Not surprisingly, the residents of larger wards such as Abbey (16.9% of all of those with a Continuing Healthcare Assessment), Alvaston (13.4%) and Arboretum (12.8%) make up the highest proportion of those who had a Continuing Healthcare Assessment, the least populated areas such as Oakwood (1.4%), the lowest proportion. 81% of those who had a Continuing Healthcare Assessment are White British which once again is in line with broader demographics of the City.

Assistance - The figure overleaf shows the proportion of individuals who require no support to help them with certain aspects of daily life compared to the proportion who required support who stated they needed high level support.

Support to keep safe and in feeding / preparing meals are most likely to have individuals who require high levels of support. Support to work and caring / parenting are most likely to require assistance.

Percentage of individuals who require no support and percentage of those who require high level support for aspects of care



When we look at those who do not require support for an aspect of everyday life by age some interesting trends occur for many aspects, not surprisingly the over 85's are the least likely to require no assistance.

Percentage of respondents who do not require support by age and type of care

Do not need…..	17-64	65-74	75-84	85+	All
support / encouragement with my personal care	10%	7%	4%	3%	6%
support to eat, drink and / or prepare my meals	8%	7%	7%	5%	7%
support to make decisions and organise my life	11%	20%	13%	11%	13%
support to look after my home	5%	7%	7%	6%	6%
support with my parenting / caring role	59%	52%	43%	45%	49%
support to be part of my local community	9%	13%	10%	11%	10%
support to work or learn or both,	32%	49%	43%	44%	41%
support to keep myself safe	5%	7%	4%	4%	5%
support to help me to manage my actions	18%	25%	22%	22%	21%

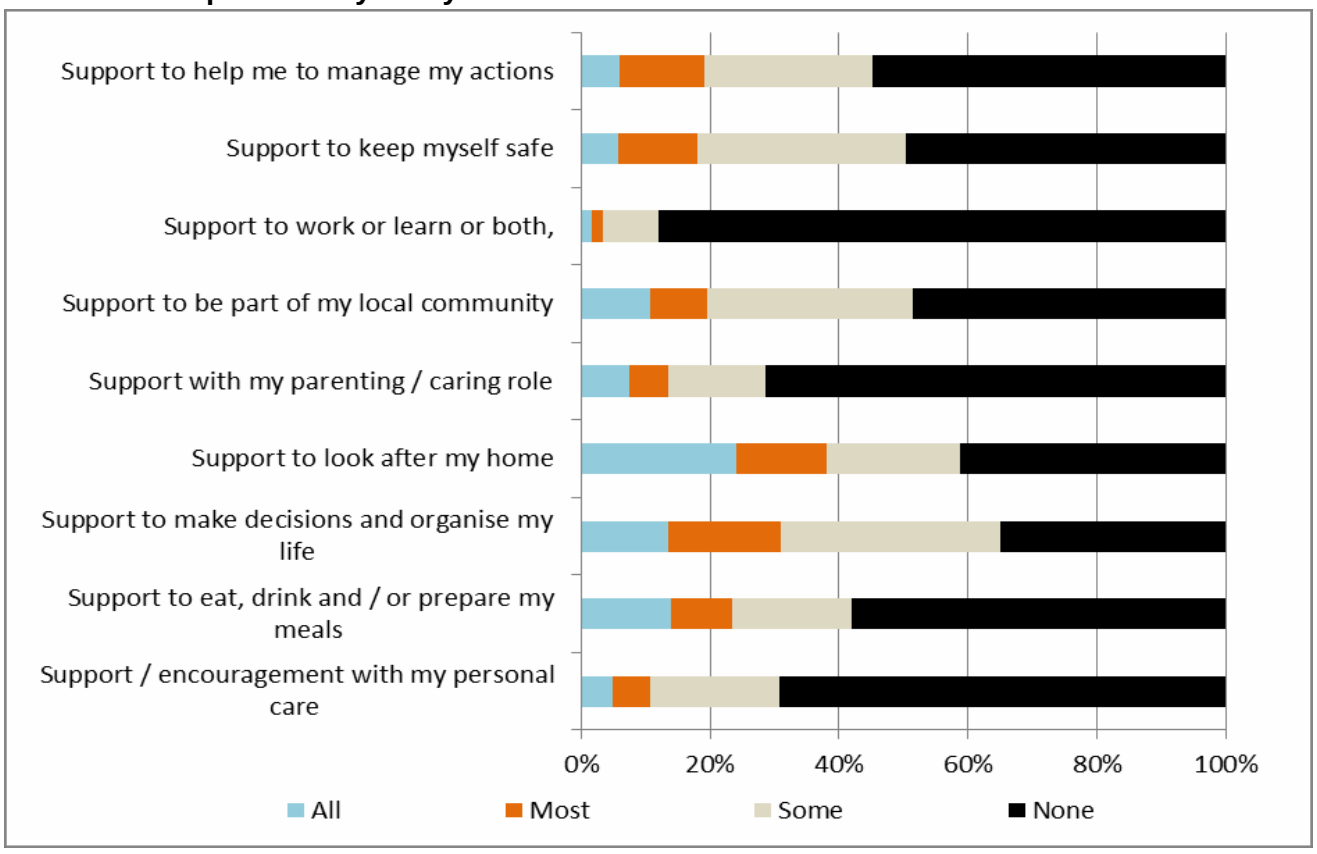
However, when we look at the requirement for high level support (see table below) younger adults are more likely to require high level support.

Of those who say they require support, percentage of respondents who require high level support

High level support	17-64	65-74	75-84	85+	All
I need frequent support / encouragement with my personal care, for example more than twice a day.	32%	30%	27%	32%	30%
I always need support to eat, drink and / or prepare my meals, for example several times a day	42%	43%	36%	41%	40%
Other people always make decisions and organise my life	12%	8%	10%	14%	12%
I regularly need support to look after my home	45%	36%	29%	34%	36%
I frequently need support with my parenting / caring role, for example several times a day	1.30%	0.66%	1.08%	0.63%	0.94%
I want to be part of my community and regularly need a lot of support to do this, for example daily or several times a day.	22%	10%	7%	8%	12%
I would like to work or learn or both and regularly need support to do this, for example daily or several times each day	12%	1%	1%	0%	4%
I always need support to keep myself safe - every day	47%	40%	39%	42%	42%
I always need support to help me manage my actions	27%	16%	13%	14%	18%

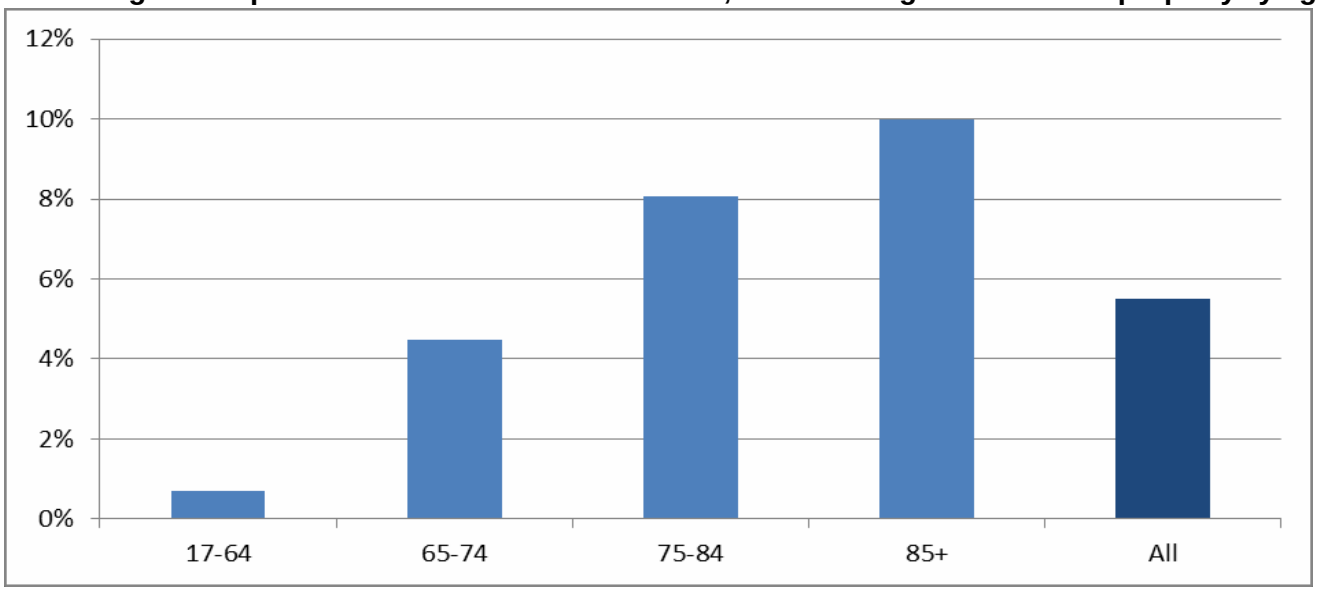
Family and friends are most likely to provide support for Individuals to look after the home and to make decisions. They are less likely to support individuals to work or learn.

Extent of care provided by family / friends



Proportion of Respondents who have more than £23,250 in savings or a second property - Only 5.5% of respondents have more than £23,250 in savings or a second property, this has decreased since 7% in 2013/14. Older individuals (10% of those aged over 85), are more likely than younger (1% of those of working age) to have assets of more than £23,250 in savings or a second property – See figure below

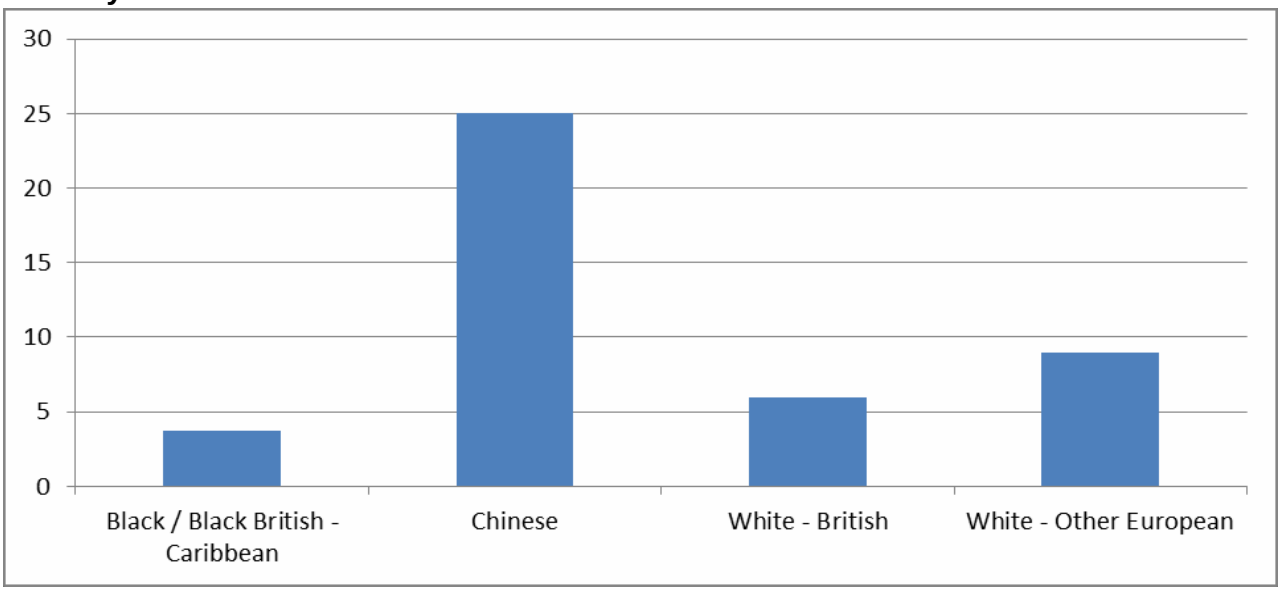
Percentage of respondents who have more than £23,250 in savings or a second property by age



N=1200

There are some interesting trends according to the individual's ethnicity (though caution is required as ethnicities other than White British have a low sample size) with those of Chinese heritage (25%) more likely to have more than £23,250 in savings or a second property

Percentage of respondents who have more than £23,250 in savings or a second property by ethnicity



Clear difference in the levels of affluence can be seen geographically within the city with 18.6% of respondent's in Allestree having more than £23,250 in savings or a second property, compared to 1.4% in Chaddeston and 1.3% in Boulton – see figure below.

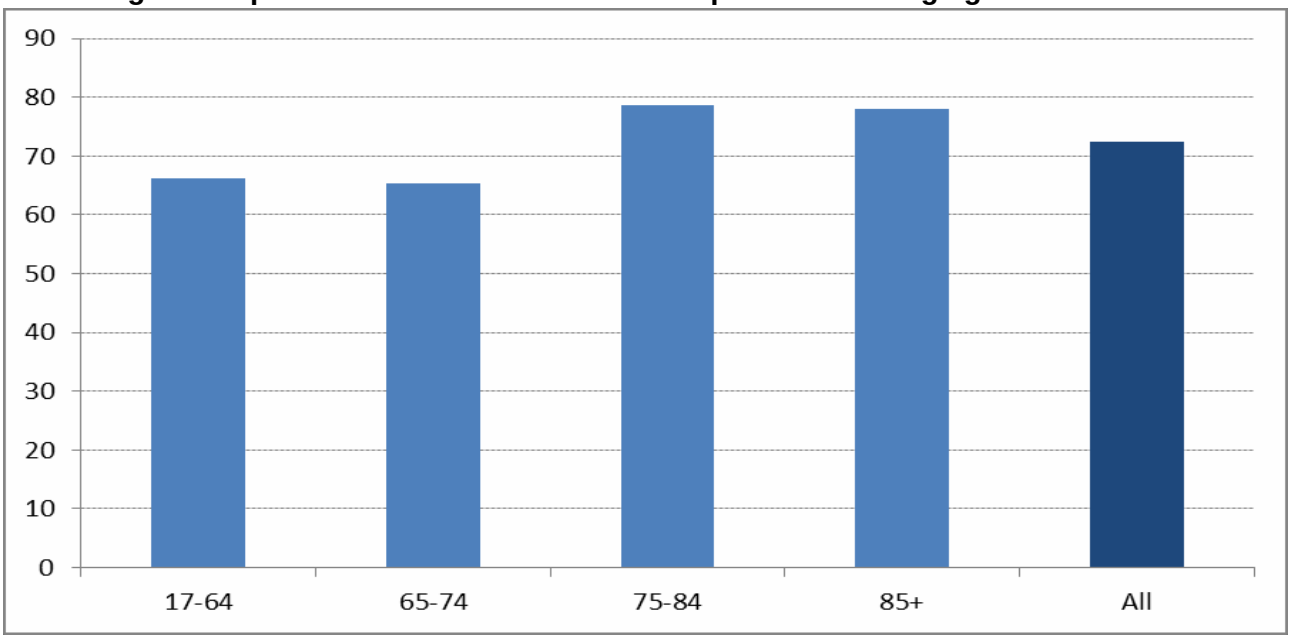
Percentage of respondents who have more than £23,250 in savings or a second property by Ward

Ward	% of respondents from ward who had more than 23,250 in savings or a second property
Abbey	4.6
Allestree	18.6
Alvaston	3.7
Arboretum	6.6
Blagreaves	4.1
Boulton	1.3
Chaddesden	1.4
Chellaston	9.6
Darley	5.3
Derwent	3.8
Littleover	3.2
Mackworth	10.0
Mickleover	7.9
Normanton	3.0
Oakwood	7.4
Sinfin	2.5
Spondon	5.3
Unknown/Out of Boundary	7.7

Someone providing help in managing finances - Three quarters (72%) have someone to help them with their finances which are unchanged from 2013/14. Those who are over 75 (78%) are the most likely to have someone to help them with their finances (see figure below) those aged under 75 (65.5%) the least

Family and friends are most likely to provide support for individuals to look after the home and to make decisions. They are less likely to support them to work or learn.

Percentage of respondents who have someone help them in managing their finances

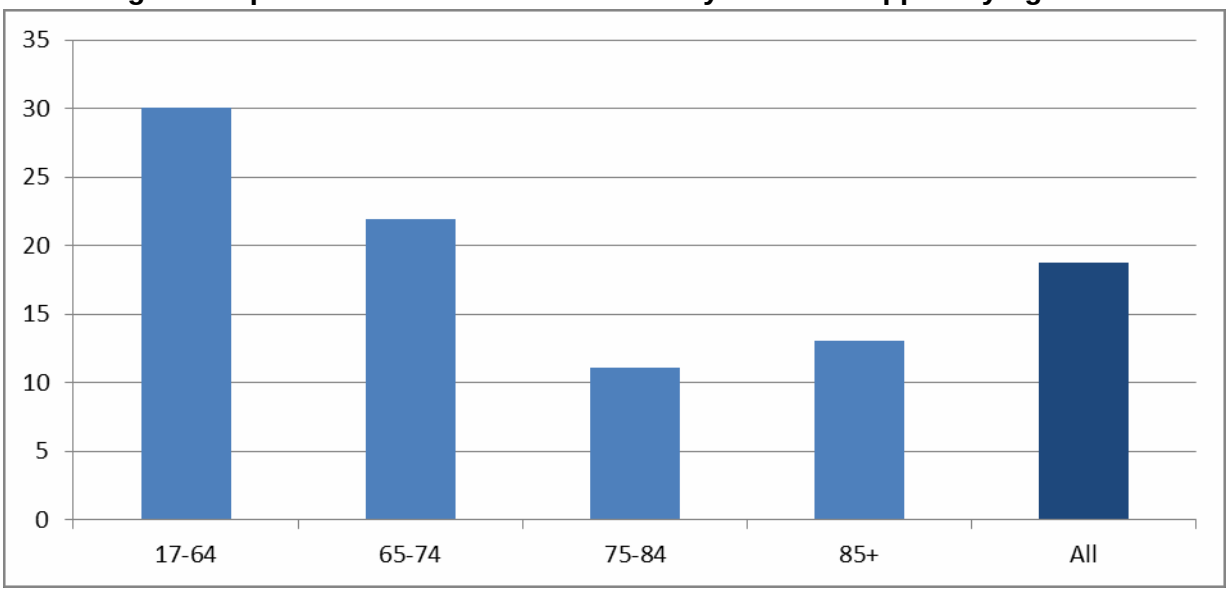


N=1191

By ward and ethnicity the proportion of respondents having someone to help them in managing their finances in line with the City's overall demographics with the most people getting help residing in most populous wards and are White British in ethnicity.

In receipt of Informal support - Most respondents receive some informal support, however a substantial minority, 19% said that they did not receive any informal support. Those of working age (30%) are least likely to receive informal support and those aged between 75-85 (11%) the most.

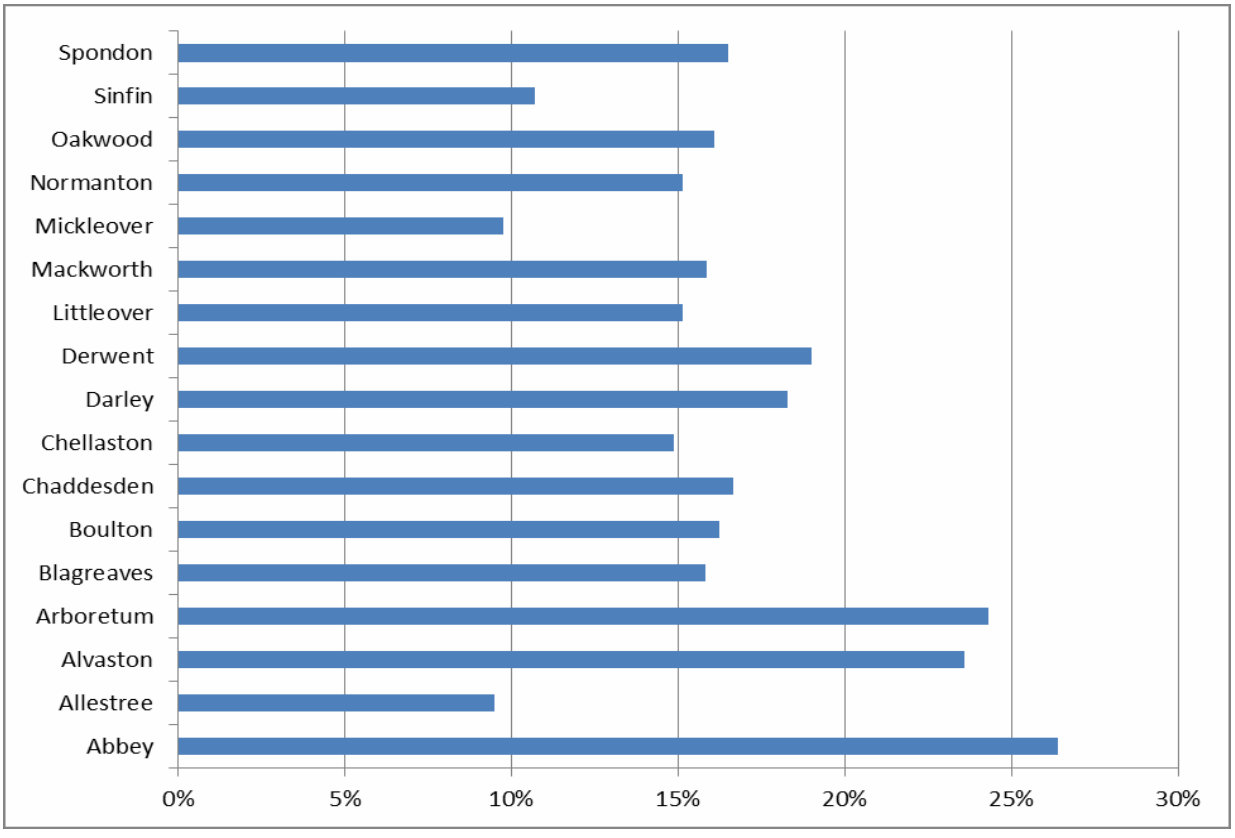
Percentage of respondents who did not receive any informal support by age



Respondents were more likely to receive informal support in 2014/15 than in the previous year where 26% said they did not receive informal support. Those of White British ethnicity make up 89% of those who have said that they receive no informal assistance which is slightly higher than the demographic profile of the City would indicate.

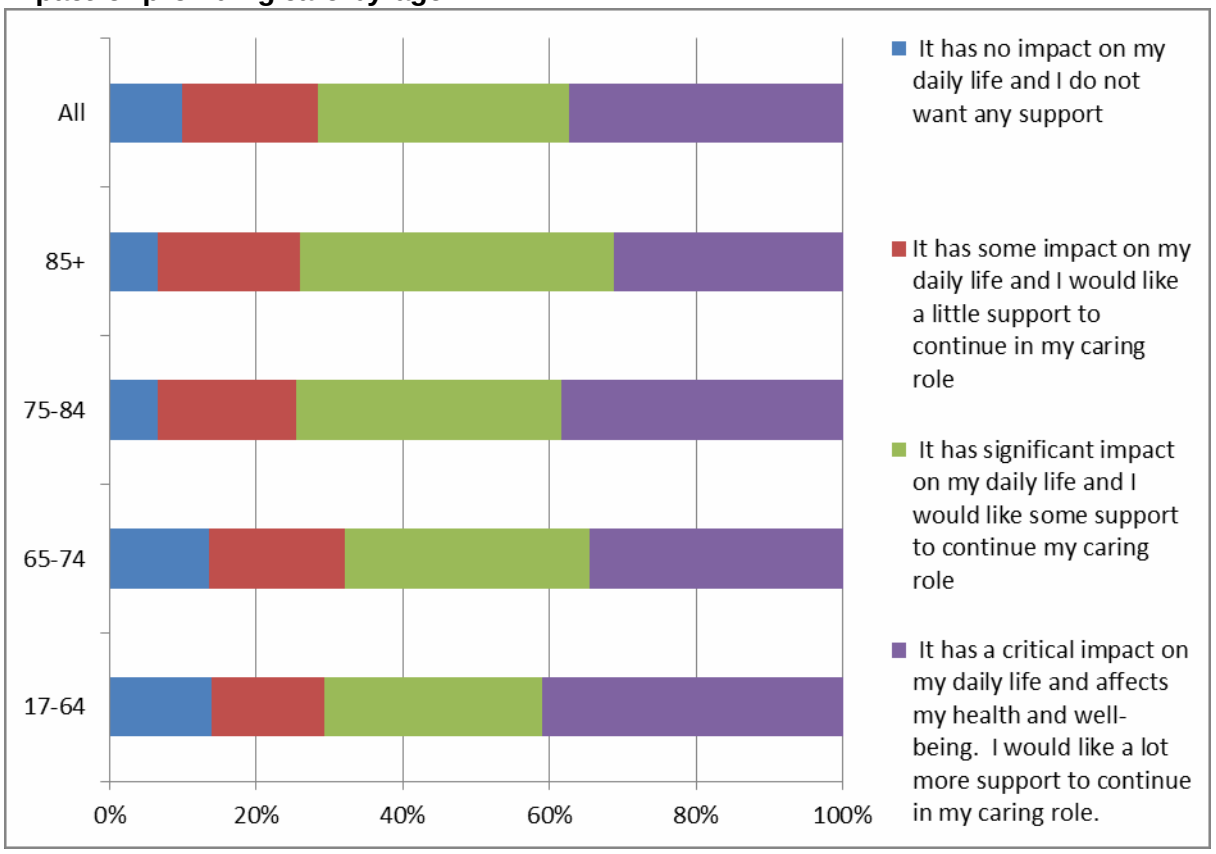
There is also some geographical difference across the City with residents in Abbey (26%) the most likely not to receive informal support and residents in Allestree (9%) and Mickleover (10%) the least

Percentage of respondents who did not receive any informal support by Ward



Impact of providing support - Some of the individuals undertaking the OBSA provide care themselves for around 70% this care has at least a significant impact on their daily life

Impact of providing care by age



Residents in Abbey and Alvaston are most likely to feel that caring responsibilities have a critical impact on their lives. The data samples were too small for trends regarding ethnicity to be analysed.

Carers Assessment - Relatively few of those undertaking the OBSA have a carers assessment, and a similar proportion would like one.

Take up and demand for a Carers Assessment

	Currently have a carers assessment	Would like a carers assessment	Do not wish a carers assessment
17-64	4%	6%	10%
65-74	2%	6%	9%
75-84	4%	6%	9%
85+	3%	4%	12%
All	3%	5%	10%

Geographically, residents in Sinfin are most likely to have a carers assessment and those in Chaddesden the most likely to express an interest in having an assessment

Take up and demand for a Carers Assessment by ward

	Have a carers Assessment	Would like a carers assessment	Do not wish for a carers assessment
Abbey	2%	3%	10%
Allestree	6%	8%	13%
Alvaston	3%	5%	11%
Arboretum	1%	5%	11%
Blagreaves	4%	9%	17%
Boulton	4%	4%	10%
Chaddesden	2%	11%	9%
Chellaston	5%	7%	7%
Darley	1%	4%	13%
Derwent	4%	5%	11%
Littleover	2%	5%	14%
Mackworth	2%	0%	6%
Mickleover	6%	2%	11%
Normanton	3%	6%	11%
Oakwood	7%	7%	4%
Sinfin	11%	8%	11%
Spondon	3%	6%	7%

4.2 – DEMOS survey data - preferences in choosing care and support options

In 2012, and subsequently in 2015, Derby City Council took part in a national research project in partnership with DEMOS, an independent research organisation, and local service provider organisations. The aim of the research was to find out what support older people and people with long term health conditions were using at the time of the survey; what did they know and think about personal budgets; and how would they choose to spend their personal budget.

The following points summarise the key findings from the 2015 report:

- Specific groups of care services users report lower levels of life satisfaction – in particular, those whose primary reported need is a mental health condition, and those who are aged over 65.
- Direct Payment recipients generally report higher levels of life satisfaction, *except* in terms of economic wellbeing.
- Holidays, and activities in the evening and at weekends, are clear priorities for care service users in Derby. This is reflected in Direct Payment spending patterns; help going out and socialising are the two top uses of Direct Payments, and recipients opt to spend more on leisure, attending day centres, and public transport / taxis (compared with their pre-Direct Payment spending). This suggests that Direct Payments in Derby may be helping people to achieve their priorities in these domains.
- The survey findings suggest a significant increase in usage of personal assistants and home carers, and a reduction (perhaps related) in usage of support from friends and family, among Direct Payment recipients.

Conclusion: Areas for further consideration

The data presented in this short report is based on only a small sample of care services users in Derby – as such, it should be interpreted with caution.

Derby City Council may use this to inform targeting of Direct Payment rollout to specific groups, and/or monitoring of uptake and experience of Direct Payment usage.

Derby City Council may consider how to build on this success – for example, by improving information about available leisure services and opportunities for socialising, and by ensuring these opportunities are supported by the transport infrastructure.

The Council may wish to target information about compliance with employment law (i.e. regarding employment of personal carers) at new Direct Payment recipients.

A certain degree of shift from reliance on informal care (from friends and family) to formal care (personal assistants / home carers) is to be expected. However, the Council may also wish to ensure that Direct Payment users are aware that they can use their Direct Payment to pay family and friends for care (under certain conditions) if they wish.

4.3 – Self Funder analysis

Self funders in Domiciliary Care

Strategic commissioning is about analysing and prioritising needs in our communities and designing and delivering services that target our resources in the most effective way. A Desk Top exercise conducted at the end of March 2017 would indicate that Derby City currently benefits from a strong and vibrant Care Market, which Self Funders can access. Derby City also has a balanced housing market which offers a range of homes and tenures which meet citizens' varied needs and choices. Some of these form assets which are used to underpin deferred payments for care home placements; given that during 2015/16 recorded house sale prices in Derby increased, this might indicate an increase in personal wealth in the city, and therefore a potential for an increase in the self-funding population. Moreover, the Council is a significant purchaser of care in the city, enabling it to provide intelligence, stability and volume to the wider market.

Derby City Council undertook an exercise to gain a snapshot of self-funding within its domiciliary care market during February 2015. Surveys were sent out to 78 establishments. 15 responses were received - a 21% return rate.

A quarter of all customers (men and women of all ages) were entirely private customers, around 40% men, 60% women overall.

The uptake of additional services by individuals with a funded package was very low just over 2%. Of these customers almost all are women and either of working age or over 85 years. Costs/rates varied widely

Hourly Rates	Weekday	Weekend day	Evening	Nights
Lowest £	7.20	7.20	7.20	6.50
Highest £	15.50	17.50	16.95	16.50
Average £	13.10	13.54	13.58	12.13

Services such as accompanying individuals to appointments, outreach activity, cleaning, respite support, waking nights and RGN nursing provision were almost universally offered by respondents.

Hourly Rates	Outreach/other	Cleaning	Waking Nights	RGN	Support with £s/PBs
Lowest £	7.20	12.36	14.85	28.50	14.85
Highest £	13.00	12.36	16.95	30.00	14.85
Average £	10.10	12.36	15.90	29.25	14.85

Self Funders in Residential Care

Derby City Council additionally surveyed all adult residential care establishments registered and currently trading within the city boundaries. (Covering the period 1 October 31 to December 2013). Providers were asked to identify the number of self-funded 'beds' within that period.

This was correlated with the number of 'beds' available and the numbers funded in part or wholly by the local authority or NHS through Continuing Care payments, from this an estimate of the self-funded market may be drawn.

Surveys were sent out to 70 establishments, 49 responses were received back which equates to a 70% return rate Seven establishments (15%) indicated that they had residents who were 100% self-funders; for these establishments, the level of 100% self-funding over the period was 27%. Extrapolated figures indicate that around 46% of Derby's care home population self fund at least some of their fees; this is close to national averages.

4.4 – POET - Personal Budgets Outcomes and Evaluation Tool

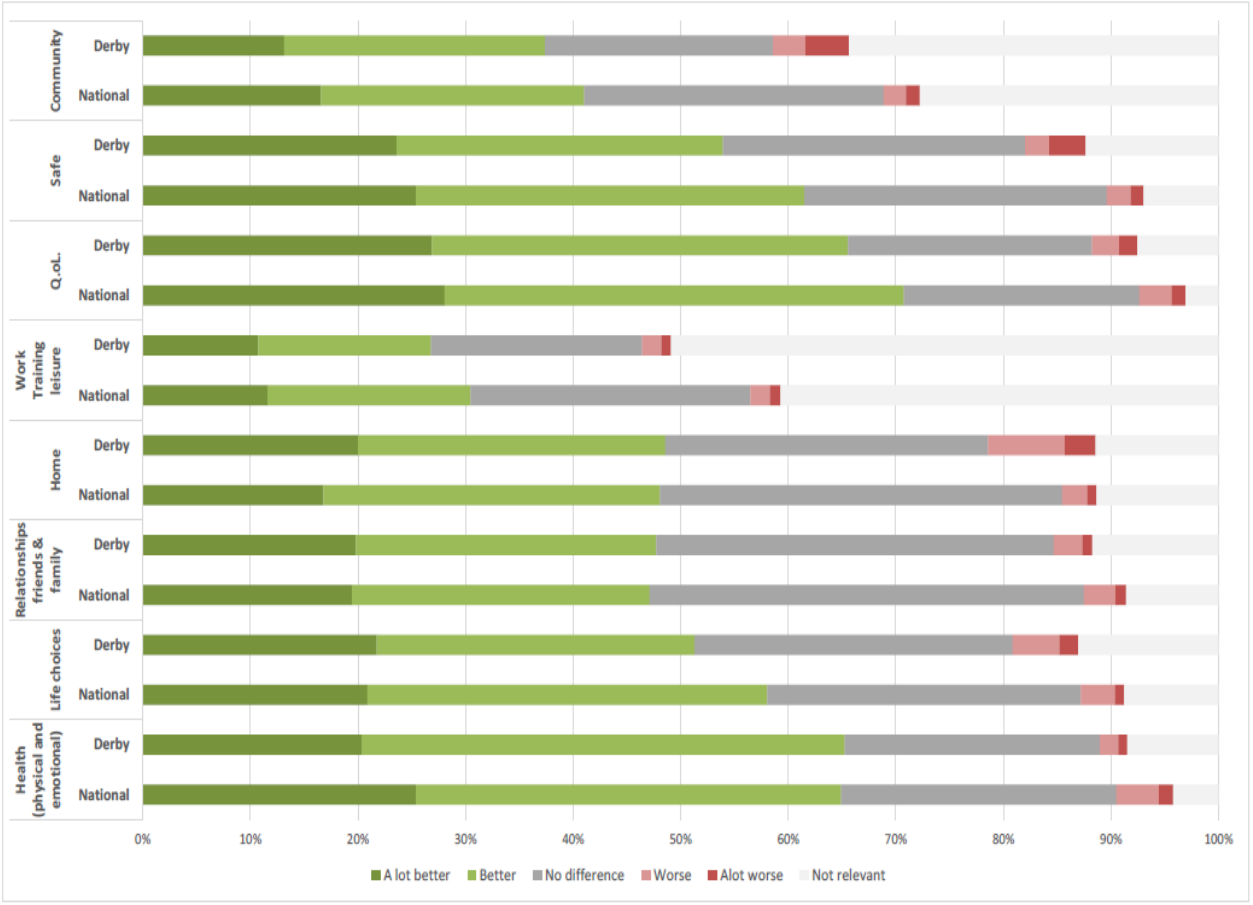
POET has been developed over a number of years by In Control and the Centre for Disability Research at Lancaster University. Its aim is to provide a national benchmark on the impact that personal budgets are having on people's lives. It helps Local Authorities to engage directly with personal budget holders and carers to understand what's working well and what needs to be improved; measure the impact personal budgets are having locally as well as local authority performance against the national benchmark; demonstrate transparency and accountability to local communities. Derby has undertaken the annual survey since 2012. During the last survey (2015) over 131 people responded to the survey. The headlines and key findings from Derby's 2015 POET survey were:

- Respondents were slightly more likely to be female than male, were more likely to be aged over 65 years of age, and were more likely to report having a physical disability compared to respondents from other parts of England.
- Personal budget holders were most likely to have a direct payment (36%) for their personal budget. Council held budgets were also reported by 28% of personal budget holders in Derby. A higher proportion of personal budget holders in Derby (14%) reported that they did not know how their personal budget was held compared to respondents from other parts of England (10%).
- Responses highlighted that people were more likely to receive home care and less likely to be supported by a personal assistant compared to respondents from other parts of England.
- People were asked whether their views had been included in their plan, whether their plan included the outcomes they wanted to achieve, whether and to what extent they achieved these outcomes, and whether or not they had been given a copy of their support plan.

Responses concluded that more than three quarters of people in Derby said that they had been given a copy of their support plan (80%), the same proportion as respondents from other parts of England.

- Well over three quarters of respondents (83%) said their views were fully or mostly taken into account in the support planning process, a slightly lower proportion than other areas of England (91%). Over three quarters of personal budget recipients (86%) said their support plan included the outcomes they wished to achieve, compared to 88% in other parts of England. 82% of respondents from Derby said they had fully or mostly achieved the outcomes described in their support plan compared to 83% of respondents from other parts of England.
- The POET survey asked people about their experience of support over the past year. Specifically about the information they were given regarding the different support options available, the choice and control they enjoyed over their care and support, and the quality of their support (being treated with dignity and respect). Almost two thirds of respondents (65%) rated their support as good or very good in relation to the information they were given about the different support options, higher compared to other parts of England (57%).
- People were asked to rate their support in relation to choice and control. Almost two thirds of respondents rated their support as good or very good (64%), a lower proportion than people in other parts of England (71%). Lastly the graph shows that in Derby, more than three quarters of people (80%) rated the quality of their support as good or very good compared to 86% in other parts of England.

The impact of support on people's wellbeing is displayed in the graph below:



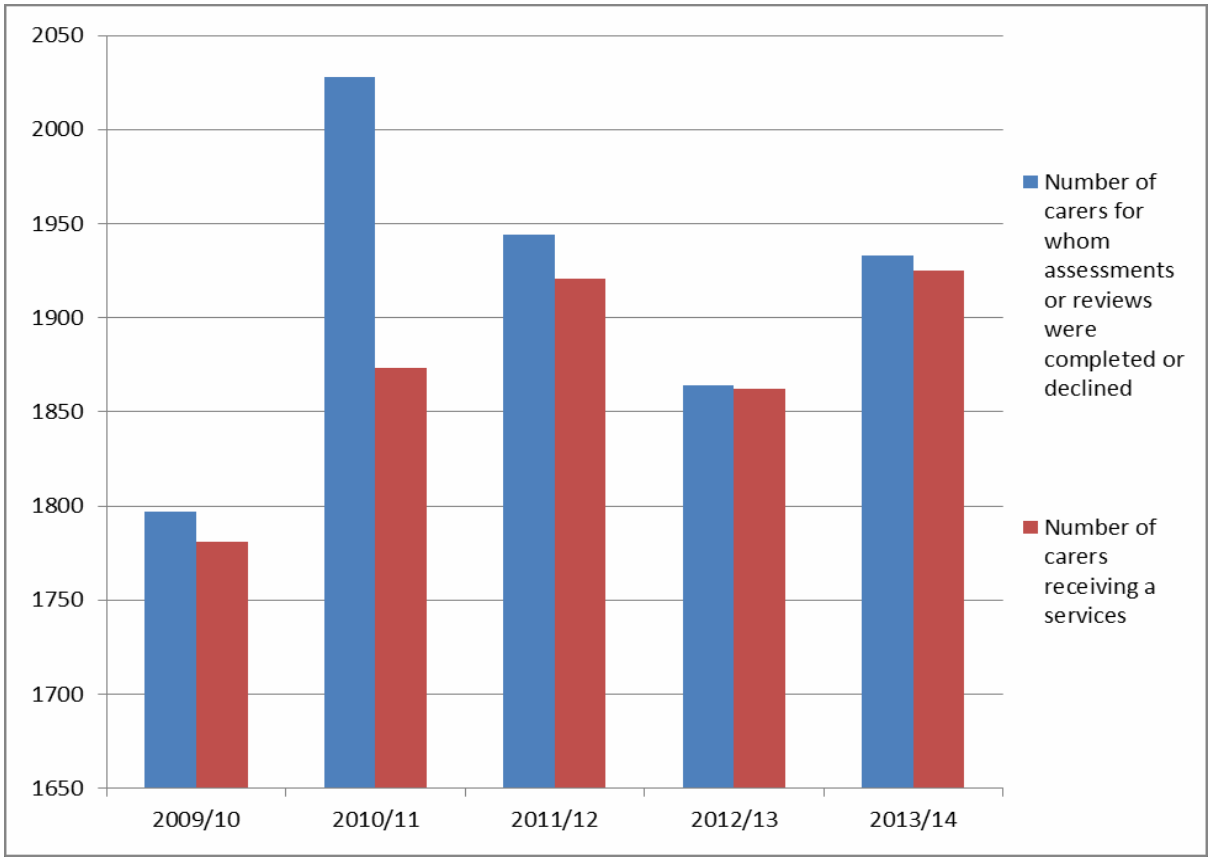
4.5 Carers Survey

In 2012, all Councils were required to undertake a statutory consultation with carers to find out about, and report back on, a range of issues. The survey was developed by the Department of Health (DH) and the Care Quality Commission (CQC) and specified a required format that Councils had to follow, and was repeated in 2014. Derby City Council decided to repeat the survey towards the end of 2013, and the survey covered a sample of carers who were aged 18 or over and whom were helping or looking after an adult with support needs. A total of 1398 people received a postal questionnaire in December 2013 and we had a response rate of 34%. Although the focus of the survey was on carer satisfaction with local services, some demand information was gathered including:

- The vast majority of cared for people are 65
- The vast majority of carers are 45+
- 6% of all carers are Asian/Asian British
- Long standing illness/Physical disability is the most prominent health condition for the cared for person
- A third of carers responding were providing 100+ hours a week and a fifth providing 20+ years of caring.

Carers Assessments and services in Derby - In 2013/14, 1933 Derby carers had assessments or reviews which were completed or declined and 1925 carers were receiving a service

Carers Assessments and services 2009-2014



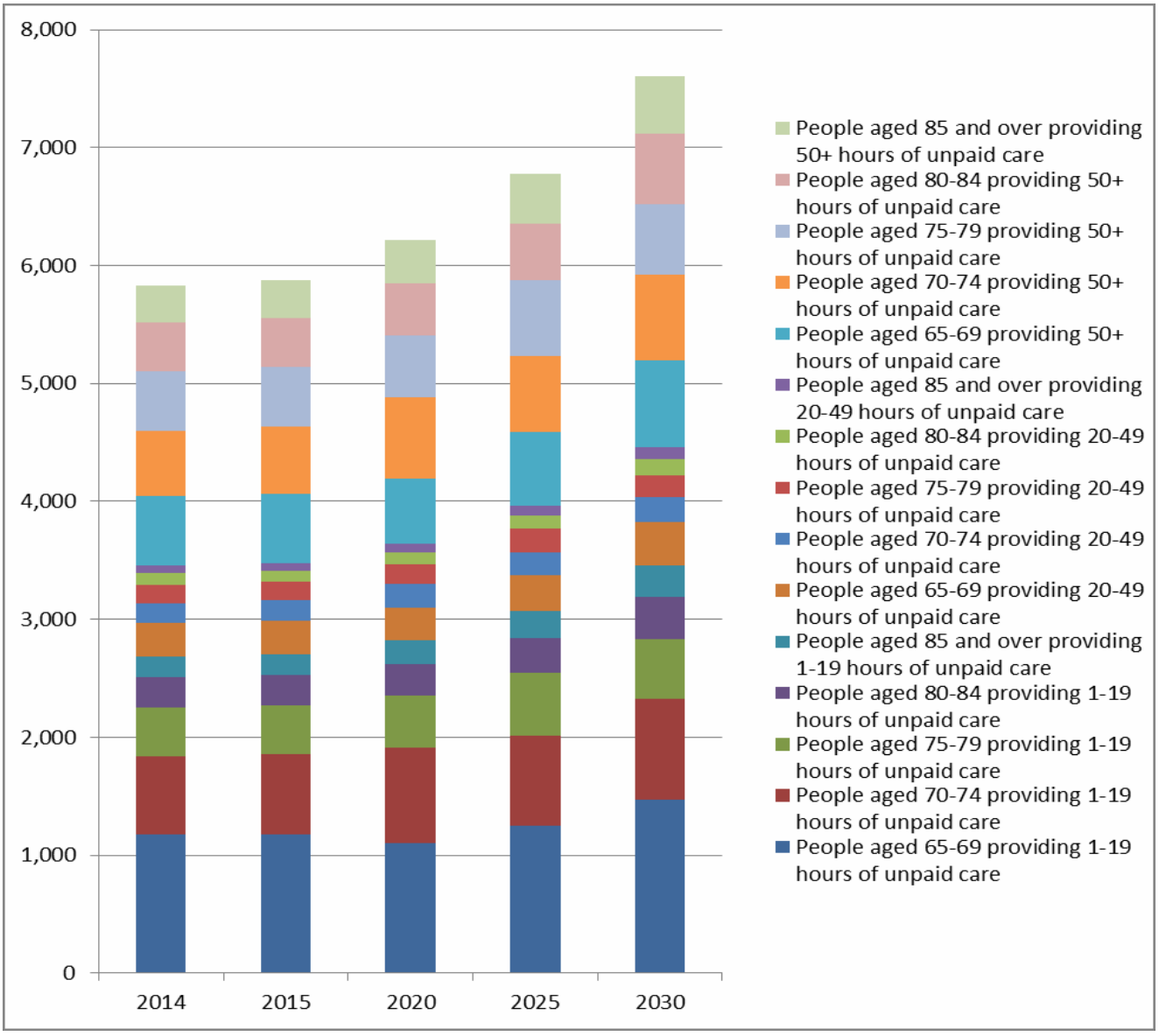
Unpaid Care provided by the over 65's - By 2030 7,600 individuals over 65 will be providing unpaid care, a rise from 5,830 in 2014 and increase of around 30%. As seen in the figure below, the number of carers who provide more than 50 hours will proportionally increase the most.

Change in the number of individuals over 65 providing unpaid care

Number of hours	Percentage increase by 2030
1 to 19	21%
20 to 49	30%
50+	32%

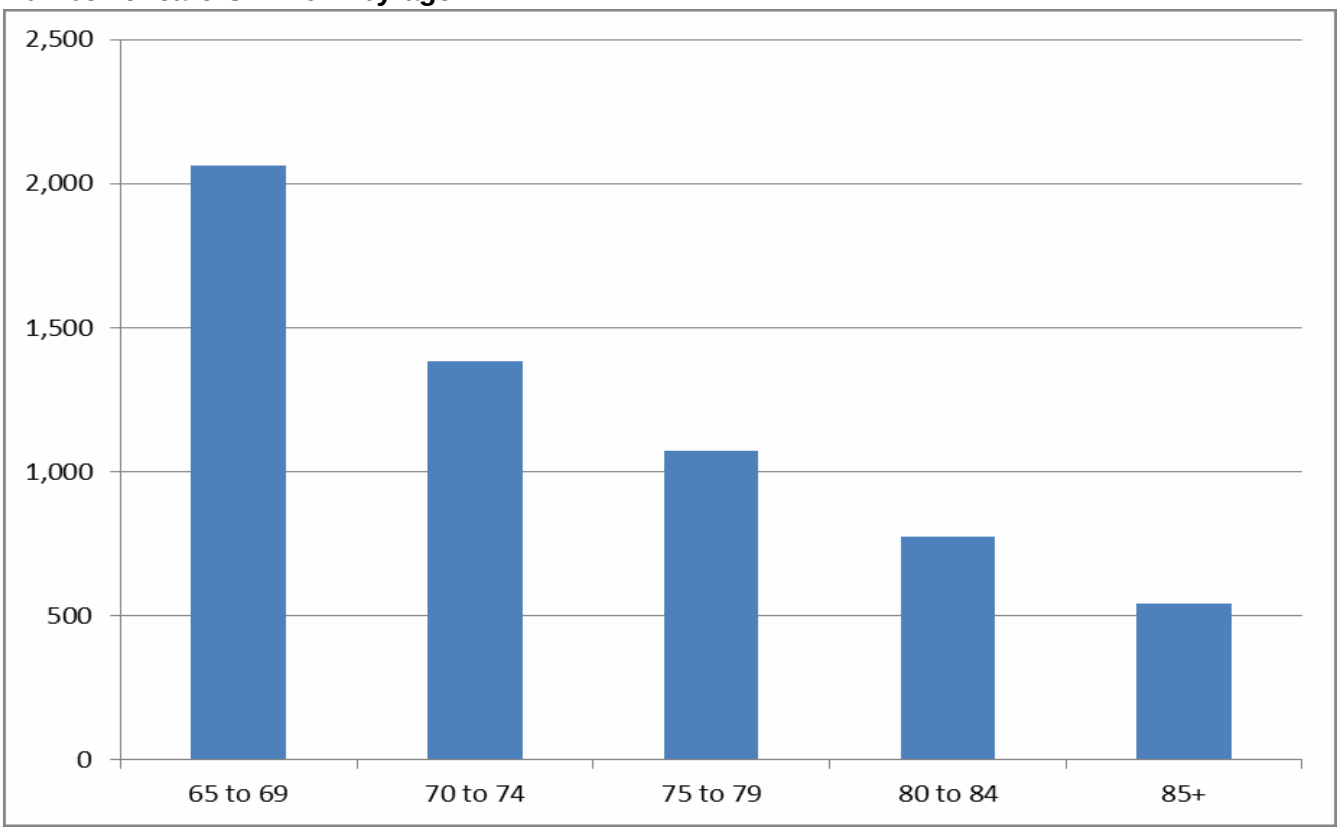
The figure below highlights in detail the forecasted changes in hours of unpaid care provided by age between 2014 and 2030, highlighting the proportionally slightly greater increase in those providing more than 50 hours of unpaid care.

Change in provision of unpaid care 2014-2030



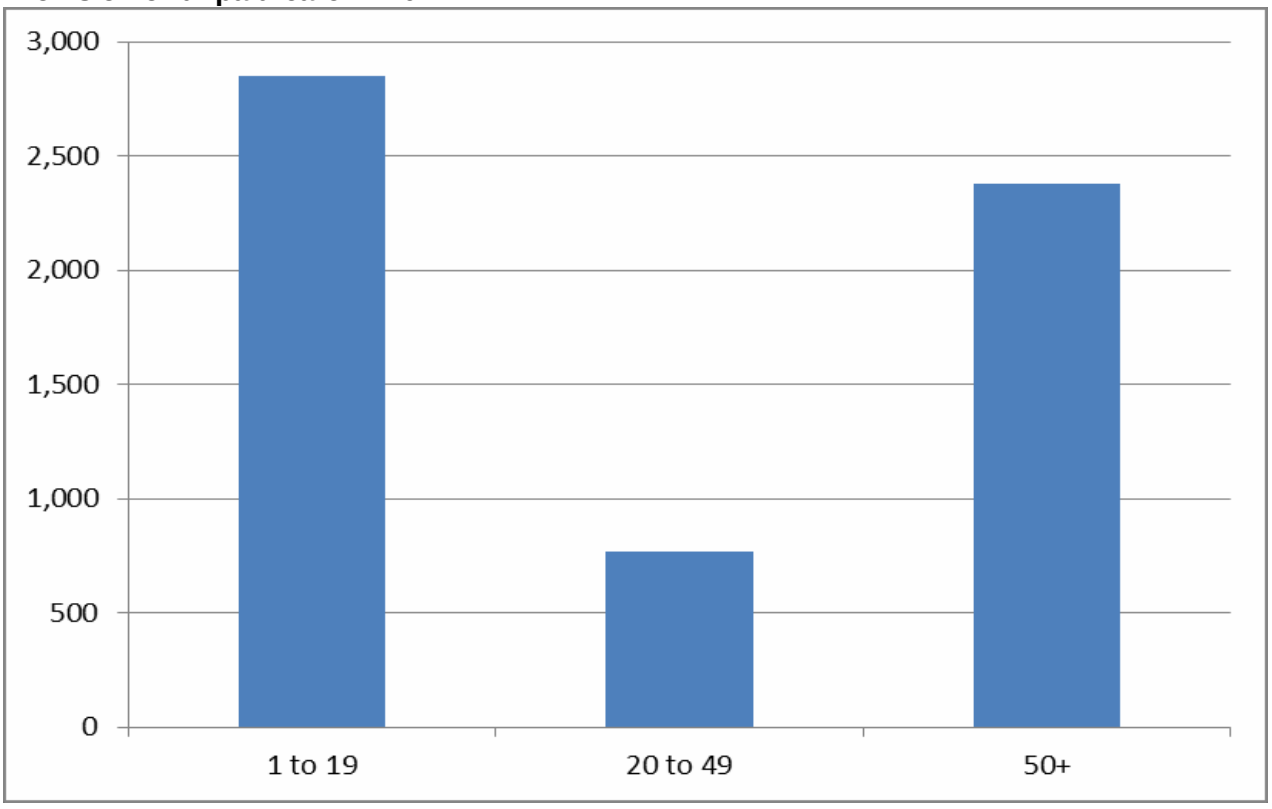
When categorised by age, the largest group of carers identified in the 2014 data are aged between 65 and 69, with those aged over 85 the smallest group. This is summarised in the chart overleaf:

Number of carers in 2014 by age



The 2014 data also shows that the number of hours of care provided was polarised between 1 and 19 hours and over 50 hours (see chart below)

Provision of unpaid care in 2014



2016 Carers Survey – indicative findings

A total of 599 people received a postal questionnaire (also 1 face to face and 1 telephone interview) in October 2016 and 304 responses were received equating to a 51% response rate.

Whilst the Health and Social Care Information Centre (HSCIC) survey report for Derby City is not yet available the following has been highlighted in the findings submitted to the HSCIC:

- The majority of carers look after a person between the age of 75 and 84
- A significant amount of people who are cared for have several areas of health difficulties
- The majority of people live with the person they care for
- 68.7% of respondents feel that can do some things they value or enjoy but not enough
- 65.8% of respondents feel they have some control over their daily life but not enough
- 79.6% of respondents felt tired as a result of their caring role

4.6 Key messages for providers from the analysis above

- In Derby, the number of **people over the age of 65** is forecast to increase by 2016, with dementia and more complex health needs being a major increase in terms of long term conditions. This is in line with national population changes as a result of advances in medical science meaning more people are living longer. This rise in demand will not be matched by Government funding meaning that Derby, like other Councils, will need to make the best use of resources, keeping people at home and living as independently as possible to avoid more intensive, and often institutionalised, forms of care – such as residential, nursing care or hospitals. Since 2012, this strategic shift has led to a reduction in the number of people using residential and nursing care as described in section 3 – the Local Picture. The picture for community services is similar in that as at March 2014, Derby was supporting 3758 people over the age of 65 which represents a decrease compared to the number of people being supported in 2012 which was 4042. This could be largely due to the Council raising its eligibility criteria during that time.

- The number of **adults of working age with a disability** in Derby is also predicted to rise, and unlike people over 65, the Council has been increasing the number of people it has been supporting since 2012. As at March 2014, there were 2641 individuals in receipt of a community based care/support package compared to 2298 in 2011/12. This is largely due to adults with complex needs who are of working age surviving longer into adulthood due to advances in medical treatment, giving greater life expectancy. In addition, the pressure on preventative services has led to more people coming forward for a social care assessment. The Council anticipates that the support required for this group of customers will grow and that new types of social and practical support will be required, away from traditional day centres and respite facilities. A focus on supporting individuals to gain life skills, contributing to a local community defined by them, working towards paid employment and using their own recovery strategies is what providers operating in this area should expect to achieve. Derby will continue to invest in Local Area Coordination as a means of embedding asset based approaches when working with individuals to prevent dependencies on more expensive, intensive institutionalised forms of care and support.

- From information gathered by our Carers survey, the majority of carers are over 45 and caring for an elderly person. This age profile could suggest that many carers in Derby are themselves at risk of age related health conditions and therefore identifying and supporting them remains a

key priority for the Council. Derbyshire Carers Association continues to deliver assessment and support for carers on behalf of the Council and have reported that carers' needs are becoming more complex. The Council's community led support approach for the cared for is evolving well in the city and it is the intention to develop the same approach for carers.

- Derby residents are more likely to have a direct payment than the national average. On the whole, individuals feel involved in their support planning with the only exception being the setting of their budget. Having a personal budget has a significant positive impact on being felt to be treated with dignity.

- In summary the key messages from the analysis of the OBSA are:

  - There is a significant proportion of those with an OBSA who state that they have a deteriorating health condition which means that preventative work to ameliorate the progression of conditions are important to prevent even greater reliance on services in the future and loss of independence for the individual.

  - Working age individuals are the most likely to require high level assistance which indicates that there is a significant cohort of people who will require care for the long term.

  - The take up of Carers Assessments should be encouraged. Relatively few of those who had caring responsibilities have assessments despite a high proportion of those providing care stating that it had a significant impact upon their life.

5 Improving Quality and achieving outcomes

In addition to the role of the CQC in determining the quality of services and how well they comply with regulatory standards, Derby City Council will continue to carry out a range of activities to drive up the quality of local care and support services. These will include:

- Conducting planned and unplanned visits to contracted services, particularly where we have concerns following safeguarding incidents complaints or direct feedback from individuals, family carers or partner agencies. Our **quality assurance** role will primarily focus on ensuring services and individuals being supported are safe and risks managed in an enabling way, but increasingly we expect providers to demonstrate the impact that services are having on the lives of individuals in their care. We will use the outcomes agreed with individuals as part of their social care assessment to establish whether interventions are achieving goals, aspirations and improving the overall quality of life. Social work staff will play an active role in assessing the quality of provider organisations, and the views and experiences of individuals and carers will be central to how we judge success.

- Continuing to take enforcement action where providers breach their contractual obligations with us. In 2015 we will be issuing new terms and conditions to both domiciliary and residential care providers that strengthen our ability to suspend and terminate contracts where the quality of care is not up to standards or where we feel people are at risk. Since 2012, we have terminated contracts with five provider organisations, but without disrupting the care to individuals by working with them to secure alternative arrangements that provide better quality interventions. This approach will continue, and will extend to anyone affected by a failing provider regardless as to whether we are currently supporting them e.g. people accessing services who originate from another geographical area, self-funders and people whom are fully funded by the NHS due to having complex healthcare needs.

- Working jointly with the **CQC and local NHS commissioners**, sharing intelligence and knowledge about provider organisations. This will include working with neighbouring Councils, particularly where we have concerns about a provider who operates beyond Derby's boundaries. We already use a range of advisors where we have specific concerns such as in relation to medicines management within nursing homes, liaison with the Police over allegations of abuse and working with health and safety enforcement officers where we suspect poor standards in rented properties.

- Training the workforce - The Council offers low cost and free training for service provider staff through the provision of courses delivered by in-house trainers or by providing funding for external training providers. This training addresses a wide range of needs, for example moving and handling, dementia care, food hygiene and health and safety. In addition, there is dedicated support available for providers to understand the new responsibilities under the Care Act around Safeguarding, as well as the duties placed on providers as a result of the Mental Capacity Act and the Deprivation of Liberty Safeguards. For more Information and to book on ay course, please contact Sarah Howe, Workforce Learning and Development Manager – sarah.howe@derby.gov.uk

- Using **self-assessment and peer support** approaches with providers so they can appraise their own progress in delivering self-directed support, embedding asset based approaches and supporting individuals to be enabled to achieve desired outcomes. This work will extend to organisations primarily funded by Direct Payments as we recognise that individuals will still

expect the Council to advise them about which organisations achieve the best outcomes for individuals.

- **Encouraging and showcasing good practice** by continuing to engage in key networks such as through TLAP, In Control, ADASS - to look for opportunities for providers to access low cost or no cost development opportunities – such as rolling out Dementia Friends training to local providers and the voluntary and community sector and encouraging providers to take the Dignity challenge. We will continue to work with Skills for Care to ensure that any opportunities that will benefit local providers can be sought.

- Continuing to promote the use of the **Making It Real** markers as a benchmark that providers should work towards to test out how well their services are focused on what individuals say is important to them. Our aspiration is that as many providers as possible in Derby sign up to Making It Real and we will continue to facilitate discussions and workshops to assist providers who want to achieve this.

Opportunities for business change:

- Any contracts that the Council enters into will have a focus on achieving outcomes, rather than a complicated suite of performance indicators. Individual and carer levels of satisfaction will be used to measure the success of interventions and we will expect providers to enable people to achieve their potential as much as possible. Organisations creating dependencies on paid staff will no longer be relevant and will increasingly experience reductions in referrals/ recommendations from the Council.

- Providers should engage with each other, and get involved in local networks such as Derby Choice – a network of small and medium sized organisations whose members are not exclusively reliant on Council contracts for their income. Local Area Coordinators and NHS/social care Community Support Teams should be aware of what providers can offer so that they can encourage individuals to access your support.

- Providers should be familiar with the priorities set out in the Better Care Fund for Derby, as well as the long term vision for social care set out in Your Life, Your Choice (see section 2.1 of this document).

- Providers should engage with the forums and meetings that the Council and the NHS facilitate as a way of keeping up to date with local developments, but also keep in touch with other providers. In addition, providers should take responsibility for keeping information and advice about the service up to date – there are various websites, portals and directories providing information directly to customers – such as via the Council's own website:

  http://www.derby.gov.uk/health-and-social-care/your-life-your-choice/

- The Council's People Services Integrated Commissioning Team have a responsibility around market stimulation and working with organisations to help develop services that will support people on their journey through the 'Road Map to Care and Support' approach. This includes working with commissioned and non commissioned providers to ensure there is sufficient quality support in Derby to meet the need of our customers.

7. Facilitating the Market

7.1 Your views

The Council would welcome dialogue about how we can best work together and offer support to focus on outcomes, avoiding performance management systems that inadvertently reward the wrong things.

This market position statement is the continuation of a process intended to serve as an introduction to the many discussions that need to take place between the Council and current providers, as well as potential providers. It is also intended that this will act as a catalyst for providers to think about their current business models and how they may need to change for the future. It does not prevent providers seeking a competitive advantage through their own market research and other activities. The right kind of freely-shared and published intelligence could lower barriers to market entry and prevent providers from wasting resources on poorly-targeted initiatives. Ongoing dialogue between the Council and providers will also act as a feedback loop highlighting specific areas where people in the market place have ideas to bring back into the system.

As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently. We are interested to hear from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.

7.2 – How to get involved

We currently meet with providers of nursing and residential care on a quarterly basis, and also providers of domiciliary care. One of our priorities for 2017 is to bring together providers of Supported Living operating in Derby to consider whether we should meet with them on a more regular basis.

We have begun to meet regularly with newly established “non-traditional” providers of support for people living in their own home, and we regularly attend the Derby Choice network of small and “micro” providers.

We meet with our Extra Care housing and care partners regularly and there are wider networks for landlords to get involved in across the social and private housing sector.

There are also a range of meetings to engage with voluntary and community providers, the faith sector and advice and information organisations.

If you would like to join one of the existing groups, please contact the representatives below. If you think there is a need for a different set of meetings, or even just one off conversations, please let us know and we will work with you to determine whether that would be feasible.

Residential/ nursing/ domiciliary care providers – Leighann.woodhouse@derby.gov.uk

Voluntary and community sectors, including faith sector providers – jenny.appleby2@derby.gov.uk

Mental Health including supported accommodation – jenny.appleby2@derby .gov.uk

Advocacy, advice and information providers - ian.chennery@derby.gov.uk

Extra Care housing providers, including landlords and care providers – ian.chennery@derby.gov.uk

Younger adults with Learning Disabilities – trevor.wright@derby.gov.uk

Supported living providers / providers supporting people with complex needs – jackie.costello@derby.gov.uk

Autism including the Derbyshire Autism Partnership Board - trevor.wright@derby.gov.uk

Derbyshire and Midlands Transforming Care Partnerships - trevor.wright@derby.gov.uk

Social and private landlords – martin.brown@derby.gov.uk

Social Housing Landlords Strategic Liaison Group – philip.taylor@derby .gov.uk

http://www.derby.gov.uk/health-and-social-care Derby City Council Health and Social Care

http://www.dignityincare.org.uk/BecomingADignityChampion Dignity in Care

http://www.socialenterprisederby.co.uk Social Enterprise Derby

http://www.cqc.org.uk Care Quality Commission

http://dowhatyouwant.org/derby Do What You Want directory

http://www.communityactionderby.org.uk Community Action Derby Directory

http://credability.uk.com CredAbility Quality Assurance Scheme

http://www.thinklocalactpersonal.org.uk Think Local Act Personal