



Adult Services

Market Position Statement

March 2018

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Welcome

It is apparent that the financial landscape for local authorities will continue to be extremely challenging until at least 2019/20, resulting in the longest period of austerity in recent times. Between 2010 and March 2016 the council has delivered savings of £207m and a further £46m was saved in 2016/17.

This means that as a council we must concentrate on which services we absolutely need to provide and to make sure we are as productive as possible in how we enable this. We need to think of more innovative and collaborative ways to make sure that the people in greatest need are supported and that more is done to reduce demand and encourage greater personal responsibility as well as ensure that we operate as commercially as possible in terms of generating external income.

Despite this, adult social care and housing for vulnerable people remain key priorities for the council going forward.

The current position

- Demand for care and support services continues to rise but will not be matched by levels of public spending over the next 3 to 4 years
- Changing demography is not just a challenge for social care but for the whole council and community
- Demand for specialist housing is increasing
- The increased use of NHS services continues to increase demand for social care services
- Technology is starting to play a bigger role in meeting needs for vulnerable people
- People's needs are increasing, therefore care services are dealing with people with more complex support needs

- Supporting people with dementia needs to continue to improve
- Services for carers need to be targeted to ensure those most in need are supported appropriately to continue in their caring role
- The impact of welfare reform is placing greater demand on advice and housing services

The 2017/18 net budgeted spend on adult social care is £67.772m, across the following client areas:

Mental Health	£4.325m
Learning Disabilities	£29.756m
Older People	£30.296m
Physical Disabilities	£3.395m

The total 2017/18 budget available through the better care fund is £71.436m. The council's direct budget contribution towards this is £13.074m.



Introduction to Market Position Statement (MPS)

One of the council's objectives is to ensure that individuals who are eligible for support receive high quality and flexible services whether they live in the community or accommodation with support. For some services, this will require significant transformation and reform.

There are a number of underpinning principles that will support the delivery of a transformed Adults Social Care system and provider offer and these include: prevention; reablement; independence and well-being; cost effectiveness and value for money; co-production and partnership working.

Going forward the council wants to strengthen relationships with existing providers and local businesses and start engaging with providers who do not currently work within the city. This Market Position Statement will support care and housing providers to utilise their knowledge and experience, to think creatively about future business models and develop new and innovative solutions which can best respond to changes in the market and the council's commissioning intentions.

Sunderland is a city with great vision and aspirations. It is also a city facing a range of challenges, including those relating to the health of its population. We are proud of our underpinning values which focus on fairness and equity; the dignity, strength and resilience of our people and communities; and our commitment to working in partnership for the benefit of the people of Sunderland. We are profoundly aware of the ever increasing need to protect and support the most vulnerable in our communities.

Population projections

Our population is changing meaning that Sunderland will see significant demographic changes in the future.

Sunderland's total population in 2017 is 278,500 and is projected to rise to 282,400 by 2025 and 286,600 by 2035.

Older people aged 65 years and over

Of the total population, the number of people aged over 65 in 2017 is 53,400 of which 6,100 are aged over 85 years which will equate to 19.17 per cent of the population of Sunderland. This is projected to rise to 63,700 and 7,800 by 2025 and 72,100 and 11,600 by 2035. The number of older people with dementia is expected to increase from 3,448 in 2017 to 5,496 in 2035.

It is estimated that the number of older people who will not be able to manage at least one self-care activity *on their own is expected to rise from the 2017 figure of 17,330 to 20,410 in 2025 rising to 24,919 by 2035.

	2017	2025	2035
Population aged 65 and over	53,400	63,700	72,100
Population aged 85 and over	6,100	7,800	11,600
Population aged 65 and over as a proportion of the total population	19.17%	21.85%	25.16%
Population aged 85 and over as a proportion of the total population	2.19%	2.76%	4.05%

	2017	2025	2035
People aged 65-74 predicted to have a learning disability	646	698	763
People aged 75-84 predicted to have a learning disability	349	439	520
People aged 85 and over predicted to have a learning disability	117	152	230
Total	1,112	1,289	1,513

	2017	2025	2035
People aged 65 and over unable to manage at least one self care activity on their own *	17,330	20,410	24,919
People aged 65 and over with limiting long term illness	32,358	37,800	44,765
People aged 65 and over predicted to have dementia	3,448	4,186	5,496

www.poppi.org.uk

*activities include bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toe nails, take medicines.

National drivers of change

The Care Act 2014

National policy is a significant driver of local authority commissioning intentions. For a number of years public policy has encouraged greater personalisation and the integration of health and social care support for adults and carers in need. This was reinforced by the introduction of the Care Act in 2014.

This Act brought about the most significant change to adult social care in the last 50 years and pulled together a number of different pieces of legislation into a single, modern framework for care and support in England.

The Care Act 2014 fundamentally reformed the law on adult social care, placed a stronger emphasis on prevention and wellbeing, information and choice, support for carers, and market oversight.

The Care Act 2014 identified the following duties for local authorities in relation to prevention, information and market shaping:

- Make services available that help prevent or delay people deteriorating such that they would need on-going care and support
- Provide information and advice about local care and support services
- Support a market that delivers a wide range of sustainable, high quality services accessible to their communities
- Consider services that might affect a person's wellbeing

The Better Care Fund (BCF)

Since 2013 when the Better Care Fund was announced, to bring together health and social care budgets to support more person centred, coordinated care, the total amount pooled nationally was £5.3 billion in 2015-16 and £5.8 billion in 2016-17.

In March 2017 a new Policy Framework was published. The 2017-19 Integration and Better Care Fund policy framework sets out proposals to move beyond BCF towards further integration by 2020.

Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017, expected to come into force in 2018, places a new duty on local authorities to help prevent homelessness for all families and single people, regardless of priority need, who are eligible for assistance and are threatened with homelessness. The council will work with all partners to implement this new duty which gives more focus to early intervention and prevention of homelessness.

Better Care funding contribution	2017-18 (£bn)	2018-19 (£bn)
Minimum NHS (Clinical Commissioning Group's) contribution	£3.852	£3.65
Disabled Facilities Grant (capital funding for adaptations to houses)	£0.431	£0.468
New grant allocation for social care (improved Better Care Fund)	£1.115	£1.499
Total	£5.398	£5.617



National and local policy context

The NHS five year forward view

The NHS Five Year Forward View (2014) is a consensus about why and how the NHS should change. It describes three improvement opportunities, a health gap, a quality gap and a financial sustainability gap. It proposed a series of measures to bring about the triple integration of primary and specialist hospital care, of physical and mental health services and of health and social care.

Published in March 2017 Next Steps on the NHS Five Year Forward View, reviews the progress made since its original publication and sets out the expectations for the next two years, with the main national service improvement priorities for 2017/18 being: improving A&E performance, strengthening access to high quality GP services and improvements in cancer services. To deliver these goals there will need to be service redesign and integration of care in local areas using Sustainability and Transformation Partnerships and Accountable Care Systems.

Health and Wellbeing Strategy

The Sunderland Joint Health and Wellbeing Strategy sets out the vision to have the best possible health and wellbeing for Sunderland, by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

The vision is underpinned by a set of design principles upon which action planning and ultimately commissioning throughout the health and social care system will be built, including:

- Strengthening community assets
- Prevention
- Early intervention – actively seeking to identify and tackle issues before they get worse

- Equity – providing access to excellent services dependent on need and preferences, that are also based on evaluated models and quality standards
- Promoting independence and self-care – enabling individuals to make effective choices for themselves and their families
- Joint Working – shaping and managing cost effective interventions through integrated services
- Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient

Sunderland Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) is a continuous process by which the Sunderland Director of Public Health works with partners including the third sector and patient/public groups to identify the health and well-being needs of local people.

It identifies current and future health and wellbeing needs in Sunderland and it provides Sunderland City Council and its partners with the information they need to agree priorities and deliver services that meet the needs of the city.

The JSNA underwent a refresh and it recommends that those commissioning services in Sunderland continue to take the following approach:

- Increasing life expectancy and reducing health inequalities through focusing on addressing the causes of premature morbidity and mortality
- A tiered approach to prevention, risk management and early intervention

- Enhancing choice, control and personalisation of services for individuals, families and communities whilst maximising beneficial outcomes
- Identifying those who would benefit from wraparound health and social care services
- Integration of services, whether NHS, social care or other services which affect health (e.g. spatial planning, housing, transport, libraries, wellness services, addressing fuel poverty, mitigating the impacts of welfare reform etc.)
- Reducing health inequalities by focussing on giving children the best start in life and strengthening ill health prevention as well as addressing the wider determinants of health, including deprivation, employment, education, housing, social isolation, environment and by identifying neighbourhoods to target

Northumberland, Tyne and Wear and North Durham (NTWND) Sustainability and Transformation Partnership (STP)

As a council we are working with other local authority and NHS organisations and are part of the Northumberland, Tyne and Wear and North Durham (NTWND) collaborative. The collaborative will work across the STP footprint area on closing the three gaps of health and wellbeing, care and quality and financial sustainability highlighted in the NHS Five Year Forward Plan by working to scale across the STP footprint area and as distinct Local Health Economy (LHE) Areas.

The STP is built on established programmes of work within each of the Local Health Economies as well as additional new proposals for transformation over the next five years with common priorities being delivered at STP level.

The STP vision is to build upon the health and wellbeing strategies in each of the local authority areas, to provide safe and sustainable health and care services that are joined up, closer to home and economically viable and to empower and support people who can play a role in improving their own health and wellbeing.

Better health care for Sunderland

Sunderland the council continues to work collaboratively with the Clinical Commissioning Group (CCG) and partners from provider organisations to provide more joined up services for people living in the city to enable the delivery of the three STP transformational areas:

- Scaling up prevention, health and wellbeing to improve the health and wellbeing of our public and patients
- Improve the quality of care through the Out of Hospital Collaboration by scaling up new models of care from our vanguards and the development of a resilient and robust primary care sector
- The optimal use of the acute sector by exploring and developing alternate service models which ensure high quality and sustainable care

The All Together Better programme is part of the national New Care Models Vanguard programme aimed at achieving a triple aim through the integration of service around people. An essential element of the approach is to empower people to self-care and this can be achieved by the implementation of multi-disciplinary teams to help people take control of their health and social care needs. The Recovery at Home Service maximises independent living. Enhanced primary care will support people who have moderate needs and long term conditions to manage their conditions more effectively and the use of telehealth and telecare enables and promotes self-care.

The Out of Hospital Care Model is also being reformed and this is being accelerated through the All Together Better Programme, transforming care by delivering more planned and proactive services out of hospital, based on the principle of integrated or person centred co-ordinated care, particularly for those people who have a number of long term conditions and have regular contact with the health and care system.

Joint Better Care Fund (BCF) arrangements are in place across the council and CCG and both commissioners have agreed to work towards an integrated model of commissioning for out of hospital arrangements from 2017/18 onwards in line with the

framework. A Joint Senior Leadership Group is currently exploring the potential of a Multispecialty Care Provider (MCP) in the City from 2019.

Transforming Care

Nationally the Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism and mental health problems or behaviour that challenges. There is a commitment to seeing a substantial shift away from reliance on inpatient care, reducing the length of stay for all people in inpatient settings and providing better quality of care and better quality of life for people who are in inpatient and community settings.

Sunderland participated in the North East fast track programme and developed a Transforming Care plan for Sunderland; a Local Implementation Group was set up to oversee the implementation of the Transforming Care agenda. The group consisted of council and CCG representatives, family members, service user self-advocacy groups and provider representatives.

The contract with Northumberland Tyne and Wear NHS Foundation Trust was renegotiated and the bed provision within acute admission and treatments services has been reduced to two beds. A step up function provided by the Community Treatment Team, which offers face to face support to people and their care providers, has led to a decrease in the risk of admission.

The Sunderland Plan is being refreshed in line with the North East and Cumbria Transforming Care Board introducing a new model of care for people with learning disabilities and/or autism and a benchmarking exercise is being completed to identify areas of good practice and any gaps in service provision in Sunderland in line with the new model of care. Initially work will be focussed on two areas: learning disabilities and autism in primary care and the Care Programme Approach (CPA).

Housing Strategy

The Housing Strategy for Sunderland 2017-2022 Growth, choice, quality was published in September 2017.

Everyone has the right to access a good quality home to allow them to lead a fulfilling and independent life.

We believe that communities must respond to the needs of all its members, including those who are vulnerable, in order to be strong, inclusive and sustainable. We recognise that vulnerability is not necessarily permanent and therefore provision for a range of general needs and specialist support services to ensure people lead healthy and happy lives is important. Our residents can be vulnerable for a range of reasons.

Our vision is for a greater choice of good quality homes which meet the needs and the aspirations of our residents, so individually and as a city we can grow and prosper. These homes will be based in thriving neighbourhoods where everyone feels part of their community.

The Housing Strategy sets out a clear direction, over the next five years, to offer more choice in housing by developing new homes and improving existing homes and neighbourhoods. This will help communities be stronger in the longer term and contribute to the city's prosperity and wellbeing. It also commits to supporting our most vulnerable residents to access and maintain good quality housing which meets their needs. The delivery of the Housing Strategy is dependent on close partnership working. It is a strategy for the whole city.

The strategy is divided into three chapters which recognise our three greatest housing priorities. However, each impact on the other and much of the work around these priorities will necessarily be overlapping and interdependent.

The council cannot achieve this alone. This can only be achieved by working closely with its partners, as shared resources and innovative partnerships and solutions are the best way forward to meet future challenges.

The strategy is a framework; setting direction for everyone involved in housing – residents, ward members, housing associations, developers, government bodies, regulators, investors, private landlords, charities, voluntary groups and the council – to provide the right type of homes that are needed. This in turn provides the foundation for our residents to reach their potential and contribute to the prosperity of the city.

Together for Children Sunderland

Sunderland City Council worked closely with the Commissioner for Children’s Services to look at how we can do things differently to ensure the best possible outcomes for children and families.

Established on the 1st April 2017, Together for Children delivers children’s services on behalf of Sunderland City Council.

Together for Children is owned by Sunderland City Council but controlled by an independent board to ensure operational independence.

Together for Children will work to develop modern and responsive services that make a difference for children and families in Sunderland. They will deliver improvements and offer high quality services by bringing commercial skills to public service delivery.

Quality

In focussing on increasing the quality of service provision for all customers, we work closely with partners and providers alike.

Commissioners meet regularly with representatives from the Sunderland Clinical Commissioning Group, the Care Quality Commission, Community Integrated Teams, nurses, Adult Social Care staff and representatives from Northumberland, Tyne and Wear NHS Foundation Trust. These forums provide the opportunity to discuss the quality of registered and non-registered services, share information and actions and plan how to respond to developing issues.

The Commissioning Team has a planned programme of contract management in place to monitor contracted providers as part of their contractual arrangements.

Quality in Safeguarding Adults

Sunderland Safeguarding Adults Board (SSAB) acts independently to monitor the quality of adult safeguarding arrangements across the city. This remit includes monitoring and scrutinising the safeguarding arrangements of all responsible organisations and bodies within Sunderland, to ensure best practice and promote a culture of effective partnership working that safeguards adults at risk of abuse and neglect.

SSAB has a range of audit, quality assurance and performance reporting mechanisms which provide evidence and assurance that safeguarding arrangements in Sunderland are effective.

Key themes include:

- Adherence to relevant procedures
- The extent to which thresholds and levels of harm are accurately applied and assessed
- Quality of multi-agency activity
- Quality management of individual cases

Sunderland Quality Standards Model

Since 2009 Sunderland City Council has operated a Quality Standards Model, this is an assessment model used in the monitoring of older person’s residential and nursing homes and results in each care home being awarded a standard which equates to a fee level.

Quality ratings for the 46 homes within Sunderland for 2016/17:



Quality Improvement Framework going forward

Sunderland City Council and Sunderland Clinical Commissioning Group continue to work jointly to monitor the quality of care throughout the city. As a result of this a new Quality Improvement Framework has been developed and joint assessment visits commenced in 2016.

The purpose of the new Quality Improvement Framework is to focus on the quality of care being provided in services across the city. All care homes have been provided with an action plan based on quality improvements identified following the assessment visit.

The framework is flexible and will be reviewed and revised as necessary in order to monitor the quality of service delivery across the full range of service areas. The tool used will be adapted as appropriate and providers will be expected to work cooperatively with the council to deliver any improvement actions identified.



Accommodation based services for older people

This comprises of nursing care and residential and extra care accommodation and retirement/sheltered accommodation.

Nursing and residential care

There are 31 providers working across the 47 homes, with a mix of single ownership, regional based providers and a number of national based companies.

There are currently:



Care homes based on locality					
Locality	Total number of homes	Total number of beds	Residential care only	Nursing care only	Dual registered residential and nursing
Coalfields	11	462	5	0	6
Sunderland East	8	250	5	2	1
Sunderland North	10	456	4	0	7
Sunderland West	12	592	6	0	6
Washington	5	240	3	0	2

Care homes based on locality

The council currently purchases approximately 74 per cent of all places on behalf of Sunderland residents.

The remaining 16 per cent of places can be accounted for by:

- People who buy their services directly (self-funders)
- Other local authorities

Occupancy levels at December 2017

6 Care homes with 100% occupancy

1 Care home with less than 60% occupancy

Total of 86% occupancy across the city

In 2016/17 there were 116 new admissions to nursing care and 361 new admissions to residential care, this compares to 114 new admissions to nursing care and 342 new admissions to residential care in Sunderland for people aged 65 years and over in 2015-16.

Market issues

Demand for residential and nursing care overall has remained stable over the previous two years although there is a shift towards demand for nursing care, dementia care, continuing health care and people with challenging behaviour.

Recruitment remains an issue, in particular permanent nursing staff.

We are seeing an increasing number of people with learning disabilities, physical disabilities and mental health issues growing older.

The availability of community nursing and other support services available to the sector has been enhanced as part of the All Together Better Vanguard programme. This has resulted in fewer admissions to hospital and A&E attendances from care homes and an increased average length of stay.

Current extra care provision

There are currently 12 extra care schemes in the city providing 847 apartments operated by three housing providers.

Extra care schemes based on locality		
Locality	Total number of schemes	Total number of apartments
Coalfields	2	91
Sunderland East	3	165
Sunderland North	2	183
Sunderland West	3	290
Washington	2	118
Total	12	847

The schemes are developed by partnership arrangements with the extra care providers and each scheme is responsible for commissioning its own care provision.

Market issues

In 2017 the council reviewed the current arrangements to determine the future service model for extra care and has taken forward discussions with providers around the development of a block care hours model.

The council welcomes the Government’s decision to not apply the Local Housing Allowance cap to supported housing for older people and instead to consult on a proposal to introduce a ‘sheltered rent’ for both extra care and sheltered housing.

The council is currently reviewing the demand for further extra care housing in the city and would welcome further discussions with providers in this area.

Retirement housing/sheltered accommodation

There are also 34 sheltered accommodation type schemes for older people within the city provided by 6 Registered Providers (RPs) providing 1,219 units (comprising of flats, bungalows and studios). These are primarily for over 55’s but some are specifically for over 65’s.

At the present time this provision is underutilised and the council is exploring ways in which this type of provision can fit into a person’s care and accommodation journey. We will work with existing providers to remodel existing stock to help meet housing needs more appropriately.

Retirement housing/sheltered accommodation		
Locality	Total number of schemes	Total number of units
Coalfields	5	162
Sunderland East	7	302
Sunderland North	11	434
Sunderland West	8	216
Washington	3	105
Total	34	1,219



Accommodation based services for people with learning disabilities

This includes residential homes, supported living schemes and hub and satellite schemes.

Registered homes

This is accommodation which has been registered with the Care Quality Commission (CQC) to provide accommodation for persons who require personal care.

There are currently 20 small group residential homes for people with learning disabilities (which are registered with CQC) that are directly commissioned by the council. The care and support is delivered by five social care providers and the homes can accommodate up to 99 people. One of these is used as a 6 bedded assessment unit.

The council is working in partnership with two social care providers and the relevant landlords to take forward a deregistration programme of the their small group residential homes that support people with learning disabilities. The service model will change to that of supported living and the care delivered into the schemes will be registered with CQC.

Supported living schemes

This is a combination of care and support and accommodation. Supported living is designed to support individuals to be independent, have choices and take control of their lives.

There are 46 supported living schemes across the city that provide accommodation and care and support for up to 184 people. People will have an individual allocated room but will share communal space in the main part of the property. Of these schemes there are 6 which provide care and support to people with learning disabilities and mental health needs which are operated by 2 care and support providers.

Supported living with individual tenancies

37 people can be supported by 7 social care providers to live in supported living and have an individual tenancy.

Hub and satellite schemes

These schemes provide support to people to live in accommodation either where staff are available at all times, within the Hub or to live on their own in satellite properties, where they can receive support from staff that are based at the Hub. The Hub can either be a staff base or a staff apartment.

There are 15 Hub and Satellite schemes for people with a learning disability, which provide care and support and accommodation for up to 15 individuals. The care and support is delivered by 1 provider.

Supported living with hub and satellite

There are 9 schemes, which consist of self-contained apartments. This care and support and accommodation is provided for up to 83 people.

One recently developed scheme which comprises of 12 self-contained apartments and 12 self-contained one bedroom bungalows, with associated communal space can offer accommodation and care and support for people with a learning disability, mental health needs or physical disabilities. The care and support is provided by one social care provider. The accommodation offers a blended model of traditional care and support with the option of using assisted technology for 24 people.

Over the last five years there has been a slight increase in the number of people aged 18-64 with a learning disability that have been admitted to permanent residential or nursing care, funded at least in part by the council. On average 8 people per year are being admitted.

The current demand for care and accommodation solutions for people with learning disabilities is high and the council would welcome engaging with providers regarding potential cost effective solutions that the market could offer.

Out of city placements

There are 16 people with a learning disability currently living out of city who have been identified as part of the Transforming Care Programme that require care and accommodation within the city.

Transitions

Services for both adults and children continue to work together to understand the needs of young people who are nearing the age of 18 years in order to support them to prepare for adulthood and seek appropriate care, support and accommodation options to promote independence.

Market issues

There are currently 45 young people aged 14-17 who are in receipt of a social care service from Sunderland's Together for Children Children's Disability Team. Due to the level of service that these young people currently receive, it is likely that the majority of this cohort will be eligible to receive care and support under the Care Act when they reach the age of 18.

A further 44 young people aged 14-17 are in receipt of support via specialist youth club provision, leisure link services and summer schemes. Although some young people in this cohort may be eligible to receive care and support under the Care Act, it is likely many will access support via a universal service.

There are currently 7 young people aged 17 who may require care and accommodation when they reach the age of 18. Following an assessment of need if the person requires care and accommodation support, the person will be added to the Commissioning Intentions

Database. A further 3 young people aged 16 are likely to require care and accommodation when they reach 18 years of age.

There are currently 57 people with a learning disability who have been assessed as requiring housing care and support over the period of January 2018 to January 2020. The individuals have been added to the council's Commissioning Intentions Database which will be used to explore existing accommodation options as and when the person requires it. This could result in the council requiring alternative Accommodation options to what is already available.

There are currently 19 people who are part of the Transforming Care Programme who have been added to the Commissioning Intentions Database. Work will be on-going over the period January 2018 to January 2021 to complete scoping work to identify each individuals housing care and support requirements.

Services for people with mental health needs

This includes Supported Living schemes and Hub and Satellite schemes.

Supported living schemes

This is a combination of care and support and accommodation. Supported living is designed to provide support to individuals to be independent, have choices and take control of their lives.

There are 2 supported living schemes for people with mental health needs that have care and support delivered by one provider. Of these schemes one is a dedicated 6 person all male scheme and the second a 4 person scheme which is currently an all-male scheme but can take either male or female service users.

Hub and satellite schemes

These schemes provide support to people to live in accommodation either where staff are available at all times, within the Hub or to live on their own in satellite properties, where they can receive support from staff that are based at the Hub. The Hub can either be a staff base or a staff apartment.

There are 28 Hub and Satellite schemes for people with mental health needs which provide care and support and accommodation for up to 28 people. The care and support is provided by one social care provider.

Supported living with hub and satellite

There are 2 schemes, which consist of self-contained apartments. This care and support and accommodation is provided for up to 17 people.

Over the last five years there has been a slight increase in the number of people aged 18-64 with mental health needs that have been admitted to permanent

residential or nursing care, funded at least in part by the council. On average 6 people per year are being admitted.

The current demand for care and accommodation solutions for people with mental health needs is high and the council would welcome engaging with providers regarding potential cost effective solutions that the market could offer.

There are currently 20 people with a mental health diagnosis who have been assessed as requiring housing care and support over the period of January 2018 to January 2020. The individuals have been added to the council's Commissioning Intentions Database which will be used to explore existing accommodation options as and when the person requires it. This could result in the council requiring alternative accommodation options to what is already available.



Services for people with physical disabilities

This consists of Core and Cluster schemes which offer people the opportunity to live in accommodation where staff are available at all times within the core property and receive support at various planned times from support staff based at the core property.

There are 3 core and cluster schemes for people with physical disabilities which provide care and support to up to 20 people. These properties have the core site for staff located on the same site as the cluster properties, the care is delivered by one social care provider.

Over the last five years there has been a slight increase in the number of people aged 18-64 with a physical disability that have been admitted to permanent residential or nursing care, funded at least in part by the council. On average 9 people per year are being admitted.

The current care and accommodation offer in the city for adults with physical disabilities is limited and this often results in placements being placed out of city. The council would welcome engaging with providers regarding potential cost effective care and accommodation solutions that the market could offer.

There are other supported living schemes and residential services that operate within the city that are not commissioned by the council that predominantly support people with learning disabilities and autism.

There are currently 3 people with a physical disability who have been assessed as requiring housing care and support over the period of January 2018 to January 2020. The individuals have been added to the council's Commissioning Intentions Database which will be used to explore existing accommodation options as and when the person requires it. This could result in the council requiring alternative accommodation options to what is already available.



Care and support at home

There are in excess of 30 agencies providing care and support at home located in the Sunderland area and more taking into account those located outside of Sunderland but who provide services into the city.

The council currently commissions 14 care providers through a framework agreement to provide care and support at home, including those individuals who have complex needs. This framework agreement runs from 21 March 2016 until 2 January 2018.

In 2016/17 2,794 people received care and support at home from contracted and non- contracted providers, with 2,129 of those people being aged 65 years and over. This is an increase from the number of people who received care and support at home in the previous year which was 2,517, of which 1,873 were aged over 65 years.

(*The information provided about care and support at home services is inclusive of not just people who are living in their 'own homes' with a care provider supporting them to live independently in the community, but also people who are living in supported living schemes and the core and cluster provision we have in the city.)

Throughout 2018, the council will be looking at the pressures on the market which include the availability of providers to take up packages which request the support at the most popular times during the day, packages which require two carers and male carers and the high number of care packages which are being brokered with non-contracted providers due to lack of availability from those on the framework.

Providers report that the pressures they are facing are, recruiting and retaining staff when they are unable to offer permanent contracted hours. The council will be reviewing its expectations of this market and working with providers to consider steps that can be taken regarding these pressures, including how it can move forwards, whilst at the same time being financially sustainable for the council. The council will work with

providers to develop more flexible person centred support packages focussed on delivering outcomes for individuals.



Voluntary and Community Sector

The council and its partners have supported the voluntary and community sector over a number of years to provide a range of services, from low level services aimed at preventing and/or delaying the onset of care and support needs to services supporting people with already established care and support needs. We continue to value the role these services play and will continue to work in partnership with the sector.



The council's approach to dealing with homelessness

The council has a statutory duty to provide assistance to people who are homeless or threatened with homelessness within the city. The council adopts an early intervention strategy to help find alternative accommodation for potential homelessness. We continue to develop partnerships with housing providers across all tenures, including the private rented sector, to enable permanent safe accommodation for homeless applicants. The council and its partners work to enable all people to access and maintain a good quality home by connecting them to services across health, education, training and employment, and provide the support they need to live happy, independent lives; especially those facing barriers and less able to help themselves.

There are currently 5 hostels within the city which can accommodate up to 130 residents. These hostels are mainly located around the central area of the city

The council's financial position and the implementation of the Homelessness Reduction Act means that we cannot continue delivering services for vulnerable people in the way that we do currently. A "whole system" change in approach is required to ensure that we continue to meet our statutory duties whilst introducing new ways of working that will be more sustainable in the long-term and ultimately lead to improved outcomes for residents. There will need to be even greater emphasis on partnership work, prevention and early intervention and a move away from a reliance on crisis intervention.

With the above in mind, we have introduced a new way of working for our Housing Options Team. It is an approach based on homelessness assistance that prioritises providing permanent housing to people experiencing homelessness, particularly those who may have multiple and complex needs. It is different from other approaches in that it does not require

people experiencing homelessness to address all of their problems or to graduate through a series of service programmes before they can access housing. Supportive services will be offered to help people maintain their homes and promote their well-being but this is reliant on the person choosing to engage as this is seen as more effective in the long-term.

As part of these new ways of working the local authority housing options team work with a number of housing and support organisations to provide a range of accommodation solutions that meets the required needs of the person including single room flats and 3 bedroomed properties for families. We also work with providers to prevent people from rough sleeping. The council undertakes a rough sleeper count/estimate in line with government guidelines on an annual basis. Last count undertaken November 2017 identified a nil return, which is verified by a national homelessness organisation as part of the reporting back to government.

Veterans

Former members of the armed forces who are homeless or threatened with homelessness are given reasonable preference by the housing options team. any veteran who presents will be assessed by the housing options team and linked in with the Armed Forces Network/Changing Lives to assist with settled accommodation and they would also be given priority in Gento banding.

The "regular forces" are the Royal Navy, the Royal Marines, the regular Army (i.e. any of HM military forces other than the Army Reserve, the Territorial Army and forces raised under the law of a British Overseas Territory) and the Royal Air Force. "Reserve forces" are the Royal Fleet Reserve, the Royal Naval Reserve, the Royal Marines Reserve. "the Army Reserve" the Territorial Army, the Royal Air Force Reserve and the Royal Auxiliary Air Force.

Crisis refuge accommodation and specialist domestic abuse outreach support including IDVA provision

The council has recently concluded a tender process for specialist domestic abuse provision. This will focus on Crisis Refuge Accommodation and specialist domestic abuse outreach support including Independent Domestic Violence Advisor (IDVA) provision (which will include a hospital based IDVA) in order to increase the safety and protection of Individuals and support them to live independently. This contract commenced in July 2017.

As well as the 10 bed domestic abuse refuge within the above contract there are a further 2 domestic abuse refuges operated by 1 provider within the city that supports a further 18 people. 1 refuge provides both refuge and assertive outreach support to people with complex needs including mental health and substance misuse working with a number of providers and other local authorities in the region as part of the Department of Communities and Local Government (DCLG) Priorities for Domestic Abuse programme. This includes providing a range of accommodation options for victims through refuge provision, outreach support, dispersed accommodation and support for victims who can safely remain in their own homes.

Sunderland is also one of the 3 national 'Change That Lasts' pilots, working with Women's Aid. The delivery model is the needs-led strengths-based, trauma-informed way of working and includes:

- The 'Ask Me' element which will work with the local community to change the way it acts and think about abuse by creating spaces where people who have experienced abuse can feel safe to access vital information and be directed to the help that they need the first time around

Trusted professionals

A small number of staff in the city are trained as trusted professionals. The trusted professional intervention is aimed at public and voluntary sector services, such as substance misuse, mental health and children's services that do not deliver a specialist domestic abuse response but are likely to have an established relationship with survivors through their work. The aim of the intervention is to increase the confidence levels and skills of staff to enable them to provide a more holistic and helpful response to the survivors they are in contact with.

Expert Support Services

Expert support services is a trauma informed approach. Dedicated domestic abuse services provide the level of expertise that is crucial to facilitating long term and meaningful change for survivors.



Day care and day opportunities

Trends are showing a decline in the number of new people accessing formal day care over recent years, with people choosing more alternative types of provision, such as the use of personal assistants to assist people to access more community based resources. The number of people receiving day care has been in steady decline over recent years, particularly the number of people with learning disabilities accessing building based services.

The total number of people accessing day care services declined from 574 in 2015-16 to 509 in 2016-17. Of the 509 people who accessed day care services in 2016-17, 301 were aged 18-64 years and 208 aged over 65 years. Of those aged 18-64, the primary client group accessing day care services was learning disabilities, 235 in 2016-17, compared to 260 in 2016-16.

(*2016-17 figures are for April 2016-February 2017 including 100% health funded customers)

Day opportunities

Day opportunities are designed around a person's individual interests and preferences to meet their needs, often based on activities provided in the community. Services in Sunderland enable individuals to develop social networks and to take part in a range of stimulating and meaningful opportunities.

As well as day centres there are other types of day care services that are delivered by around 15 providers, for example an in-house day care service for people with learning disabilities which provides work based day opportunities in horticulture and day care within care homes. Across all of these types of day care there were 255 people accessing a type of day-care service at the end of March 2016. We are exploring alternative service delivery models.

One contracted provider delivers two day opportunity services in the Fulwell and Washington areas of the city which offer generic day opportunities for learning disabilities and mental health needs as well as specialist day opportunities based on an individual's personal preferences and outcomes.

A building based resettlement service is also provided at these services which support and enable individuals to be independent and develop and maintain their daily living skills to delay the need for more intensive services.

The total number of people who accessed day opportunities between April 2016 and February 2017 was 219. This is a slight decrease from 2015-16 figures of 225 people accessing these opportunities.

Of those accessing day opportunities in 2016-17, 98 people were aged 18-64 years and primarily had a learning disability, compared to 120 people aged 18-64 years in 2014-15 (65 of which has a learning disability).

(*2016-17 figures are for April 2016-February 2017 including 100% health funded customers).

It is the council's intention to have in place a day care offer that is individualised and that maximises independence, promotes community involvement and reduces social isolation whilst continuing to reduce the demand for traditional day centres.



Short break services

The council has a contract in place with one Sunderland provider for short breaks for people with learning disabilities.

A number of other providers in the city deliver short breaks to adults with care needs and older people and this type of support is commissioned at an operational level in partnership with the person.

There has been a slight decline in the number of people accessing this type of support with 422 people receiving a short break in 2016-17 compared to 425 in 2015-16.

Of those receiving a short break in 2016-17, 178 people were aged 18-64 of which 142 people had learning disabilities. There were 262 people aged 65 and over who received short breaks in this time. Primarily, short break services for people aged over 65 years are provided by independent sector residential and nursing care home providers.

In the future, the council will review the short break offer available in the city and would welcome engagement from providers about how this service could continue to be offered in a more cost effective way.



Shared lives scheme

Providing an alternative to residential care, the Shared Lives Schemes enables individuals who need support, to live independent, ordinary lives in a family setting within the community, promoting choice and control, social inclusion and the development of meaningful relationships between the shared lives carer and the individual, the carer's wider family and network of friends.

One provider is commissioned to manage the Sunderland shared lives scheme. The purpose of the shared lives scheme is to, recruit and train shared lives carers, to match individuals with suitable shared lives carers, to make shared lives arrangements and to provide ongoing support and monitoring of shared lives arrangements.

At the end of March 2017, there were 20 carers registered with the scheme, with 18 individuals in a shared lives placement. This figure generally remains quite static.



Direct payments

The council has undertaken a competitive open tender process for a Direct Payment Support service.

The service is comprised of:

- Direct Payments Employment Support Service – this service will support clients with the recruitment, selection and retention of personal assistants
- Payroll Service – this service will support the client with their responsibilities relating to the payment of their employees

The new contract commenced on 14 November 2017 and is for a period of 2 years. There is no option available to further extend the contract.

The direct payment service managed account function is now being provided in-house. The new direct payment managed account service means that the council will manage the direct payment on the client's behalf. The direct payment will be managed using a virtual pre-paid card account; the account will not require any management from the direct payment recipient. All payments for direct payment expenditure will be processed by the council.



Other services commissioned through contracted arrangements

Sunderland Telecare

Telecare is a service that enables people, especially older and more vulnerable individuals, to live independently and securely in their own home. It includes services that incorporate personal and environmental sensors in the home which enable people to remain safe and independent in their own home for longer. 24 hour monitoring ensures that should an event occur, the information is acted upon immediately and the most appropriate response put in action.

One provider is commissioned by to provide Telecare Services that include delivery of a service based on responding 24/7 to alarms and sensors in a variety of home and personal settings.

Sunderland Telecare Service comprises of: a 24 hour monitoring control room operated on behalf of the provider by the council's Customer Services Network (CSN) and a team of mobile response teams which provides 24 hour responses to alarms.

Sunderland Telecare Service is non-statutory, but is a key element in assisting people to live independently in their own home.

As at the end of December 2016 the Sunderland Telecare Service had 4,937 customers. The majority of the customers supported are older people and are over the age of 65 years.

In 2016, the Telecare Service received 206, 299 alarms and dispatched mobile staff to 40,167 (16,257 of these calls were priority 2 i.e. personal care).

Telecare equipment is provided free on a loan basis and there is currently no charge for the installation of equipment.

There is a charge for the customer on their telephone line each time they use the service, equivalent to the customer making a telephone call.

The use of assistive technology

The council is currently exploring the role of Home Automation and Assistive Technology in social care and is working in partnership with registered housing providers and social care providers in relation to developing new models of accommodation and care and support .

It is the council's intention that all new build accommodation will have an inbuilt infrastructure that will have home automation at its centre which will allow tenants the benefits of technology such as HIVE heating system, automated access and egress and controlled lighting systems, thus promoting the council's preventive strategy and promoting good health and wellbeing.

It is also the council's intention to move forward in offering a blended model of traditional care and support with the option of using assisted technology i.e. Telehealth, lifestyle monitoring and Internet of Things products.

In order to promote choice and control and offer the council best value for money it is important that any inbuilt infrastructure supports technology and equipment from a range of suppliers, so systems can be chosen according to the need of the person from across the market and not be restricted to a single integrated platform.

Individuals can also continue to access traditional telecare services which offers a range of equipment installed in the person's home and attached to an alarm system which, when activated, sends an alarm to a control room with employees who will then respond to the alarm call.

NHS Complaints Advocacy Service

This service is there to provide people with practical support, advice and information if they want to make a complaint about an NHS service that they or someone they know has received. This service is jointly commissioned with the other local authorities in the region.

Healthwatch Sunderland

Healthwatch aims to be a strong independent consumer champion who works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services by influencing and shaping services to meet the needs of the local communities. A new contract commenced in April 2017.

Independent Advocacy for Adults

The contract for the provision of independent advocacy for adults has been retendered and commenced in July 2017. We continue to see a significant demand for statutory advocacy, particularly relevant person's representatives for individuals deprived of their liberty and also Independent Mental Health Advocates.

The most commonly used client group for this service is learning disabilities and mental health whilst older people and people with substance misuse problems are the least common.

Care, support and accommodation for the future

The council will:

- Increase the choice of services available for people, regardless of how those services are funded
- Buy services which are cost effective and which drive down demand
- Review the local offer to understand where services are increasing demand for care, and work with those services to manage the expectation
- Look to provide more support and information to people who want to purchase their own care and support services
- Improve and increase the accommodation offer for older people
- Encourage the development of new providers to deliver daytime opportunities in response to needs
- Consider options such as alternative service delivery models when commissioning services



Annually Average Returns

Source: Investment Company



Shaka	10.0
Mexico City	15.0
Lima	20.0



Commissioning Intentions

To support people to live independently with the most cost effective care and support solutions:

- Development of a prevention strategy
- Work with the voluntary and community sector to develop low level services which promote well-being and prevent or delay the development of care and support needs
- Promote self-care and support by developing information and improving support and advice on the options available to people who may or may not be eligible for statutory support
- Have a broad technology offer in the city that will increase independence and reduce the reliance on formal support
- Ensure a range of high quality accommodation options available to support people who have a housing care and support need by:

Reviewing the demand for extra care

Remodelling the sheltered housing stock in the city

Continue with de-registration of group living schemes for learning disabilities

Work alongside health partners to deliver health, care and accommodations solutions for individuals within the Transforming Care Programme

To ensure there are services in place to support carers:

- Have in place a short break offer that recognises the benefits that short breaks can have for those with caring responsibilities
- Work with the voluntary and community sector to ensure support services are available for carers

To have in place services that promotes community involvement and reduces social isolation for people with the most complex needs:

- To review the current offer and develop a strategy for day care

To ensure that services provided in Sunderland are of a high quality

- Ensure services are provided by appropriately trained, qualified and competent workforce who deliver improvements in the quality of the service across the city
- Work with providers and the Tyne and Wear Care Alliance to identify training requirements based on commissioners intentions

To promote choice and variety in service provision for individuals with care and support needs

- Continue to offer and promote the benefits of direct payments and personal health budgets to increase uptake
- Undertake a review of the Personal Assistant market to ensure that the market can meet customer demands
- To work with older persons residential and nursing providers to develop a model of care within care homes that fits the needs of future residents with the potential to develop some specialist provision
- To ensure arrangements are in place for services that we are statutorily obliged to provide such as Advocacy Healthwatch

