Essex County Council

Adult Social Care

Market Position Statement 2012

Essex County Council

Contents

Introduction

The Market Position Statement (MPS) is designed to be a document containing intelligence, information and analysis of benefit to adult social care providers in Essex. It aims to describe current and potential future demand and supply; the funding that we will have available as commissioners; potential demand from people funding their own services; and begins to describe how we would like to work with the social care market going forward. The document is divided into three sections covering older people, working age adults, and accommodation and housing related support. The section on working age adults relates to adults with learning disabilities and physical impairments. A market position statement for services relating to mental health is currently in development.

As you will be aware the council is facing unprecedented challenges. We believe that it is important to be open with the market about the budget available to the council for social care. The adults, health and community well-being budget in 2011/12 is 5.9% less than the previous year; the budget available in 2012/13 will be a further 4.5% less; and in 2013/14 a further 4.1% less. At the same time we are forecasting an increase in demand for services of between £11 and £15 million each year. To respond to these challenges the council recognises that we need to change the way we commission services and work with social care providers. We also believe there are changes needed in the social care market to respond to the changing demographic and economic environment.

Although our budget may be decreasing, the wider social care market still presents considerable growth opportunities. We will be commissioning more services in partnership with health partners as they move towards their new commissioning arrangements, potentially opening up wider funding streams for social care. Demographic forecasts suggest that the number of people funding their own care will also increase.

Throughout this document we have chosen to describe the issues that we face rather than prescribe the solutions. This is because we believe the social care market has the knowledge and expertise to know what works and what doesn't. We are also moving into a time where increasing numbers of people are taking cash payments, and joining the substantial amount of "self funders" in Essex to purchase services directly from the market. As a result we need to redefine our relationship, moving away from traditional block contracting in order to encourage a competitive market that offers greater choice for consumers.

The Market Position Statement is the start of this work and not the end. The last section of this document describes our plans for future engagement. We recognise the fundamental importance of the relationship between commissioners and providers and see this as the start of a process to work with you in developing and strengthening this relationship going forward

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Context - Older People

The Council spent £181 million[1] (net) with over 590 organisations on social care services for older people in 2010/11. Our expenditure is similar to other comparable local authorities. £92 million (51%) was spent on residential and nursing care services, £50 million (28%) on domiciliary care, and £9.5 million (5.3%) on cash payments[2]. We would like to change this balance so that a greater proportion of the budget is spent on preventative services and through cash payments, and a smaller proportion is spent on registered care. We estimate that a further £120 million was spent on care services in Essex by older people funding their own care[3]. In addition to this Essex provided grants of £1.1 million to community and voluntary organisations supporting older people with dementia in 2010/11. An additional £450,000 supported development projects with community and voluntary organisations.

It should be no surprise that our first priority is to support people to remain independent for as long as possible, delaying and in some cases avoiding the need for on going social care services. Supporting people to stay healthy and helping communities support each other is very important as we know that poor health and social isolation are factors that lead people to require social care services. Supporting family carers so they can maintain their caring role is also critical.

Universal services such as advice and information services, leisure and recreation play an important role in supporting people's independence. We believe that a proactive voluntary and community sector is key to supporting people in their communities. We also know that interventions such as telecare and assistive technology can provide the reassurance and support that enable people to retain their independence for longer.

Some older people will inevitably require on-going social care support. Again our priority is to support these people to regain or maintain their independence whenever possible. Services will need to focus on enabling people and move away from passive models of support that create dependencies. Reablement, through a focus on recovery, has delivered significant results helping people regain their independence and reducing demand for social care services. Enablement will be a key characteristic for all services we commission.

Our focus on prevention and enablement may seem contrary to our traditional way of working with the market where providers are rewarded for the volume of care they provide, and not the outcomes they deliver. However we believe this is an area where the social care market can play a much greater role, and we welcome suggestions as to how we can work with providers to share the benefits of people achieving greater independence and reducing their reliance on social care services.

Increasingly people who require on-going support are using personal budgets. We are supporting this through introducing pre-payment cards to reduce much of the bureaucracy associated with giving people money rather than services. Providers will need to consider how they will respond to the growing number of people managing their own payments (via pre-payment cards and allocated bank accounts) in order to maximise the potential benefits from this growing market and faster method of receiving payment.

We recognise that we will need to work with providers to ensure that people have the information to make informed choices when arranging and purchasing services for themselves. For others there will still be a need for the council to act as a "broker" – arranging services on the person's behalf. The council believes that this role could also extend to people who fund their own care, so they can enjoy the same advice and support as those whose services are funded by the council.

We are also clear that personalised care and support is much wider than personal budgets. Personalisation is about how people experience the support they receive on a day to day basis, and the relationships they have with the people providing this support. The *Think Local, Act Personal* partnership consisting of service user groups, commissioners, and providers argues that services and support still have further to go to deliver personalised services to individuals based on their needs and aspirations.

As commissioners we need to ensure that we make best use of the public money we have available to us, and we will work hard to achieve an appropriate balance between price and quality in our contractual arrangements with the market. We see this as being central to our vision of having a sustainable competitive social care market that encourages new and innovative ways of delivering support.

Direction of Travel – Older People

Our Commissioning intentions for the social care market for older people can be summarised as follows:

Redirecting our investment from intensive forms of support to create higher levels of community well being and health - Essex has a comparably higher spend on registered care than comparable authorities and we believe shifting some of this investment into promoting the health and well being of communities would deliver long term benefits. More detail can be found in our prevention and early intervention strategy due to be launched in 2012.

Improving the information and advice that is available to enable people to help themselves, and to empower people to make informed choices about their care and support – The council has embarked on a significant programme to improve it's website and customer contact centre to deliver better advice and information to citizens, learning from existing models such as NHS Direct. We are also undertaking a fundamental review of our core IT systems so customers can interact with their own social care record and receive a wider range of advice and information. This will allow people to contribute directly to their assessments and reviews, and to arrange and book their own care and support. We will also continue with initiatives such as Village Agents to ensure people receive advice and support within their communities.

Promoting preventative services including assistive technology – We have been successfully promoting assistive technology and are beginning to see that this is having an impact in improving independence and reducing the need for on-going services. We believe that providers should be incorporating assistive technology as part of their offering to service users. As part of our engagement with providers we would welcome your views on how we can incentivise this approach.

Hot Spot: Assistive technology has been shown to improve people's independence and we would encourage providers to embed assistive technology into their service offer.

Supporting family carers to enjoy a good quality of life and maintain their caring role – We assess the needs of 15,000 carers who care for older people each year. Carers tell us that they need a range of support from advice and information; practical help; support to enable them to continue with employment and learning; and breaks that allow them to sustain their caring role. In 2010/11 the Council spent £1.1 million on 121 direct access schemes in the voluntary and community sector that supported carers. The Council also funded 2,540 weeks of residential respite care for older people, very similar levels to the previous year. We saw a big increase in the uptake of carer direct payments with over 750 carers receiving a cash payment. As more carers choose to take cash rather than formal services there are opportunities for providers to move into a very different market to provide support to carers.

Commission jointly with health partners interventions that avoid people being unnecessarily admitted into hospital – The majority of older people who require intensive social care support will come to us via a hospital admission. As a result we will be commissioning many of these services jointly. We know that strokes and falls are key causal factors leading to hospital admission. There are two opportunities here for providers. Firstly in developing interventions and service offers that can help prevent avoidable hospital admissions. Secondly, by working with us to embed outcomes in our commissioning processes so that providers are rewarded for promoting healthy lifestyles and helping people to reduce the risk of falls and other avoidable accidents and illnesses.

Commission jointly with health partners services and support that promote an earlier safe discharge from hospital – We estimate that 3,100 people will receive reablement following hospital discharge this year. Reablement is currently provided by EssexCares but we are working with health commissioners to specify the type and volumes of reablement that will be required in each locality, with the intention of going to market in Spring / Summer 2012. We believe that a range of reablement interventions will be required – from interventions that support people in their own home, to interventions that provide intensive support for short periods in a registered care or supported living environment to prepare people to return to their home.

Hot Spot: We are committed to joint commissioning with partners when ever possible. As an example we will be jointly commissioning reablement services with health partners in each of the five areas of Essex, and will begin the tender process in the Spring of 2012.

Promote services and support that enable people to regain or maintain their independence – In addition to providing reablement for people leaving hospital we will also be commissioning community reablement for all appropriate new people requiring social care support. This year we estimate that 700 people will receive reablement via a community referral, and that future demand for this service could be in the region of 1,100 people each year. We believe reablement services will need to change from traditional homecare reablement models to services with a wider remit that considers all aspects of the person's home and community, alongside the traditional focus on personal care and daily living tasks.

Increase the use of extra care housing and other alternatives to registered care by working jointly with Housing Authorities and the housing market – Research indicates that Extra Care housing can delay or prevent the need for more intensive forms of support. Essex currently has a deficit of Extra Care provision. Estimates suggest that there is a shortfall of 2,627 Extra Care places in Essex with Tendring, Basildon, Chelmsford and Castle Point having the largest undersupply of Extra Care places (more detail can be found in the accommodation section of this document).

Promoting personalisation through the increased uptake of cash payments for older people (including the use of pre-payment cards) – 12% of older people receiving on going care services are receiving cash payments and arranging their own care. The numbers of older people receiving services in this way has increased by 7% over the last 12 months, and we expect this rate of increase to continue. However we do not believe there is sufficient choice currently in the market for people to realise the full benefits of cash payments and the majority of older people are using their money to purchase traditional homecare services. The rise in cash payment users presents growing opportunities for providers to develop a truly personalised offer to consumers, and we would welcome your views on how we can facilitate this to work better.

Hot Spot: The number of older people receiving cash payments has increased by 7% over the last 12 months and the council is spending nearly £10 million via cash payments for older people. This represents a significant growth area for providers who can offer the choice and control that people increasingly want.

Reducing the contracted use of residential care for physically frail older people whilst ensuring that good quality registered care is available for those people who need it – The numbers of older people supported by Essex in registered care has remained fairly static since 2006 despite increased demographic pressures. This is mirrored nationally with little change in the number of care home places since 2004. However this masks the changes in the needs of people entering registered care, with people being admitted later in life and staying for shorter periods. As a result we do not believe that we need more residential care, but we may need to consider the models of registered care that are provided, and the distribution of residential care across the county. Whilst responsibility for planning sits with the District and Borough Councils, we are consulted on planning applications for new registered care homes. We are unlikely to support planning applications for registered care homes in areas where we believe there is an already an over supply unless the application is to remodel existing provision to make it more fit for purpose, or the proposed development will better meet specific unmet needs within the area. More detail about current supply can be found in the next section. As part of our on-going engagement with the market we would welcome discussions with providers about their ideas for potential developments so we can give an early indication about whether we are likely to support an application and hence avoid unnecessary costs to providers at a later stage. We would also welcome conversations about developing alternatives to registered care.

Hot Spot: The demand for registered care is changing. People are entering later in life and with more complex needs. We do not need more registered care beds for older people in Essex, but may need to change the current provision to respond to the changing demographic profile of people who require registered care.

Supporting good quality nursing care for physically and mentally frail older people who need it, whoever funds it – Compared to national levels Essex appears to have an undersupply of nursing care places. The supply of nursing care will need to match the increasingly complex needs of people requiring registered care. We will look to commission this service in partnership with health colleagues wherever possible.

Supporting people with dementia to retain their independence for as long as possible and enjoy a good quality of life – The growth in people experiencing dementia presents probably the greatest challenge for health and social care services. Having a workforce with the skills and knowledge to support people with dementia is therefore a requirement for all providers working with older people. Supporting people in the familiar settings of their own homes can reduce the numbers prematurely entering long term care. Providers can play an important role working alongside health professionals to ensure the early identification of dementia, and the provision of appropriate support to delay and minimise the impact of this condition. For people in the later stages of dementia, registered care settings play an important role in supporting people to live well and with dignity. Training on dementia is available to providers via the Essex Provider Consortia (contact details are at the end of this document).

Supporting good quality care for those people at the end of their lives - We recognise that mainstream services such as registered care and domiciliary care will play a crucial role in supporting people at the end of their lives. The Gold Standards Framework for End of Life Care, and the principles of *My Home Life* are embedded in our commissioning frameworks and contracts. Training on End of Life care is also available for providers via the Essex Provider Consortia.

Supporting models of social care provision that are co-productive - i.e., where users and professionals work together to design and deliver public services in equal partnership – We will work in partnership to develop our commissioning strategies and plans, and we will want to work with providers who genuinely involve service users in the planning and delivery of their services.

Supporting the development of a thriving, strong and diverse social care market that is flexible and responsive to everyone in Essex, not just those eligible for direct Council support - We want to encourage new entrants, stimulate the development of new products, and promote competition so people have a varied care and support market to purchase from. In doing this we will be adopting three key principles

1) Encouraging competition - We will where possible be exiting out of block purchase arrangements. We believe this form of contracting hinders market competition, innovation and continuous improvement. Whilst we will be looking towards competition as a means of controlling costs and improving the diversity of provision, we are also aware of the need to maintain and improve quality. Linking contracts to both cost and quality is one way of achieving this. The Home Support Service contract introduced the concept of a Best Value Ranking List based on a score compromising of 40% price and 60% quality measures. The Residential Framework agreement will extend this concept to residential care to determine which homes are recommended to customers, and our reablement contracts will be let based on scores comprising of 40% price and 60% quality measures. We recognise that "quality" is difficult to assess. The decision by the Care Quality Commission to stop the quality rating system and the failure to agree a suitable replacement for this has not helped, however the council's expectation is that all providers will meet the commission's essential standards of quality and safety. Where possible we will use recognised frameworks to develop quality standards such as the *My Home Life* programme (see promoting quality below).

2) Encouraging innovation - We recognise that we need to support innovation better. Choice and control for many service users is not about receiving a fixed amount of homecare hours per week. At the same time simply controlling unit costs or restricting the size of homecare packages is not a sustainable way of managing increased demand with less funding, and we need to find innovative ways of meeting these challenges. There are a range of potential approaches including "gain share" arrangements (the council shares any benefits of package efficiencies with providers) and "payment by results" agreements (providers are rewarded for achieving an agreed set of outcomes) that we would like to explore with the market. We firmly believe there is

significant expertise within the social care market to develop innovative solutions and we welcome your views on the mechanisms that could best support this.

3) Promoting quality - Quality, choice, dignity & safeguarding remain key priorities for the council. We continue to invest in services and staff to support people to make well informed choices about their care, and to help service providers improve their capacity to deliver high quality person-centred services. We recognise that quality is driven not only by financial and material resources, but also by factors including:-
   - The motivation, attitudes and skills of those who provide the services;
   - The ability of the many different stakeholders involved to work together to solve common problems and find innovative ways to improve the experience offered to service users, resulting in better outcomes;
   - The degree to which care services are integrated with their surrounding communities, minimising the exclusion of service users from the facilities and opportunities that contribute to the quality of life for all our citizens.

   The Care Quality Commission is responsible for monitoring compliance with statutory requirements, but as commissioners we have responsibilities to promote the quality of provision over and above these minimum standards. The Quality Improvement Team works with providers and people using services to ensure high quality care is consistently available across Essex. The team work proactively with providers to help them to sustain and improve quality. This focus on 'quality' provides an opportunity to evidence improvements and demonstrate results that are important to those who use, commission and provide services. There is already evidence of significant and positive cultural change within many of the care organisations in Essex and the Quality Improvement Team will continue to work actively to encourage, promote and support this.

   We also continue to invest staff time in maintaining partnerships with voluntary organisations that contribute to the overall quality of provision to service users, including those who fund their own care. For example, one such partner offers and publicises services for those seeking independent and confidential advice about their care choices.

   The *My Home Life Essex* programme, sponsored and supported by Essex, is designed to help improve the quality of life for older care home residents. The programme provides opportunities for constructive dialogue between providers and commissioners, and sharing of good practice. The relationship-centred themes identified as best practice in *My Home Life* are integrated into the Older People's Residential Care Agreements, giving providers the opportunity to evidence their commitment to providing a quality service for their residents. *My Home Life* is also the basis for a number of other key initiatives relating to quality including end of life care, transitions between care homes, and hospitals and community integration. *My Home Life Essex* provides a very successful leadership programme for Care Home Managers and has received positive feedback from participants. A care home manager in Clacton said *'It has changed my life as a person and our life as a care home'.* Collaboration between service providers is also supported and promoted through the Essex Provider Support Programme, and the care home consortiums. Contact details for *My Home Life* and the Essex Provider Support Programme can be found at the end of this document.

   The three principles described above also apply to how we will be working with third sector services. We do not believe grant funding services delivers the best outcomes, and will be moving in 2012 towards commissioning for outcomes against identified needs. This of course will be undertaken through adherence with the principles of the Essex Compact with the Voluntary and Community Sector.

Current & future demand - Older People

In 2010, there were 80,600 older people in Essex (31% of the population aged 65+) estimated to have social care needs. This is defined as people having difficulty with, or requiring help with domestic or personal care tasks. 47,770 (19%) are estimated to have low and moderate needs, 13,980 (5%) to have high needs and 18,840 (7%) to have very high needs. Estimates suggest that 18,300 (7%) older people are living with dementia and 110,500 (46%) with a limiting long term illness.

District	Older People with care needs	Low and Moderate	High	Very High
Braintree	7,630	4,430	1,370	1,850
Chelmsford	8,070	4,940	1,330	1,790
Maldon	3,630	2,190	610	830
Colchester	8,590	5,110	1,480	2,000
Tendring	12,330	7,540	2,040	2,750
Basildon	9,890	5,510	1,870	2,510
Brentwood	3,610	2,340	540	730
Castle Point	6,750	3,850	1,240	1,670
Rochford	5,130	3,070	880	1,180
Epping Forest	6,560	3,950	1,110	1,490
Harlow	4,590	2,520	880	1,190
Uttlesford	3,800	2,320	630	850
Essex	**80,590**	**47,770**	**13,980**	**18,840**

Table 1: Older People with Care Needs (Source: Planning4Care)

If nothing changes the number of older people with social care needs is projected to increase by 15% over the next 5 years, and 63% over the next 20 years. Maldon, Castle Point and Braintree could see the greatest projected increase in older people with care needs over the next 5 years.

	Numbers		% Increase	
Area	2015	2030	2010-2015	2010-2030
Braintree	9,050	14,060	19%	84%
Chelmsford	9,340	13,240	16%	64%
Maldon	4,430	6,870	22%	89%
Colchester	9,920	14,330	15%	67%
Tendring	14,030	19,750	14%	60%
Basildon	11,280	15,280	14%	54%
Brentwood	3,960	5,230	10%	45%
Castle Point	8,030	11,220	19%	66%
Rochford	6,060	8,430	18%	64%
Epping Forest	7,220	9,740	10%	48%
Harlow	5,020	6,410	9%	40%
Uttlesford	4,430	6,690	17%	76%
Essex	**92,780**	**131,240**	**15%**	**63%**

Table 2: Projected increases in care needs (Source: Planning4Care)

The prevalence of dementia increases with age, with 25% of the population over 85 estimated to have dementia. The number of older people with dementia is anticipated to increase by 16% over the next 5 years and by 90% over the next 20 years. The greatest increases are expected in Maldon, Castle Point, Braintree and Uttlesford.

	Numbers			% Increase	
Area	2010	2015	2030	2010-2015	2010-2030
Braintree	1,716	2,046	3,741	19%	118%
Chelmsford	1,890	2,176	3,532	15%	87%
Maldon	798	973	1,825	22%	129%
Colchester	1,979	2,272	3,919	15%	98%
Tendring	3,099	3,561	5,790	15%	87%
Basildon	1,900	2,206	3,436	16%	81%
Brentwood	1,043	1,203	1,745	15%	67%
Castle Point	1,265	1,547	2,666	22%	111%
Rochford	1,143	1,301	2,171	14%	90%
Epping Forest	1,604	1,779	2,715	11%	69%
Harlow	887	985	1,327	11%	50%
Uttlesford	911	1,073	1,896	18%	108%
Essex	**18,292**	**21,195**	**34,667**	**16%**	**90%**

Table 3: Projected increases in dementia (Source: POPPI)

Essex County Council was supporting 21,850 older people with social care services as at March 2011, which is 27% of the estimated number of older people with care needs. There is estimated to be a further 57,000 older people with care needs who are supported by family and friends, or who are privately funding their own care. Estimates also suggest there are 5,100 older people providing 50 or more hours of unpaid care per week, and this is likely to increase by 17% over the next 5 years to 2015.

The financial circumstances of the older population will have an impact on the proportion of the social care market that is "council funded" and the proportion that people purchase themselves without council support. 31% of older people in Essex receiving state pensions are also receiving additional state benefits and are therefore likely to be reliant on some form of council funding should they need social care services. Areas with the highest proportion of pensioners receiving additional benefits are located in the most deprived districts of Harlow, Tendring, Basildon and Castle Point. 76% of older people in Essex are estimated to be owner occupiers. This represents a considerable potential market as more people consider how they can utilise their assets to plan for their future care needs – e.g. through purchasing accommodation that has associated social care support.

Hot Spot: There is a large number of older people in Essex who own their own homes, many of whom will be living alone in family sized properties. There is considerable opportunity for providers to develop a broad range of personalised services for people who are thinking about utilising their assets to plan for their future care needs – e.g. through purchasing accommodation that has associated social care support.

Social isolation is a key determinant in people requiring social care support and we estimate that 38% of those aged 65+, and 51% of those aged 75+ are living alone. The community and voluntary sector has an important role in supporting people within their communities and tackling social isolation. The number of people living alone in large properties also presents opportunities to consider how these assets could be better utilised to support people who feel isolated – i.e. through moving to more communal living environments. Local research tells us that widowhood is often a factor in people entering registered care as people struggle to take on the tasks their spouses used to undertake whilst also coping with their loss. We believe there is an opportunity for services to support people through this difficult period of their life and welcome discussion from the market about potential service offerings.

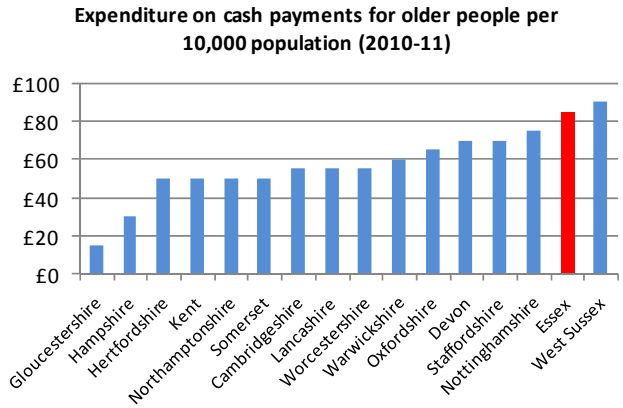
Our research also suggests that there is a general lack of knowledge about the services and support available to older people, particularly at the critical stages of their lives. Information and advice needs to be tailored and available at the right time for people throughout their life and be available for all including those funding their own care, and the Council is actively engaged in commissioning such services.

Local supply & commissioning – Older People

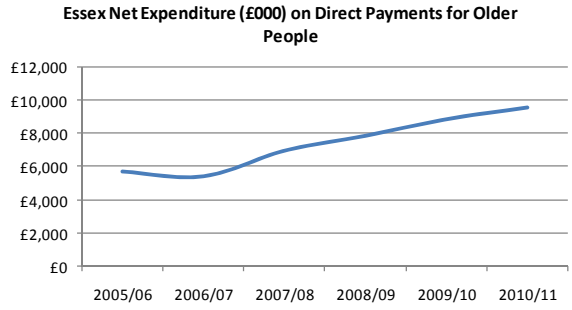
The Council undertook 11,300 new assessments for older people during the year 2010/11. The average age on which a service user enters the social care system is 82. The number of older people Essex is supporting has remained consistent over the last three years, however the needs of the people we are supporting appears to have changed. The proportion of people with higher level care packages has increased (more than 15 hours per week) and the number of people with lower level care packages has decreased (less than 4 hours per week).

Telecare, equipment and adaptations are critical in supporting people to remain independent for as long as possible and reducing the need for on going care and support. 17,500 older people received equipment and/or adaptations in 2010/11, including nearly 6,000 older people who received telecare. Essex has also increased the use of reablement services. Over 2,700 older people (12% more than the previous year) completed a reablement package in 2010/11, of which 53% achieved a positive outcome of either needing no support, or having reduced care needs on completion. We believe the success of telecare and reablement has contributed to the reduced demand for lower level home care services.

Essex spends more via cash payments (direct payments and personal budgets direct) per head than similar authorities (Graph 1) and the amount we spend is increasing (Graph 2) - rising by 8% between 2009/10 and 2010/11. 1,430 older people received cash payments to organise their own support during 2010/11, a 7% increase on the previous year. This increase in uptake is likely to continue over the coming years as the market expands and expectations of future generations change. Although the majority of older people are currently spending their personal budgets on traditional social care services, we expect demand for a more personalised service offer to increase.



Graph 1: Comparative spend on Direct Payments (Source NASCIS)



Graph 2: Expenditure on Direct Payments over time (Source NASCIS)

4,042 older people were being supported with domiciliary care services as at March 2011. 19% of these clients were receiving less than 4 hours a week, 58% were receiving between 4-15 hours a week, and 23% were receiving more than 15 hours a week. The number of people using domiciliary care services has not changed significantly since 2008, however the amount of hours provided has increased by 4% - again indicating that the needs of people receiving services are increasing. The number of people receiving domiciliary care and the hours provided by locality is shown in table 4 overleaf.

District	People	Hours
Braintree	354	3,893
Chelmsford	511	5,426
Maldon	172	1,773
Colchester	362	3,750
Tendring	515	5,251
Basildon	450	4,879
Brentwood	178	1,819
Castlepoint	403	4,524
Rochford	278	2,919
Epping Forest	324	4,406
Harlow	286	3,464
Uttlesford	209	2,146
Total	**4,042**	**44,249**

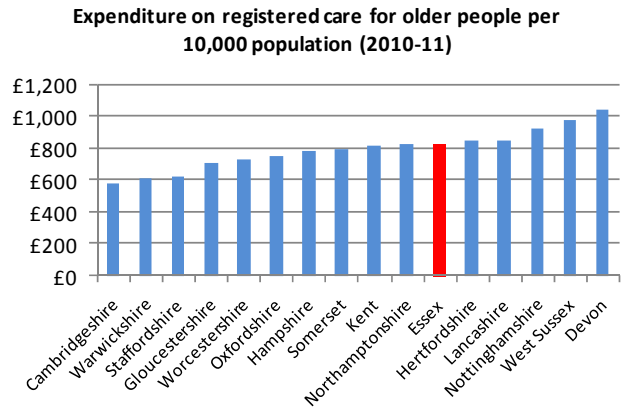
Table 4: Older people receiving domiciliary care, 2011 (Source ECC)

Area	People
Braintree	73
Chelmsford	70
Maldon	59
Colchester	65
Tendring	77
Basildon	85
Brentwood	48
Castle Point	82
Rochford	77
Epping Forest	47
Harlow	77
Uttlesford	39
Out of County	5
Misc.	6
Total	**810**

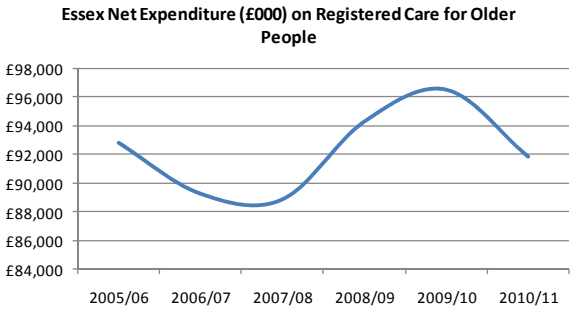
Table 5: Older people receiving day care, 2011 (Source ECC)

810 older people were supported in day care settings as at March 2011. Table 5 below shows this distribution by the locality of where people were living.

Historically Essex has had a comparably higher spend on residential and nursing care than the average for similar authorities (Graph 3), but our expenditure on registered care is beginning to fall (Graph 4). Essex supported 4,313 older people in residential or nursing care as at March 2011. There was a 10% increase in the number of older people permanently admitted into registered care between 2009/10 and 2010/11, however this has declined to previous levels in 2011/12. Nearly half of all these admissions were following a hospital stay. The average age on admission into a registered care setting is 85. The average length of stay for a residential care placement is 2.28 years; and 2.6 years for a nursing care placement. Over half of all people admitted into registered care had been widowed.



Graph 3: Comparative spend on Registered Care (Source NASCIS)



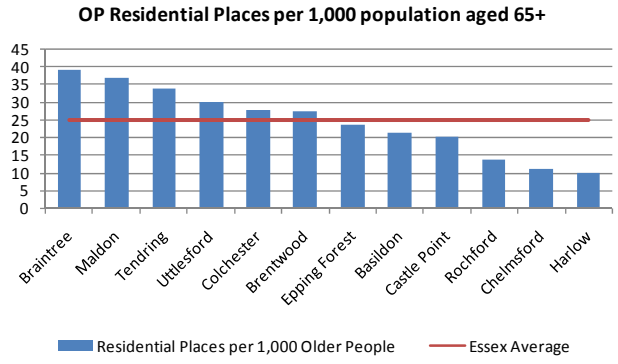
Graph 4: Expenditure on Registered Care over time (Source NASCIS)

Table 6 overleaf shows the distribution of registered care placements for older people by the locality of the registered care home.

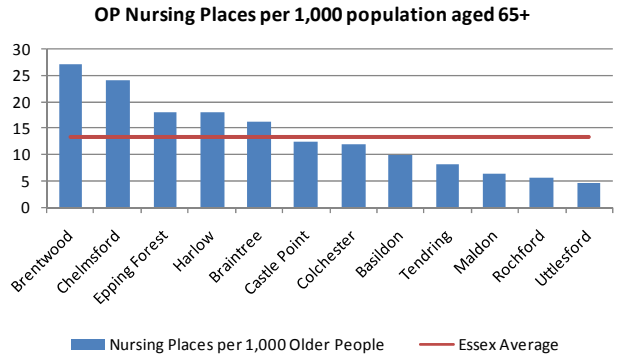
Area	People
Braintree	539
Chelmsford	328
Maldon	221
Colchester	441
Tendring	615
Basildon	477
Brentwood	252
Castle Point	266
Rochford	142
Epping Forest	338
Harlow	122
Uttlesford	213
Out of County	283
Misc.	76
Total	**4,313**

Table 6: Older people in registered care, 2011 (Source ECC)

There are 9,800 registered care beds available for older people in Essex. This is a lower rate per head of the population (38.3 beds per 1,000 people aged 65+) compared to the national average (45.2 beds per 1,000). This trend is particularly true for nursing capacity. The number of beds in Essex increased by 8% from the previous year compared to only a 1.6% increase across England. The Council is commissioning beds from 47% of the market in Essex, and 6% are being commissioned by other authorities. The distribution of residential beds (graph 7) and nursing beds (graph 8) is shown overleaf. Areas where there supply is above average have been highlighted in red in table 7. Braintree, Brentwood, Maldon, Tendring, Epping Forest, and Colchester have an above average supply of registered care compared to the Essex average. Rochford, Harlow, Basildon, Castle Point, Uttlesford and Chelmsford have a below average supply compared to the Essex average.



Graph 7: Residential care beds per 1,000 people aged 65+ (Source CQC)



Graph 8: Nursing care beds per 1,000 people aged 65+ (Source CQC)

District	Residential Places	Nursing Places	Total	Residential Places per 1,000 aged 65+	Nursing Places per 1,000 aged 65+	Total Places per 1,000 aged 65+
Braintree	934	385	1,319	**39**	**16.1**	**55.1**
Chelmsford	303	660	963	**11**	**24**	**35.1**
Maldon	451	78	529	**36.8**	**6.4**	**43.2**
Colchester	757	325	1,082	**27.6**	**11.8**	**39.4**
Tendring	1,353	326	1,679	**33.6**	**8.1**	**41.7**
Basildon	584	272	856	**21.1**	**9.8**	**30.9**
Brentwood	362	357	719	**27.2**	**26.9**	**54.1**
Castle Point	398	246	644	**20**	**12.4**	**32.4**
Rochford	226	94	320	**13.5**	**5.6**	**19.2**
Epping Forest	515	394	909	**23.5**	**18**	**41.5**
Harlow	121	223	344	**9.7**	**17.8**	**27.5**
Uttlesford	392	60	452	**29.7**	**4.6**	**34.3**
Total	**6,396**	**3,420**	**9,816**	**24.9**	**13.3**	**38.3**

Table 7: Registered Care Beds for Older People (Source CQC)

The quality of registered care across Essex, as assessed by the Care Quality Commission's previous star rating scheme, was lower than national averages. 6% of Nursing Care places were rated as poor and 33% rated as adequate. Quality has been improving and the number of providers rated as poor and adequate in September 2009 (the last year of the CQC LAMA return) was less than the previous year.

Quality rating as at 30.9.09	Poor	Adequate	Good	Excellent
OP Nursing England	2%	17%	60%	20%
OP Nursing Essex	6%	33%	48%	13%
OP Residential England	2%	14%	64%	19%
OP Residential Essex	1%	23%	62%	14%

Table 8: Quality Rating of Providers within Essex –September 09 (Source: CQC)

Context – Working Age Adults

In 2010/11 the Council spent £121 million[1] (net) with over 300 organisations on social care services for adults with learning disabilities and £39 million (net) with over 200 organisations supporting adults with physical impairments. Our spend on adults with learning disabilities is significantly above that of comparable authorities (£143 per head of the population 18-64 compared to similar authorities with an average spend of £118) and our spend on adults with physical impairments is less (£43 per head of the population 18-64 compared to similar authorities with an average of £48), but increased by 6.5% compared to 2009/10 levels. In addition Essex provided grants of £1.8 million to community and voluntary organisations supporting adults with learning disabilities and £243,500 to community and voluntary organisations supporting adults with physical impairments (of which £66,500 was specifically for people who have suffered a stroke).

Our pattern of expenditure with the market is very different for adults with learning disabilities and physical impairments. 45% (£54.5 million) of our expenditure on learning disability services is with residential and nursing care compared to 24% (£9.4 million) for adults with physical impairments. 31% (£12 million) of our expenditure for adults with physical impairments is via cash payments compared to 11% (£13.5 million) for adults with learning disabilities. We would like to reduce our expenditure on registered care for adults with learning disabilities and increase the proportion of our budget spent via cash payments.

It is important for us to be transparent with the market about the challenges we face. There are increasing numbers of working age adults who need social care support. The significant advances in neo-natal care have resulted in growing numbers of young people with very complex needs surviving into adulthood. The life expectancy of adults with learning disabilities has increased significantly and many are developing age related conditions such as dementia. People using services and their carers have very different expectations than previous generations and quite rightly want to lead fulfilling and inclusive lives. This is happening at a time when public funding is decreasing. We will be looking very closely at our budgets, particularly for learning disability services where we appear to be spending more than comparable authorities, as we look to manage new demand for services within a smaller budgetary envelope. The working age adult market will continue to be a significant area of expenditure for the council (circa. £155 million per annum) and represents considerable opportunities for providers who can deliver the outcomes that are discussed in this document.

Disabled people may need support for significant periods of their lives so rather than plan and review people's support on an annual basis, we need to consider the support people need for the particular stage of life they have reached. For some this will involve enjoying the greater independence and responsibilities of reaching adulthood; for others this will be planning for old age and responding to the conditions associated with this. We know that an area that we need to improve is the transition from children's to adult services. Currently young people and their families not only have to adjust to changes associated with the progression to adulthood (e.g. leaving education and entering the world of work); they also have to cope with changes to the professionals they work with; different funding arrangements and legislative frameworks; and a very different market to choose their support from. In response to this the council is developing an all age approach to the way it commissions and structures services for disabled people.

Working age adults in Essex were early pioneers of direct payments and growing numbers are opting for the freedom of personal budgets to arrange their own services. We are supporting this through introducing pre-payment cards to reduce much of the bureaucracy associated with giving people money rather than services. Providers will need to consider how they will respond to the growing number of people managing their own payments (via pre-payment cards and from allocated bank accounts) in order to maximise the potential benefits from this growing market and faster method of receiving payment.

We are clear that personalised care and support is much wider than personal budgets. Personalisation is about how people experience the support they receive on a day to day basis and the relationships they have with the people providing this support. The *Think Local, Act Personal* partnership consisting of service user groups, commissioners, and providers argues that services still have further to go to deliver personalised support to individuals based on their needs and aspirations.

We will need to work with providers to ensure that people have the information to make informed choices when arranging and purchasing services for themselves. The Essex Coalition of Disabled People (ECDP) currently provides a support planning service to assist people choosing to take cash payments, and we would be interested in developing related services. We anticipate that some people will still want the council to arrange services on their behalf, and we will use our existing contractual arrangements with the market to support this.

As commissioners we need to ensure that we make best use of the public money we have available to us, and we will work hard to achieve an appropriate balance between price and quality in our contractual arrangements with the market. We have developed informal "open book" accounting arrangements with some registered care providers which has helped us understand their costs and reach agreement on profit margins. We are also exploring the use of the "Care Funding Calculator" – a transparent and consistent way of agreeing the costs of registered care placements. We believe there is a lack of competition in some areas of the market, particularly for those people who have behaviours that place themselves or others at risk. Our aim is to promote a sustainable competitive social care market that encourages new entrants particularly where choice is currently limited, and to stimulate the development of new and innovative ways of delivering support.

Direction of Travel – Working Age Adults

Our commissioning intentions for the social care market for working age adults can be summarised as follows:

Promoting progression wherever possible throughout a person's life – The principle that people should wherever possible be supported to achieve greater independence underpins our vision for the social care market in Essex. The diagram below illustrates this approach, describing some of the issues with current service models, and the approaches that can support people to progress. Our concern is that people too often get "stuck" in a particular service model, and we need to work with the market to develop a range of interventions that support people to progress. We recognise that providers working with people on a daily basis are best placed to support this progression and as commissioners we need to find a way that incentivises providers to achieve this. We are exploring options such as "payment by results" that could support this approach and would welcome your views on this.

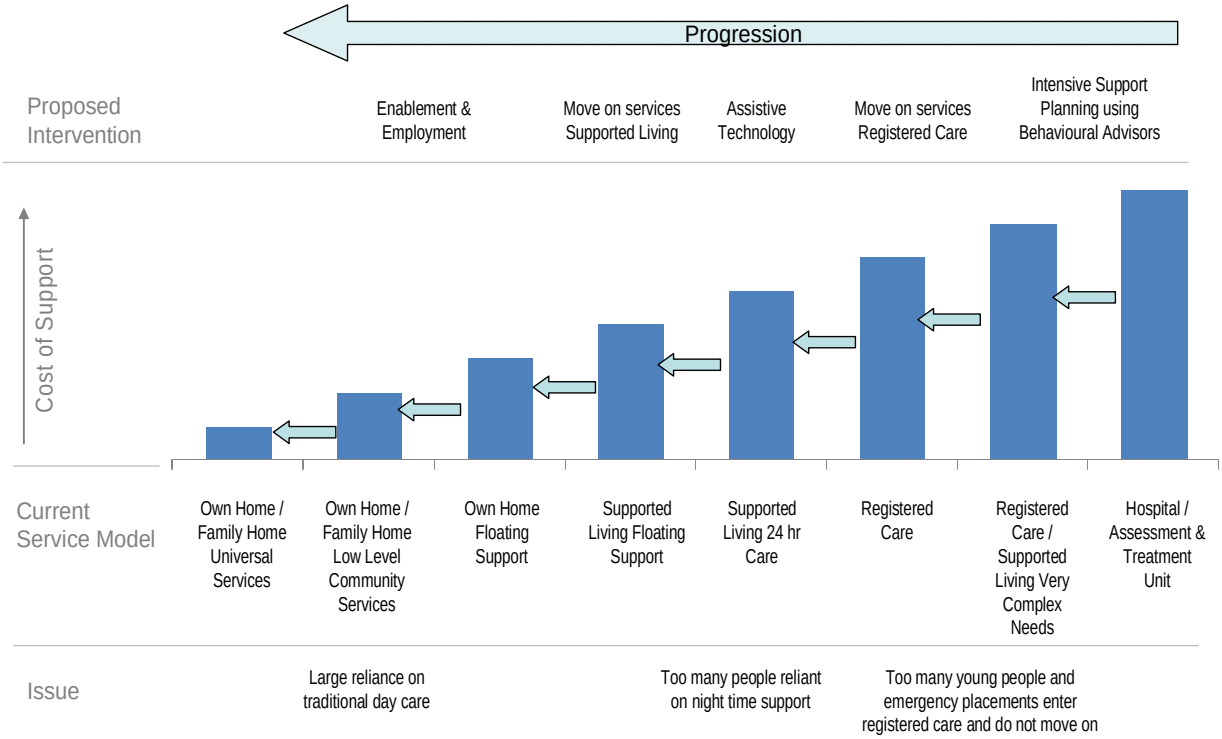


Fig 1: Progression model adapted from the ALDER Learning Disability Opportunity Assessment, 2011

Promoting inclusive communities and universal services – Historically we have commissioned services to meet people's needs that could and should be met within local communities. For many people traditional day care services provide a setting where people can meet with friends and have a safe place to go during the day. However in commissioning these services we have unintentionally created artificial environments that segregate people from their communities and do not promote inclusion. In 2011, 89 adults with a physical impairment and 763 adults with learning disabilities attended day and resource centres. We would like to see more people currently receiving day care progress to employment and develop stronger networks within their communities, and we would welcome conversations with providers on how we can incentivise this.

Services designed to support people to access their communities also sometimes fall short. There is risk that people become "community tourists" – supported to visit community facilities but not feeling part of, or playing an active role in their communities. The community and voluntary sector has a key role to play here and we would

welcome conversations about how we can support schemes that facilitate genuine community involvement. Social care providers also have a key role and we would welcome your views on how we can work together to enable people to develop social and support networks within their communities.

Supporting people too stay healthy – People with disabilities are likely to experience poorer health than the general population. This is due to a variety of factors including greater exposure to the social determinants of poor health (poverty, social isolation); increased risks associated with the causes of disability; difficulties associated with accessing healthcare; and poor lifestyle choices. Providers have a key role in supporting people to stay healthy through assisting people to access healthcare services, developing and implementing health action plans for adults with learning disabilities, and promoting healthy lifestyles.

Advocacy - We commission advocacy services in Essex to support people who cannot represent themselves and need support to access the services that they are entitled to receive. Currently the service is commissioned through an umbrella organisation, and we are working with providers to agree our approach to re-commissioning advocacy services for 2012/13.

Ensuring a successful transition from young people's services – The relationship with social care for many working age adults begins from early childhood. Each year approximately 170 young people transfer to adult social care services at an estimated annual cost of £7 million. Young people with disabilities expect to have the opportunities to live a fulfilling and independent life including opportunities to study, work, and make informed choices about where, and with whom they live. However for some people, navigating the care pathway from children's to adult services is unnecessarily stressful. In response to this the council is developing an all age approach (encompassing children and adults) to the commissioning of services for disabled citizens. There are significant opportunities for providers that have the skills to support young people to develop the capabilities, confidence, and maturity to help them to enjoy the independence and responsibilities of adulthood.

Hot Spot: The council is developing all age approach to the commissioning of services for disabled people. How can we best support providers who want to develop services that support this approach?

For young people with complex needs there is a perceived lack of choice of providers within Essex that can meet their social care needs and support them to access further education. We are a "net exporter" of young people to residential colleges outside of Essex and our experience is that people placed outside our borders are likely to remain in registered care outside of Essex for the majority of their adult life.

Forty young adults with learning disabilities aged 18-24 were permanently admitted into registered care in 2010/11. We believe this is too many and would like to encourage a greater range of options for young people that could meet their needs for accommodation and support within Essex. Typically these placements were for young people with complex needs, or young people who have not yet reached a level of maturity to manage complex behaviours. Our concern is that often young people get "stuck" in these placements. They become dependent on the support, and their families become accustomed to the safety and stability that these placements provide. We know that providers working with people on a daily basis can provide the support to promote progression and the reassurance to families to support planned "move on" arrangements. We are looking to find ways of rewarding providers who support young people to develop their independence and move on to less intensive forms of support, and would welcome your views on the best way to achieve this.

Hot Spot: The transitions market is worth an estimated £7 million each year. There is currently a lack of choice for young people with complex needs, particularly those that also need accommodation and support to access further education.

Supporting family carers to enjoy a good quality of life and maintain their caring role – There are currently over 1,000 adults with learning disabilities living with their families. We also assessed the needs of 740 carers providing significant amounts of care for adults with physical impairments. Carers tell us that they need a range of

support from advice and information; practical help; opportunities to share their experiences with other carers; support to enable them to continue with employment and learning; and breaks that allow them to sustain their caring role. In 2010/11 the Council spent £1.1 million on 121 schemes in the voluntary and community sector that supported carers. The Council also funded 2,165 weeks of residential respite care for adults with learning disabilities and 453 weeks for adults with physical impairments. We also saw a big increase in the uptake of carer direct payments with over 750 carers receiving a cash payment.

We believe the Community and Voluntary sector has a critical role in supporting carers with advice, support, and to facilitate opportunities for carers to support each other. We will be moving away from the traditional grant funding arrangements with community and voluntary organisations in 2012/13, to commissioning services to deliver specific outcomes for carers against identified local need. Traditionally day care and residential respite services have been used to meet the need for respite care, but increasingly people are choosing other options including direct payments to purchase short breaks including holidays with support. As more carers choose to take cash rather than formal services there are growing opportunities for providers to move into a very different market.

Reduce risks associated with service users living with ageing carers and parents - 368 carers of working age adults that were assessed in 2010/11 were over the age of 65. The breakdown of informal care arrangements can lead to emergency placements that are not ideal, and we know that once someone has become used to a placement it can be very difficult to help them move on to more independent living. 47% of the residential placements for adults with learning disabilities in 2010/11 were for people aged over 40, many arising because their carers were no longer able to continue their caring role. Our emergency planning service is working with families to ensure that plans are in place in the event of this happening, but we need services that can respond quickly to emergency situations and can work with people to help them progress from emergency arrangements to more independent forms of support.

Expanding employment opportunities – Our belief is that all citizens should have the opportunity to enjoy the fulfilment and responsibility associated with working. Currently 375 adults with learning disabilities are supported in paid employment by the EssexCares employment service. For people not yet ready for employment, education and training opportunities can help people develop the skills and experience to prepare for work. There are opportunities for providers to remodel current services or develop new ones to support people into employment, and we would be looking for all providers to work with people in a way that maximises their employment prospects. We would also encourage providers as employers to proactively recruit disabled people to their workforce.

Promoting personalisation through the increased uptake of cash payments (including the use of pre-payment cards) - 43% of working age adults receiving community based services are receiving cash payments and arranging their own care. The council spent over £25 million in 2010/11 via cash payments for working age adults – a 20% increase compared to 2009/10. The numbers of working age adults receiving services in this way has increased by 10% over the same period, and we expect this rate of increase to continue. However we do not believe there is sufficient choice currently in the market for people to realise the full benefits this offers. The majority of people are using cash payments to employ personal assistants or purchase traditional homecare services. We would like to see providers working with service users in a way that focuses on the outcomes they want to achieve, and to use a variety of approaches to achieve these outcomes. We would welcome your views on how we can facilitate this to work better.

Hot Spot: Essex spends £25 million via cash payments for working age adults each year. This rose by 20% between 2009-10 and 2010-11, and is likely to increase even faster as we introduce pre-payment cards to make it easier for people who want to take greater control of their support.

Promote independence and reduce reliance on on-going care and support – Reablement is often associated with older people, however we believe the principles of reablement should also apply to working age adults. For people with acquired brain injuries or physical impairments reablement and rehabilitation can take much longer than the six weeks usually associated with reablement services. Rehabilitation services are often provided by the NHS

as part of the health care pathway but social care providers will need to work alongside these services to support recovery. For adults with learning disabilities we will be piloting an enablement service in 2012 to support people to gain the skills needed for more independent living. We are also re-commissioning our reablement service currently provided by EssexCares which is available for adults of all ages, and we are working with health commissioners to specify the type and volumes of reablement that will be required in each locality, with the intention of going to market in Spring / Summer 2012.

Hot Spot: We will be piloting an enablement service for adults with learning disabilities in 2012.

Assistive technology has a key role to play in supporting independence. Advances have allowed us to replace some invasive and costly monitoring services (i.e. night time support) with equipment and assistive technology, and we will be looking to accelerate this going forward. Of the 4,100 people with learning disabilities that Essex supports, only 103 currently use Assistive Technology. Recent case review work indicates that 40% of the cases examined could benefit from Assistive Technology and we would welcome conversations with providers about how we can promote this.

Hot Spot: We believe many more people could benefit from Assistive Technology, particularly for those people in supported living that receive support during the night.

Reduce our investment in registered accommodation and through working with partners promote the development of more supported living accommodation - There is a role for specialist registered accommodation for people whose needs are so complex that they could not be met within a community based environment. Typically this would apply to people who display behaviours that place themselves or others at risk, or people with profound and multiple disabilities[4] that need intensive support for 24 hours a day. However too many people have been placed in registered care because there were no suitable alternatives available at the right time that could meet their need for accommodation and support. Once placed in registered care, not enough people move on to more independent living settings. 45% of our expenditure on learning disability services is spent on registered care. This has reduced from 51% in 2007-08 and we would like to reduce it further to the levels of similar councils (the average for similar authorities is 38%).

Hot Spot: Too much of our learning disability expenditure in on residential care. We would like to reduce this going forward and work with partners to promote the development of more supported living opportunities.

We believe registered care can and should be provided in a personalised way, focusing on supporting people to develop their independence as much as is possible. A workshop "Local Choices, Local Voices" was held in February 2012 with providers to look at inclusive practice in registered care environments, and this forms part of an on-going programme of working with providers over the next 12-18 months.

There has been a steady increase in the number of adults with physical impairments admitted to registered care over the last three years. A case file audit of these cases suggests that a major reason for admission is homelessness – either due to a breakdown in family situation or because the physical environment of the person's home is no longer suitable. Again whilst registered care may provide an emergency response, it should not be seen as a long term option in these cases.

Hot Spot: The number of adults with physical impairments admitted to residential care is increasing year on year. This is in part due to a lack of suitable accommodation.

Supported living will always be our preferred option for people who need accommodation and support. We are currently working with the National Development Team for Inclusion (NDTI) to ensure that the supported living schemes in Essex promote community inclusion and social networks, and simply do not become replacements for registered care (see NDTI Housing and Social Inclusion Project[5]). Supported living covers a range of options from purpose built schemes to general needs housing with "floating" support. We believe the principles of progression

apply just as much to supported living as they do to registered care. People may need more intensive support when they first enter supported living to gain the skills required for more independent living.

Work with specialist providers to ensure cost effective support packages are available for people with specialist needs – We believe there is a lack of competition in the market for people with very specialist needs. As mentioned earlier these people will often display behaviours which present significant risk to themselves or others. There are growth opportunities within this market as we are experiencing a greater prevalence of these behaviours particularly in young people entering adult services. We would welcome interest from providers with a proven competence in working with challenging behaviour[6] who are considering entering this market in Essex. Our Tizard accredited Behavioural Advisory Team (BAT) within Essex undertakes comprehensive behavioural assessments and are currently reviewing our most complex cases, actively working with providers to ensure that the support people are receiving is managing these behaviours safely and effectively. We would expect providers considering entering this market to be trained to an equivalent standard.

Hot Spot: The number of adults with learning disabilities with challenging behaviours is increasing and there is limited choice in the market for people with these needs.

Supporting models of social care provision that are co-productive - i.e., where users and professionals work together to design and deliver public services in equal partnership – We will work in partnership to develop our commissioning strategies and plans, and we will want to work with providers who genuinely involve service users in the planning and delivery of their services.

Current & future demand – Working Age Adults

In 2010, there were 4,700 adults living in Essex estimated to have moderate or severe learning disabilities who are likely to require social care services. If nothing changes, based on population growth and increased survival rates, the number of adults with a moderate or severe learning disability is estimated to increase by 4% over the next 5 years, 8% to 2020 and by 17% to 2030. Colchester, Basildon and Brentwood could see the greatest projected increase over the next 5 years. 31% of adults with moderate or severe learning disabilities are estimated to be living with their parents who are likely to be providing a substantial amount of care and support. An estimated 16% are estimated to be living in supported housing.

	People			% Increase	
Area	**2010**	**2015**	**2030**	**2010-15**	**2010-30**
Braintree	483	498	558	3%	16%
Chelmsford	578	603	692	4%	20%
Maldon	207	209	231	1%	12%
Colchester	642	696	840	8%	31%
Tendring	444	456	519	3%	17%
Basildon	593	623	719	5%	21%
Brentwood	243	256	296	5%	22%
Castle Point	281	274	286	-2%	2%
Rochford	273	278	305	2%	12%
Epping Forest	412	416	452	1%	10%
Harlow	274	281	304	3%	11%
Uttlesford	245	251	274	2%	12%
Essex	**4,676**	**4,846**	**5,478**	**4%**	**17%**

Table 1: Projected increases in adults with a severe learning disability (Source: PANSI)

Essex County Council supported 3,600 adults (aged 18-64) and 500 older people (aged 65+) with a learning disability in 2010/11. This is 77% of the population estimated to have moderate or severe learning disabilities. The number of adults with a learning disability supported by Essex has increased by 7% over the last three years. There is a higher rate of adults with learning disability known to social care in Tendring, Colchester and Braintree due to the legacy of the old long stay hospitals. Essex undertook 260 new assessments for service users with a learning disability in 2010/11, with over half being for young people aged between 18-24, and a fifth for older adults with a learning disability. 85% of all assessments resulted in the provision of services.

District	18-64	65+	Grand Total	Rate per 1,000 pop 18+
Braintree	391	50	441	3.9
Chelmsford	315	19	334	2.5
Maldon	105	12	117	2.3
Colchester	529	95	624	4.3
Tendring	485	117	602	5
Basildon	384	29	413	3
Brentwood	165	14	179	3
Castle Point	184	12	196	2.7
Rochford	118	5	123	1.9
Epping Forest	191	9	200	2
Harlow	156	13	169	2.7
Uttlesford	102	8	110	1.9
Out of County	476	33	509	-
Grand Total	**3,601**	**416**	**4,017**	**3.6**

Table 2: Adults and older people with a learning disability known to adult social care during the year 2010/11 (Source: Essex CC)

In 2010, 7,550 adults living in Essex are estimated to have a serious physical impairment, and are likely to require health and social care support. 1% of the population are newly diagnosed with a neurological condition every year. These have a major, but often unrecognised impact on health and social services. Prevalent neurological conditions include Epilepsy (4,300 people), Stroke (4,300), Myalgic Encephalomyelitis - ME (2,580), Brain Injury (1,960), Parkinson's (1,720), Cerebral Palsy (1,600) and Multiple Sclerosis (1,240).

If nothing changes, based on population growth and improved health care, the number of adults with a serious physical impairment is likely to grow at a rate of 2% over the next 5 years to 7,670 adults and by 7% to 2020 and 13% to 2030. Colchester, Brentwood, Basildon and Chelmsford could see the greatest projected increase over the next 20 years. Castle Point is likely to see a decrease.

	People			% Increase	
Area	**2010**	**2015**	**2030**	**2010-15**	**2010-30**
Braintree	791	806	890	2%	13%
Chelmsford	909	928	1,041	2%	15%
Maldon	361	361	393	0%	9%
Colchester	941	990	1,182	5%	26%
Tendring	787	793	893	1%	13%
Basildon	918	947	1,076	3%	17%
Brentwood	392	403	461	3%	18%
Castle Point	485	462	468	-5%	-4%
Rochford	457	459	490	0%	7%
Epping Forest	674	677	722	0%	7%
Harlow	409	421	437	3%	7%
Uttlesford	416	427	461	3%	11%
Essex	**7,542**	**7,672**	**8,518**	**2%**	**13%**

Table 3: Projected increases in adults with a serious personal care physical disability (Source: PANSI)

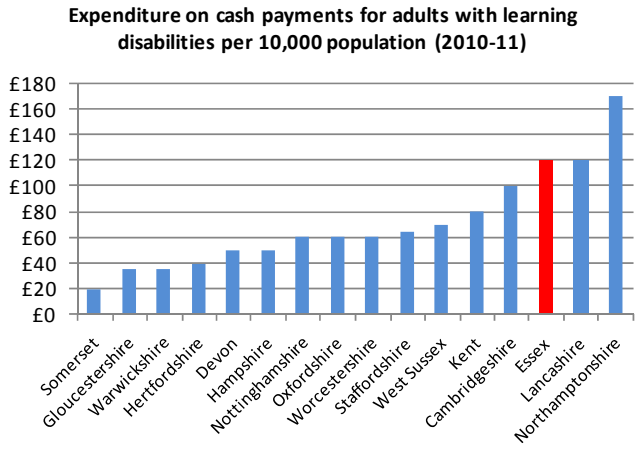
Essex social care was supporting 5,660 adults with physical and sensory impairments during the year, 54% of whom would have just received equipment or adaptations to their home. The number of adults supported by Essex has increased by 10% over the last three years. There is a higher rate of adults with a physical impairment known to social care in Colchester, Basildon and Tendring.

Area	People	Rate per 1,000 pop aged 18-64
Braintree	540	4.6
Chelmsford	547	5
Maldon	231	6
Colchester	729	14
Tendring	698	9.2
Basildon	794	9.6
Brentwood	200	2.2
Castle Point	307	6.9
Rochford	222	4.4
Epping Forest	400	8
Harlow	400	3.8
Uttlesford	182	4
Out of County	410	-
Essex	**5,660**	**6.6**

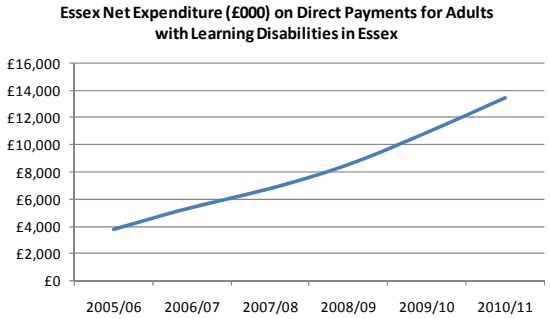
Table 4: Adults with a physical or sensory impairment known to adult social care during the year 2010/11 (Source: Essex CC)

Local supply & commissioning – Working Age Adults

Essex spends more per head of population on cash payments for adults with learning disabilities than similar authorities (Graph 1); and the amount we spend is increasing, rising by 23% between 2009/10 and 2010/11 (Graph 2). 750 adults with learning disabilities received a cash payment to organise their own care during 2010/11, which is a 21% increase on the previous year.

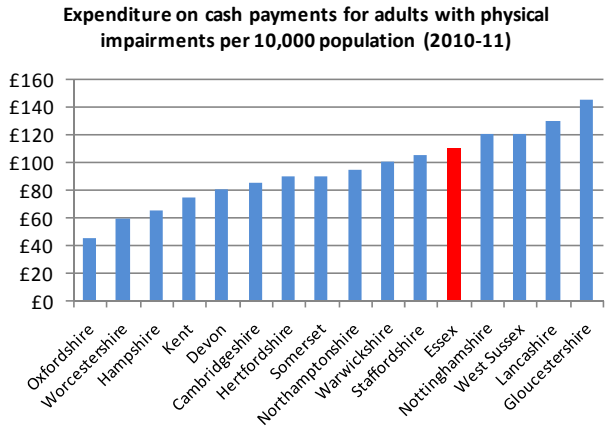


Graph 1: Comparative spend on Direct Payments (Source NASCIS)

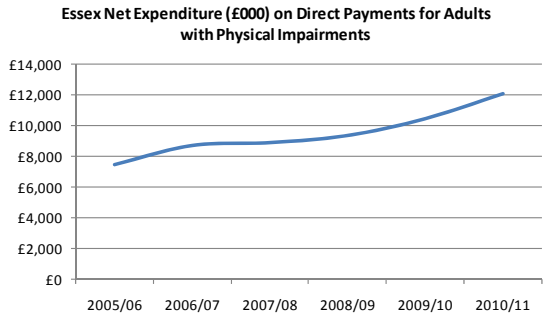


Graph 2: Expenditure on Direct Payments over time (Source NASCIS)

1,260 adults with physical impairments received a cash payment to organise their own care during the year, which is a 21% increase over the last three years. The amount we spend via cash payments is also increasing, rising by 16% between 2009/10 and 2010/11 (Graph 4). This uptake is likely to continue over the coming years as the market expands and expectations of future generations change.



Graph 3: Comparative spend on Direct Payments (Source NASCIS)



Graph 4: Expenditure on Direct Payments over time (Source NASCIS)

1,379 adults with a learning disability were supported with traditional homecare services as at March 2011 (see Table 5 overleaf). 8% received a low level homecare package of less than 4 hours, 25% received a package of between 4-15 hours and 67% received an intensive homecare package of more than 15 hours a week.

Area	Hours	People
Braintree	6,710	132
Chelmsford	2,770	107
Maldon	508	37
Colchester	20,110	262
Tendring	13,751	200
Basildon	7,801	123
Brentwood	7,536	88
Castle Point	2,996	63
Rochford	2,188	45
Epping Forest	3,752	77
Harlow	3,891	84
Uttlesford	3,159	47
Out of County	4,317	63
Misc.	3,297	51
Total	**82,784**	**1,379**

Table 5: Adults with learning disabilities receiving domiciliary care, 2011 (Source ECC)

Area	Hours	People
Braintree	1447	73
Chelmsford	1923	70
Maldon	415	23
Colchester	2710	96
Tendring	1134	70
Basildon	1965	81
Brentwood	301	23
Castle Point	1264	52
Rochford	1245	44
Epping Forest	1140	49
Harlow	1386	51
Uttlesford	477	27
Out of County	28	2
Misc.	892	46
Grand Total	**16,327**	**707**

Table 6: Adults with physical impairments receiving domiciliary care, 2011 Source (ECC)

707 adults with a physical impairment were supported with traditional homecare services as at March 2011 (Table 6). 17% received a low level homecare package of less than 4 hours, 46% received a package of between 4-15 hours and 37% received an intensive homecare package of 15 hours or more. There has been a decrease in the number of people supported with a package of less than 14 hours, and an increase in those supported with more than 14 hours, with the average package size increasing from 19 hours per week to 23.

763 adults with learning disabilities (Table 7) and 89 adults with physical impairments (Table 8) were supported in day care settings as at March 2011. The tables overleaf show the distribution by the locality of where people were living.

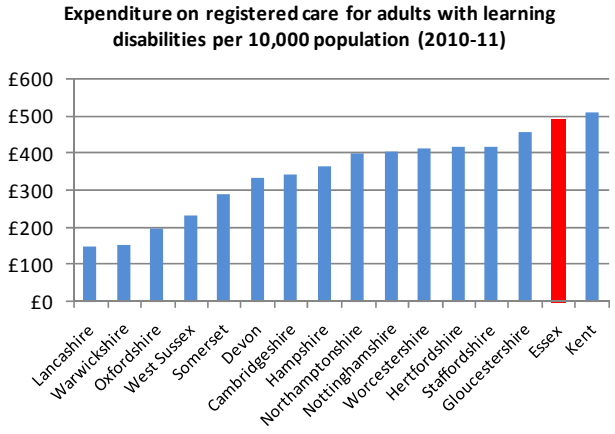
Area	People
Braintree	69
Chelmsford	66
Maldon	20
Colchester	68
Tendring	66
Basildon	111
Brentwood	31
Castle Point	91
Rochford	57
Epping Forest	43
Harlow	24
Uttlesford	33
Out of County	65
Misc.	19
Total	**763**

Table 7: Adults with learning disabilities receiving day care, 2011 (Source ECC)

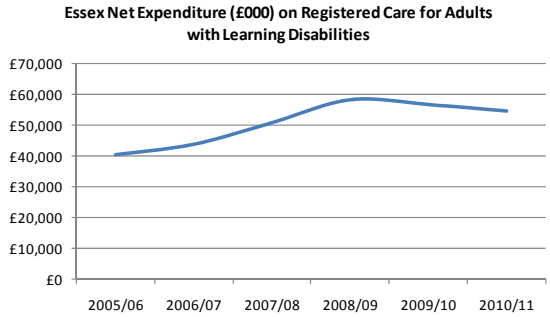
Area	People
Braintree	17
Chelmsford	5
Maldon	3
Colchester	16
Tendring	9
Basildon	6
Brentwood	1
Castle Point	3
Rochford	3
Epping Forest	5
Harlow	7
Uttlesford	6
Misc.	8
Grand Total	**89**

Table 8: Adults with physical impairments receiving day care, 2011 (Source ECC)

Essex supported 1,072 adults with a learning disability in residential or nursing care as at March 2011. Our net expenditure on registered care was higher than similar authorities (Graph 5), but decreased by 4% compared to 2009/10 (Graph 6). There was a 42% increase in the number of people permanently admitted into registered care over the last year with 92 admissions in 10/11, however this has declined to previous levels in 2011/12. Forty percent of the admissions in 2010/11 were for young people aged 18-24 and 47% were for older service users aged 40+.



Graph 5: Comparative spend on Registered Care (Source NASCIS)



Graph 6: Expenditure on Registered Care over time (Source

Table 9 below shows the distribution of registered care placements for adults with learning disabilities by the locality of the registered care home.

Area	People
Braintree	141
Chelmsford	27
Maldon	30
Colchester	176
Tendring	229
Basildon	75
Brentwood	13
Castle Point	16
Rochford	18
Epping Forest	42
Harlow	35
Uttlesford	6
Out of County	222
Misc.	42
Grand Total	**1072**

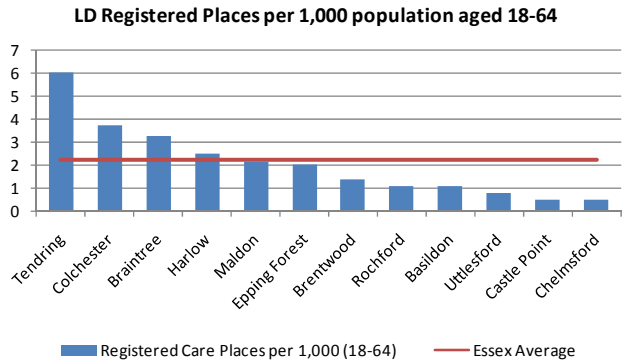
Table 9: Adults with learning disabilities in registered care, 2011 (Source ECC)

There are 2,060 registered care places in Essex for adults with a learning disability, some of which are dual registered and can be used by other client groups. Essex is commissioning services from 43% of the available care market. As of September 2009 there were 355 placements being made by other authorities into Essex homes accounting for 19% of the available care market.

The distribution of registered care places is shown in the graph and table below. Areas with above average levels of registered care places have been highlighted red in the table. Tendring, Colchester and Braintree appear to have the greatest supply reflecting the high rate of adults with learning disabilities living in these areas.

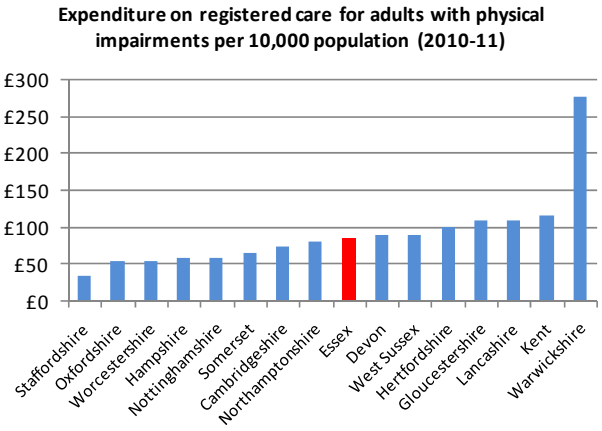
District	Residential Places	Nursing Places	Total	Places per 1,000 of Population aged 18-64
Braintree	287	2	289	**3.2**
Chelmsford	47	0	47	**0.4**
Maldon	28	54	82	**2.1**
Colchester	381	54	435	**3.7**
Tendring	495	0	495	**6**
Basildon	107	8	115	**1.1**
Brentwood	22	38	60	**1.3**
Castle Point	26	0	26	**0.5**
Rochford	43	10	53	**1.1**
Epping Forest	62	90	152	**2**
Harlow	124	0	124	**2.5**
Uttlesford	35	0	35	**0.8**
Essex	**1,657**	**256**	**1,913**	**2.2**

Table 10: Registered Care Beds for Adults with Learning Disabilities (Source CQC)

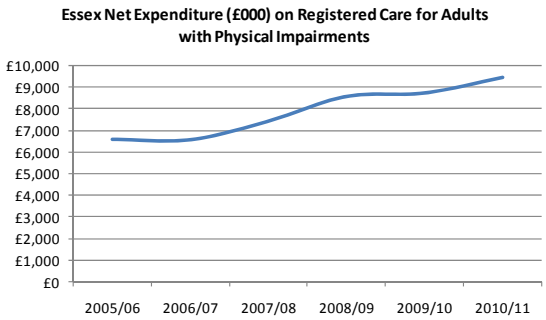


Graph 7: Registered care beds per 1,000 people aged 18-64 (Source CQC)

Essex supported 250 adults with physical impairments in residential or nursing care as at March 2011. Our net expenditure on registered care was similar to other authorities (Graph 8), but is increasing – rising by 8% compared to 2009/10 (Graph 9). There was a 23% increase in the number of people permanently admitted into registered care over the last year with 54 admissions in 2010/11. 73% of these admissions were for adults aged over 40, however there has also been an increase in the number of admissions from younger adults.



Graph 8: Comparative spend on Registered Care (Source NASCIS)



Graph 9: Expenditure on Registered Care over time (Source NASCIS)

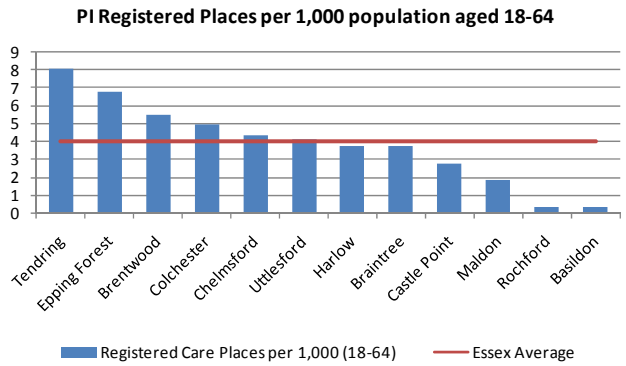
Table 11 below shows the distribution of registered care placements for adults with physical impairments by the locality of the registered care home.

Area	People
Braintree	19
Chelmsford	16
Maldon	3
Colchester	31
Tendring	50
Basildon	8
Brentwood	16
Castle Point	9
Rochford	1
Epping Forest	14
Harlow	4
Uttlesford	4
Out of County	54
Misc.	21
Grand Total	**250**

Table 11: Adults with physical impairments in registered care, 2011 (Source ECC)

There are 5,175 registered care places in Essex for adults with physical impairments, however many of these placements are dual registered and can be used by other client groups including older people. 65 placements were being made by other authorities into Essex homes. Most of the current capacity is being used for older people.

The distribution of registered care places is shown in the graph and table below. Areas with above average levels of registered care places have been highlighted red in the table. Tendring, Epping Forest and Brentwood have the highest levels of supply.



Graph 10: Registered care beds per 1,000 people aged 18-64 (Source CQC)

District	Residential Places	Nursing Places	Total	Places per 1,000 of Population aged 18-64
Braintree	152	176	328	**3.7**
Chelmsford	28	434	462	**4.3**
Maldon	15	54	69	**1.8**
Colchester	195	382	577	**4.9**
Tendring	307	355	662	**8**
Basildon	30	0	30	**0.3**
Brentwood	0	243	243	**5.4**
Castle Point	8	133	141	**2.7**
Rochford	15	0	15	**0.3**
Epping Forest	48	462	510	**6.7**
Harlow	71	117	188	**3.7**
Uttlesford	125	60	185	**4.1**
Essex	**994**	**2,416**	**3,410**	**4**

Table 12: Registered Care Beds for Adults with Physical Impairments (Source CQC)

Accommodation and Housing Related Support

This section of the Market Position Statement (MPS) is designed for accommodation providers either working in, or considering working in Essex. It is intended to help organisations identify market opportunities and position themselves to respond to the accommodation requirements of vulnerable adults and older people in Essex. For the purposes of the document, accommodation includes both specialist housing and registered care. Specialist housing includes accommodation that has been designed and built to meet the needs of vulnerable adults and older people, and may include some elements of care and support for everyone who lives there. This support can either be on-site or off-site. Registered care covers residential and nursing homes registered with the Care Quality Commission. The demand for registered care is covered in the older people and working age adult sections of this document.

Essex County Council is not a housing authority, but we work with a range of partners including district and borough councils, health commissioners and housing and registered care providers to ensure the supply of appropriate accommodation for vulnerable adults and older people within Essex. Decisions for planning applications remain the responsibility of the district and borough councils, but Essex is committed to influencing the future provision of accommodation, and works with district and borough councils to ensure planning decisions contribute to this overall aim.

Context

The supply of specialist housing is critical to achieving the objectives of prevention and progression described in the older people and working age adult sections of this document.

The benefits of specialist housing for social care include:

- People can receive accommodation and support whilst maintaining links with their local communities
- Appropriate accommodation can facilitate the delivery of personalised care and support
- Appropriate accommodation can enable people to maintain and develop independent living skills
- Specialist housing with support can delay or avoid the need for registered care
- Specialist housing with support can reduce the risk of hospital admission
- People are able to receive welfare benefits that they would not be entitled to if they were living in a registered care environment

Research also indicates that the overall revenue costs for specialist housing with support are less than registered care alternatives, and as a result the council is more likely to invest in these models of care[7]. As an example we have recently asked for Expressions of Interest from housing providers for capital investment to contribute towards the delivery of specialist housing.

Supply

In December 2011 the National Housing Federation published their Home Truths paper[8] giving an overview of the housing context within which Essex based accommodation services are operating. The ratio of house price to income across Essex is 11 to 1. This varies across Essex with the ratio in Uttlesford as high as 15.6 to 1, with the lowest ratio being that of Tendring at 8.8 to 1. Nationally levels are 11.2 to 1, and with house prices estimated to increase, fewer people are likely to be able to afford to purchase their own home. It is predicted that by 2021 the proportion of households owning their own home in the East of England will fall from 71% currently to 64% by 2021. Owner occupation rates vary considerably across Essex with Castle Point having the highest owner-occupation rate in England at 88.5%. In contrast rates in Harlow are under 60%. The growing pressure on the private rental market as a result of declining owner occupation rates is likely to lead to an increase in rents – with expected increases of 20% by 2016.

District	% of Owner Occupiers
Braintree	72.4%
Chelmsford	78.6%
Maldon	80.5%
Colchester	72.3%
Tendring	79.7%
Basildon	70.6%
Brentwood	79.2%
Castle Point	88.5%
Rochford	85.8%
Epping Forest	74.8%
Harlow	59.6%
Uttlesford	74.7%

Table 1: The Percentage of Owner Occupiers (Source ONS Census 2001)

In the last decade the amount of housing stock available for social housing has risen by 3%, compared with the waiting list for housing, which has risen by 59% to nearly 32,000 people across the county. The largest waiting list is held in Epping and totals over 5,000. In 2010/11 14,230 units of social housing were built in the East of England, meeting just 44% of total demand.

It is therefore inevitable that the supply of specialist accommodation will be affected by these market conditions. This section looks at the current supply of specialist housing compared to the potential demand for this.

Hot Spot: The supply of social housing is not keeping up with demand, and the number of owner occupiers is also likely to fall. This will lead to increased demand in the private rental market for specialist housing, and opportunities for organisations who want to enter or expand in this area.

Older People

The majority of the districts and borough councils within Essex have retained their social housing stock, and a number have, or will be reviewing their sheltered housing provision. There is the potential for some of this stock to be remodelled or redeveloped as extra care housing or for other specialist use.

In *More Choice, Greater Voice*[9] the following benchmark figures for specialist accommodation for older people were suggested.

- Extra Care: 25 places per 1,000 of the population aged over 75
- Supported Housing: 125 places per 1,000 of the population aged over 75 (50 of which are to rent)
- Enhanced Sheltered: 20 places per 1,000 of the population aged over 75
- Specialist Dementia Housing: 10 places per 1,000 of the population aged over 75

We have applied these to local population projections to estimate the demand for specialist housing. (see table 2 overleaf)

District	Current Supply: Rent (Including social and market)	Current Supply: Other (Inc. leasehold and shared ownership)	Total units providing supported housing	Demand: Supported housing requirements	Demand: Difference
Braintree	884	743	1,627	2,034	**-407**
Chelmsford	1,272	730	2,002	2,268	**-266**
Maldon	868	276	1,144	954	**190**
Colchester	1,040	323	1,363	2,340	**-977**
Tendring	1,479	1,010	2,489	3,636	**-1,147**
Basildon	2,153	377	2,530	2,358	**172**
Brentwood	679	325	1,004	1,260	**-256**
Castle Point	351	165	516	1,548	**-1,032**
Rochford	758	448	1,206	1,404	**-198**
Epping	869	320	1,189	1,962	**-773**
Harlow*	262	0	262	1,116	**-854**
Uttlesford	718	176	894	1,080	**-186**
Essex	**11,333**	**4,893**	**16,226**	**21,960**	**-5,734**

Table 2: Demand and supply of supported housing for older people (source: Elderly Accommodation Council Database, November 2011)
*26 of the 34 developments are managed by Harlow District Council, these had a number of units attributed to them and, as such, the figures may not be exact

According to the *More Choice, Greater Voice* benchmarks there should be 21,960 specialist housing units available to older people in Essex. This is an existing shortfall of 5,734 units. The population of Essex aged 75+ is estimated to increase significantly over the next 20 years and if the need for supported housing units follows this trend it will increase to 35,300 units by 2020 and 39,100 by 2030. With no growth in supply there could be a potential deficit of 22,874 units by 2030.

Extra Care Housing

There are currently 305 extra care[10] beds available in Essex with an additional 120 places planned for future builds (see table 3 below).

Scheme name	District	No. of Units
Canters Meadow	Tendring	30
Dobson House	Rochford	30
Great Bradford's House	Braintree	35
Helen Court	Braintree & Maldon	42
Honey Tree Court	Epping Forest	40
Montbazon Court	Brentwood	26
Poplar House (mixed tenure)	Basildon	46
The Cannons	Colchester	38
Wren House	Colchester	18
TOTAL		**305**

Table 3: Current supply of Extra Care Housing in Essex

Based on the *More Choice, Greater Voice* recommendations we estimate there to be a requirement for 3,050 extra care places - a deficit of 2,627 places. This deficit includes all sectors of the market and not just the social rented sector. If demand for extra care increases in line with expected population growth this would mean that the required number of extra care units available by 2030 would be 10,078 - a shortfall of 9,653 against the current stock.

District	Population 75+ (2010)	Current Supply	Estimated Requirements	Difference
Braintree	11,300	77 (& 55 in development)	283	**-151**
Chelmsford	12,600	0	315	**-315**
Maldon	5,300	0	133	**-133**
Colchester	13,000	56	325	**-269**
Tendring	20,200	30	505	**-475**
Basildon	13,100	46 (& 65 in development)	328	**-217**
Brentwood	7,000	26	175	**-149**
Castle Point	8,600	0	215	**-215**
Rochford	7,800	30	195	**-165**
Epping	10,900	40	273	**-233**
Harlow	6,200	0	155	**-155**
Uttlesford	6,000	0	150	**-150**
Essex	**122,000**	**425**	**3,052**	**-2,627**

Table 4: Demand and current supply of Extra Care Housing

An additional factor in highlighting demand for extra care accommodation is that it is relatively new terminology and, as such, people may not be aware of it as a product.

Hot Spot: The current supply of extra care is significantly short of the estimated requirement for this type of accommodation. The biggest deficits are in Tendring, Chelmsford, and Colchester.

Working Age Adults

The current stock of specialist housing for adults with learning disabilities that the council is aware of is split between 254 self-contained units and 549 shared units. The current stock may also have a number of units that are unfit for purpose. Local surveys suggest this is up to 4% in some areas. Current stock includes:

- 350 units where the council hold nominations rights either via historic funding/land agreements or section 256 funding transfers from health. There are often block contracts for care in these schemes.
- We estimate there are currently 53 voids – many of these are located within shared housing that was developed to provide accommodation for hospital and campus closures. Activity is ongoing in identifying these properties and agreeing their future with housing providers.
- In addition we are aware of 37 units in development in Brentwood, Epping and Colchester

An example of best practice that the council would like to encourage is below.

Charles Harper House is a supported housing service in Basildon for people with learning disabilities who are also deaf or deaf blind. It is a unique scheme in the County for this service user group and helps to enable people to live safely in the community and have the opportunity to develop independent living skills. The scheme offers transitional accommodation and aims to support people to move on to more independent living. The service provides 8 units of wheelchair standard self contained accommodation.

The table overleaf describes the current supply against our estimates of demand for supported accommodation for adults with learning disabilities. We estimate that there is a current shortfall of 186 units, and this could grow by an additional 200 units by 2015 as young people move from children's to adult services, and people move away from their family home.

District	Current Supply			Demand	
	Shared	Self Contained	Total	Estimated Need	Difference
Braintree	44	39	83	**137**	**-54**
Chelmsford	16	68	84	**126**	**-42**
Maldon	10	0	10	**8**	**2**
Colchester	204	14	218	**259**	**-41**
Tendring	76	10	86	**106**	**-20**
Basildon	48	26	74	**93**	**-19**
Brentwood	65	9	74	**80**	**-6**
Castle Point	24	10	34	**36**	**-2**
Rochford	12	19	31	**41**	**-10**
Epping	11	37	48	**39**	**9**
Harlow	14	22	36	**34**	**2**
Uttlesford	25	0	25	**30**	**-5**
Total	**549**	**254**	**803**	**989**	**-186**

Table 5: Demand and supply of supported housing for adults with learning disabilities

There is very little data on the accommodation needs of adults with physical impairments, apart from the fact that 54 adults with physical impairments were admitted to registered care in 2010-11 and this is likely to increase in 2011-12. A case file audit suggests that in many of these cases this could have been avoided if suitable adapted accommodation had been available. There are 72 units of specialist housing for adults with physical impairments that the council is currently aware of.

Housing Related Support (Supporting People)

Housing Related Support services (previously known as Supporting People) provide support to 22,693 individuals with accommodation issues in Essex, of which the majority are Older People, with the remainder including those with a learning disability, a physical or sensory impairment or mental health issues. 98% of the Housing Related Support funding is currently paid to registered housing providers. The recent removal of the ring fence for the Supporting People grant gives greater freedoms to jointly commission housing related support services. Our anticipated budget for Housing Related support for 2013-14 is described in the table below.

Service User Group	Spend
Older People with Support Needs	£3,461,889
Young People at Risk	£2,695,253
Frail Elderly	£146,747
People with Mental Health problems	£1,707,683
People with Learning Disabilities	£2,500,000
Teenage Parents	£546,287
Older People with Mental Health Needs / Dementia	£130,809
People with a Physical or Sensory Disability	£263,135
Single Homeless with Support Needs	£746,452
Homeless families with Support Needs	£286,729
People with Drug and Alcohol Problems	£24,312
Travellers	£99,263
Generic (Hard to Reach Groups)	£5,063,770
Young People Leaving Care	£601,549
Women at Risk of Domestic Violence - Refuge	£1,464,912
Accommodation Based Support for Older People with Mental Health problems	£120,269
Total	**£19,859,059**

Table 6: Anticipated Housing Related Support Expenditure by Client Group (2013-14)

Information Gathering

We collect information about local demand for specialist housing and registered care from a number of sources. These include:

- Population models including Planning4Care, POPPI, and PANSI
- The housing registers held by the District and Borough councils
- Data collected by operational social care staff and recorded as part of the assessment and review process
- Community groups such as the Local Action Groups that have a broad knowledge of accommodation need in their area
- Joint Referral Meetings (JRM) – Cases of social care users with identified housing needs are presented on a monthly basis, alongside known vacancies in specialist housing schemes
- A Housing Broker works with the commissioning team within the council to coordinate information about demand and supply
- We have been working with the National Development Team for Inclusion (NDTI) to utilise an evaluation tool called the "Inclusion Web" to identify people who want to move on from their current accommodation
- Information from registered care providers about people who are ready to move on from registered care

These sources give us a high level indication of accommodation needs within Essex, and of the immediate needs of a small group of service users that are known to us. We do have a deficit of information about longer term needs – and the housing needs of the wider population of vulnerable and older people. In particular the type of accommodation that people will need, and when they will need this accommodation. We would welcome views from the market about how we can work with providers to develop this intelligence further. We would also considering rolling out tools such as the "inclusion web" to more registered care providers and would welcome your views on this.

Hot Spot: We need to know more about the accommodation needs of vulnerable adults and older people to help us plan better for the future. We would welcome your views on how we can improve this.

Next Steps

The Market Position Statement has been circulated to all providers that we are aware of that are either working in Essex, or considering working in Essex. Throughout the document we have asked for your feedback about how commissioners and providers can work together to tackle the challenges and opportunities described. These issues are summarised below.

1) How we can work with providers to share the benefits of people achieving greater independence and reducing their reliance on social care services?
2) How can we best incentivise providers to proactively embed assistive technology as part of their service offer?
3) The rise in cash payment users presents growing opportunities for providers to develop a truly personalised offer to consumers. How can we work together to ensure a range of options are available to people to chose from?
4) The council is developing all age approach to the commissioning of services for disabled people. How can we best support providers who want to develop services that support this approach?
5) We are considering a range of potential approaches to reward providers who help us achieve the outcomes described in the market position statement. These include "gain share" arrangements and "payment by results" agreements. Which approaches do you feel would be the most effective in rewarding providers who help us achieve these outcomes?
6) How best can we support the development of specialist housing including extra care and supported living opportunities?
7) We would like to see more working age adults currently receiving day care progress to employment and develop stronger networks within their communities. What approaches would best incentivise providers to achieve this?
8) We believe the community and voluntary sector has a key role to play in helping people strengthen their links with local communities. How can we best encourage this?

We anticipate that the publication of the Market Position Statement will generate considerable interest from providers who want to discuss potential ideas with us. Because the Market Position Statement covers such a wide range of potential services and solutions, and the provider market is so large and diverse we will need to manage and structure these discussions, rather than try and deal with providers on an individual basis. We would be grateful for your input on how best we can work with the market to enable these discussions to happen. Potential options include themed workshops such as the *Local Voices, Local Choices* event held in February. To help us plan the next steps we would be grateful if you could respond to the following questions.

a) Would you be interested in attending themed workshops to discuss and explore the issues raised in the Market Position statement?
b) What themes would be your priorities and why? (For example – you have a particular development in mind and would like to explore this, or you need further clarification about the council's direction of travel in a specific area before you make a fundamental decision relating to your service). This would help us sequence the workshops.
c) Could the Market Position Statement be improved? Is there any information that you would like to see included that isn't currently there?

Responses to these questions should be sent to commercial.team@essex.gov.uk. Please enter MPS Feedback in the subject heading to enable us to pick up your response quickly. Your feedback will help us plan the next steps in taking this forward and we would be grateful for responses by the 21st April 2012 so we can plan the next steps in working together with you.

Contact Details

Training - For information about the training available though the Essex Provider Consortia please contact the Provider Support Programme Team via e-mail at provider.supportprogramme@essex.gov.uk

Quality Improvement Team - The Quality Improvement Team can be contacted via e-mail at quality.improvement@essex.gov.uk

My Home Life Essex – The website can be accessed at http://myhomelifeessex.org.uk/

References and Definitions

1. Expenditure relates to Net Total Expenditure – Source PSSEX1 2010/11.

2. The term Cash Payments refers to people receiving their personal budget via a direct payment (i.e. via monies paid into an allocated bank account, monies paid to an agreed representative, or monies allocated to a pre-payment card).

3. Estimates of the Self Funder market are based on estimates from the Institute of Public Care in their paper "People who pay for care: quantitative and qualitative analysis of self-funders in the social care market" - http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/Localmilestones/People_who_pay_for_care_-_report_12_1_11_final.pdf

4. The term "complex needs" is used in Valuing People Now to capture a range of multiple and additional needs that people with learning disabilities may have. This includes people with profound and multiple learning disabilities (PMLD) or people with challenging behaviour. People with profound and multiple learning disabilities (PMLD) have more than one disability, the most significant of which is a profound learning disability.

5. NDTI Housing and Social Inclusion Project - http://www.ndti.org.uk/major-projects/housing-and-social-inclusion-project/

6. Essex uses the following definition of challenging behaviour:
"*...behaviour(s) of such intensity, frequency or duration that the safety of the person or others [is] likely to be placed in serious jeopardy, or behaviour which is likely to seriously delay access to and use of ordinary community facilities."*

7. Improving housing with care choices for older people: an evaluation of extra care housing; PSSRU December 2011

8. Home Truths 2010: England - http://www.housing.org.uk/publications/find_a_publication/general/home_truths_2010_-_england.aspx

9. More Choice, Greater Voice: A toolkit for producing a strategy for accommodation with care for older people - CSIP / CLG February 2008

10. Within the context of this document Extra Care is defined as:

- Accommodation available to people aged 55+ years who have an assessed need for support which cannot be met in their current accommodation
- Affordable accommodation to rent (or buy)
- Self contained one or two bedroom apartments which are wheelchair accessible and have level access shower rooms
- Communal facilities, again wheelchair accessible, which are secure by design, including the garden area
- Hard-wired to support a range of Assistive Technology equipment as and when required by individual residents
- On site care presence 24/7 to deliver planned support out of hours and respond to care emergencies at all times

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Published: April 2012

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