

Supporting people to live well in East Sussex



Market Position Statement
for adult services and support
April 2019

East Sussex
County Council





Contents

3	Introduction
4	National & local policy context
7	Demand
14	Supply
18	Quality
19	Market support
21	Procurement plan

With thanks to Mr Wilson for giving permission to use of the photograph of him dancing with his late wife on Firle Beacon, taken by their Personal Assistant Ruth Backshall.



Introduction

This Market Position Statement (MPS) is designed to contain information and analysis of benefit to providers of health, care and support services for older people and working age adults in East Sussex. It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions with those who provide services. Commissioners and supply development staff will seek to continue conversations regarding future service development through our network of provider forums and specific market engagement activity.

Key messages in this MPS

If the current volumes of service provision and purchasing patterns are applied to the demographic data for East Sussex there would be an expectation that demand will continue to rise for:

- personal assistants that can support more complex health and social care needs
- home care provision in identified geographical locations of the county
- dementia residential care in the west of the county
- nursing and dementia nursing provision across the county

At the same time there is ongoing pressure on the overall funding envelope for health and care.

In order to manage this, health and social care partners continue to work together to develop an approach that:

- reduces demand
- is focussed on outcomes
- promotes sustainable delivery models that can maximise external funding opportunities
- supports people to avoid using residential care and acute bedded care services unless absolutely required
- invests in preventative services

51% of people want to stay living in their current home for as long as possible. People tell us they value services that:

- allow them to regain their strength and rebuild their confidence, allowing them to return home and/or maintain their independence
- have friendly, engaging and supportive staff who are given the time to communicate with them and build a relationship
- provide clarity regarding expectations of the service delivery and costs up front
- support positive thinking and the value of having hobbies and volunteering, support groups, and contact with their peers
- treat them holistically as a whole person and don't focus too much on their condition in isolation

This MPS is for advisory purposes only. If you are considering developing services it is recommended that you speak with a member of the commissioning or supply management team in the first instance to get an up-to-date picture of requirements. If you are unsure who to contact please email: ascpersonalisation@eastsussex.gov.uk and we will direct your enquiry to the most appropriate team.

National and local policy context

Care Act 2014¹

The Care Act 2014 places general duties on local authorities to:

- promote individual wellbeing
- prevent needs for care and support
- promote integration of care and support with health services
- provide information and advice
- promote diversity and quality in provision of services (market shaping)

Under the market shaping duties in the Act, local authorities are required to work with stakeholders to promote the efficient and effective operation of the local care and support market. This means ensuring there is sufficient supply of sustainable, good quality care and support services and other resources to meet the care and support needs of adults and carers and promote wellbeing. We aim to achieve this by maintaining information about current and future supply and demand and supporting the market and its workforce to improve quality and respond to the needs of the East Sussex population.

The Care Act 2014 also requires local authorities to ‘consider the person’s own strengths and capabilities, and what support might be available from their wider support network or within the community to help’ in considering ‘what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve.’

“Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person’s strengths and assets.”²

The approach is an important part of assessment but also part of a preventative agenda too. To support a strength-based approach in East Sussex we are:

- looking at how we assess and provide support to adults and carers to focus on a preventative and strengths-based approach
- looking at ways to work more effectively with community and voluntary organisations to better respond to local needs

Green paper on social care

In the March 2017 budget, the government said that it would publish a [green paper on social care](#), in order to allow a public consultation to be held. The green paper is intended to “ensure that the care and support system is sustainable in the long term”. It is also likely to include integration with health and other services, carers, workforce, and technological developments, among others. Reported comments from the government are that it will now be published “at the first opportunity in 2019”.

NHS Long Term Plan³

The NHS Long Term Plan describes how the £20.5 billion budget settlement for the NHS nationally will be spent over the next five years. It focuses on building an NHS fit for the future by enabling everyone to get the best start in life; helping communities to live well; and helping people to age well. The plan sets out that within the current legal framework, the NHS and its partners will be moving to create Integrated Care Systems (ICSs) everywhere by April 2021. These ICSs will “bring together local organisations in a pragmatic and practical way to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care.” They are expected to create expanded neighbourhood teams which will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals (AHPs) such as physiotherapists and podiatrists/chiropractors, joined by social care and the voluntary sector.

¹ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

² <https://www.scie.org.uk/strengths-based-approaches/guidance>

³ <https://www.longtermplan.nhs.uk/online-version/>

Sussex and East Surrey Sustainability and Transformation Partnership (STP)

Local organisations have been asked to work together as part of health and care systems to develop their own plans which will set out how the national plan will work across local areas. To help develop this local plan, doctors, specialists and clinicians have come together across Sussex and East Surrey to give a Population Health Check. The CCGs within the STP are seeking the views, experience and ideas of patients, public, staff, volunteers and carers, so that local plans are developed in a way that best reflects the needs of our population. For further information on the STP and to access STP plans and policies, please see: <http://www.seshealthandcare.org.uk>

Early intervention and prevention

Locally, health and social care commissioners want to promote, maintain and enhance people's wellbeing and independence in their communities so they are healthier, more resilient and less likely to need formal health and social care services. We call this our approach to early intervention and prevention. We want to build a new sustainable model of service delivery by focussing on outcomes⁴ so we can continue to meet increased demand within our financial envelope.

The outcomes we are looking to achieve for our population are:

- people remain independently in their own homes with less need for formal interventions or statutory support
- People report enhanced health and wellbeing/ quality of life
- Population health is improved and health inequalities are reduced

In order to do this, we will commission and support interventions and services that:

- use community centred and asset based approaches that involve and empower individuals and local communities to actively participate and take action on improving community health and wellbeing and reducing health inequalities

- encourage people to take a more active role in maintaining and improving their own health, to stay as healthy and independent as possible
- support people reaching a point of crisis by providing short-term outcomes-based support that enables them to regain their independence and continue living independently without ongoing formal health and social care services
- enable people with long term conditions and support needs to maximise their independence through support from family and friends and community based services, and reduce their reliance on formal health and social care services

What local people tell us is important

We have a bi-annual client and carer survey, carry out regular one-off surveys and consultations, and monitor complaints themes. Insights that are relevant to providers are:

- people value services that allow them to regain their strength and rebuild their confidence, allowing them to return home and/or maintain their independence
- people value friendly, engaging and supportive staff who are given the time to communicate with them and build a relationship
- people value clarity regarding expectations of the service delivery and costs up front
- people talk about positive thinking and the value of having hobbies and volunteering, support groups, and contact with their peers
- the majority of people (51%) want to stay living in their current home for as long as possible
- people don't like too much focus on their condition in isolation, or disjointed services that don't treat them holistically as a whole person

We recently conducted a data review of what matters to people and talked to local stakeholders and residents to develop our East Sussex outcomes framework measures. The topics it covers may therefore be a useful resource for providers reviewing their service provision. To access the framework visit eastsussex.gov.uk and search 'Outcomes Framework'

⁴ https://ipc.brookes.ac.uk//publications/pdf/John_Bolton_Outcome_Based_Commissioning_Paper_April_2015.pdf

East Sussex health and social care economy

Against a background of ever diminishing resources and increasing demand, especially in social care, the county council has been working over the last eight years to ensure that the core set of services and infrastructure most needed from the council is available to residents and businesses. Robust and innovative management and strong partnership means we have transformed the way the council works and made savings of £129m between 2010 and 2019. We have done everything possible to make the most of the money available.

Making savings on this scale has not, however, been easy or without impact on front line services and residents. The council has had to reprioritise its investment and reduce the extent and breadth of its service offer. This has meant significant impacts in community based Adult Social Care (ASC) services, and in assessment and care management staffing levels. While the proposed budget across the council is balanced for 2019/20, this does include making proposed savings of £5.1m. There is an estimated deficit of a further £21.2m for the following two years, with only savings of £7.2m so far identified to meet the gap. The need for further lobbying for sufficient funding remains urgent and significant, particularly for 2020/21.

The unfunded growth in the needs of our elderly population is putting a strain on both local authority and health finances. The green paper which was anticipated to look at how services to older people could best be funded continues to be delayed. A permanent solution is unlikely to be available before the temporary funding the government has made available runs out. Our NHS partners also continue to face challenging savings targets in order to meet nationally allocated control totals. East Sussex CCGs continue to seek corporate and non-acute savings where possible, aligning their approach across the Sustainability Transformation Partnership (STP).

Demand

Key messages in this section:

- over 65s now represent a quarter of the county's population and are projected to make up nearly a third of all people by 2031
- the number of very elderly people aged 85 and over expected to increase by 63%, from around 21,700 in 2016 to 35,300 in 2031
- the number and proportion of people living with dementia will increase more than elsewhere in the region
- much of the demand for health and social care will be driven by the increasingly complex management of people with multiple long term conditions and those who are becoming progressively more frail
- good mental health and wellbeing is key to living a full, healthy and happy life; 1 in 4 adults will experience low mental health with 1 in 10 of those requiring specialist help
- good quality, secure housing is essential to supporting vulnerable adults to stay at home, living independently for longer

Population demand

Demographic projections⁵

The population of East Sussex is projected to increase by nearly 41,000 to 590,000 between 2016 and 2031. The number of households is expected to increase by 12.1%, while the population is projected to increase by 7.4%, as household size decreases from 2.25 people per household, to 2.15. Population growth over the forecast period 2016-2031 is projected to be mostly among the over 60s as the population continues to age, especially those people born during the baby booms of the 1950s and 1960s. The over 65s now represent a quarter of the county's population and are projected to make up nearly a third of all people by 2031. All elderly age groups are expected to increase in size, with the number of very elderly people aged 85 and over expected to increase by 63%, from around 21,700 in 2016 to 35,300 in 2031. There is predicted to be a decline in the working age population (18-64) of over 4% to 295,000 people in 2031.

Figure 2: population changes by 2031

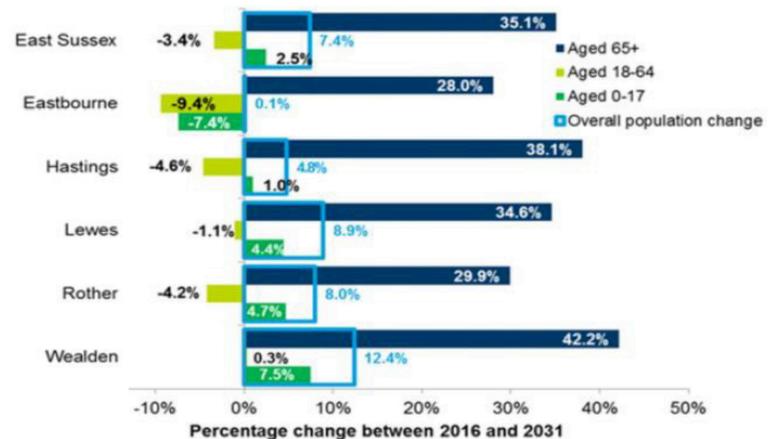
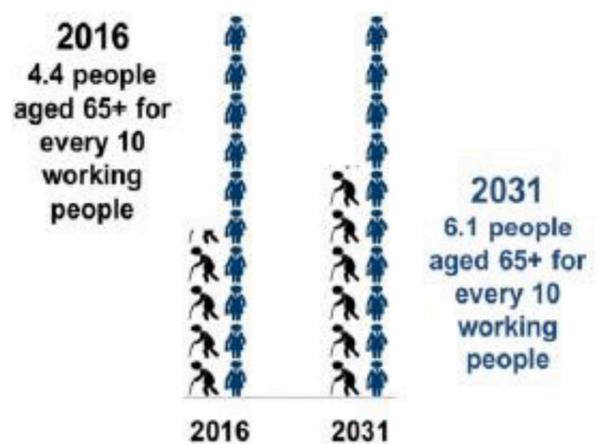


Figure 3: dependency ratio 2016-2031



The workforce (economically active people aged 16-74) is expected to increase slightly by 1.7% to about 271,100 people in 2031, but although there is projected to be an 6% fall in younger working age people up to age 59, there is expected to be a 51% increase in workers aged 60-74, reflecting changes to pension ages and increasing female participation in the workforce as well as rising numbers of older people. Over the period 2016-2031, the number of households in East Sussex is likely to increase by 12.1%. Single male households are expected to see a large increase of 24%, and the number of older households

⁵ <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/localbriefings/ESIF/Population-Projections-In-Brief-May-2018-final.pdf>

(aged 65 and over) is projected to increase by 34% by 2031. Over a quarter of these new older households are projected to be made up of a single person, more than 8,200 households, and 4,400 new households are expected to be headed by someone aged 85+.

The number and proportion of people living with dementia will increase more than elsewhere in the region. The situation will be complicated by the forecast increase in numbers living alone. An estimated 10,172 people in East Sussex currently have dementia (either diagnosed or undiagnosed). This is equivalent to 1.88% of the population, or 1 in every 53 people. The expected number living in East Sussex with dementia will have risen to 15,900 by 2030, with the greatest growth in people over 85 years old.

People living with long term conditions⁶

Much of the demand for health and social care in the future will be driven by the increasingly complex management of people with multiple long term conditions (LTCs) and those who are becoming progressively frailer. Common LTCs include diabetes, chronic obstructive pulmonary disease, chronic heart failure, osteoporosis and dementia. The numbers of over 65s with two or more LTCs is expected to rise from just over a half (54%) in 2015 to more than two thirds (68%) by 2035. In 2015, nearly 10% of all over 65s in England had four or more long term conditions. This is predicted to rise to 17% by 2035. One third of people with four or more conditions will have mental health problems as well (dementia, cognitive impairment but not dementia, and depression). In the over 85s the percentage with four or more long term conditions is expected to increase from 15% to 40% by 2035.⁷

Learning disabilities

National modelling suggests sustained growth in the need for social care services for adults with learning disabilities between 2011 and 2026, with estimated average annual increases varying from 1.2% to 5.1% (average 3.2%).⁸

Mental health

1 in 4 adults will experience low mental health with 1 in 10 of those will require specialist help. This severe and enduring cohort often has very poor physical health with particular requirements around retaining accommodation, finding employment and lacking social and support networks. This includes groups of patients who are now becoming elderly, may have been discharged from long-stay institutions, or received treatment in the past which was sub-optimal and disabling. The population of those with serious and enduring mental illness is estimated (annual) to be 1,863. Others, with less severe or enduring functional mental illnesses, such as anxiety and depression, may not need specialist secondary mental health care and can be treated by primary care or with psychological therapies. The population of common mental health problems is estimated (annual) to be 48,848.

Sensory impairment

Hearing loss is a long-term condition affecting over 10 million adults in the UK. Around 80% of people with moderate or severe hearing impairment are aged over 65 years. In East Sussex, approximately 120,000 people are reported to have some hearing loss. This figure is expected to rise to over 140,000 by 2025⁹, with the growth in an aging population and increasing exposure to social and workplace noise. Services are being commissioned in 2019/20 to reflect this increase.

Carers

At the time of the 2011 Census, 14.2% of East Sussex household residents aged 65+ were providing some form of unpaid care, numbering around 16,200 older people. This compares with 11.5% household residents of all ages in the county providing unpaid care. Over a third of carers aged 65+ provided 50 or more hours of informal care each week. Nearly 12% provided 100 hours or more. Over 45% of carers are aged 65 and over. At the last Census in 2011 the estimated total number of carers of all ages in East Sussex was 59,164.

6 A long term condition is any medical condition that cannot currently be cured but can be managed with the use of medication and/or other therapies.

7 Kingston A, Robinson L, Booth H, et al. Projections of multi-morbidity in the older population in England to 2035 <https://academic.oup.com/ageing/advance-article/doi/10.1093/ageing/afx201/4815738>

8 East Sussex JSNA <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/localbriefings/Learning-Disability-Briefing-Jan-17-FINAL.pdf>

9 Pansi.org.uk

Domestic and sexual violence and abuse

Incidents of domestic violence and abuse, rape and sexual violence, stalking and harassment and harmful practices (such as forced marriage, honour based violence and female genital mutilation), as reflected nationally, continue to increase in East Sussex (9.6% increase in reported incidents and crimes relating to domestic abuse; 7.8% increase in reports of sexual offences; 375 reports of stalking and harassment incidents; 53% increase in the number of high risk cases referred in to MARAC). There is also a need to recognise hidden prevalence and to consider impact from an equalities and whole family perspective.

Demand for health & social care services

Primary care¹⁰

Whilst the average number of GP consultations per person per year has increased across all age groups, this trend is particularly marked among older people.

Hospital attendances and admissions

The numbers of older people attending accident and emergency (A&E) departments have increased significantly over the last 5 years; locally people aged 65+ made up 31% of all A&E attendances in 2016/17. Nationally, average lengths of stay for emergency admissions increase with age, from an average of 5.2 days for all admissions to 6.5 days for those aged 65-74, 8.3 days for those aged 75-84, to 10.1 days for those aged 85+. The proportion of people aged 65+ who were still at home 91 days after discharge from hospital into reablement services (90.7%) remains consistently higher (better) than in England (83.3%).

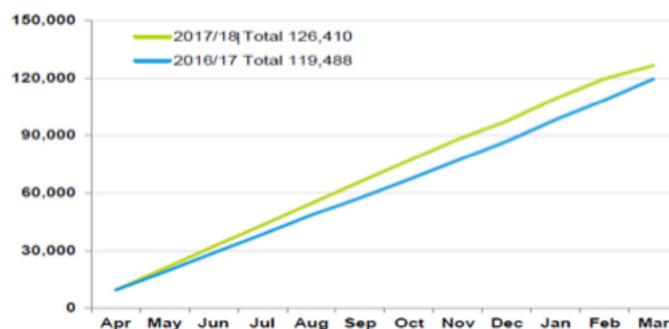
Social care

Demand for social care services is not just driven by underlying health and disability but also the availability and provision of informal care and housing. Use of services is also dependent on supply of available provision in an area. Health and Social Care Connect (HSCC) received

126,410 contacts in 2017/18, an increase of 6,922 (5.8%) compared to 2016/17. For the first 8 months of 2018/19 HSCC received 90,730 contacts, an increase of 2,810 (3.2%) compared to the same period in 2017/18.

Figure 4: HSCC contacts

Data source: HSCC contact data



People aged 65 and over (older people)

The total number of clients in East Sussex who went on to receive long term support¹¹ aged 65 and over at any time between 1 February 2018 and 31 January 2019 was 6,475. The table below shows the number of clients aged 65 and over being supported by social care either in care homes or in the community (4,462). A greater proportion of older people are supported in the community at home (61%) than in care homes (39%), this has increased as a proportion compared to 56% at the same point as at March 2018.

Figure 5: older people in receipt of social care where they are being supported – January 2019

Location	Number
Nursing Home	659
Residential Home	1073
Community - direct payment*	482
Community - part direct payment	105
Community - LA managed personal budget**	2143

Data source: Data for Short and Long Term (SALT) return, Table LTS001b

* an agreed amount of money given to a client to arrange their own care

** the total amount it might cost to meet an individual's eligible care and support needs, inclusive of any amount the individual is assessed as able to contribute

¹⁰ <http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/localbriefings/ESIF/Population-Projections-In-Brief-May-2018-final.pdf>

¹¹ Any service or support which is provided with the intention of maintaining quality of life on an ongoing basis, an assessment of need has taken place and services are subject to regular review.

The table below shows the 4,462 clients aged 65+ being supported by Primary Support Reason¹² (PSR) and support setting / mechanism.

Figure 6: older people in receipt of social care by PSR – January 2019

Primary Support Reason for those Aged 18-64	Nursing	Residential	Community			Total
			Direct Payment only	Part Direct Payment	LA Managed Personal Budget	
Physical Support - Access and Mobility Only	62	75	49	11	553	750
Physical Support - Personal Care Support	389	417	299	53	1020	2178
Sensory Support - Support for Visual Impairment	6	6	4	0	21	37
Sensory Support - Support for Hearing Impairment	0	2	2	0	16	20
Sensory Support - Support for Dual Impairment	2	3	0	0	2	7
Support with Memory and Cognition	108	257	53	22	192	632
Learning Disability Support	10	87	4	2	60	163
Mental Health Support	70	178	47	14	175	484
Social Support - Substance Misuse Support	0	7	1	0	4	12
Social Support - Support for Social Isolation / Other	12	41	23	3	100	179
Total clients	659	1,073	482	105	2143	4462

Data source: Data for Short and Long Term (SALT) return, Table LTS001b

Of the 4,462 clients aged 65 and over being supported by social care as at 31 January 2019:

- 30.1% had a reported physical health condition¹³ (Chronic Obstructive Pulmonary Disease; Cancer; Acquired Physical Injury; other physical health condition)
- 19.9% had a reported health condition of Dementia,
- 10.3% had a reported neurological health condition (Stroke; Parkinson's; Motor Neurone Disease; Acquired Brain Injury, other neurological health condition)
- 6.3% had a reported mental health condition (other than dementia)
- 5.6% had a reported sensory impairment,
- 2.8% had a reported learning, development or intellectual disability (Autism; Asperger's Syndrome / High Functioning Autism; learning disability, other disability)

People aged 18-64 (working age adults)

The total number of clients in East Sussex who received long term support aged 18 to 64 at any time between 1 February 2018 and 31 January 2019 was 3,126. A greater proportion of working age adults are supported in the community at home (2,169) than in care homes (633); see Figure 7 below.

Figure 7: working age adults in receipt of social care where they are being supported – January 2019

Location	Number
Nursing Home	72
Residential Home	561
Community - direct payment *	769
Community - part direct payment	207
Community - LA managed personal budget **	1193

Data source: Data for Short and Long Term (SALT) return, Table LTS001b

* an agreed amount of money given to a client to arrange their own care

** the total amount it might cost to meet an individual's eligible care and support needs, inclusive of any amount the individual is assessed as able to contribute

¹² The PSR describes why the individual requires social care support; the primary disability/impairment impacting on the individual's quality of life and creating a need for support and assistive care.
¹³ Only health conditions relevant to the client's social care needs are recorded, and only those that have been formally diagnosed.

The table below shows the 2,802 clients aged 18 to 64 being supported by social care by PSR and support setting / mechanism.

Figure 8: working age adults in receipt of social care by PSR – January 2019

Primary Support Reason for those Aged 18 - 64	Nursing	Residential	Community			Total
			Direct Payment only	Part Direct Payment	LA Managed Personal Budget	
Physical Support - Access and Mobility Only	5	2	68	7	68	150
Physical Support - Personal Care Support	28	84	333	57	240	742
Sensory Support - Support for Visual Impairment	0	0	13	1	3	17
Sensory Support - Support for Hearing Impairment	0	0	3	1	4	8
Sensory Support - Support for Dual Impairment	1	5	5	0	2	13
Support with Memory and Cognition	4	11	15	4	30	64
Learning Disability Support	20	393	175	122	586	1296
Mental Health Support	12	51	99	6	190	358
Social Support - Substance Misuse Support	0	6	3	0	7	16
Social Support - Support for Social Isolation / Other	2	9	55	9	63	138
Total clients	72	561	769	207	1193	2802

Data source: Data for Short and Long Term (SALT) return, Table LTS001b

Of the 2,802 clients aged 18 to 64 being supported by social care as at 31 January 2019:

- 22.5% had a reported learning, development or intellectual disability
- 13.4% had a reported physical health condition (Chronic Obstructive Pulmonary Disease; Cancer; Acquired Physical Injury; other physical health condition)
- 8.8% had a reported neurological health condition (Stroke; Parkinson's; Motor Neurone Disease; Acquired Brain Injury, other neurological health condition)
- 6.1% had a reported mental health condition (other than dementia)
- 2.6% had a reported sensory impairment
- 0.9% had a reported health condition of dementia

Learning disability

The table below shows a breakdown of the 1,373¹⁴ working age adults with a PSR of Learning Disability receiving long term support between 27 February 2018 and 28 February 2019, by accommodation status. As shown below, 71.7% were recorded as being settled accommodation (living on their own or with their family¹⁵).

Figure 9: accommodation status – February 2019

Settled Accommodation						
Owner Occupier or Shared Ownership Scheme	Tenant (private landlord)	Settled mainstream housing with family / friends	Supported accommodation / supported lodgings / supported group home	Shared Lives Scheme	Sheltered housing / extra care housing / other sheltered housing	Total
7	32	505	309	126	5	984

Unsettled Accommodation				
Placed in temporary accommodation	Staying with family / friends as a short term guest	Registered care home	Registered nursing home	Total
1	2	373	13	389

Data source: Data for Short and Long Term (SALT) return, Table LTS004

¹⁴ This figure is over a 12 month period

¹⁵ Living on their own or with their family is intended to describe arrangements where the individual has security of tenure in their usual accommodation

As at 28 February 2019, a total of 54 clients (aged 18+) were receiving home care (please note: this will not include clients purchasing home care through their direct payment).

Mental health

The table below shows the 842 clients aged 18+ with a PSR of mental health support being supported by social care as at 31 January 2019 by support setting / mechanism.

Figure 10: clients 18+ with a PSR of mental health support – January 2019

Primary Support Reason	Nursing	Residential	Community			Total
			Direct Payment only	Part Direct Payment	LA Managed Personal Budget	
Mental Health Support - 18 to 64	70	178	47	14	175	484
Mental Health Support - 65 and over	12	51	99	6	190	358
Total clients	82	229	146	20	365	842

Data source: Data for Short and Long Term (SALT) return, Table LTS001b

As shown from the table above, of the 842 clients 311 (37%) are being supported in a care home setting, with the remaining 531 (63%) being supported in a community setting. The table below provides a breakdown of services being provided in the community.

Figure 11: breakdown of community based services being provided – January 2019

Service	
Day Care	38
Direct Payments	166
Home Care	151
Meals in the Community	51
Supported Living/Community Based Service	185
Travel	4
Professional Support	212

Young adults

As at February 2019, the East Sussex County Council (ESCC) Transitions Team had 272 young adults on their caseload. Figure 10 below shows the age range of young people being supported by the team.

Figure 12: Transitions Team caseload

Total number of cases on caseload	272
Caseload broken down by age	
Number on caseload that are aged 15 yrs	0
Number on caseload that are aged 16 yrs	19
Number on caseload that are aged 17 yrs	27
Number of on caseload that are aged 18 yrs	36
Number on caseload that are aged 19 yrs	34
Number on caseload that are aged 20 yrs	38
Number on caseload that are aged 21 yrs	39
Number on caseload that are aged 22 yrs	36
Number on caseload that are aged 23 yrs	27
Number on caseload that are aged 24 yrs	14
Number on caseload that are aged 25 yrs	2

The table below shows the 384 clients aged 18 to 25 being supported by social care long term support as at 31 January 2019 by PSR and support setting / mechanism.

Figure 13: young adult in receipt of social care by PSR – January 2019

Primary Support Reason for those Aged 18 - 25	Nursing	Residential	Community			Total
			Direct Payment only	Part Direct Payment	LA Managed Personal Budget	
Physical Support - Access and Mobility Only	0	0	1	2	2	5
Physical Support - Personal Care Support	0	17	37	19	19	92
Sensory Support - Support for Visual Impairment	0	0	1	0	0	1
Sensory Support - Support for Hearing Impairment	0	0	0	0	0	0
Sensory Support - Support for Dual Impairment	0	0	2	0	0	2
Support with Memory and Cognition	0	0	1	1	0	2
Learning Disability Support	2	33	76	30	101	242
Mental Health Support	0	0	10	0	12	22
Social Support - Substance Misuse Support	0	0	0	0	0	0
Social Support - Support for Social Isolation / Other	0	2	13	0	8	23
Total clients	2	52	141	52	142	389

Data source: Data for Short and Long Term (SALT) return, Table LTS001b

Anticipated future demand for services

Much of the demand for health and social care in future will be driven by the increasingly complex management of people with multiple long term conditions and who are becoming increasingly frail. An estimated 24,000 older people are living in East Sussex with frailty. The number of people estimated to have dementia [10,800] is predicted to increase which mainly reflects the increase in size of the elderly population. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes. In 2016/17 there were over 3,100 emergency admissions for injuries due to falls among older people in East Sussex, comparable with the South East Regional and England rates.

In the 75-84 and 85 and over age groups the proportion of people dying in their usual place of residence [which includes care homes] was higher than in England.

Supply

Key messages in this section:

- organisations should expect there to be a much stronger link between funding and outcomes
- there remain a number of challenges in sustaining the home care market within the county; quarterly surgeries have been established to work with new providers
- providers offering day opportunities are encouraged to apply for accreditation through Support With Confidence
- no further extra care or general residential care capacity is currently required within the county
- there are capacity issues regarding dementia residential care in the west of the county, whereas supply is meeting demand in the east of the county
- interim analysis indicates an additional 220-290 nursing beds are required by 2028
- the overall quality of provision has improved over the last three years

Community based support to maintain independence

East Sussex has a vibrant set of voluntary activities that help to support people and their carers within the community¹⁶. Health and social care commissioners will continue to help fund some of these activities but in the future organisations should expect there to be a much stronger link between funding and outcomes.

Informed by engagement with the market commissioners have recognised the need to develop a new sustainable model of community-based support, focussed on outcomes to ensure we can continue to meet increased demand within our financial envelope. Commissioners want to develop strategic partnerships, collaborating with delivery partners to achieve long-term benefits and innovation based on mutually desired outcomes, where resources are shared in a way that promotes positive outcomes for everyone involved and maximises external funding. Strategic partners will develop a range of micro voluntary and community sector providers in response to identified need, supported by a small grants programme. Commissioners will support this through longer term contracts, recognising the additional risks (and benefits) and to provide additional security.

Our procurement team is working with SpeakUp (the countywide Network for the Voluntary and Community Sector in East Sussex) to review the current Social Value Charter and continuously improve our social value approach so that it delivers real benefits to our local communities.

Community Equipment, Wheelchairs and Assistive Technology

Demand for equipment and assistive devices to support independent living in the community continues to increase, particularly in regard to complex equipment and devices. Commissioners work closely with providers of these services to ensure they support the local health and care system whilst functioning at optimal efficiency within a robust asset management approach.

There are plans to implement personal wheelchair budgets as part of the review and re-procurement of the East Sussex wheelchair service. Further details can be found at: <https://www.england.nhs.uk/personal-health-budgets/personal-wheelchair-budgets/>

Personal Assistants

There are over 800 Personal Assistants (PAs) known to be operating in East Sussex, of which 157 are currently accredited with our local Support With Confidence (SWC) scheme. The number of PAs applying for accreditation through SWC has increased by 56% in 2018/19, and SWC members report limited capacity soon after approval suggesting demand for this type of provision is high.

Alongside general demand, there are a number of areas of the county where market intelligence indicates particular issues with capacity:

- rural areas: particularly in High Weald and Rural Rother (Ripe, Alfriston, Nutley, Rye, Northiam, Camber, Ticehurst, Wadhurst, Crowborough, Uckfield, Kent borders)
- non-rural areas: Lewes, Seaford, Hastings & St Leonards, Ringmer, Seaford, Newhaven, Peacehaven
- Eastbourne area: PAs offering personal care, and skilled in working with people with complex mental health issues and substance (drug and alcohol) misuse
- countywide: PAs offering specialised health related

support to individuals with complex care needs (e.g. administration of diabetic injections, wound dressings); who provide cancer care; weekend and evening working; support to return home (hospital discharge), and; help for young adults

- PAs offering specialist mental health support (e.g. working with Asperger's, Autism, dementia, bipolar) in Newhaven, High Weald, Crowborough, Uckfield, Peacehaven, Rural Rother and Hastings

SWC now has a programme of health related training courses on offer to further develop the PA workforce to be able to meet more complex needs in the community.

Home care

There are 73 independent sector agencies providing home care in East Sussex, 51 of which are commissioned by ASC and delivering just over 19,500 hours of state funded care per week. Approximately 2,570 people are in receipt of funded home care services; this includes a cohort of 655 people funding their home care provision through a direct payment (DP). The numbers of people receiving funded support in their own home continues to increase year-on-year. The average size of commissioned packages has also slightly increased.

Home care providers received fee increases on hourly rates paid of up to 16.9% in 2017/18, 4% in 2018/19, and 3.81% in 2019/20. Care worker pay rates have subsequently increased significantly resulting in improved recruitment and retention and, in most areas of the county, an improved capacity position. Supply Management continue to meet with key providers on a regular basis to understand key issues affecting the market and take a joint approach to developing strategies to resolve problems.

However, there remain a number of challenges in sustaining the home care market within the county. Whilst the Hastings and Rother area continues to be well supported by a number of well-established home care providers, Eastbourne, Hailsham and Seaford are supported by multiple providers but there isn't enough supply in these areas to meet demand at all times. Within High Weald, Lewes and Havens there is limited capacity (as are our demand requirements), and clients are likely to experience a longer referral time.

Providers cite staffing recruitment and retention issues particularly in rural areas. Many providers report that home care workers seek flexible working arrangements, however

this results in staff shortages during peak holiday times. In response to the large number of new start-ups approaching ASC (40 in last 24mths), the ASC Supply Management team have established quarterly 'surgeries' to work with new or prospective providers.

The current home care contracts end in October 2021. The recommissioning of these services is already underway, which will include looking at a move to outcomes-based commissioning to ensure we can continue to meet increased demand within our financial envelope. We are working with the Institute of Public Care to look at how the market can be supported to respond to the new commissioning approach. Alongside this, the recommissioning exercise will consider appropriate responses to the key issues identified in the current market, such as recruitment and retention of staff, provision in 'hard-to-reach' geographical areas or to complex client groups (e.g. provision into Lewes prison), use of assistive technologies, and payment mechanisms.

Extra care housing

Extra care enables adults to continue living independently via assured tenancies and the ability to access increasing levels of care as needs change, whether they are renting or buying their flat. ASC have introduced a new approach to allocating flats across our 7 countywide extra care schemes to make the most of the 263 self-contained 1 and 2 bed homes available via assured tenancies. We are not currently looking to develop any additional sites, and are implementing a new approach to making the most of our existing capacity.

Day opportunities

The use of building based day care has been in decline for older people and working age adults with physical difficulties as more people seek alternatives, such as engaging a Personal Assistant. There are 24 day services for older people in the county and 18 day services for people with physical disabilities. We are moving away from block contractual arrangements for the provision of day opportunities and as such are encouraging all day opportunity providers to become accredited with our SWC scheme. Of the 42 current providers, 14 are already accredited or going through the accreditation process. SWC membership assists organisations to maintain a close working relationship with ESCC, and offer providers access to SWC scheme training and support.

Residential and nursing care

The latest information from the Care Quality Commission (CQC) (March 2019) shows that across all client groups in East Sussex there are 74 care homes with nursing, with approximately 3,568 beds, and 243 care homes with approximately 4,620 beds. Over the last 2 years there have been 26 residential and nursing home closures resulting in a loss of 435 beds, across all care groups. Home owners have indicated a number of reasons for home closures, including staff recruitment, occupancy levels, poor CQC ratings or personal reasons (including retirement).

From regular discussions with providers, commissioners are aware that there are a number of older people's residential care homes with a significant level of vacancies in the county. As more people are choosing to stay at home with support, this is affecting the number of people moving to a residential care setting. Despite the overall increased demand for social care services, the number of people moving into residential care has been gradually reducing, whilst the number of people moving to nursing care has increased since January 2017. Figure 14 shows the different types of older people's placements purchased by ESCC in the between January 2017 and May 2018. If requirements continue to follow this pattern, there will be an over supply in the general residential care market in the next 5 years. There are capacity issues regarding dementia residential care in the west of the county, whereas supply is meeting demand in the east of the county.

Demand for general nursing beds has increased in the last 18 months, whilst demand for dementia nursing beds has remained fairly constant. Nursing homes have been consistently operating with occupancy levels above 90% during the same time period, although fluctuations were reported between November 2018 and March 2019.

If requirements continue to follow the same pattern, and new homes continue to aim beds at self-funders, there will be an undersupply in the nursing market in the next 5 years. Initial analysis undertaken indicates that an additional 220-290 nursing beds are required by 2028.¹⁷ To support and grow capacity in the nursing home sector, the local authority has increased rates for nursing homes by 8% in 2017/18 and a further 4% in 2018/19 and 3.81% in 2019/20, and continued targeted Supply Management activity with nursing home operators across East Sussex, including from the Market Support team. We are considering establishing an approved provider list of nursing care providers to support hospital discharge later in the year.

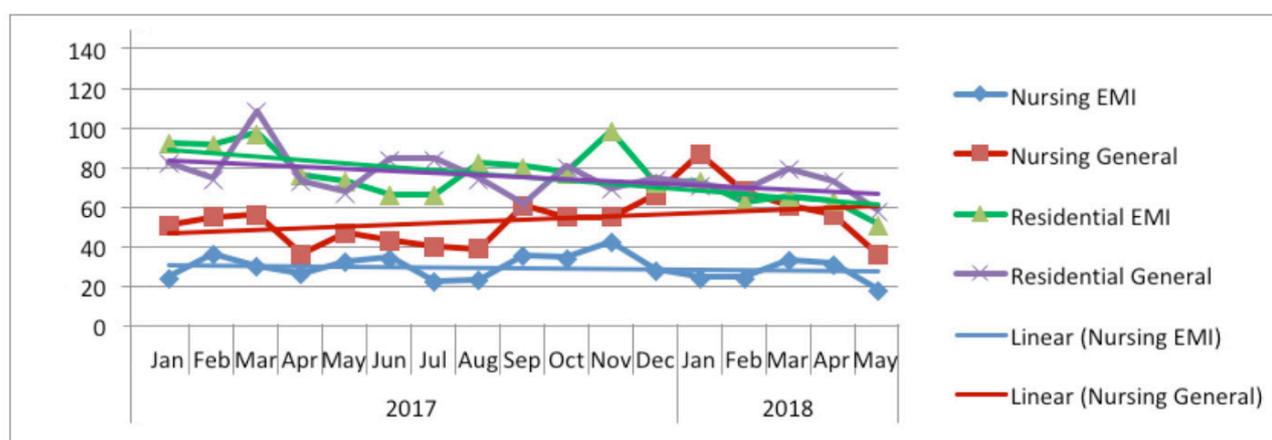
Learning disability services

A review of independent care provision in East Sussex identified that in 2017/18, ESCC commissioned services from 251 providers. A significant challenge within specialist service provision is to provide care and support to people with complex and challenging behaviour. The national Transforming Care Programme requires all areas to support individuals to move from inpatient hospital settings to community based support. Like many other areas there is a lack of experienced providers within East Sussex with the appropriate environments and skilled staff to support the Transforming Care cohort. Learning Disability Commissioners (ASC and NHS) and Supply Management staff are working with national and local providers to develop this area of provision and a Behaviour Support Network of statutory and independent providers has been established.

Mental health services

There have been significant developments within mental health services to redesign and develop provision that

Figure 14: purchasing patterns in older people's residential and nursing care Jan 17- May 18



¹⁷ System Review of Beds, Estimating future need for funded residential and nursing care in East Sussex, December 2018

is accessible and provides support for mental health as early as possible. All priorities support and avoid crisis, improve independence, develop resilience and maintain good mental health. These drivers for change are also intended to maximise resources to meet demand; to develop a more accessible and coherent care pathway through services; and to establish new ways of working with mental health service users.

East Sussex has a strong network of voluntary and community sector providers that deliver a range of support services across the mental health pathway. Close partnership and integrated approaches have been developed in areas such as; employment, crisis care and specialist personality disorder services. We have developed support that is available and responsive to local primary care and GP surgery needs as well as people supported in secondary care. Wellbeing centres are established in key locations offer open access to advice and a wide range of support.

Commissioners are continuing the development of accommodation based support that increases the opportunity for recovery and moves people towards independence. An ongoing pressure for integrated commissioning is developing accommodation support provision for mental health clients to move on to from in-patient or residential settings; particularly for those with higher or more complex needs reducing the need for residential support in working age service users even further. There is a particular challenge in securing and sustaining accommodation where service users have a complexity of need such as mental health and substance misuse. Commissioners will develop stronger spot purchase arrangements with clearer timescales, transparency around reviews, reducing support where necessary and strengthening the potential of exit from supported accommodation into mainstream provision.

Substance misuse

National policy still reflects a shift from drug treatment to a recovery orientated system. The development of a mutual aid programme across East Sussex will continue for 2019/20. The services delivered by the Recovery Community will focus on:

- supporting those with a dual diagnosis or alcohol misuse disorders
- supporting members of the street community affected by substance misuse
- working to address a range of accommodation issues

- supporting veterans of the Armed Forces
- supporting the education, training and employability of members of the Recovery Community and working to support the carers of those from the Recovery Community

A commissioning process for Recovery Community projects has concluded and new projects will begin on 1st April 2019. They provide a range of peer led groups and activities which can help build relationships and develop constructive networks. The projected population increases in the rural areas of the county coupled with the knowledge that there are significantly fewer people from the more rural parts of the county accessing treatment accentuates the need for more substance misuse services to be based in these areas of the county so that treatment can be accessible to all. The newly commissioned service seeks to address these points.

Domestic and sexual violence and abuse

There is a continued challenge facing all agencies to maintain and develop services in response to need, focusing on the following key types of intervention:

- quality, responsive and emergency support through commissioned specialist services and effective partnership working between agencies
- prevention work that challenges attitudes and behaviours and educates future generations
- recovery provision that acknowledges the long term impact of domestic violence and abuse, sexual violence and abuse, stalking and harassment and harmful practices on victims and survivors, and their families

There is wide recognition that our collective response to these issues is victim focused, and whilst it is a priority to protect those who are at risk, national research and guidance is starting to move towards acknowledging the necessity to provide intervention with perpetrators at an earlier stage, through proactive behavioural change programmes and effective criminal prosecution. Significant consultation has taken place, and work will continue on a broad review and redevelopment programme including the production of a new partnership strategy across East Sussex and Brighton and Hove; redesign and implementation of the Multi-Agency Risk Assessment Conference (MARAC) operating model; development of a multi-agency training and awareness response; and the recommissioning of specialist services.

Quality

There has been a significant improvement in the overall ratings of CQC registered service provision in East Sussex over the last three years.

Figure 15: summary of CQC ratings in East Sussex Feb 2016 & 2017

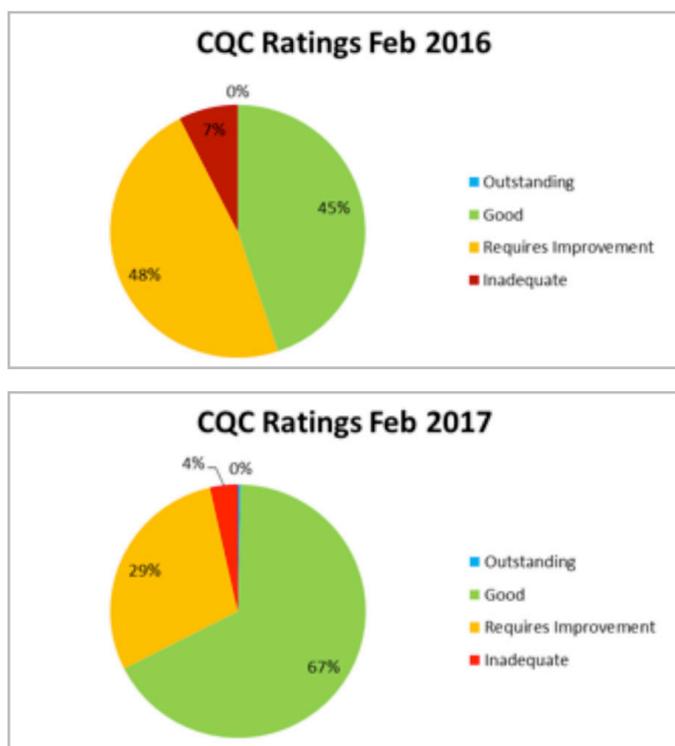
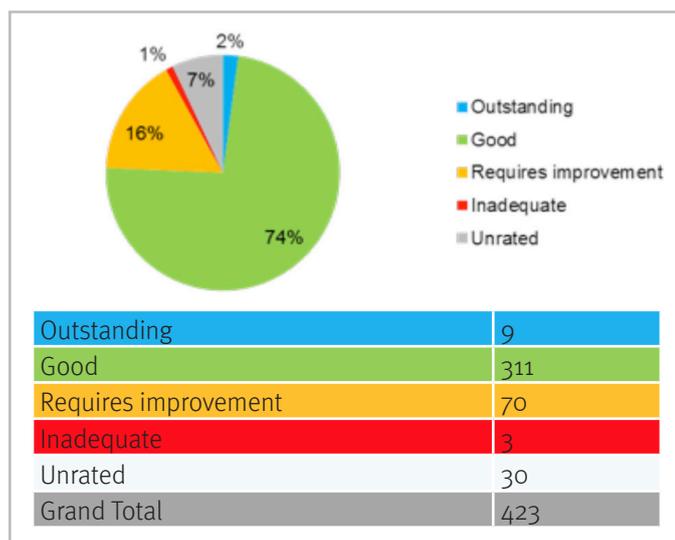
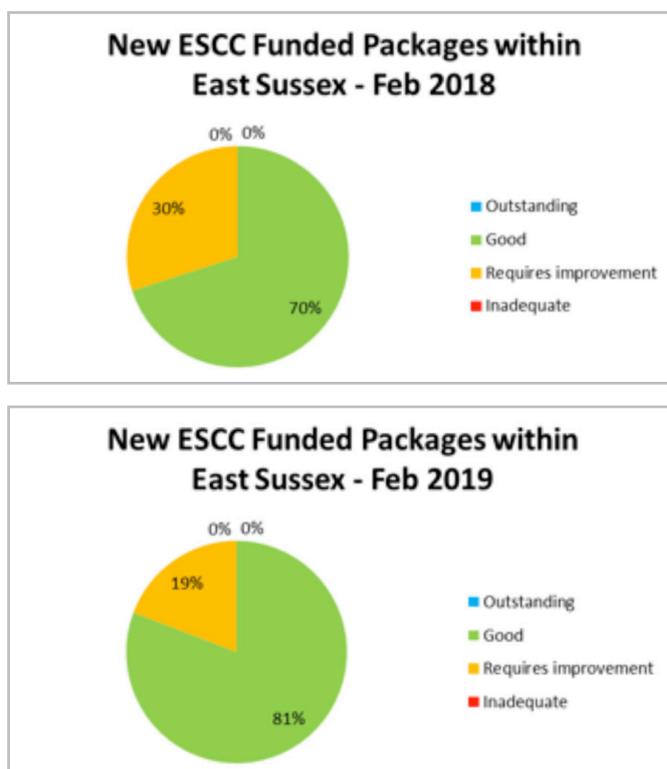


Figure 16: summary of CQC ratings in East Sussex Jan 2019¹⁸



Wherever possible the ASC Brokerage team source services from providers with 'Good' CQC ratings. However, this is not always possible and individuals and/or their families select care providers using a range of criteria, including service location, physical environment and general appearance and service reputation.

Figure 17: Comparison of funded placements by CQC rating Feb 2018 to Feb 2019



¹⁸ For up-to-date CQC ratings and an interactive map: <https://www.cqc.org.uk/help-advice/help-choosing-care-services/map-service-ratings-across-england>

Market support

Training and workforce

ESCC commission and run a number of training events open to staff from the independent sector at no cost to the provider. The training offered is a mix of mandatory, bespoke and developmental in nature. To support the market to meet future demand, training is provided in key areas such as long term conditions, dementia, frailty, falls and end of life care. During July 2017-July 2018 a total of 2529 staff attended training delivered by ASC. Attendance was from a range of staff including registered managers, care staff and administrators. In addition all staff have free access to a suite of e-learning modules. The link to the training portfolio is here: <https://www.eastsussex.gov.uk/socialcare/providers/training/>

The ASC Training team also facilitate the East Sussex Registered Managers Network. The network is supported by Skills for Care and meets three times a year. Contact Jo Barnes: Jo.Barnes@eastsussex.gov.uk

The Skills East Sussex Health and Social Care Task and Finish Group brings together businesses, training providers, schools and colleges, and representatives of local government to identify and tackle the skills gaps and needs of the county in the health and social care sector. There are three areas for task group activity that emerged strongly from the initial health and social care meeting in Eastbourne, these are:

- promoting careers opportunities in the sector and pathways into them
- new technologies
- curriculum development

Supply Management

The Adult Social Care Supply Management Team consists of brokerage and market support staff who work within four teams, bedded care, community services, specialist services and market support.

The purpose of the Market Support team is to support and strengthen independent care providers throughout the life cycle of provision. The role of the team is to:

- provide advice and guidance to providers to resolve quality and business continuity concerns which could potentially impact on the wellbeing and safety of people in receipt of services
- work in partnership with a provider following a CQC inspection and advise on areas for development and necessary actions in order to sustain and improve CQC ratings
- identify when a risk and asset analysis needs to be undertaken in order to ensure the performance, capacity and quality of a provider

Supply development managers meet regularly with strategic independent care providers to discuss issues of mutual benefit including referral patterns, service levels, quality and delivery of service provision, both on an individual provider level and within the wider market context. This enables the Supply Management team to better understand factors affecting providers' business, operations and delivery, so that supply management can appropriately support providers and the market to meet the needs of individuals in East Sussex.

To contact the teams:

- Community Services: Mark Sands-Smith
mark.sands-smith@eastsussex.gov.uk
- Bedded Care: Sophie Permain
sophie.permain@eastsussex.gov.uk
- Specialist Services: Laureta Lake
laureta.lake@eastsussex.gov.uk
- Market Support: Carla Stevens
carla.stevens@eastsussex.gov.uk

Support With Confidence scheme

ESCC's SWC scheme provides a directory of vetted and approved providers who offer home care and support services for adults in East Sussex. Among the many advantages for providers signing up to the scheme are the free training, free Disclosure and Barring Service (DBS) checks and support and guidance from the county council.

For more information about the scheme visit:

www.eastsussex.gov.uk/supportwithconfidence.

If you're interested in becoming an accredited member call 01323 463440 or email:

supportwithconfidence@eastsussex.gov.uk

Micro market development

Micro providers are able to deliver a vast range of services to meet the needs of their local community. Some services will 'look like' those traditionally associated with adult social care (e.g. a small home care agency or supported housing service); while others may not (e.g. a dance club, volunteering opportunities or pet care services); but all will be able to support individuals to achieve their desired social care outcomes. In East Sussex, ASC actively supports micro market development to deliver personalised support and services to the local population through provision of market intelligence and networking opportunities, and advice, support and ideas to develop a business or idea. For more information please see: www.eastsussex.gov.uk/microproviders

External funding opportunities

The ESCC External Funding Team help East Sussex based voluntary organisations and social enterprises identify and secure funding, providing the following services to organisations working in East Sussex:

- help with identifying money for your project
- quality checking applications for funding.

The team help make sure your application has the best chance of success by:

- going through your draft application and giving you some feedback
- organising training on how to write a good application suitable to your organisation's needs
- sharing good practice

For more information call 01273 336616 or email: external.funding@eastsussex.gov.uk

Provider forums

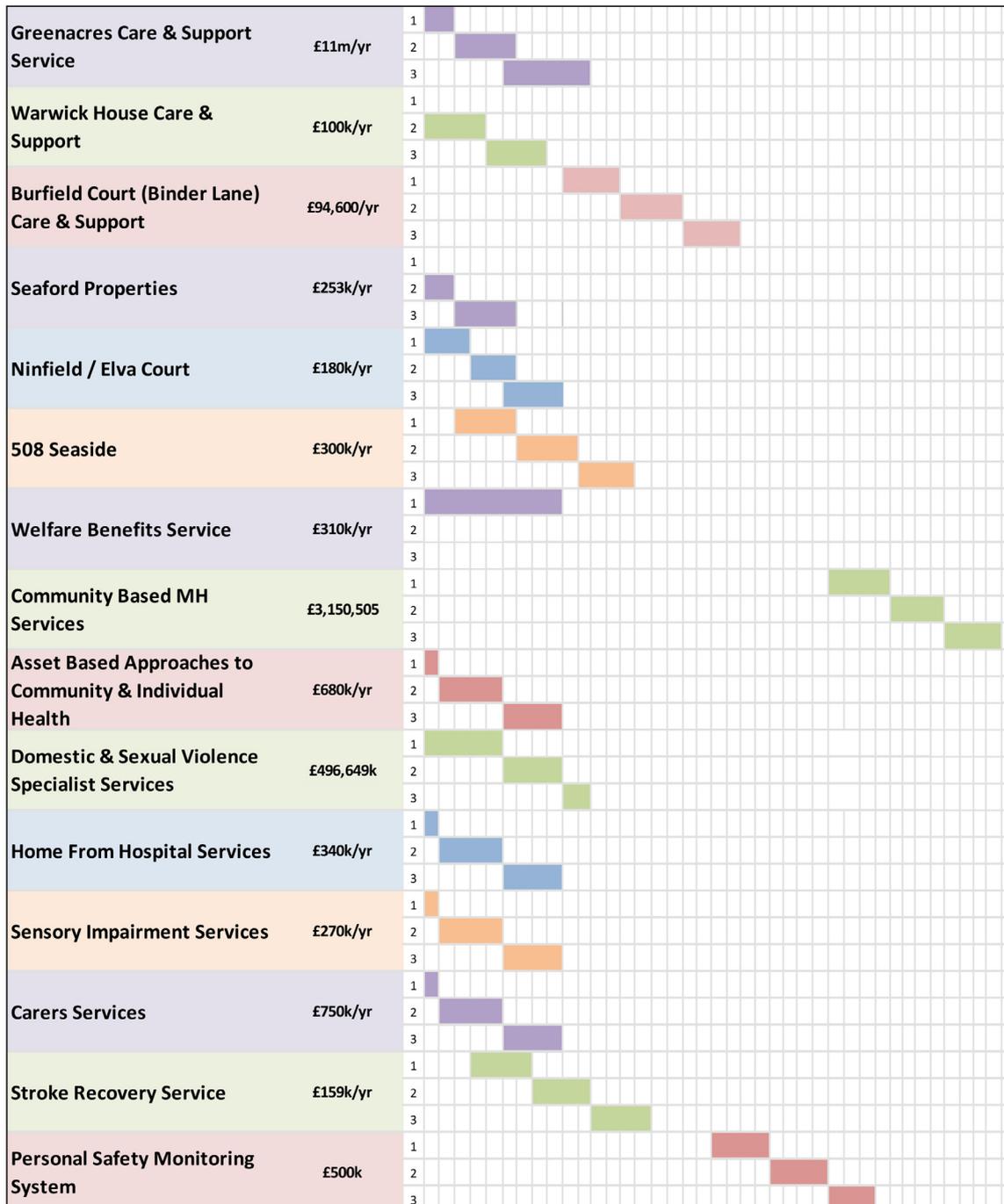
Adult Social Care holds a number of regular provider forums to engage with key sectors of the market. For more information on the forums and upcoming dates, please see: www.eastsussex.gov.uk/socialcare/providers/forum

East Sussex 1Space

East Sussex 1Space is our local care, support and wellbeing directory: <https://1space.eastsussex.gov.uk/>

East Sussex Community Information Service

East Sussex Community Information Service is a database of local and community information and events: <https://www.escis.org.uk/>





For more information about this document
or for any queries please contact:

Bianca Byrne

Head of Policy & Strategic Development
Adult Social Care and Health

Phone: 01273 336656

Email: marketpositionstatement@eastsussex.gov.uk

East Sussex County Council

County Hall, St Anne's Crescent
Lewes BN7 1UE

Phone: 0345 60 80 190

Fax: 01273 481261

Website: eastsussex.gov.uk/contactus

