

# Telford & Wrekin Council's Market Position Statement for Adult Social Care

**2021-2025**



Protect  
Care and Invest  
to create a  
better borough



Telford & Wrekin  
COUNCIL







# Introduction to Telford & Wrekin Council's Market Position Statement

The Care Act 2014 instructs Telford & Wrekin Council to set out our understanding of demand for care and how that demand may change over time. The Council must also explain our current supply issues and challenges – which includes the significant financial pressures in Adults Social Care and wider post COVID.

It is our commitment to commission services that maximise independence, make full use of our communities' strengths and assets and enable people to live the lives they want to lead regardless of age or ability.

This document is aimed at existing and potential providers of adult social care and support. It is considered to be the start of dialogue between the Council, people who use the services, carers, providers and others about the vision for the future of social care markets.

We are committed to stimulating a diverse, active market for adult social care where innovation is encouraged. We want to work with partners and providers to deliver flexible and responsive services that people need.

We must maximise the opportunities for people to access digital solutions to enable them to stay independent. We have developed a **Strategic Housing Strategy** that tells property developers coming to Telford that we need homes for life that can maximise use of this technology and be right for the changing needs of an ageing population to stay at home for as long as they can. It is essential that this works alongside a continuous supply of quality community support and home care. We are encouraging and supporting fewer bed-based and more individually tailored community packages of care and actively promote Direct Payments to give our residents the greatest freedom and flexibility to meet their needs. We expect all our providers to deliver high quality services at the best value.

Partnership working with the NHS is strong in Telford and Wrekin. As well as being involved in the Shropshire, Telford and Wrekin Sustainability

and Transformational Partnership (STP) we lead on the Telford & Wrekin Integrated Place Partnership which drives the transformation of health and care services, ensuring it is based around 'place' and enables further integration of services. The partnership includes us, colleagues from Telford & Wrekin Clinical Commissioning Group, Shrewsbury & Telford Hospital Trust, Midlands Partnership Foundation Trust, Shropshire Community Health Trust, Primary Care, Healthwatch and the voluntary sector. To support the delivery of the partnership's objectives, the Better Care Fund pooled budget supports people to be cared for at home, avoid hospital admissions and reduce lengths of stay if they do have to go into hospital.

Working closely with Shropshire Partners in Care and providers directly, we will continue to prioritise our engagement with providers to deliver greater efficiency and better customer responsiveness. The adoption of a strengths-based approach by our social workers puts our residents in control. This approach directly helps us shape the types of support we need to commission.

Getting the right Social Care means we can improve people's choice. Our voluntary community have also contributed to this market position statement (MPS) representing the view of a wide range of residents. They include The Carer's Centre, CVS, Age UK, Healthwatch, Carers Partnership Board, Telford Mental Health

Forum, Making it Real Board, PODs, and Senior Citizens Forum who have shared lessons learned to help inform the way we commission now and in the future. This approach also enables us to keep it local linking, as mentioned, with our housing strategy and local social care and system partners.





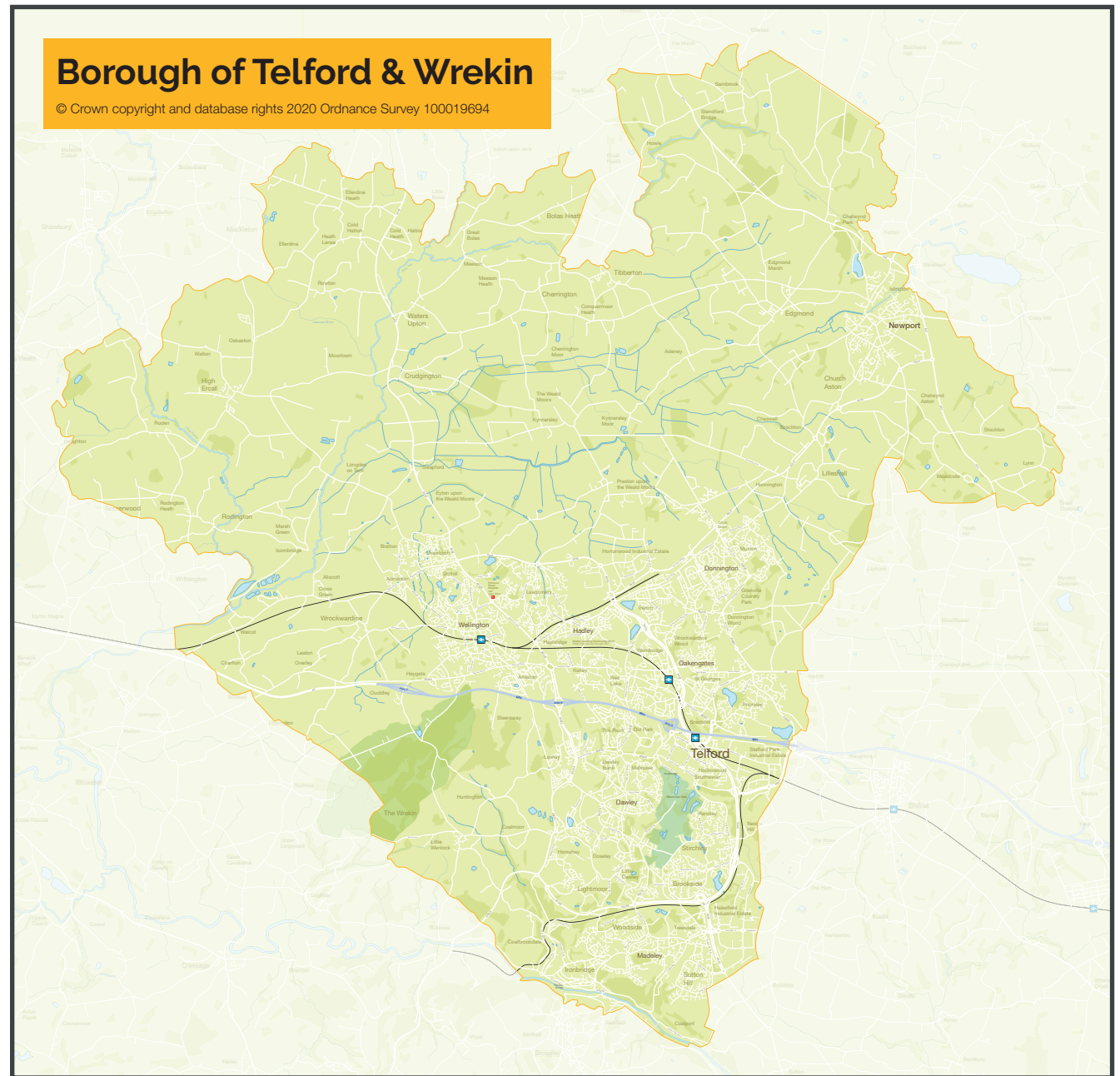
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# About the Borough of Telford & Wrekin

Telford & Wrekin is a place of contrasts, a distinctive blend of urban and rural areas, with green open spaces alongside contemporary housing developments and traditional market towns.





On the face of it, Telford and Wrekin is a prosperous place but there are clear differences across the Borough. Some neighbourhoods and communities in the Borough are among the most deprived areas nationally, while equally some communities are amongst the more affluent in England.

The population of the Borough continues to grow at above national rates – driven by the expansion of the local economy and record levels of housing growth. As the population grows, it has continued to change in line with national trends, with the population becoming more diverse and ageing. Although the population is ageing, it is younger than the national structure – with concentrations of younger population in south Telford. However, over half of the population increase between now and 2031 will be in the 65+ age group.

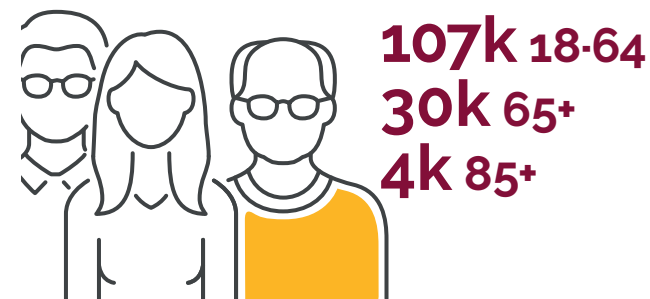
One of the biggest challenges for the Borough is still health inequalities. It is important though to emphasise that the health of the Borough is improving overall, however, for a number of key measures the health of the population is not as good as the national average. This gap to the national position is most evident in the most deprived communities of the Borough with key challenges including a lower life expectancy, higher rates of long term illness and disabilities, high obesity rates and high rates of admissions to hospital for a variety of conditions.

## Telford and Wrekin key facts

### Borough population



### Local demographics



### Learning disabilities



**2600 of 18-64**  
**living with learning disabilities**

### Number of unpaid carers



**17k unpaid carers**  
**with 13k being between 25-64**  
**and 4K being over 65**

## key facts cont...

### Assistive technology



**535 adults**  
using Assistive technology  
and community alarms

Read more about Understanding Telford and  
Wrekin [here](#) 

## Understanding our demand

### Borough population 2035



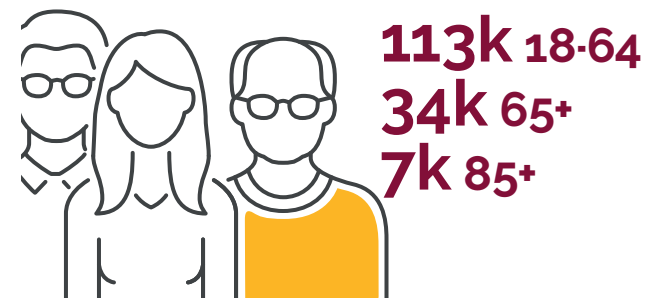
### Growth

**11% increase**  
in comparison to national  
growth of 7%

### Mental Health support

**10% increase in last  
6 months** of people  
accessing Mental Health  
support, 17% nationally

### Future local demographics



### Highest growth age group

**98% increase of  
over 85 year olds**  
in comparison to national  
growth of 47%

### 65+ year olds with dementia

**3200 by 2035**  
compared to an estimated  
1900 in 2019

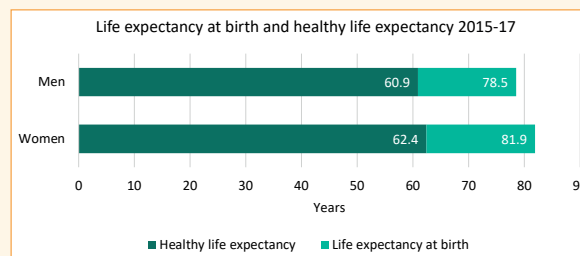


## Local demand

- In 20/21 we are supporting around 740 18-64 yr olds and 1130 adults over 65 with their social care needs
- Last year we supported 2,600 people leave hospital with a care package. Each year demand in this area has grown by an additional 10%
- Adults are living longer with poor health and disabilities which means there is more longer term need to support and the number of people with complex needs is also increasing
- We are using up to 30% less residential bed based care than before and this trend will continue
- We have an increasing need for complex Elderly Mental & Infirm care
- In 2019 we helped 52 people with learning disabilities have their own front door. There are many more people who would like this.
- We have a small network of community micro providers – we need to grow this
- We need to grow community led support more than building based day services
- We expect to see an increase in demand for mental health services as a result of COVID-19.

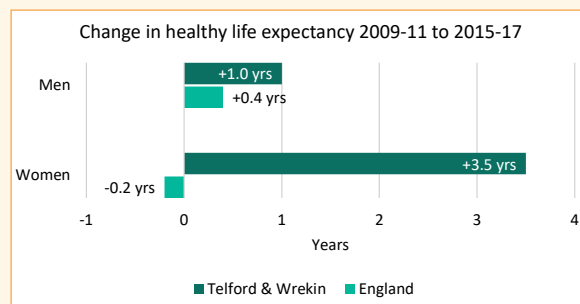
### Life expectancy at birth and healthy life expectancy at birth 2015-17

Source PHE Public Health Outcomes Framework



### Change in healthy life expectancy 2009-11 to 2015-17

Source PHE Public Health Outcomes Framework



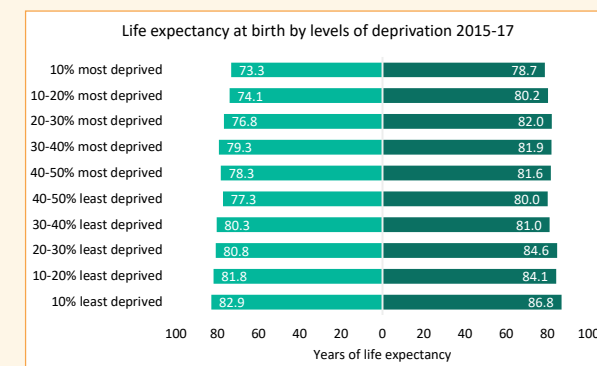
### Social inequality

**18.1%**  
**60+ YEARS**

**7,243**  
**ADULTS**  
**LIVE IN INCOME DEPRIVED HOUSEHOLDS**

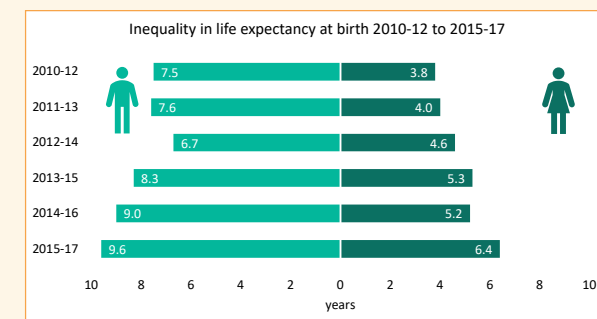
### Life expectancy at birth by deprivation decile 2015-17

Source PHE Public Health Outcomes Framework



### Inequality in life expectancy at birth

Source PHE Public Health Outcomes Framework



# Financial pressures

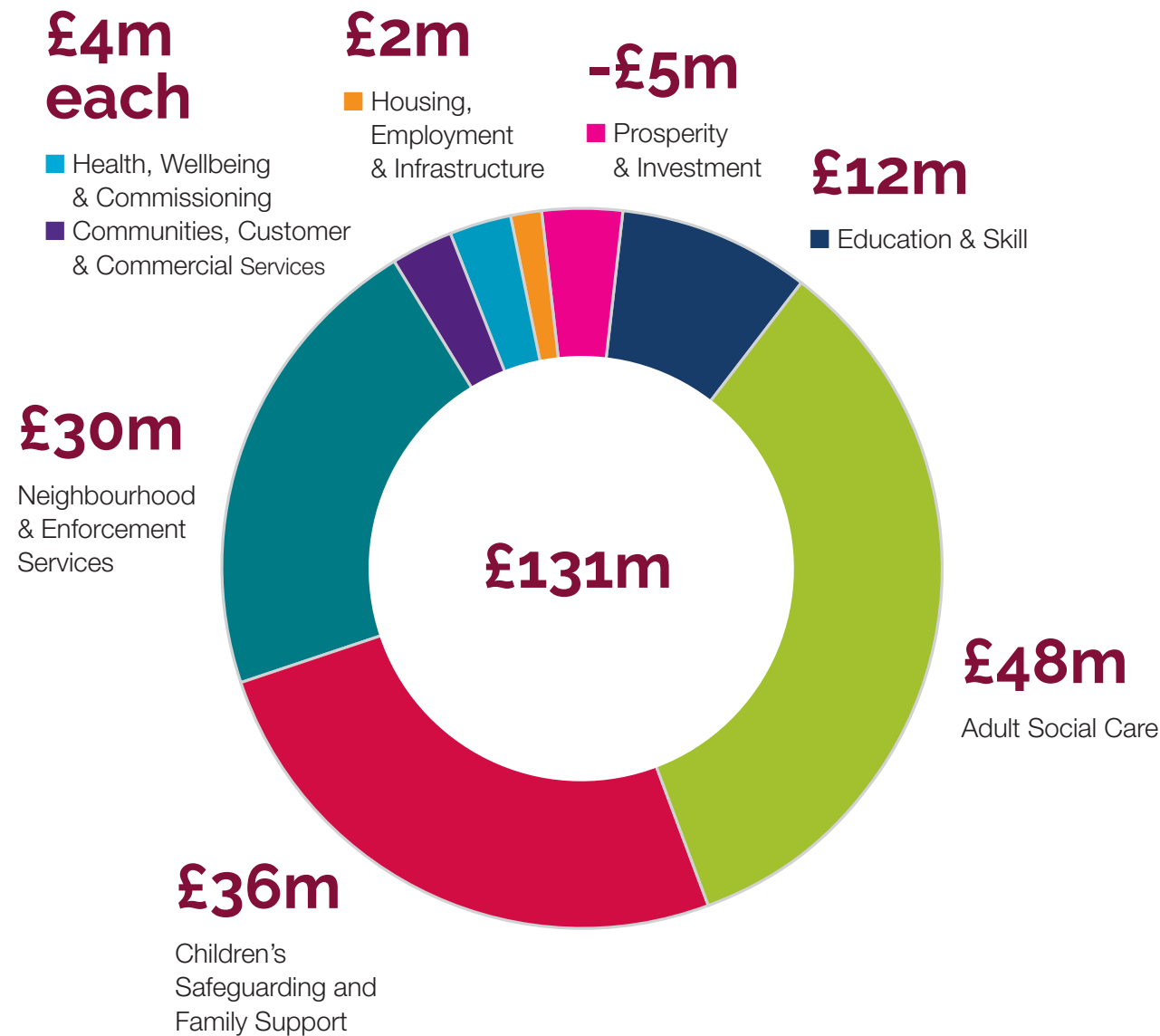
The Council is facing a challenging financial position:

- The Council needs to make ongoing savings of £5.9m
- In 2019/20 the council spent £50m on Adult Social Care
- In 20/21 so far we have issued around £2.5m in support grants to our care providers
- We understand that we cannot simply pass on to providers this financial pressure as we recognise that to ensure we have a secure, viable, quality care and support market appropriate investment is required
- We continually work with our CCG colleagues to seek out alternative best value solutions that will deliver better outcomes
- Providers should be aware that we will continue to achieve significant savings through changing the way we support people to ensure they receive the right levels of support
- We will also explore service remodelling, negotiation with existing service providers (where necessary) and some decommissioning, and where appropriate, reinvestment in more efficient services to better fit future needs
- We want providers to work with us to address this challenge.





# Summary of Telford & Wrekin Council net expenditure



# Local Health and Social Care System challenges

- Availability of moderate and complex needs nursing led care homes.
- More domiciliary care provision in rural areas, flexible night time care at home.
- Specialist single and shared accommodation with care for younger people with complex needs.
- Pressure to find care and support discharge for hospital patients within 2 hours.
- A need for more Extra Care homes and high need extra care.
- Urgent need for diverse community and personalised opportunities in local communities, including employment, for all age groups.
- Increasing the uptake of assisted and digital technology based care.
- Reduction in bed based care both for council and self-funded people leaving providers financially unstable.
- Education, use of digital technology and support for carers especially mid aged carers and male carers.
- Quality care and support for people with complex communication needs, disabilities and long term conditions (including Mental Health, Acquired Brain Injury, Learning Disability and Autistic Spectrum).
- Supply of appropriate specialist and adapted accommodation to allow people with physical disabilities and/or support needs to remain independent.
- Supporting people with care and support needs to access information, advice and practical support to get into work.
- Delivering personalised outcomes that increase independence when delivering care and support for all individuals.



## Action

Our commissioning plans are underway to analyse these pressures and we want to work with providers to shape the future solutions that can meet demand and support the whole market.

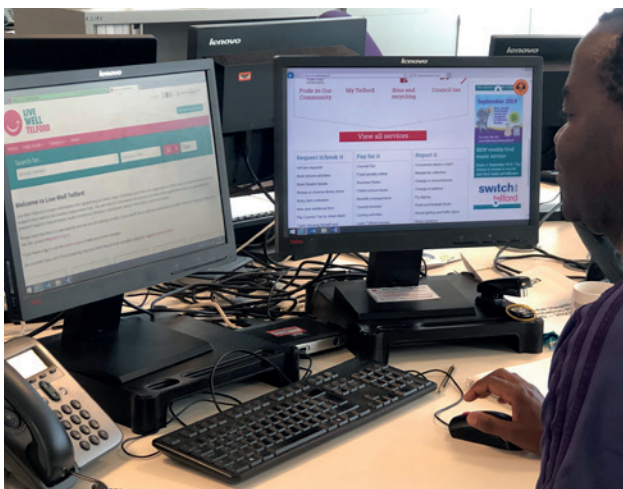
# Workforce pressures

Working with our current providers and through our **Live Well Telford** portal, we have led a local recruitment campaign to support the national campaign #everydayisdifferent.

The latest Skills for Care return, and our own provider feedback, highlights that recruitment and retention of nurses, care staff, night shift and weekend carers is very difficult.

Locally we have a 12% nurse vacancy rate against the national average of 8%.

Care staff are paid minimum wage yet provide essential, regulated and valued care.



## Action

Our Job Box team will continue to provide key skill training to support those choosing care as a new career to make sure they understand it and can manage it before they head off to a provider.

Working with Wolverhampton University, we are developing a care career pathway for carers to progress into nursing or care management.

Working with Skills for Care and Shropshire Partners in Care, we are promoting a Career in Care and all the training and development that is on offer in the sector.

Working closely with our Health Colleagues we can support short term staffing issues with our Redeployment Hub of trained care professionals who can come and support at short notice.





# Information advice and guidance

Planning for care and support is something that many people do not think about until they are faced with an urgent need to find support for themselves, their family or friends.

At this challenging time, people are often frustrated as they struggle to find information and advice to support them to find the right care and support to meet their needs.

We work closely with our commissioned providers, **Wellbeing and Independence Partnership** (WIP), to ensure that people can access information and be signposted to a full range of support. WIP manage our **Independent Living Centre** and offer community outreach and low level assessments.

## Live Well Telford

**Live Well Telford** is an all age, online community resource directory for information, advice and services in the local area. Live Well Telford enables access to early help, improving residents wellbeing through connections in their community, therefore helping everyone to help people they have contact with be they professionals, residents, families or carers.

# Care control and choice

We support and work to the **Making it real** principals:

- **Wellbeing and Independence**  
living the life I want, keeping safe and well
- **Information and Advice**  
having the information I need, when I need it
- **Active and Supportive Communities**  
keeping family, friends and connections
- **Flexible and Integrated Care and Support**  
my support, my own way
- **Workforce**  
the people who support me
- **When Things Need to Change**  
staying in control

## Phone calls to the service in the last six months



**2250 calls**  
with the numbers increasing  
from 270 in April 2020 to  
549 September 2020

Direct Payments are a key element of the personalisation agenda, enabling people who choose to source their own care and support, and to tailor this to their particular needs and lifestyle preferences.

We currently have 268 people who have a direct payment.

We have developed further advice and information available for people who wish to have a Direct Payment. Support and information available for Personal Assistants has also increased through a Direct Payment.

We have developed a Personal Assistant Portal that will act as a matching site for those offering support and those wanting support.

For people who lack capacity and require the support of an independent and professional advocate when engaged in social care processes through the Care Act, the Council have commissioned an Advocacy provider.

## Message to the market

Community groups, micro enterprises and providers are actively encouraged to register their services on our public facing [Live Well Telford](#) web page.

Individuals in receipt of direct payments and others who are self-funders wanting to support other members of their family can engage with the most suitable service to meet needs.

Micro-providers supporting meaningful community engagement and promoting independence are required with a flexible approach.

We have a dedicated Council Officer who supports the setup of micro enterprises and helps new organisations understand where they can achieve the most impact in supporting our communities and reducing health inequalities.

## Market shaping approach

We will concentrate on improving outcomes for people by commissioning with these four drivers:

1. **Quality** - the services provided meet the regulatory standards of our commissioning framework and CQC/Ofsted and improve outcomes and keep people safe and feedback from service users is positive
2. **Sufficiency** - we have an accurate prediction of future demand to ensure we commission sufficient provision
3. **Price** - we will pay a fair market price, taking account of our resources and market factors
4. **Messages to the Market** - working with providers we will look for different approaches to meet diverse and developing needs

Our approach will focus on the following areas:

- Support for carers
- Digital and technology enabled care
- Enablement care
- Community provision
- Domiciliary Care
- Housing/accommodation
- Residential and nursing homes

# Support for Carers

Around 19,000 young people and adults provide regular unpaid support to a family member, friend or neighbour across the Borough.

Through the prevention, wellbeing and a collaborative approach, we want to continue to support a range of community based and care solutions for carers. This will promote wellbeing among our carer population. As a result, enabling individuals and families to achieve beneficial outcomes which matter to them in life.

## Quality

The local universal carer offer for Telford & Wrekin, has been shaped to address the requirements set out in the Children and Families Act 2014 and Care Act 2014.

Working with our Carers Centre we estimate that there are 12,750 adults aged 25-64 in Telford and Wrekin who identified themselves as unpaid carers in the last census. They represent 14.4% of all 25-64 year old adults in the Borough.

7,750 adult carers are providing around 19 hours of care each week. A further 3,200 are providing 50 hours or more of care each week.

3,250 people over 65 are unpaid carers which represents 15.2% of all adults aged 65 and over in the Borough.

The Telford & Wrekin CVS, Carers Centre has a range of carers of all ages that are registered and providing support along each person's individual Carers Journey. At September 2020, approx. 4,000 adult carers and 600 young carers were registered and the Carers Centre continually reaches and aims to ensure service growth and that carers are supported.

Carers want support for the cared for to be delivered by trained staff who are personable, a consistent care team who are familiar with the cared for, meet their care and support needs and the needs of their carer. Providing support at times which suit the family lifestyle and the needs of the individual is paramount if individuals and families are to have a life and not a service.

## Sufficiency

We currently have a broad universal carer offer. We work closely with Carers, Carers Centre and the Carers Partnership Board as well as our experts by experience to establish need.

In particular we are focussed on the following:

- Carers taking time away from their caring role as part of a Carers Care Act Assessment,
- Employers supporting Carers with flexibility to support employment,
- Raising awareness with the general public with regard to the caring role for all ages,
- Raising awareness of Carers and



carer rights [https://www.telford.gov.uk/info/20568/looking\\_after\\_someone/3689/are\\_you\\_a\\_carer](https://www.telford.gov.uk/info/20568/looking_after_someone/3689/are_you_a_carer),

- Carers becoming part of communities (similar to Dementia Friendly Communities) to enable communities to have greater resilience and self-efficiency for Carers to contribute to the shaping of local business or even becoming an entrepreneur themselves,
- Provide Carer personal budgets which enable wellbeing and increase personal resilience, and
- Support Carers with having breaks in their caring role

A personal budget is awarded to those Carers who have received a Carer's Assessment and have a minimum of one unachieved outcome based on Care Act national eligibility criteria.

Support to vulnerable and complex caring needs include:

- Moving and Handling Support
- Admiral Nursing and Hospital Support Worker
- Personalised Carer Support ( Access to 25 hrs free support) to build up Carers' resilience and wellbeing

- Emergency Carers Response Service: replacement support when the Carer is in a crisis for up to 72 hours.
- Friends and Family support for those who are affected by someone with a drug or alcohol addiction
- Carers Counselling

## Price

As part of a regional Adult Social Care Agreement, Carers are not financially assessed or charged for provision which addresses their wellbeing and personal resilience.

As with direct payments, outcomes are monitored and it is very much in the hands of the individual to use this payment to meet their personal needs and outcomes. It is important that services reflect best value both in price and quality of provision.

## Message to the market

Our Carers want a range of locally accessible and flexible support.

There is particular ask for support for those aged 40-65 and male carers for training, education and with digital skills. All support offered must be person centred and delivered in co-production with the needs of the recipient (cared for) and Carer.

We need providers to use a range of digital and traditional advertising across the borough to make carers aware of their offer.

Consistency of services and support is important to all parties. Person centred services to people who have memory loss, complex physical conditions, neurological needs as well as end of life support is welcomed.

We ask accommodation based providers to consider how they could offer a core and outreach model where they could allow carers to access support from their services. This would support a community support network.

As part of Council wide Procurement Activity, we actively look to work with Providers who are **Carer Friendly Employers**

# Digital and technology enabled care

Working with our providers and health colleagues we are committed to significantly increasing our use of assistive and digital technology to help the people in our borough live independently and confidently.

## Quality and sufficiency

Tech enabled care is considered first during support planning with people with care and support needs.

We have an Independent Living Centre (ILC), in partnership with CVS, which is an all-purpose environment to promote independent living: Assistive Technology, digital solutions, Occupational Therapy early help assessments, information & advice, community engagement and participation. As well as being a health and support hub, it is our digital and technology shop for our residents. We also have a 'Virtual Home', pictured on the next page, through which people can virtually walk and take a look at the technology that is available to support them in a discreet and aesthetically pleasing way.



We have the usual community alarms systems in place but are looking now for other advanced solutions. We have been working with a number of digital providers to test a number of solutions and the outcome will help us form our strategy and tender for future services and technology.

We have developed My Options Connect – a new offer of weekly timetabled virtual activities for adults with learning disabilities.

In 2021/22 we hope to launch a direct access portal for online self-service for people to access information and advice, care accounts and financial assessments to enable them to manage and track their own social care assessment processes, via Live Well Telford.

We are developing an App to assist adults with learning disabilities to live independently and to prepare for work.

As part of the Shropshire and Telford and Wrekin STP we are also implementing an integrated care record across health and social care to ensure seamless care for residents and professionals.



## Message to the market

Invite to providers to join us with their innovations at our ILC.

Commissioning for the service continues during 21/22 and we welcome offers to explore innovative technology to support us.

We expect all providers to maximise use of technology to support further independence for the people they care for and optimise those to prevent the need for acute services.

Our residents want to be able to test and feel technology and be able to be supported in traditional ways to help them become familiar and at ease with using new systems.

As a public sector body, we must follow the Public Contract Regulations and as such encourage all suppliers in this market to ensure that they register on the Government's [G Cloud Digital Market Place](#) to facilitate simple purchasing.



# Intermediate/ Enablement/ Reablement Care

We work alongside SATH, ShropCom and other health professionals as a 'Health & Social Care Rapid Response Team' to prevent people going into hospital and support others return home from an unplanned stay.

We broker enablement and end of life care which is provided through the following pathways:

- **Pathway Zero** - supporting with strength based discharge planning or to Shared Lives Carers;
- **Pathway One (PW 1)** - home recovery with reablement domiciliary care;
- **Pathway Two (PW 2)** - bed based rehabilitation within a care home setting, reablement from day one;
- **Pathway Three (PW 3)** - complex needs that require a decision outside of acute services within a care home setting and after 3 days recovery, and where possible, reablement is carried out from day 4; and
- **End of Life** - care through flexible domiciliary care.

We aim for a 70/20/10 % split between the PW 1-3.

We now have up to 60 referrals per week from SaTH and home first is assumed as the first option.

It's worth noting that people now accessing this service are much older, frailer and more complex than was seen 5 years ago with an average age being mid-80s.

We will continue to review the sufficiency of this service development to focus on helping people to achieve as much independence as is realistic and safe.

Working with partners and key stakeholders, we will develop a specific enablement service for people with mental health needs to support their discharge home from hospital.

Support will focus upon strengths based approaches founded on the principles of self-help and independence, with the aim of promoting recovery and keeping people well.

People receiving the service will be supported by trained mental health enablement workers who will assist them to regain, and develop skills and confidence in day to day living such as shopping, cooking, cleaning, managing finances, accessing community resources, maintaining and expanding social networks and relationships.

People may also be supported to access education, training, and employment.



## Reablement Domiciliary Care Service

### Quality

Providers delivering this service bid through the existing Domiciliary Care DPS.

Our Quality Monitoring Officer works with providers to help ensure they can deliver a quality and safe service.

### Sufficiency

We are already experiencing unprecedented demand for these services and can see this continuing to grow not only in winter but as we go through the next few years.

Domiciliary Care demand				
Hours/clients per week	2019/2020	2020/2021*	2021/2022*	2022/2023*
Hours per week	868	1041	1197	1376
Clients per week	66	79	90	103

\*Estimated

### Price

PW 1 are fixed at £18.40 with Tendered and Contracted Providers for usual discharge or £19.52 for a rapid 2 hours COVID contact support discharge.



## Message to the market (Domiciliary Care)

This service will be re-commissioned 2021/22.

Providers must be able to accommodate 2 hour discharges, manage COVID contacts, same day referrals and 7 day week working.

Providers are to maximise single handed care and utilise assistive technology, where realistic and safe to do so. Support can be individual or floating.

We aim to use less PW 2 & 3 care home beds but will continue to increase reablement domiciliary care over the next two years.

We would like to invite people with ground floor living to join our Shared Lives Carers, micro providers and voluntary organisations to consider how they can support the Pathway zero offer of low level support and maximise use of NHS Charities funding and other grants aimed at supporting people out of hospital.

We want to explore options such as live in carers, mobile night carers and explore other options that will enable people to stay at home after a hospital stay.

This service gives a regular flow and as such lends itself to full employment contracts rather than zero hour so that there is a more stable working pattern and provides more consistency for the looked after person.

Although demand will increase, the Council is not specifically looking for more providers but to support current providers with recruitment retention, quality rapid response to scale up and down as required and training where possible.



## Nursing Residential Reablement Care

### Quality

We currently jointly commission 2 fixed block contracts. Both providers are rated as good. Quality for these provisions is managed in the same way as for residential care for older people.

Providers must demonstrate how they re-able residents and how their employees foster a reablement ethos and culture. This must be delivered alongside 'business as usual'.

### Sufficiency

Current COVID pressures have led to an unprecedented increase in demand for beds. We must also have capacity to take those who are still testing COVID positive but are well enough to be discharged from hospital.

At the time of writing we have commissioned 44 'usual' PW 2 & 3 beds and a further 40 beds specifically for winter pressures.



These are provided through block contracting arrangements to give certainty to the provider and to our capacity. Our providers are flexible and take admissions the same day working with our Hospital Independent Assessors, up to 7pm and at weekends. On occasion in periods of high demand we may be required to spot purchase further beds.

During Winter 20/21 we have commissioned a further 21 Nursing and Nursing with Dementia Care Designated COVID support beds which are for those people coming out of hospital who need bed based reablement care. These beds are subject to exceptional inspections by CQC.

## Price

Price for the block beds is fixed and other beds are spot purchased through a competitive tendering process.

## Message to the market

We want to work with those forward thinking care homes who embrace the principles of proactive reablement / rehabilitation and recovery in all they do and will work closely with health colleagues to maximise the enablement potential of people in their care.

We are looking for innovative solutions within Extra Care or intergenerational care providers who can support step down from hospital and enablement.

Maximise use of technology to support residents keeping in touch with family and friends during their isolation periods.

Exceptional Infection Prevention Control processes are required in the care homes as well as the ability to cohort sections of the home to enable ongoing admissions and manage unprecedented and the usual local infection outbreaks.

Providers must be flexible to be able to take admissions the same day working with our Hospital Independent Assessors, up to 7pm and at weekends.

Providers are required to consider how they can support carers when those they care for are admitted/discharged from hospital.



# Community provision

We want to encourage growth in the community and micro provider sector to support all individuals who are supported by Adult Social Care. These include people with Acquired Brain Injuries, Autism, Learning Disabilities, Dementia and Mental Health conditions.

We work with Voluntary Organisations to support people with a mix of building based and community solutions in their local communities. We aspire to link people to activities to help them have an active role in shaping local provisions and communities.

We work with all of our providers to either accredit them to our Micro Providers List, our Dynamic Purchasing System or our Flexible Care Arrangement for ALD and MH support in a thorough application process.

Once accredited, our Quality Monitoring Officer and Community Support Worker (Community Participation Team) supports them ongoing with their quality services.



## Sufficiency

The pandemic has seen a change in the way these types of services can be or are being delivered. Many of our services have moved to being delivered virtually but also some need to still have that face to face contact.

We have seen a significant reduction in the ability to deliver building based services to frail older people and those with dementia.

In 2019/20 204 people aged 18-64 accessed services and 46 people 65+. By December 2020 this had reduced to 158 (18-64yrs) and 32 (65+).

## Price

Cost varies for this service and can range from an hourly rate of £10 per hour to a daily rate of around £55.

## Message to the market

We want a market that has a variety of services locally that will support individuals and carers to be a part of their local communities while developing strengths and personal independence.

Individuals want providers who understand their needs and can support in developing their skills and independence.

Individuals want to be able to access low level support at home and be able to have longer periods of low level support after a hospital stay.

Providers should communicate and inform individuals and carers about their service(s) through a variety of media not just digital technology.

Individuals want to be able to pick up a phone and talk to someone. They want providers to make sure GPs are aware of their service so that they can be signposted, instead of high level interventions.

They want to test and feel the assistive technology and for it not to be an eyesore in their homes.

There are Council and Health grants available to support providers in this market sector especially those that keep people out of hospital and home for longer.



## Community Domiciliary Care for all Adult Care groups

### Quality

Quality is managed through the Dynamic Purchasing Systems (DPS) that we have in place for Domiciliary Home Care services.

We currently have 50 providers on the DPS; 47 are rated as good by the Care Quality Commission (CQC), 3 are rated as requiring improvement.

The Council will not use services rated as inadequate. However, in respect of individuals already receiving services the Council recognises the importance of ongoing relationships and will work with individuals, their families/Carers and providers to enable them to improve/change provider as appropriate in the circumstances.

We understand that this is a growing market as people want to stay home for longer. 2020 fiscal reports have stated that Home Care Providers who are CQC outstanding are seeing a 16% increase in new business as opposed to a 9.4% increase for those who are not.

### Sufficiency

We operate zoned domiciliary care which supports flexible care delivery for both the person and provider, promotes walking workers and leads to a more community based approach. Each zone delivers around 2,500 hours per week of care.

Last year the Council commissioned 733,000 hours of CQC registered personal care and support to be delivered in the home.

We know that the volumes for personal care fluctuate throughout the year with the usual high demands being during holiday periods and over the winter months. We have seen a steady increase in the need for this type of care and, given the reduction in residential care placements, we expect this to rise by a further 10% next year.

A reactive response to this situation is to build more capacity in the market place, but we also know that care agencies consistently experience problems with recruitment so simply trying to add more manpower will not solve the situation.

We are looking for community solutions to provide care where regulated personal care is not required e.g. reducing social isolation or a

visit to a church or a social club. These needs could be fulfilled by a community group rather than a CQC registered care agency.

We have around 200 clients needing two carers to care for them. So we actively promote single handed care techniques and equipment to reduce the reliance on that carer ratio.

There is a need for more proactive support which focuses on people with complex or high risk needs. We want providers who can develop the skills and independence of people who may have a forensic history, need higher levels of supervision or who are living with the impact of trauma, through a strengths based approach. That includes support for people with more complex mental health, ABI, autism or learning disabilities.

There is a need to grow the Out Of Hours Service and our Carers Emergency Service. Both of these vital services offer support to our Carers when they themselves can no longer care for the person they look after and to support our Emergency Duty Team should a vulnerable person need services outside normal working hours.



## Price

2020/21 price is capped at £16.20/hr. Prices are managed through the DPS and packages are tendered (and remain) within this price cap.

There are no automatic contractual price increases. The Council works within its budget, demographic pressures and in discussion with Shropshire Partners in Care to review fees annually.



## Message to the market

We want to work with providers to use virtual visiting where it meets the need and maximise assistive technology to support our residents right through from low level medication prompt calls to wellbeing checking systems.

We want to work with providers who deliver a strength based approach to those with a forensic history and need higher levels of supervision.

Providers are needed to support Carers' resilience including planned, emergency care and respite.

Working as a Shropshire and Telford & Wrekin System we want to expand the local market with regard to complex mental health, autism and learning disability support.

We need providers to explore models for the delivery of reactive/night time domiciliary care service to help people remain independent in their own homes.

We will work with providers to look at the possibility of introducing core and add on models of care delivery from scheme based services to allow care to be delivered into the surrounding communities.



# Housing/ accommodation

The Council's most recent Specialist and Supported Accommodation Strategy provides data to support the need for a diverse range of accommodation and homes for life.

We are supporting more and more people with learning disabilities, mental health, Acquired Brain injury and Autism to move into and manage their own homes.

This Supported Accommodation (Long Term, Short Term, Emergency/temporary) is for low level support and for those with Learning Disabilities, Autism, Mental Health, Acquired Brain Injury and Physical and Sensory Disabilities.

## Quality

Short term supported accommodation quality is managed in different ways:

- The quality of the preventative support provided is managed through the individual support contracts held between the Council and the support providers.
- The quality of the housing provided is managed by provider registration with Homes England.
- Emergency/Temporary supported accommodation quality is managed through contract review.
- Supported accommodation is not CQC or Ofsted regulated, however can be subject to review by the Regulator of Social Housing. If personal care is delivered in the supported accommodation, this is regulated by CQC.

## Sufficiency

Short term Supported Accommodation works across all client groups with individuals who may not be in a position to live independently. The service aims to move people on to independent living as soon as possible, ideally within a timeframe of no more than 2 years.

We currently support 132 people in Short Term Supported Accommodation across the borough. The delivery of support hours per week is to be used flexibly across the accommodation based on individual need.

Although services are currently over utilised and waiting lists are in operation, it is unlikely that any more funding for support into these services will be available in the near future. Work will focus on using existing funding to deliver an efficient service that helps the maximum number of people to reach independence in the shortest timeframe.

Further details of the Short Term Supported Accommodation service can be found on Live Well Telford web-site.

Long Term Supported accommodation schemes are in place across the Borough.

We are aware of the pressures of young people transitioning into adult services and where possible these young adults will be supported to live as independently as possible. There is a significant number of young people, or soon to be adults, whose behaviours challenge or who may be at risk of secure hospital admission.

In addition to this group we have a number of adults who are currently in hospital placements and require bespoke accommodation upon discharge from hospital which is robust, adapted and accessible and we are working directly with Developers and Registered Landlords to ensure this is made possible.

There are 10 projects underway which will provide an additional 36 supported accommodation beds across 7 buildings. We want more service models of care within the accommodation to support a variety of individual's needs rather than focus exclusively on a particular client group. We want this to cover mental health, learning disabilities and autism, particularly when there is low level care and support needs.

We have 12 people with learning and/ or physical disabilities living in a specialised supported living scheme.

We have 72 people living with poor Mental Health in supported living schemes and need an additional 23 places by 2023.

We have 175 Adults with Learning Disabilities and Autism live in supported accommodation and we need an additional 90 places by 2023.

We do not have any specialist supported accommodation specifically for those with physical and sensory disabilities.

The Council's Homelessness Strategy and the Homeless Reduction Act will impact on our sufficiency for emergency temporary accommodation. To provide temporary emergency supported accommodation for 16-25 year olds and to support Police and Temporary Criminal Act (PACE) transfers, we have one building with 12 beds. We use this facility to provide intensive support to enable young people to identify the right move or option for them. They are supported in this move on plan and stay here up to 6 months.

## Price

Most of the costs in supported accommodation is the cost of accommodation itself. This comprises rents and service charges and an intensive housing management charge that is attributed to the higher costs of managing accommodation that is used to house vulnerable individuals. All of these costs would be covered either by the individual themselves or in most circumstances via housing benefit funding.

Care and support is often also provided into these services and the costs can be seen in the sections above.

Care and support into Long Term Supported Accommodation services are either purchased via a block contracting arrangement or via spot purchased care using the Dynamic Purchasing System.

Support into Short Term Supported Accommodation services is funded via a block contract.

Support into Emergency/Temporary supported accommodation is currently provided by our in-house provision, My Options.

## Message to the market

We want providers to work with us who, through support with accommodation and care:

- give people choice over where they can live and with whom; Maximise use of benefits to increase financial independency; give people the flexibility to choose which provider they have caring for them without the need to move from the accommodation; help a person maintain their tenancy and the legal protection it affords.
- support 16-18yrs old carer leavers and those with complex social, health and physical needs to live in their own home and increase their independence.
- support a wide range of adults with low level to complex needs in all Disability groups to have their own front door.

We are encouraging new providers to develop services with expertise in mental health, complex and challenging behaviours and forensic support in the community.

We are reviewing options for supporting night care needs. This will give opportunities for providers who want to work geographically.

We await the outcome of the High Court's decision around payments for night services.

We will work with landlords to maximise the amount of housing management services that are provided to help residents maintain their tenancies and remain independent.

We want to help the development of hubs from which to deliver support. This will allow support to reach an increased number of individuals including those living in sheltered housing schemes and also those who live in local communities. This will support local communities to become sustainable and self-supporting.

We want to commission support services for those leaving acute settings.

We want services to encourage and increase the use of personal budgets and personal assistants.

We are keen to progress discussions with investors and developers for all types of special accommodation across all age and ability groups as we recognise a significant shortage in this area.





# Sheltered Housing



## Quality

Sheltered Housing quality is managed in different ways:

- The quality of the preventative support provided is managed through the individual support contracts held between the Council and the Sheltered Housing providers.
- Sheltered housing is provided by Registered Providers (housing associations), who are regulated by Homes England.
- Any care provided would be via the Domiciliary Care Market and quality would be managed through the CQC and the DPS that we have in place as previously mentioned.

## Sufficiency

We currently support sheltered housing schemes across the Borough. Over 30 of these schemes are provided through one provider, Wrekin Housing Group, the others being provided by different individual housing associations including, Anchor Hanover, Housing 21, Old Ben and Sanctuary Housing.

There are approximately 1400 units of this type of property and the Council currently commissions approximately 420 hours of support per week to support an average of 440 individuals at any one point in time to enable them to remain safe in their home and communities.

Huge amounts of work have taken place over recent years to maximise the amount of housing management services that are provided to help residents maintain their tenancies and remain independent. This has enabled the purchased support to be focused on those individuals with the highest support needs, and this approach will continue to be followed.

These services are also linked to the Community Resilience work led via the Shropshire and Telford & Wrekin Sustainability and Transformation Partnership (STP). Use



of drop in sessions and using sheltered schemes as hubs from which to deliver support will be promoted. This allows support to reach an increased number of individuals including those living in sheltered housing schemes and also those who live in local communities.

More details of individual sheltered housing schemes can be found on the Live Well Telford website.

## Price

Hourly rates for the support provided in Sheltered Housing varies but the average across all current providers is £14.90 per hour.

## Message to the market

Sheltered Housing is part of the Supporting People funding. This funding has reduced year on year and will continue to do so as this is a non-statutory service. We are talking to the market and the voluntary sector about how this budget can be spent most effectively to support vulnerable service users.

We also want to work with providers who can help sheltered housing schemes be community hubs delivering a number of services to their local communities thus promoting sustainable and self-supporting communities.



# Extra Care Housing (over 55)



## Quality

Extra care quality is either managed through the individual contracts held with the Extra Care Provider or through the Dynamic Purchasing Systems (DPS) that we have in place for Domiciliary Home Care services in addition to being monitored by CQC.

Providers have to provide the Council with robust quality and safety policies that are thoroughly checked at the outset of any business with them and annually as part of their contract management.

Currently the care provided in all 7 of the Extra Care Housing schemes in Telford & Wrekin is rated as good by CQC.

## Sufficiency

The 7 Extra Care schemes in Telford are Barclay Gardens, Bournville House, Chillcott Gardens, Lawley Bank Court, Oakwood, Parkwood and Rose Manor. In total these schemes provide 408 units of extra care accommodation.

These schemes are owned by a range of landlords including Anchor, Bromford, Bournville Village Trust, Sanctuary and Wrekin Housing Trust.

Care is delivered into these schemes by Supreme Homecare, Accord, Coverage Care Services, Sanctuary and Choices.

It is fundamental to the Council's strategic objectives to concentrate on encouraging people to stay safe and independent at home with the right support.

More details of individual extra care schemes can be found on the Live Well Telford website.

Both supported living and extra care are effective home settings for some people and the Council encourages the future development of such schemes within Telford and Wrekin.



The Specialist and Supported Accommodation Strategy details the accommodation needs of older people but in summary this equates to:

Extra Care Housing additional demand			
Units	2020/ 2021	2025/ 2026	2030/ 2031
Housing for Older People for sale/ shared equity	700	800	900
Housing for Older People for social rent/ affordable rent	340	590	920
Housing for Older People for market rent	40	45	50
Extra care housing including mainstream and high needs/ dementia care (included within 1 and 2)	140	400	530

## Price

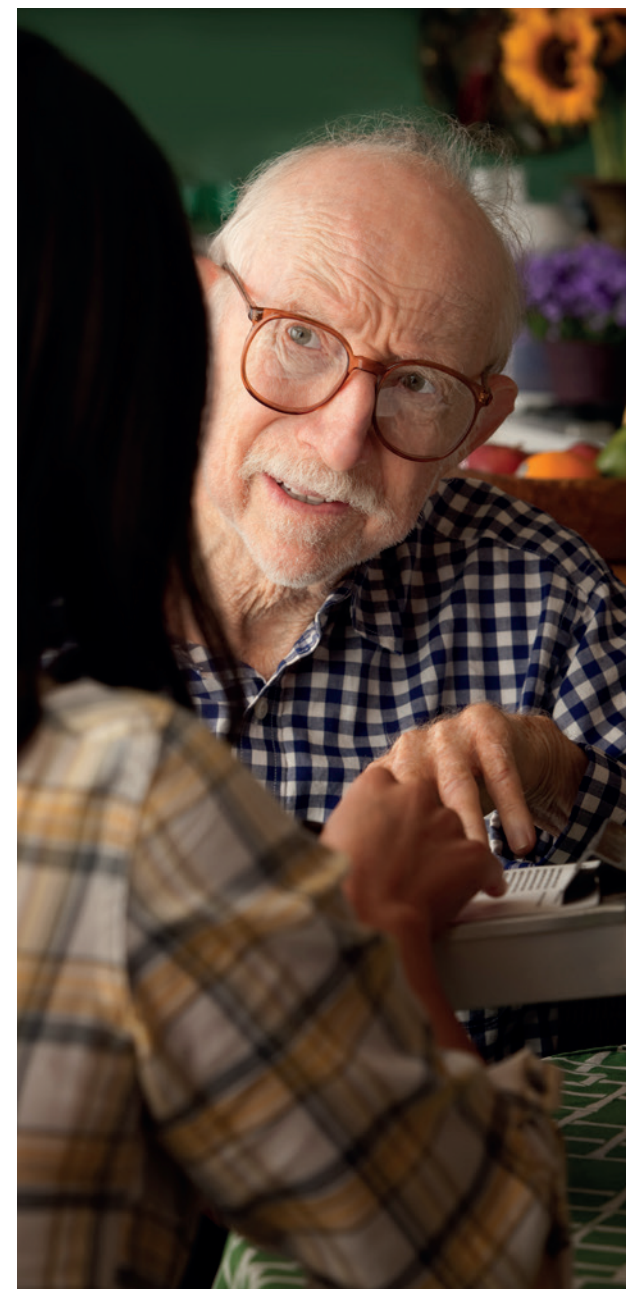
The vast majority of schemes are now on a domiciliary care model and provide care via the DPS at the agreed rates. Any remaining block contracts are planned to be transferred to the domiciliary care model over the next 12 months.

## Message to the market

We are working with the current block contracted providers to move towards and domiciliary model ensuring that all schemes across the borough receive the same level of funding.

We want to work with providers to promote the use of extra care schemes as community hubs, allowing not only residents but also the local community to benefit from a range of facilities and services on offer.

We want to work with the market to increase the supply of extra care and high needs extra care to meet the demand identified in the specialist and supported accommodation strategy.



# Residential Accommodation (Learning Disabilities/ Mental Health/ Autism / Acquired Brain Injury/ Physical Disabilities)

## Quality

Currently the Council spot purchases most residential care. The Council is in the process of reviewing the current specification and terms and conditions for spot purchased placements.

Of the 62 establishments across the 3 service areas, 48 establishments are rated as good, 5 are rated as requiring improvement, 3 are rated as inadequate at this time and the remainder have not yet been inspected.

There have been 3 CQC interventions in this market. It should be noted that the CQC Standards have not changed but are being measured using more detailed key lines of enquiry and we have seen more homes subject to a reduced care rating as a result. This may have a knock on effect in terms of sufficiency for the local market and the Council.

## Sufficiency

It is essential that we have a mix of suitable residential accommodation with the right support for people with learning Disabilities, mental health, autism, acquired brain injury and physical and sensory disabilities.

Current bed numbers in borough are:

Beds available		
	Residential Beds/verses demand T&W Clients	Nursing Beds/verses demand from T&W Clients
Adults with Learning Disabilities /Autism	123/70	7/7
Mental Health	5/25	0/18
Physical /Sensory Disability	0/12	0/9

All mental health beds are spot purchased to meet specific needs. These are not all delivered within area, sometimes by individual choice, sometimes by necessity due to the specific needs.

All physical and sensory disability beds are spot purchased to meet specific needs.

22 of the Adults with Learning Disability Residential beds are purchased through a

block arrangement with homes, with the remainder being spot purchased.

Our aim is to support all people in these groups to live as independently as possible. This means that we aim to reduce the commissioning of residential placements and only use them for essential placements to be made into this type of care. There will always be individuals who need residential and nursing care but for others there is a planned programme of work with families and carers to make the prospect of supported independent living a reality.

Going forward we will only commission a further:

Beds commissioned		
	Residential Beds By 2023	Nursing Beds By 2023
Adults with Learning Disabilities /Autism	7	3

**We have limited intention of purchasing residential beds and nursing beds for mental health, learning disabilities, autism and acquired brain injury on any scale.**

However, there may be instances when an individual presents with a combination of complex needs when alternative solutions are not viable, and we would look to the market to spot purchase.

## Price

Prices vary between care homes and because of the level of care and support that is provided. The lowest and highest prices and annual budget by client group is set out below to illustrate the market variance:

Budget by client group		
20/21 Costs	Minimum	Maximum
ALD Residential	443	7331
ALD Nursing	765	1978
MH Residential	488	1938
MH Nursing	645	1200
PSD Residential	456	2592
PSD Nursing	754	1662

Care Homes can claim additional NHS Funded Nursing Care per person per week for any resident requiring Nursing. This is claimed directly from the NHS. If the health need is assessed as being more than 50% of the need then Continuing Health Care can also be agreed, payable from the Clinical Commissioning Group.

## Message to the market

Placements are likely to be time limited and will focus on education and independence building and supporting the person to move on to independent living.

We will work with care providers to support their businesses. We are doing this by:

Discussing Assistive Technology around new accommodation design as well as utilising Assistive Technology as part of reviewing and assessing need.

Supporting providers to remodel their services from residential to supported accommodation where possible.

Supporting providers by encouraging the development of their offer in line with the Council's wider priorities to support people at home, including deploying staff from residential care into the community to deliver care and support at home – see domiciliary care section.

We will be adopting a system and process to help us understand and plan for the cost of care. This system will help us understand national and local cost pressure that influence placement costs such as building costs and overheads,

sector wages, consumables costs and deprivation levels. We will use this system to help us benchmark and manage costs for our service users.









# Residential Accommodation (Older People)



## Quality

Quality is managed through a further DPS for Residential Care and Support.

We categorise providers as either providing Residential, Residential (with Dementia Care), Nursing or Nursing (with Dementia Care). We have 22 homes with 1 CQC rated Outstanding 18 CQC Good and 3 Requiring Improvement.

The Procurement Team is also responsible for managing the relocation of Council funded as well as self-funded residents should there be an immediate closure of a care home.

## Sufficiency

The bed based care market is relatively small locally and the Council has limited influence due to the small numbers of providers and the spending power of private funders from in and out of the Borough.

In 20/21 Self funders made up around 20% of the occupants of our care homes with a further 5% being placed by Health colleagues and 4% by other Local Authorities. Some providers have a different charging model for private funders. We secure competitive rates from these providers as it is a frequent

and largest purchaser of places. There are undoubtedly pressures on the provider market. These range from the costs of annual increases in the national living wage, employer pension contribution increases, COVID insurance liability costs and increased consumables costs. In nursing and specialist nursing with dementia there is a shortage of qualified staff to meet demand currently.

We are seeing a higher level need linked to dementia at both residential and nursing stages and the average age of people coming in to services is 83. People are frailer and older when they access residential services.

The Care Home Profile in borough is currently:

Care Home profile	
Type	No of Beds as of Dec 2020
Residential Beds	28
Residential with Dementia care beds	384*/330
Nursing beds	464
Nursing with Dementia care beds	187

\* Includes 54 bed home closing due to relocation in 2021.

Future commissioning will see a planned reduction in traditional residential care as we aim to keep people in their own homes for longer. Care Homes in the Borough are currently averaging around a 15% vacancy rate.

Commissioners work to balance block and spot contracts; too few block beds and the council is subject to the exigencies of the spot market, too many block beds and there is a risk of paying for unoccupied beds.

## Price

Prices vary between care homes and because of the level of care and support that is provided.

Care Homes can claim additional **NHS Funded Nursing Care** (FNC) per person per week for any resident requiring Nursing. The care home claims this directly from the NHS. FNC is not applicable to homes receiving people on Pathway 2 & 3 from hospital as their cost is inclusive of nursing care.

Being a smaller borough has its advantages and enables us to have individual relationships with our providers. We understand the specific needs of their business as we recognise that they are all different. We negotiate and agree levelled and

fixed prices to balance sustainability and value for money. Alongside the implementation of a DPS system for bed provision, this will enable the Council to manage the commissioning of what were “spot” beds and will ensure that fair prices are paid and the sufficiency of the market is protected.

We operate a third party top up process for families who want to make additional payments for their family member to reside in a particular home rather than the ones the Council has put forward.

## Message to the market

**We expect a continued reduction in demand for residential care.**

We welcome innovative providers to who want to diversify, may consider providing an outreach hub to deliver services to their community, being part of the digital transformation programme with virtual care delivery to manage data transfer for residents or being centres of excellence for specific challenges such as dementia.

We have increasing needs for nursing with dementia care beds but for shorter lengths of stay and for more complex people with higher physical and mental health needs.

Increasing the amount of extra care capacity including high needs extra care and supported living.

We will support any residential homes who wish to transition to be able to provide residential/nursing with dementia care

# Acknowledgement

The following groups have contributed to this Market Position Statement:

Telford & Wrekin Healthwatch  
Telford & Wrekin Carers Partnership Board  
Telford & Wrekin Senior Citizen Forum  
Telford & Wrekin Wellbeing and Independence Partnership (WIP)  
Parents Opening Doors (PODs)  
Telford Mental Health Forum  
Providers of ALD/MH support  
Shropshire Partners In Care (SPIC)  
Clinical Commissioning Group  
Telford Carers Centre  
Telford & Wrekin CVS





