

**WANDSWORTH BOROUGH COUNCIL**

**ADULTS' MARKET POSITION STATEMENT  
SUMMER 2015**

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## Foreword

This document is our statement about the current state of the social care market in Wandsworth. Its purpose is to start a conversation about the current care and support market and how we see it developing in the future. We want to improve the information available to providers. We believe that working in partnership with providers and people who use services is the only way we can ensure Wandsworth has a range of quality services available at an affordable price which enables real benefit for service users.

New government policy, including the Care Act implemented from April 2015 onwards, sets out a future in which the Council has a central role in shaping and developing a high quality, diverse and affordable social care market. For providers, this will mean a shift away from much of the stability of the Council purchasing care and support through managed budgets and some block contracts to a greater diversity of individually purchased services with self-funders and those with direct payments from the Council exercising the same choice. Providers will need to rise to the challenge to offer flexible, responsive and innovative services and will also need to adapt and market their offer to cover all who need services, not just those whose care and support is directly funded by the Council. The Council will continue to move away in the main from being a purchaser within the market to being a facilitator of the market.

There are, of course, challenges ahead as the demand for care and support is predicted to increase and the resources available are reduced but there will also be opportunities as Health and Social Care work more closely together and procure more integrated services which are more user friendly to individuals. There will be a greater demand for low level, early intervention, preventative services that maintain wellbeing and promote independence and providers will need to adapt to develop appropriate services to meet market demand, noting that recipients of direct payments through personal budgets may well choose to 'top up' their budgets to receive the services that best meet their need.

The expectation in the Care Act is that the Council and key partners such as Wandsworth Clinical Commissioning Group (WCCG) will have a pivotal role in providing information and advice about services to the whole community – not just to those who are eligible for our financial assistance; this will offer greater opportunities to providers to target services across the community. In addition, the Care Act, for the first time, enshrines a position whereby people who pay for their own care can request the Council to arrange it on their behalf.

At the same time, the Council expects to reduce reliance on specialist services, except for those who really need them, instead encouraging greater access to mainstream community based services that encourage independence and involvement in the community. The Council is keen, therefore, to support social capital and community initiatives and services that access funds from alternative sources, maximising choice and making stretched resources go further. It wants to promote volunteering to keep people active and involved in the community and it wants to work to shape Wandsworth to be a place that people want to live and which takes account of the needs of its community.

Historically, Wandsworth has been committed to maintaining a consistently low Council tax whilst equally ensuring quality for its service users. This is increasingly important as efficiency savings have to be made and resources that were already delivering value for money have to stretch further. The Council acknowledges this challenge equally for providers and in expecting a continued offer of high quality services that are value for money for both self-funders and those with direct payments believes this challenge is best addressed by working together.

Working in partnership is key to creating a successful and diverse social care market capable of meeting the needs and interests of Wandsworth residents; being open and sharing information about the market is the first step in building this partnership.

We do want to emphasise that what follows is not just about what the Council and WCCG wants to deliver; it is about the whole social care market including those accessing direct payments and those who pay for some or all of their care themselves. Wandsworth wants to develop an innovative, responsive and creative market which listens to individuals and develops services that meet their needs across the piece and, in line with the Care Act 2014, it needs to engage with providers to understand their business models and plans and to seek dialogue to ensure that services evolve to meet both current and emerging need.

In the future we hope that there will be more information about the provider market including better information about provider business plans (suitably shaped to preserve commercial sensitivities) and emerging models of service and we want to engage providers to understand their business models and plans and to have a more open dialogue about risks and costs.

It is also hoped that the sharing of information will include providers keeping the Council informed about their service users and the state of their business so that Wandsworth Borough Council can better carry out their responsibilities in under the Care Act 2014 in respect of how to handle provider failure.

We hope that you find it useful and look forward to your feedback so that we can continue to improve and sustain this as a meaningful and practical resource that will help to stimulate services that meet the needs of our residents.

**This Market Position Statement is designed to:**

- Provide intelligence on current and future supply and demand within the social care market;
- Reflect joint commissioning priorities in Wandsworth and highlight the models of service provision we wish to develop.
- Provide consistency in direction to enable providers to make proactive business and investment decisions to support their business sustainability
- Help to move the Council to a position whereby it better facilitates the market;
- Encourage more collaborative (where appropriate) models of service delivery;
- Maintain a dialogue with providers that will shape modern services to meet emerging need; and
- Help to respond to future demand.

**The people it covers are:**

All residents of Wandsworth over 18 years of age requiring support including

- Older people;
- People with long term conditions;
- People with mental health problems;
- People with a drug or alcohol problem;
- People with learning disabilities;
- People with physical disabilities;
- People with sensory impairments; and
- Carers.

(Whilst this document is specifically for the adult care market, we recognise crossover with some Children and Young People services of relevance to providers and this is reflected in our practice i.e. Physical Disability and Sensory Impairment and young carers of adults with high needs.)

**It is for:**

- Existing and potential providers of care and support services for the above client groups which includes (but is not limited to) the voluntary and community sector, preventative support services, extra care and sheltered provision, day services, supported living schemes, transitions services and personal assistants as well as homecare and residential and nursing home providers.

**It will:**

- Be refreshed regularly but will maintain consistency in direction (see Appendix 2);
- Encourage healthy partnership working and meaningful dialogue designed to shape the market to meet future and changing demand.
- Not be overly reliant on facts and figures about supply and demand but provide a sense of the direction we wish to see in the future.

**It will support:**

- Current providers of care and support services to learn about the Council's and WCCG's intentions as commissioners of joint services and our vision for how our services might respond to the increase in individually purchased support;
- Voluntary organisations and community groups to learn about future opportunities and how to build on existing knowledge of local needs in order to develop new activities and support;
- People interested in new business and social enterprise by reading about new opportunities in the market and will tell them what would help in entering the social care market and offering innovative new services; and
- Social care providers and organisations not currently active in Wandsworth to find out about opportunities to benefit local people and develop their business.

**It intends to answer these questions:**

- What is working well?
- What are the biggest areas of need and demand?
- What are the gaps and opportunities?
- What are the Council's and CCG's broad commissioning intentions (more detail will be in relevant Commissioning Strategies)?
- What are the projections for the future?

**It includes:**

- Information from service providers about the services they offer and the needs of the people they support.
- Information from the Council's databases and partner information systems on what care and support people are using; and
- Information from a range of open data sources giving detail about the borough's residents, the national picture and projections for the future.

**It complements (but does not replace):**

- Detailed commissioning strategies that will influence actions and expenditure.

## **Structure of the document**

There is a 'Key Messages' section included which is intended to give providers overall direction about the types of services required in Wandsworth; this is supplemented both by an appendix (Appendix 1) which provides some important information and gives details about specific demographic trends about the market in Wandsworth and each individual section on needs which goes into more detail.

Then there are separate sections for people with different needs which will enable businesses to focus their attention on specific areas. Each section has a similar structure:

- What we want for our residents;
- Diagrammatic indicators of direction of travel;
- Looking Back – existing care and support provision;
- Looking forward – predictions for the future;
- What is working well – examples of good practice/services;
- Opportunities for providers to support people, and
- Providers we would like to see in the market

## **Support for your Business**

We want to support the development of a market that offers a choice of affordable, good quality, locally available responsive services that people want.

To give residents the greatest choice within the adult care market we would like to see a range of service providers of different sizes and types such as partnerships and collaborations, social enterprises, small, medium and large organisations from the voluntary sector, user led and private sectors.

We recognise that, in order to stimulate the sector to provide the range of innovative and accessible services the community needs, more social enterprises as well as micro providers are required. Wandsworth is keen to encourage the rise of community interest groups, co-operatives and mutuals<sup>1</sup> as well as micro- providers<sup>2</sup> working for profit but spotting a niche in the market and providing to meet the needs identified.

The Council has supported businesses to set up via an enterprise week held in February 2015 which held workshops on start up, social enterprises, and young enterprise and will no doubt hold similar events in future.

## **Information and Advice**

The Council already provides the Adult Care Information Service (ACIS) which connects people living in Wandsworth to information, advice and services from the council and other organisations. The Care Act 2014 places a duty on local authorities to ensure the availability of information and advice on services for all people in its area<sup>3</sup>. In response to this, the Council has expanded and improved its information and advice services and is facilitating access to financial advice in respect of the cost of services and the forthcoming cap on care (April 2016). The Council is also working in collaboration with other organisations who offer information and advice to ensure that the people of Wandsworth have a range of sources of information and advice.

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<sup>1</sup> A useful resource in this respect is The Young Foundation "Grow Your Own" <http://youngfoundation.org/publications/grow-your-own-how-local-authorities-can-support-social-enterprise/>

<sup>2</sup> A Micro Provider is usually defined as an organisation with fewer than five employees.

<sup>3</sup> Care Act Guidance, Department of Health, October 2014 Page 23 (Chapter 3)

## **Expected Outcomes for service users, carers and the wider population**

The Council wishes Wandsworth to be a place where people with care and support needs, their families and carers are included as active participants in community, economic and social life, where services meet identified quality standards and offer value for money. It is committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively addressed. This is a time of change for the borough which brings with it many challenges and a vibrant care and support market will play a key role in shaping what kind of place the borough becomes.

## **The Context**

Nationally, councils are having to respond to huge changes in legislation around social care; key drivers for change are the following:

### The Care Act 2014

The first part of the Care Act is a critical step in reforming care and support and achieving the aspirations of the white paper, Caring for our Future. It introduces a cap on the costs that people will have to pay for care in their lifetime (coming into effect April 2016), as recommended by the Commission on the Funding of Care and Support. The Act pulls together threads from over a dozen different Acts into a single, modern framework for care and support but it is far from being a mere compilation – it fundamentally reforms how the law works, prioritising people's wellbeing, needs and goals so that individuals will feel better supported by the system to get the care and support they need. As part of this process it introduces a new national eligibility that centralises the concept of wellbeing and also introduces eligibility for carers for services in their own right (please see Appendix 3 for both sets of eligibility criteria). Services for people should take this eligibility into account where they are intended to meet eligible need (of course services can also direct services at people who will not meet the eligibility criteria but who will be funding services themselves). The Act also highlights the importance of preventing and reducing needs and putting people in control of their care and support. For the first time, it puts carers on a par with those for whom they care. Detailed guidance was published in October 2014 which supports implementation from April 2015 onwards.<sup>4</sup>

The second part of the Act addresses the quality of care and reinforces that people's experience should be the basis on which providers of health and care are judged. It will allow for Ofsted-style ratings for hospitals and care homes that will allow patients and the public to compare organisations or services in a fair and balanced way, so they can see which they prefer and where they want to go. The Act will give the new Chief Inspector of Hospitals the power to instigate a process to tackle unresolved problems with the quality of care more effectively than before and it will make it a criminal offence for providers to supply or publish false or misleading information.

Part 3 of the Act establishes Health Education England as a statutory body which will assist local healthcare providers and professionals to take responsibility for educating and training their staff. It also establishes the Health Research Authority in the same way, strengthening its ability to protect patients' interests in health and social care research whilst promoting research and streamlining the approvals process. Both of these bodies will be independent of the Department of Health, giving them the impartiality and stability they need to carry out their vital roles.

Improving the quality of education and training and encouraging research that is both safe and ethical will support improved care for patients.

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<sup>4</sup> Please see Appendix 1 for a summary of the key provisions of the Act.

The Bill received royal assent on the 14<sup>th</sup> May 2014. The government issued final guidance in October 2014 and the Council has worked hard to implement the Act by April 2015 and is working on April 2016 requirements during 2015/2016.

#### The Care Act Guidance<sup>5</sup>

The guidance makes clear that high quality personalised care and support can only be achieved where there is a vibrant, responsive market of service providers and the Care Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole so that it meets the needs of all people who need care and support, whether funded by the state, the individual themselves or in other ways.

#### The Children and Families Act 2014

Whilst this is not aimed at the provision of social care to adults, it contains fundamental shifts in approaches to the provision of education, care and support to young adults with special needs. One of the specific provisions that has the potential to impact on the social care market is the requirement for all children with special educational needs to have an Education Health and Care Plan which continues until the age of 25 allowing for transitional arrangements to be more flexible than the current 'transition' at age 18. There are also, much as in the Care Act, requirements for joint and collaborative working between partners, including Health. The two acts together strengthen requirements for assessments for both young carers and parental carers; collectively, the legislation means that there are both challenges and opportunities in this area of the market.

#### Integration of Health and Social Care

The creation of the Health and Wellbeing Board, established in 2012 is aimed at building strong and effective partnerships which improve the commissioning and delivery of services across NHS and local government, leading in turn to improved health and wellbeing for local people. The Health and Wellbeing Board is responsible for the creation and implementation of a Joint Health and Wellbeing Strategy and for ensuring that the Joint Strategic Needs Assessment is maintained and updated.

#### Public Health

The relatively recent re-assumption of public health duties by councils is a key factor in enabling Health and Wellbeing Boards to shape approaches that take account of actual needs, preventative strategies and emerging trends. This should stimulate a wider spectrum of services that are aimed at the current and future wellbeing of the community. All joint commissioning strategies, which this Market Position statement complements, make specific references to achieving Public Health outcomes and the priority placed by the Council and Health on promoting, where possible, preventative approaches.

#### **Partnership**

The Care Act Guidance makes clear that it expects local authorities to engage with providers of services, carers and families and Wandsworth recognises this principle by engaging with both the professional and general communities through partnership boards, service user and provider forums, GPs and provider events for the commissioning of specific services.

#### **Outcomes**

Historically, services have been procured by councils in a way which emphasises input and measures time, the new guidance on the Care Act explicitly expects councils to

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<sup>5</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)



“Consider analysing and presenting local needs for services in terms of outcomes required. Local authorities should ensure that achieving better outcomes is central to their commissioning strategy and practices, and should be able to demonstrate that they are moving to contracting in a way that has an outcome basis at its heart. Local authorities should consider best practice on outcomes-based commissioning.”<sup>6</sup>

This document is part of creating a new environment of trust and working towards the following ‘success statements’<sup>7</sup>

<b>UNDERSTAND</b>		
<b>PEOPLE, CARERS AND FAMILIES</b>	<b>COMMISSIONERS</b>	<b>PROVIDERS</b>
I know what is available locally and how much it costs	We understand the needs and aspirations of local people and the range and diversity of our current and potential local market	We are well informed about the local market, share information about our services and are engaged in gathering information and identifying opportunities
I know where to begin and who to speak to and understand the process to follow.	We have produced a Market Position Statement and are engaged in an open dialogue about the market with consumers and current and potential suppliers.	We understand our role in the local market and have open and transparent relationships with everyone who buys our services
<b>PLAN</b>		
I have a say in local planning and priority setting and my opinions matter.	We involve people in planning, shaping and influencing the market place and are clear and upfront about our own role	We are involved in the process of local planning and priority setting to ensure local needs are met
I know my ideas are valued and I am supported to take part	We have active partnerships with consumers and providers to shape the local market that are underpinned by trust and respect.	We engage with local consumers and commissioners to understand what they want and to develop support that works for people
<b>INTERVENE</b>		
I have access to a range of support that helps me live my life I want and I remain a contributing member of my family	We have a range of personalised and creative support solutions available that are good value for money and embedded in the local community.	We work with commissioners and consumers to create new support opportunities and demonstrate local value
I feel safe, I can live the life I want and I am supported to manage any risks	We enable change and innovation in services and work in partnership with consumers and providers to deliver positive support solutions	We collaborate locally to deliver innovative and creative ways for people to live the lives they choose with the support that’s right for them.

<sup>6</sup> Care Act Guidance October 2014 page 41.

<sup>7</sup> The table is taken from Stronger Partnerships for better Outcomes (2012) Think Local Act Personal

**Providers will be expected to develop services that address the following outcomes:**

	<u>PRIORITIES</u>		<u>PRIORITY OUTCOMES</u>	<u>ALIGNMENT OF FRAMEWORKS</u>	<u>JOINT COMMISSIONING STRATEGIES AND IDENTIFIED ACTIONS</u>
1	Self-management to promote quality of life and maintain independence.	A.	People are treated and cared for in a safe and secure environment protecting them and their communities from avoidable harm.( <b>SAFEGUARDING</b> )	NHS <sup>8</sup> Domain 5 ASC <sup>9</sup> Domain 4	Stand-alone overarching commissioning framework with references to strategy/ outcomes /need assessment /priorities/ service models/ specification / procurement, performance management + contract monitoring / learning. Commissioning strategies prepared in light of above and applied within a statement of strategic context and current market position within which to deliver. <u>MEASUREMENT / MONITORING</u> <ul style="list-style-type: none"> <li>Identify both qualitative / quantitative (input) performance indicators</li> <li>Current contract monitoring arrangements as specified and subject to further development in new specification/procurement arrangements</li> <li>Agree monitoring / learning opportunities between WBC/CCG and sharing this with providers and VCS</li> <li>Satisfaction surveys as fall-back</li> </ul>
2.	Provider /stakeholder understanding of Primary Prevention.	B.	Patients and service users have control in their daily life over chosen activities. ( <b>CHOICE AND CONTROL/ QUALITY</b> )	NHS Domain 2 ASC Domain 1 PH <sup>10</sup> Domain 2	
3.	Principles of secondary prevention across Health and Social Care settings.	C.	Individuals and their carers have a positive experience that maximises their wellbeing, feeling personally clean and comfortable. ( <b>RECOVERY / REABLEMENT</b> )	NHS Domains 4 ASC Domain 3	
4.	Integrated responses to adults with both physical and mental health needs.	D.	All available resources (financial and organisational) are effectively used to promote personalised stated outcomes.( <b>V.F.M. incl. Social Value</b> )		
5.	Options for piloting integrated Health and Social Care working.	E.	Information and advice is universally accessible with a maintained focus upon reducing differences in life expectancy and overall health and well-being in between communities.( <b>EQUITY</b> )	ASC Domain 2 PH Outcome 2 PH domain 1 + 4	
6.	Improve dignity and quality of end of life care across all commissioning groups.	F.	Care and support that is needed is in place to prevent people from dying prematurely or to ensure they pass away in the most appropriate setting.( <b>PREVENTION</b> )	NHS Domain 1 ASC Domain 2 PH Domains 2 + 4	

**Ensuring Quality and Safety**

Whilst seeking outcomes, the Council recognises that services sometimes slip in quality and individual service users sometimes encounter unacceptable behaviour on the part of some providers and their staff. The Council and WCCG are committed, through their quality monitoring, their relationships with providers and the Council's safeguarding procedures, to working hard to ensure good quality and safe services for individuals and takes their responsibilities in this area very seriously.

<sup>8</sup> NHS Outcomes Framework 2015-2016

<sup>9</sup> Adult Social Care Outcomes 2015-2016

<sup>10</sup> Public Health Outcomes Framework 2012-2016

## **Understanding Wandsworth and the demand for services, taking into account the impact of the Care Act 2014.**

### Brief analysis by ward of some key areas

Wandsworth generally has a relatively young profile and there is an expectation that a number of people as they approach older age and/or retire will move out from the borough and as this is a historic trend as well as a future anticipated trend, it is unsurprising that the lowest percentages of higher managerial occupations (being a proxy for high indication of move out of the borough in the future) in the borough occur in three of the four wards that have the greatest numbers of higher age, poor health and limited activities of daily living.

The three wards with the highest number of those aged 65 and over are West Putney (13.3%), East Putney (11.1%) and Roehampton and Putney Heath (10.6%) and the highest percentages of people having limited activities of daily living occur in Roehampton and Putney Heath (15%), West Putney (14.4%), Latchmere (14.1%) and Furzedown (13.4%).

The highest percentage of those stating they suffered bad health or very bad health is in Roehampton and Putney Heath (5.6%) with Latchmere (5.4%) and West Putney (4.9%) following behind. The two wards with the highest number of households containing someone who has a long term sickness or disability are Roehampton and Putney Heath (5.1%) and Latchmere (4.6%). The highest numbers of one person households aged over 65 occur in Roehampton and Putney Heath (13%) and West Putney (12.6%) and the highest percentages of unpaid carers occur in West Putney (8.3%) and Furzedown (7.9%).

These statistics, all taken from the most recent Census, suggest that West Putney and Furzedown are good areas to develop services for carers (although existing services are not taken into account in this analysis) and Roehampton and Putney Heath and West Putney are good areas to develop support services for older people who may be socially isolated. Support for both carers and individuals may be needed in Roehampton and Putney Heath, West Putney, Latchmere and Furzedown to address those whose activities of daily living are limited and the greatest percentages of those suffering bad health or very bad health or suffering a long term condition/sickness or disability.

Current and future providers will find the Joint Health and Wellbeing Strategy<sup>11</sup> has a clear vision and priorities for meeting the needs of the community. It has drawn heavily on the Joint Strategic Needs Assessment and articulates key priorities for both Wandsworth Clinical Commissioning Group and the Council. The WCCG's vision is for "better care and a healthier future for Wandsworth" and is committed to work for this by being patient focussed, outcomes driven, principled, collaborative, progressive and professional. This aligns well with the Council's corporate objectives which include "Making Wandsworth an attractive, safe, sustainable and healthy place" and "promoting health and wellbeing for all adults with personalised and preventative care and support for adults in need".

The strategy's approach is to recognise the centrality of service user and community action in maintaining health and wellbeing, emphasising the need for members of the population to be fully engaged in their own health and wellbeing. It aims to act as a 'call to action' to the Wandsworth population to take heed of critical messages about healthy lifestyles, healthy diet, physical exercise, smoking, consumption of alcohol and emotional wellbeing. This is an approach that lies behind the regeneration of Roehampton estates with a view to creating a better place to live, a cleaner, safer,

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<sup>11</sup><http://www3.wandsworth.gov.uk/moderngov/documents/s25104/Draft%20JHWS.pdf>

better managed environment, homes that meet the needs of families with children, young people and older people, a wider range of shops and services creating benefits for child development, family life and adult health and wellbeing.

WCCG is also working to promote self management of conditions to improve people's quality of life and to restore some autonomy to those with long term conditions.

### **Promoting Resilience**

The ability of local health and social care services to meet population needs is dependent on members of the population being fully engaged in their own health and wellbeing. To be resilient, people need:

- a sense of individual vitality;
- to undertake activities which are meaningful, engaging and allow them to feel competent and autonomous;
- a stock of inner resources to help them cope when things go wrong and adapt to changes beyond their immediate control; and
- supportive relationships and a sense of connection with others.

### **Example**

**In 2013 the Council launched an initiative to encourage people living near Tooting Bec station to form their own neighbourhood village.**

**The idea is that local people identify community projects for their neighbourhood - things that would improve the area they live in, and just as people do in villages in the countryside, they then work together with support from the council to bring these projects to life.**

**Local people in this part of Bedford ward near Tooting Bec station have a great opportunity to shape their local environment, improve their streets and make their 'village' a safer, cleaner, happier place to live.**

**This neighbourhood was chosen as it is midway between Balham and Tooting Broadway and has less of a community identity than those two areas. It is also a part of the borough that has no residents' associations, no neighbourhood watches and where no street parties have been held in recent years.**

Such resilience is central to individual and communal wellbeing. Communities and third sector organisations are already doing invaluable work to promote and support resilience but the Board wants to encourage all providers to deliver services with community and individual resilience at the heart of them.

### **Strengthening Prevention Programmes**

The Board is committed to using its potential to strengthen initiatives in this area. It will develop a common identity and brand for the promotion of health in Wandsworth and a common understanding of the use of resources which will underpin joint agreement on priorities and identification of ways of shifting resources away from crisis management and remediation towards prevention.

## **Integration of Health and Social Care**

Locally, there are two specific drivers for the integration of adult social services and healthcare:

- The South West London Collaborative Commissioning 5 Year Plan which has at its heart the following vision:  
“People in south west London can access the right health services when and where they need them. Care is delivered by a suitably trained and experienced workforce, in the most appropriate setting with a positive experience for patients. Services are patient centred and integrated with social care, focus on health promotion and encourage people to take ownership of their health. Services are high quality but also affordable.” which recognises the need for community provision to support a sharp reduction in the use of acute hospitals.

The aim of integration is supported in Wandsworth by the creation of the Joint Commissioning Unit which brings together health, public health and adult social care commissioning staff to identify opportunities for, and to take action to implement, much greater joint commissioning. Providers can be reassured that the dialogue about needs and supply is one that is being held with both health and social care in one place.

### **The Better Care Fund**

The Better Care Fund (BCF) is a policy directive from the Department of Health and the Department of Communities and Local Government to encourage the development of plans for integrated health and social care provision over a two year period 2014-2016. The aims of the BCF are to achieve:

- More dignity and independence for frail and elderly people by providing the care they need at or closer to home.
- 7-day health and care services — to ensure that people can access the care they need when they need it.
- A named professional— who can join up services around individuals, and prevent them from falling through the gaps.
- Better data sharing — so that people don't need to endlessly repeat their story to every professional who cares for them.
- Joint assessments — so that services can work together to assess and meet people's needs all in one go.

The BCF arrangements began in April 2015.

Wandsworth Borough Council and Wandsworth Clinical Commissioning Group have recognised, within these plans, the need to improve and streamline care and support for Wandsworth's older population.

The proposed approach covers greater joint working between WCCG and the Council, including commissioning and providing services jointly with the aim of reducing all hospital admissions, improving patient and carer experiences and ensuring that those in hospital can be discharged in a timely fashion. The programme includes stimulating new services such as a rapid response service and an integrated carers' service. Extensive work is also taking place to ensure that the borough's frailest residents receive the care they need.

### **Integrated Carers Services**

Wandsworth Council and WCCG are working together to commission services for carers that provide a single point of access and which offer services across a wide range of need. With the Council and

WCCG commissioning together, it is hoped that duplication and gaps will be avoided and the services that are commissioned better meet need and are greater value for money.

**Increased responsibility** by local authorities to carers with regard to assessments and services for carers is enshrined in the Care Act 2014.

### **Structural/Policy Changes that could impact on need/cost of provision/models of provision Care Home Supply**

There have been a number of closures of registered care homes in 2013/2014/2015 in Wandsworth from an already relatively small supply. This could produce short term pressure for these places. The Council is opening a new extra care scheme in spring 2015 and is actively exploring further opportunities for extra care which it believes is a sustainable future alternative to registered care. The impact on the private care market of the Care Act 2014 has the potential to be substantial, particularly in light of the requirement to arrange care for self-funders who request it and the care cap.

### **Cost Pressures**

The Council's net adult social care budget for 2015 to 2016 is £100.950 million including public health budgets. The budget covers care and support services that the Council purchases and money given to people to buy their own support. Owing to the difficult financial climate and the reduction in grants from central government, The Council has had to make reductions to the adult social care budget in line with reductions to other budgets. To date, this reduction has been managed to protect frontline services but as the requirement to deliver savings nationally continues, both commissioning and providers need to recognise that the necessity to meet these requires significantly different and innovative future services; demand for care and support is increasing at a time when the adult social care budget is decreasing.

### **Scoping**

As noted earlier, the Care Act 2014 brings with it enhanced responsibilities for local authorities to facilitate and shape the market for adult care and support as a whole so that the needs of all people who need care and support, regardless of how they are funded or provided, should be taken into account. This means that the Council will fulfil a central role in providing information and advice and should be mindful of the whole market, not just that which it commissions and purchases itself. It is also duty bound to engage with both providers and consumers and this document should be read with this firmly in mind.

### **Key Messages**

We want residents to be resilient, active citizens; able to live a meaningful life and make positive contributions to the community they are part of; maintaining interests and relationships and having a stake in their own wellbeing and the wellbeing of the community.

The following are required to support this vision:

- an avoidance of dependency creating residential settings wherever possible;
- a maintenance of independence in the home or another suitable setting, such as extra care, supported accommodation or by the provision of floating support;
- a focus on supporting individuals to self manage their condition, where appropriate;

- a reduction in the demand for homecare provided by agencies procured by the Council balanced against an increase in demand for personal assistants as individuals use enhanced information and advice to build confidence in arranging their own care;
- more services provided as a result of individual choice with multiple services including community services, personal networks and short term interventions combining to meet individual need;
- an increase in demand for community based support options offering greater choice and therefore a decrease in demand for more traditional models of day care;
- an increase in community projects (such as community networks) that address loneliness and isolation, support carers and help to keep people engaged and active in the community;
- a development of innovative, community based, ways for people to develop sustainable activities for themselves;
- a focus on prevention first and then recovery, enablement and rehabilitation.
- a focus on services that contribute towards a reduction in health deterioration such as reducing falls and avoidable sight or hearing loss;
- a greater provision of information and advice covering the whole community, not just those in receipt of Council or health services;
- an increase in opportunities for small enterprises to fill niches and gaps in the market;
- a supply of high quality specialist services for those with highest need, particularly for those with behaviour that challenges and/or complex needs;
- services which aim to prevent, reduce or delay the need for care;
- services that improve or encourage healthy lifestyles;
- more opportunities for 'respite' services that can be purchased with direct payments through personal budgets including innovative approaches to 'respite' which may include paid or volunteer 'companions' who can help people access mainstream community facilities or activities; and
- services which support carers in their caring roles.

## OLDER PEOPLE<sup>12</sup>

Living longer is a cause for celebration but living *well* for longer is the challenge; in essence living longer in ill health needs to be transformed into living longer more healthily and postponing frailty or ill health associated with age until closer to the end of life. The Care Act also places much emphasis on the importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.

### What we want for our residents

We want to support older people to remain independent for as long as possible. We want our older residents to stay active in both their decision making and in terms of their lifestyle. We know that the longer people stay active in mind and body, the longer they will stay healthy. Active ageing helps to ensure longer healthy life expectancy and quality of life for all people as they age, regardless of their physical ability or disability and their care needs. We want to bring together a more co-ordinated 'offer' so older people know about the wide range of things to do and places to go. We are committed to promoting healthy lifestyles. We are also committed to supporting more people to die at home instead of in hospital and to have high quality end of life care.

### Overview

The Council wishes to see a general move away from 24 hour care or intensive support in the community to more independence.

#### *Specific direction of travel:*

Service/Intention	Desired Future Trend
Traditional Residential	Decreasing
Nursing Care	Steady
Extra Care	Increasing
Innovative Housing with Care Models	Increasing
Managed Support	Decreasing
Assistive Technology	Increasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community	Increasing
Innovative multiple and joint approaches	Increasing
Services that can provide care at short notice and out of hours	Increasing

### Looking Back

#### Spend

The majority of the adult social care budget in Wandsworth is spent supporting older people. This fits with the national picture where **55% of all adult social care expenditure is spent on services for older people**. There are 1,395 people receiving services categorised as 'Physical and Sensory Disability and Frailty', the majority of which are women and half of which are aged 85 or older. The total number of people in this population group is likely to be much higher than the number of individuals in receipt of social services as services are only provided to individuals with higher need under the national eligibility criteria.

<sup>12</sup> For the purposes of this document, an Older Person is someone aged 65 or over.



## Dementia

It is estimated that there are 2212 people in Wandsworth living with dementia. The number of patients with dementia recorded GP surgeries in Wandsworth is 1,245<sup>13</sup> which is expected to be 56% of this estimated prevalence. There are estimated to be two women with dementia for every man.

Nationally CCGs have worked to achieve a dementia diagnosis rate of 67% at the end of March 2015.

Please also see section on Early Onset Dementia.

## Care Homes

There are fifteen residential and nursing care homes in the borough, providing a maximum capacity of 1095 beds.

A Care Home Needs Assessment carried out in 2013/2014 shows that an estimated 80% of care home residents have dementia or significant memory problems. Nationally, people with dementia are 30% more likely to have an avoidable admission and multiple avoidable admissions to hospitals. In Wandsworth this means that of the 1062 living in care homes, just under 320 are likely to be subject to at least one or more inappropriate admissions to hospitals each year. With a reduction of NHS long term care beds in hospitals, more people with complex needs are living in nursing and residential care homes; despite this, it is widely acknowledged that many care home residents have less access to health services than those living in their own homes and there is wide variation in how health care is delivered.

Land values in the borough and the surrounding area have affected the development of nursing and care homes. Whilst Wandsworth has 15 care homes, many of the surrounding boroughs also have low numbers with this figure only starting to increase significantly as one goes further out from London although extra care is a mixed picture<sup>14</sup>. However, places vary considerably across the area with Wandsworth having the third highest number of places in care homes.

<b>Borough</b>	<b>Care Homes</b>	<b>Care Home Places</b>	<b>Extra Care Places</b>	<b>Extra Care Places in development</b>
Wandsworth	15	1062*	77	45
Lambeth	17	935	154	
Merton	26	895	221	51
Kingston upon Thames	33	1150	27	
Richmond upon Thames	19	818	145	
Sutton	43	1177	184	57
Kensington & Chelsea	8	422	53	
Westminster	4	233	83	
Hammersmith	4	399	0	

\*This figure includes Hazel Court (24 places) due to close 2015 and Rosedene which is primarily mental health but caters for dementia.

Wandsworth has had three care homes close in the last year (and one opened) and another one to close in 2015. Anecdotal evidence from other boroughs close by is that there is pressure on care beds.

<sup>13</sup> WCCG QOF Practice register September 2014

<sup>14</sup> Data taken from Elderly Accommodation Counsel September 2014

### Self-Funding

In July 2014 a snapshot enquiry of care homes in Wandsworth<sup>15</sup> found that 27% of residents were self-funders and 12% were funded by health. In 2011 Putting People First commissioned a study on self –funders in care homes which used data from the CQC on the total numbers of places in registered care homes and the total number of local authority funded places and the total number of NHS funded placements, along with regional data on vacancy rates collected by Laing and Buisson. The study estimated self-funders to be 44.9% of all care home places (the proportion of self-funded places in residential care homes is 39.6% and 47.6% in nursing homes). If the average figure is taken this would mean that just under 500 care and nursing home placements in the borough are self-funded. However, detailed enquiry of care homes in May 2015 revealed that there were 242 self funders in residential and nursing homes for older people in the borough.

Currently self-funders are an area of the market where the Council holds limited information. This will change in the future as the requirements of the Care Act are implemented. The Care Act introduces the requirement for Council to undertake a needs assessment for any person that requests one, regardless of their finances and also a cap on lifetime care costs. Furthermore, from April 2015, councils have to arrange care for individuals who request it, regardless of whether the Council is funding that care. We expect people who previously have not sought support from the Council to come forward for an assessment and/or to arrange their care. The Council will seek to work with the care home market to understand better the demand and nature of the self-funding market. The Council's responsibility to provide support to all (regardless of funding responsibility) within services within its borders in the event of failure means that it will need to keep accurate and updated data on self-funders and those funded by other authorities.

### Extra Care

The Council is actively promoting extra care as an alternative to registered and nursing care. The aim of extra care is to promote independence with people being able to access support for personal care needs whilst maintaining independence in a flat. Extra care is designed to be flexible and responsive and to promote social inclusion. There are currently 86 units in extra care schemes ( a former sheltered scheme next to an extra care scheme is gradually being converted to extra care as new people move in) across two sites; 44 places in Battersea and 42 in the Barnes/Roehampton area. A new 45 unit extra care scheme is due to open in Tooting in Summer 2015.

### Housing with Support

The Commission on Residential Care which released its report "A vision for care fit for the twenty-first century..."<sup>16</sup> in September 2014 makes a strong argument that the current perception of residential and nursing care as a solution of last resort, not improved by the Department of Health's position since 2009 that care at home should be the first preference for all, does a disservice to the good work done by many nursing and care homes and overlooks the isolation, helplessness and loneliness felt by many in receipt of domiciliary care and argues strongly that housing with support (a phrase it adopts to widen the consideration of suitable models and move away from the negative connotations of 'care home' and 'residential care') should be encouraged and innovative models both here in the UK and abroad should stimulate a new consideration of how care and support delivered in dedicated housing can enhance individuals' lives. The Council is interested therefore in a dialogue with housing with care providers who are willing to consider innovative and community

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<sup>15</sup> Unfortunately the survey was not completed by all care homes so the figure is an indicative snapshot rather than a complete figure – it only covered 6 care homes and did not include the largest care home in the borough.

<sup>16</sup> A vision for care fit for the twenty-first century..." Demos September 2014

facing models of care and who are interested in developing and improving their offer of care to give people greater autonomy and independence in housing with care settings.

#### Care and Support in the Home

The Council carried out a framework tender in 2011 which identified 15 home care providers with whom the Council works. The borough was split into four areas with a lead provider and reserve provider in each area, together with some specialist providers who operate across the borough. There are other home care providers operating solely within the private market. Currently most packages are organised by the Council with few being sourced through a direct payments. The borough does experience difficulties with some provision of home care in some areas of the borough including Roehampton, particularly at short notice and double handed.

In general, the borough is well supplied with domiciliary care/live in care agencies with over 50 listed as operating in the borough for either live in care, domiciliary care or both; this figure includes national agencies and pan London agencies.

#### Assistive Technology (Telecare)

There has been an increase in telecare installations; between 2008 and 2013, 212 installations were carried out but further work is required on improving the offer.

#### Enablement

Wandsworth Council has an in-house enabling service called KITE (Keeping Independent through Enablement - formerly known as START) which offers enabling services to those who are eligible under the national eligibility criteria. This consists of a directed service which can last up to six weeks aimed at reablement, enablement and rehabilitation. In 2012/13 57% of people who had received an enablement service did not need an ongoing service afterwards and 24% needed a reduced service.

#### Day Opportunities

Currently there are a number of day centres in the borough aimed at older people, many of which are funded by the Council. Those funded by the Council fall into two categories; those that are open to individuals who are eligible for services under the national eligibility criteria and 'open access' services which are open to all and usually attract a small, subsidised membership or daily cost. These services are being reviewed in 2015 with a view to tendering for 2016 onwards for open access services and creating a new model of delivery for some specialist services which will provide more flexibility and greater options for individuals.

#### Transport

Public transport in the borough is variable with some areas of the borough being relatively ill served by public transport, particularly moving out beyond Putney and towards Roehampton where buses largely need to be relied upon. There is a range of options for residents to get help with transport including the Freedom Pass, taxi card, dial a ride and Wandsworth Community Transport. The Council provides a transport service, supporting people to travel to day opportunities and some services in the evenings.

The Council has carried out an extensive programme of improvements to bus stops in recent years to make them more accessible to wheelchair users and those with mobility impairments. Wandsworth now boasts one of the highest proportions of accessible bus stops in London with nearly 90% of bus stops on borough roads accessible.

#### Aids and Adaptations

Simple aids such as shower chairs, raised toilet seats and walking frames can be accessed via a 'prescription system' from approved shops around the borough.

#### Personalisation

The Council has an accreditation system for providers who offer support to direct payment users with becoming an employer and money management – this gives people more choice of service user – there are now twelve providers, compared to one in 2008 (please see Appendix 5).

### **Specific Health Projects aimed at the Older Population**

Whilst services commissioned by health are not normally designated as specific to older people, there are clearly services that are aimed at conditions that are primarily experienced by older people, such as dementia, strokes etc.

#### Behaviour and Communication Support Service (BACSS)

The BACSS service is a peripatetic service, delivered by the South West London and St Georges Mental Health Trust and funded by WCCG, which provides support to care homes to improve understanding of, and support to, people who have behaviours that challenge services (particularly in relation to dementia) whereby people's histories are utilised to try to understand behaviours and to shape interventions and support going forward. The service aims significantly to improve the quality of life of individuals and to improve the care they receive whilst supporting staff to care effectively.

#### Wandsworth Memory Assessment Service

In October 2013, the Wandsworth Memory Assessment Service was launched, improving timely diagnosis and initial management and support by providing a single pathway for all ages for the assessment, diagnosis and treatment of all new cases of dementia. WCCG also commissions a number of services from the Alzheimer's Society to assist self-management for people with dementia and their families.

#### Community Adult Health Services (CAHS)

From April 2014 the delivery of adult community health services has been reshaped to improve collaboration across the health and care system by facilitating joined up pathways across functions of care and across the borough wide system.

#### Self Management

WCCG has developed the Wandsworth Self-Management Hub to provide co-ordination of self-management initiatives to enable people to manage their condition effectively, where appropriate.

#### Falls and Bone Health

The integrated Bone Health and Falls Service has been enhanced and redesigned, with significant additional investment and the fracture service at St George's Hospital has been expanded increasing the number of patients supported by the service and reducing the risks of further fractures or falls.

#### Rehabilitation

Wandsworth CCG commissions 20 elderly rehabilitation beds on Mary Seacole Ward at Queen Mary's Hospital Roehampton and 16 intermediate care beds at Ronald Gibson House Nursing Home with St George's Healthcare Trust providing in reach therapy. The aim of the services is to provide a multi-disciplinary rehabilitation service which focuses on maximising the functional ability of the patient to enable them to return home as soon as possible.

### CHS

This organisation has been commissioned by WCCG to speed up discharge from hospital for people, including self-funders, whose destination is a care home. The service offers a 'brokerage' service.

### End of Life Care

An End of Life Co-ordination Hub to oversee co-ordination of care in the community is being developed over 2014/15 to ensure older people can be confident that their end of life wishes will be respected and care is co-ordinated to meet individual need. Co-ordinate My Care, a London-wide initiative that enables, via a web-based record, the sharing across of key care provider organisations of comprehensive and up to date information about a patient and their care has been implemented, helping to prevent inappropriate hospital admissions for this group of patients.

### **Looking Forward**

Wandsworth Borough Council wants to work closely with health partners to promote more preventative services for the whole older population, as required by the Care Act, and to stimulate the development of opportunities and support which offer people a real choice. Providers will be able to gain insight from this statement into how they can develop their offer to meet the needs of local residents. The Council would also like to see a greater development of Personal Health budgets for those who are likely to have joint funding or who may move from one source of funding to another.

### **Future**

Overall the number of people aged 65 and over is predicted to increase from 28,700 in 2014 to 30,500 in 2020. All age groups above 65 will rise with the exception of those aged between 65 and 69 which is predicted to drop over this period. The percentage of the population aged over 65 is predicted to rise by from 1.22% in 2014 to 1.38% in 2020 with the largest rise being seen in men over 85.<sup>17</sup> The wards with the highest proportion of older people are East and West Putney, Roehampton and St Mary's Park.

The number of older people living alone is predicted to increase by 741 by 2020 with 611 of those in the over 75 age group and the number of people predicted to be living in a care home is predicted to increase by 117 by 2020, the majority of which are in the 85 plus age group<sup>18</sup>. Wandsworth would like to see more of these people going into extra care instead of care homes. Conversely, the number of people funded by social services going into care homes since the beginning of 2012 has declined fairly steadily over the period from around 260 in 2012 to 180 at the beginning of the 2015-2016 financial year. This is likely to be a result of increased scrutiny of recommendations for care home and unwillingness to by the Council to utilise care home facilities unless considered to be absolutely necessary. This latter effect, of course, relates only to social care funded individuals and it is well known that private funders go into care homes earlier and spend longer in them, on average, than social services funded clients.

The number of people aged 65 or over predicted to be unable to manage one or more domestic tasks on their own is set to rise by over a thousand and the number of the same population predicted to be unable to carry out one or more self-care activity on their own is set to rise by around 850 by 2020<sup>19</sup>.

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<sup>17</sup> POPPI

<sup>18</sup> Ibid.

<sup>19</sup> Ibid

People aged 65 and over unable to manage at least one mobility activity on their own (activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed) are predicted to rise by 531 by 2020. All other predictions regarding ill health for the over 65s are on the rise:

Condition	Number 2014	Number 2020	Difference
Stroke	654	697	43
Dementia	2040	2286	246
Have a fall	7616	8267	651
To be hospitalised as a result of a fall	596	657	61
Diabetes	3544	3742	198
Limiting long term illness	13,368	14,330	962
Visual impairment (moderate, severe or registrable)	851	947	96
Profound Hearing Impairment	325	360	35

Approximately 50% (704 people) of people registered blind or partially sighted in Wandsworth are aged 75 or over.

Over 90,000 people registered with a Wandsworth GP have over 136,000 conditions requiring varying levels of care and management (whilst this is an all age figure, prevalence rises with age, affecting about 50 per cent of those aged 50 and 80 per cent of those aged 65).

Co-morbidities are common amongst older people, people with more than one long term condition may be less stable and as a result may require more intensive or ongoing periods of care and support which may, or may not, be able to be provided by informal carers. The 2011 Census showed that 9,000 people in Wandsworth aged 50 years or over recorded themselves as unpaid carers. Being a carer can significantly affect physical and mental wellbeing. More than one in four people undertaking 50 or more hours of unpaid care a week in Wandsworth are aged 65 years and older. Falls are a significant issue for older people in Wandsworth with Wandsworth having the fifth highest rate in London of emergency hospital admissions owing to an injury from a fall. The risk of falls and hip fractures increased amongst those with impaired vision as well as a result of taking medicine or receiving treatment for other health problems.

Older people are at a higher risk of social isolation; keeping connected to the community is key to combating feelings of isolation and loneliness. Risk factors for social isolation for older people include a lack of access to private transport, minimal or no contact with friends and family, low morale and living alone<sup>20</sup>. It is estimated that 10% of people over the age of 65 are socially isolated, with the percentage increasing with age<sup>21</sup>; not all people living alone are socially isolated but it is a risk factor for social isolation. Currently a projected 10,500 live alone in Wandsworth<sup>22</sup>; this is projected to increase to 11,300 by 2020, a 7.1% increase.

<sup>20</sup> Dickens et al, *interventions targeting social isolation in older people, a systematic review*, BMC Public Health Volume 11 p.647 (2011)

<sup>21</sup> Institute of Public Policy Research *Social Isolation Among Older Londoners* (2011)

<sup>22</sup> Office for National Statistics 2007 General Household Survey – Table 3.4 Percentage of Men and women living alone by age

Social isolation is also a factor in increased alcohol use and nationally there was a marked increase in alcohol related hospital admissions across all age groups but the increase was greatest for older people; for men aged 65 and over hospital admissions rose by 136% and 132% for women<sup>23</sup>.

Improving both the timely diagnosis of dementia and post diagnostic support is a key government priority with an ambition to reach 67% diagnosis rate by March 2015. Providers need to be mindful of skills needed and capabilities to provide to support for those with dementia and their informal carers.

Whilst the numbers of residential care beds are meeting current demand, it is unlikely that care bed numbers in the borough will increase, given land values. The Council expects greater use of extra care facilities in the future to fill any gap in demand but the relatively limited supply of care home places does make fluctuations in demand difficult to manage, making finding places difficult on occasion.

The Council expects the current trend for care and support in the home to continue but with the number of people using care home agencies decreasing and more people using their direct payment through a personal budget to employ personal assistants or to create personalised support systems which include formal as well as informal support.

At an event held in July 2014 to discuss the refresh of the Older Person's Strategy, the following were highlighted as issues of concern to elderly people or were stated as needed:

- Maintaining independence and staying in your own home, if that is what people want
- Well signposted and advertised 'One Stop Shop' telephone number to avoid costly multiple calls
- More proactive understanding of social isolation amongst health professionals – GPs and Pharmacists were cited
- More classes about healthy living and cookery skills – older people can be left adrift if the partner who did all the cooking dies
- Advocacy – particularly around moving to a care home
- More extra care – and better information about it
- Services for older lesbian, gay and bi-sexual people that understand the issues faced by older people in these groups
- Handyperson services
- Training and access to IT
- Befrienders and escorts who can help people get out and about

## **What is Working Well**

The range of residential care options, including care homes and extra care schemes appear to be meeting current demand although some short term pressure has been created in the residential care market by recent closures, prior to the opening of the new extra care scheme. There is a range of short term services aimed at preventing unnecessary admission to care homes, particularly after hospitalisation.

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<sup>23</sup> Wadd,S et al Working with Older Drinkers (2011)

### Step Down Beds

There are eight step down beds funded by the Council and WCCG. These are beds in residential and nursing care which provide up to 14 days of care whilst home environments are adapted or where residential or nursing care can be tested to be the right option.

### 24 Hour Care

This service provides for up to a fortnight's 24 hour waking care in an individual's home, again usually after hospitalisation. The service is largely meant to be utilised where it is anticipated that an individual will be able to remain at home after the period of intensive care and support for a short while and where four home care visits a day would be insufficient.

### Rehabilitation (Extra Care)

This service offers a stay of up to six weeks in an extra care flat. The aim behind this is to offer opportunities for enhanced rehabilitation or ongoing assessment for future services at home in a safe environment or the chance to try out extra care before making a commitment to move to extra care.

### The Quick Start Service

This service aims to prevent unnecessary hospitalisation and consists of a rapidly accessed (within 4 hours) short term (14 day) domiciliary care service which works to provide care at times of deterioration or crisis. This temporary intervention bridges the gap between sudden need and the provision of a more permanent service or provides a service that might prevent need for an ongoing service.

### **Day Services**

The Council funds a number of day services both accessible via national eligibility and direct access but there are a number of other services in the borough as well.

### Randall Close and Gwynneth Morgan Day Centres

These services are block funded by the Council and are aimed at both older and younger people with quite severe disabilities; amongst a range of activities, there are gym facilities which can be used to aid physical rehabilitation.

### Direct Access Day Services

Direct Access day services funded by the Council include St Michael's Day Centre, Furzedown Road, Hestia, Regenerate Rise and Asian Elders Support Scheme. These services can be accessed by individuals for a variable charge and most provide a range of activities, outings, advice and a meal, usually with a subsidised cost or membership.

### Tooting Graveney Day Care Centre

This service is open on Mondays and Thursdays for lunches and offers bingo, cards, darts, sewing, an exercise class, discussion, outings, health checks and computer classes. There is a nominal annual membership and lunch costs £3.50.

### Tooting Neighbourhood Centre

This service offers a number of services in addition to domiciliary care including a luncheon club for the elderly which meets twice weekly on Mondays and Fridays as well as a day centre that meets on Tuesdays and Thursdays with activities including Keep Fit, Arts and Crafts, Computer Skills training, games, movies, music and dancing and medical advice and check-ups. Services attract a variable charge, depending on the service.



#### Wandsworth Bengali Welfare Association

This service offers day care services and a range of community groups and activities aimed at the Asian Community.

#### Wandsworth Asian Women's Association

This service offers a drop in service every Monday and Tuesday for elderly Asian women who want to meet up with others.

#### Holybourne

This is a specialist day centre for older people who have dementia or memory difficulties.

#### Behaviour and Communication Support Service (BACSS)

This service, funded by WCCG, offers a variety of evidenced-based psychosocial interventions to support people experiencing distress and their carers. This service is currently available to individuals in specified care homes within the borough and is being rolled out to all care homes by the end of end June 2015.

#### Voluntary Services including Peer Support Groups

WCCG and the Council fund a number of services aimed at carers and those they care for; these include dementia cafes, information and advice, peer support, respite for carers, counselling and training.

Many services are not funded by health and social care (see above for further details).

#### Age UK Wandsworth

Age UK Wandsworth provides a range of preventative services that are designed to promote the wellbeing of local older people:

- Information, advice and support on a wide range of issues for older people and their carers.
- Befriending services for isolated and housebound older people.
- Support for older carers and carers of older people in Wandsworth including advice and information on housing, benefits and social services, telephone calls for extra emotional and practical support, respite care provided by volunteers along with support and social groups.
- The Handyperson service provides practical help with minor adaptations, small repairs, DIY tasks and other small jobs in or around the home to ensure that older people remain safe and secure within their own home.
- Home from Hospital offers practical support and assistance to people aged 60-plus in their own homes for up to six weeks after they have left hospital.
- Garden Friends matches volunteers with older people who need help to manage their garden.
- An internet shopping service for those who do not have access to the internet and need help to do their shopping.
- An Out & About service run by volunteers provides occasional trips out to local places for older people who have difficulty getting out of the house unaided.

The Be-a-Friend, Shopping, Carers Support and Handyperson services are all funded by the Council.

#### Alzheimer's Society

Alzheimer's Society provides the following services in Wandsworth:

- Cafes – Sunflower (Putney), Clover (Tooting), Poppy (Balham and Bluebell (Battersea)
- Peer Support Groups – Little Grey Cells (for people in the early stages), Southfields, Wandsworth Carers' Support Group (Wandsworth), Evening Support Group (Garratt Lane)

- Carers Information and Support Programme (CrISP)
- Singing for the Brain
- Life After Diagnosis
- Facing the Future Information Sessions
- Dementia Support workers and advisors

### Step Forward

Step Forward is a direct payments advice and information service provided by MIND. The service aims to assist people to find appropriate opportunities that can assist them and also provides advice about responsibilities as an employer. This service is available for older people, people with mental health issues, people with learning disabilities, people with physical disabilities or sensory impairment, carers and those with a dual diagnosis.

### End of Life Care

The Wandsworth EOLC system (the range of individuals and organisations caring for people nearing the end of their life) has been working to develop a system that delivers high quality, individualised care at end of life, based on good practice principles. Coordinate my Care, a London-wide initiative that enables, via a web-based record, the sharing of comprehensive and up-to-date information about a patient and their care across key care provider organisations – helping to prevent inappropriate hospital admissions for this group of patients – has been implemented. Staff training has been delivered to help professionals identify and assist those nearing the end of their life, and five nursing homes in Wandsworth have been supported to gain full accreditation with the Gold Standard Framework for end of life care with the remaining homes engaged in the accreditation process.

### Transport

The Council has adopted the Department for Transport's recommendations and guidelines for all aspects of assessing Blue Badge eligibility. In December 2013, 4,343 people over 60 in Wandsworth had a blue badge.

Disabled parking bays are provided on the basis of the difficulty Blue Badge holders have finding a parking space close to their destination. The majority of enforceable disabled bays are located close to central shopping areas or major public transport hubs, but a resident can request a disabled bay be located outside their home. All disabled bays are regularly reviewed and are removed if there is no longer a demand for them. Between 2008 and 2013 the Council made 146 Mandatory bays (available to all Blue Badge holders) and 85 Resident Specific bays (restricted for use by a specific person), and removed 160 bays. There are currently 220 Mandatory bays and 89 Resident Specific bays in Wandsworth.

Wandsworth Community Transport receives funding from Wandsworth Council to provide specialist transport services to community groups and people with impaired mobility. They enable access to a range of community activities, reduce isolation, and promote independence. Services offered include:

- Minibus provision for approximately 350 community organisations and 1,800 older and disabled Wandsworth residents
- A shopping shuttle (10,000 trips in 2013)
- Shopmobility
- Outings for housebound and more active older people.

In 2012/13, the Council contributed approximately £13 million to Concessionary Fares. In 2013, 35,634 Wandsworth residents had an Older Person's Freedom Pass. From April 2010, the eligibility

age for the Older Person's Freedom Pass started to rise in the line with the state pension age for women. Taxicard is managed on Wandsworth Council's behalf by London Councils and is jointly funded with TfL.

#### Services Providing Accommodation with Support

Unfortunately the association of keeping people independent with keeping them in their own home has led to a situation whereby people sometimes stay at home too long with their frailty or disabilities contributing to social isolation and, equally, soundly based and positive decisions to move to specialist accommodation are often not made, leading to moves to care homes at times of crisis. A recent paper by the Commission on Residential Care <sup>24</sup> argues that accommodation with care has a valuable role to play in provision but that it should be more innovative, perhaps have care separated from accommodation and 'hotel' costs and should look to create more co-production. It also argues that choosing accommodation with care in a planned way should be encouraged and the trend of considering accommodation with support as a choice of last resort, often at times of crisis, should be reversed. Wandsworth endorses this view and would be keen to see providers offering new models of accommodation with support to serve the needs of the elderly population.

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<sup>24</sup> <http://www.demos.co.uk/publications/corc>

## **Opportunities**

**There is a range of ways providers can support older people to remain independent and stay active. The following offer some potential opportunities:**

- **Services that are not traditionally perceived as ‘social care’ services but effectively meet the needs of individual service users such as activities that keep people healthy or learning a new skill.**
- **Services which will support and encourage older people to make changes to live a healthy and active lifestyle.**
- **Services which encourage and support people to self manage their condition (where appropriate).**
- **Support and opportunities that will help reduce loneliness, recognising the presence of alcohol dependency amongst some of this group.**
- **More personal assistants and more support for employers and employees.**
- **Providers should consider developing services and support for people that fund their own care, including PA registers, support planning and brokerage.**
- **There is a need to develop innovative ways to support older people to develop sustainable activities for themselves rather than relying on Council services for support.**
- **Support with day to day activities such as how to use the internet, how to keep the house and garden tidy or how to cook.**
- **Services which provide companionship or ‘accompanying’ – either by paid carers or volunteer – to allow individuals to access mainstream activities or services;**
- **Providers should develop more services that “wrap around” other services and/or allow for multiple funding streams and approaches; the Council envisages people accessing support from a range of sources; voluntary sector, statutory and from personal support mechanisms.**
- **Support, including financial advice and approaches to equity release from suitably qualified organisations.**
- **Innovative housing with care solutions that enhance existing models, whether it be through developing services in more modern residential models or enhancing the delivery offer such as developing ‘relationship centred care’ see ‘My Home Life’ or multi-generational models.**
- **Extra Care services.**

**Providers that we would like to see in the market are those who:**

- offer early interventions for those with dementia and those exploring models of support that prioritise the person, not the disease, and respond appropriately;
- have high quality standards, develop services in partnership with people that use services and who aim to find ways of providing support the way people want it, rather than necessarily the way it has always been delivered;
- are prepared to challenge the prevailing norms and embrace innovation to improve the quality of care;
- are micro and medium sized and can develop new or creative ways to support people to reduce dependency on care; including more individualised companion or 'accompanying' support which will allow people to access mainstream activities and services and which will provide respite to carers;
- embrace modern technology including assistive technology to improve the quality of life for individuals;'
- measure success in outcomes for the individual, rather than outputs;
- have flexible staff and purchasing systems suited to business from self-funders and individuals in receipt of a direct payment;
- can promote activities during the day, in the evenings and at weekends that keep individuals active and engaged but which move on beyond traditional, centre- based day care;
- direct services at those who are socially isolated, regardless of whether or not they are eligible for Council assistance;
- can work in partnership with the Council to provide extra care and/or 'virtual extra care' or new models of housing with support;
- find innovative ways to support people to lead healthy and active lives;
- have a positive attitude to risk and strive not to limit individual choices through risk aversion; and
- concentrate on the preventing, delaying or reducing the need for care.

## EARLY ONSET DEMENTIA

### What we want for our residents

People diagnosed with dementia under the age of 65 are often described as having 'early onset dementia'. Younger people can face difficulties getting a diagnosis and can find that services are either difficult to access or inappropriate for someone who is younger.

We want people who have early onset dementia and their carers to be able to access services that are helpful and age appropriate.

### Overview

Service/Intention	Desired Future Trend
Traditional Residential/Nursing Care (aimed at older people)	Decreasing
Innovative Housing with Care Models	Increasing
Managed Support	Decreasing
Receipt of Direct Payments (Directing Support)	Increasing

### Looking Back

Alzheimer's disease and other dementia are devastating conditions that create huge emotional, financial and physical challenges for the person and their family. These conditions usually affect older people; when they occur in people under the age of 65, the conditions cause unique problems because they are so unexpected and because most potentially helpful programmes and services are designed for and targeted at older people.

According to PANSI data<sup>25</sup>, the estimated prevalence in Wandsworth until 2030 is as follows:

Estimated Prevalence	2015	2020	2025	2030
Males aged 39-64	32	35	38	39
Females aged 39-64	26	28	31	33
<b>Total</b>	<b>58</b>	<b>63</b>	<b>69</b>	<b>72</b>

These figures show that the estimated prevalence is not high which makes commissioning and providing specific services difficult.

### Problems confronted by people with early onset dementia and their families

1. **Difficulty getting an accurate diagnosis** – Dementia is usually considered a condition of older people and is not expected in younger people. When a person under the age of 65 goes to a doctor with symptoms of dementia, the doctor may not even think of dementia as a possibility or may not know how to diagnose it.
2. **Loss of employment and job-related income** – older people with dementia are retired but many people with early onset dementia are still working when their symptoms emerge. Over time, the person loses the ability to perform their usual job tasks but the reason for this change may not be understood by the person, the employer or co-workers. As a result, the person may

<sup>25</sup> Projecting Adult Needs and Service Information for Wandsworth

lose not only their job and the attendant income but also self esteem, the feeling of being a productive person and the status of being a valued employee or co-worker.

3. **Lack of appropriate medical care, residential care and community services** – Most services for people with dementia are designed for older people; many people with early onset dementia feel uncomfortable with these services with the result being that the person often refuses to use these services which can mean that informal carers have difficulty finding respite from their caring role.

My husband was diagnosed in 2010. His dementia is now a massive disability and he needs 24 hour support. I have just 12 hours a week of support and despair at being able to find appropriate care for him. I am not alone. YOD is by no means as rare as is assumed and the fall out for the individual and for family carers is devastating.

*Words of Carer in Wandsworth*

### **Looking Forward**

Wandsworth wants to work with providers who can provide services that assist the relatively small numbers of individuals with early onset dementia. Ideally, this should include peer support for carers and respite in the shape of accompanying/companionship that is suitable for this age group and can be tailored to individual interests.

### **What is working well**

There is an early onset dementia support group held at St Georges Hospital.

The Alzheimer's Society and the Carers' Centre can give advice and support to people suffering from early onset dementia and their carers.

## **Opportunities**

**There is a range of ways providers can support people with early onset dementia and their carer. The following offer some potential opportunities:**

- **Services that are not traditionally perceived as ‘social care’ services but effectively meet the needs of individual service users such as activities that keep people healthy or learning a new skill.**
- **Services which encourage and support people to self manage their condition (where appropriate).**
- **More personal assistants and more support for employers and employees.**
- **Providers should consider developing services and support for people that fund their own care, including PA registers, support planning and brokerage.**
- **Support with day to day activities such as how to use the internet, how to keep the house and garden tidy or how to cook.**
- **Services which provide companionship or ‘accompanying’ – either by paid carers or volunteer – to allow individuals to access mainstream activities or services;**
- **Providers should develop more services that “wrap around” other services and/or allow for multiple funding streams and approaches; the Council envisages people accessing support from a range of sources; voluntary sector, statutory and from personal support mechanisms.**
- **Support, including financial advice and approaches to equity release from suitably qualified organisations.**
- **Innovative housing with care solutions that enhance existing models, whether it be through developing services in more modern residential models or enhancing the delivery offer such as developing ‘relationship centred care’ see ‘My Home Life’ or multi-generational models.**



**Providers that we would like to see in the market are those who:**

- Understand that younger people with dementia will reject services aimed at the traditional, older, cohort of dementia sufferers and need more tailored services;
- offer early interventions for those with dementia and those exploring models of support that prioritise the person, not the disease, and respond appropriately;
- have high quality standards, develop services in partnership with people that use services and who aim to find ways of providing support the way people want it, rather than necessarily the way it has always been delivered;
- are prepared to challenge the prevailing norms and embrace innovation to improve the quality of care;
- are micro and medium sized and can develop new or creative ways to support people to reduce dependency on care; including more individualised companion or 'accompanying' support which will allow people to access mainstream activities and services and which will provide respite to carers;
- embrace modern technology including assistive technology to improve the quality of life for individuals;
- measure success in outcomes for the individual, rather than outputs;
- have flexible staff and purchasing systems suited to business from self-funders and individuals in receipt of a direct payment;
- can promote activities during the day, in the evenings and at weekends that keep individuals active and engaged but which move on beyond traditional, centre- based day care;
- direct services at those who are socially isolated, regardless of whether or not they are eligible for Council assistance;
- have a positive attitude to risk and strive not to limit individual choices through risk aversion; and
- concentrate on the preventing, delaying or reducing the need for care.

## LEARNING DISABILITIES

### What we want for our residents

We want people to be active citizens able to live a meaningful life and make contributions to the community of which they are part. People with learning disabilities and their families have the same aspirations as everybody else: they would like to be independent, have their own home, make friends, get a job and choose what they do in their spare time. Care and support providers must recognise this and offer flexible, close to home services that offer choice and control.

### Overview

Service/Intention	Desired Future Trend
Traditional Residential/Nursing Care	Decreasing
Innovative Housing with Care Models	Increasing
Supported Living	Increasing
Managed Support	Decreasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community incorporating employment	Increasing
Innovative multiple and joint approaches	Increasing

### Looking Back

#### Spend

In 2012/2013 the Council spent £39.9m on services for people with learning disabilities and WCCG spent £4.99m. The vast majority of this was spent on residential care (£19.4m Council and £2m Health). Although the Council is moving gradually moving spend from residential care to supported living (£6.4m) and is actively developing supported living, more needs to be done. The main reasons for spend on residential care are (a) historic placement and (b) the need to place in out of area services, largely owing to behaviour which challenges.

#### Care Homes

There are 12 independent learning disability care homes in the borough, providing 120 places, all of which are available on a spot purchase basis. One very large home (42 places) is largely populated by people from other local authority areas.

#### Supported Living

There are 20 supported living units funded by the Council (formerly funded through the Supporting People programme). Since 2010, the Council has developed six new supported housing schemes in the borough, providing 57 self-contained flats; four of the schemes were new build, the capital for which was provided by the Homes and Community Agency. There is a total of 168 supported living units in the borough.

The number of people in 'settled accommodation' has increased from 50% in 2010 to 67% in 2013 and the proportion of spend on residential care has fallen from 59.3% to 48.6% in the same period. Since 2010 a further 3 residential care homes have been converted to supported housing and three council owned residential care homes have closed with residents moving to supported living.

### Day Support and Employment

Two outdated 'traditional' day services have been closed and three new centres have opened across the borough, together with a new high specification day facility for people with higher needs.

The independent sector in this area has continued to grow and an increasing number of people purchase a mix of day support with their direct payment through a personal budget.

There has been some development of social enterprises but progress has been slow.

An employment support service, HAIL, has been commissioned and alongside this there are other employment schemes such as WorkRight and Platform One. The percentage of people with a learning disability in paid employment has increased from 3.7% in 2010 to 8.5% in 2012/2013.

### Floating and other Outreach Support

There is a successful 'Keyring' service catering for 8 individuals living successfully in the community. Approximately 80 to 100 people are supported in the community via floating support. There are 39 people living in the family homes of paid carers (Shared Lives)..

### Respite (Short Breaks) and Emergency Services

A 'traditional' respite service was closed and replaced with a new smaller home, together with a more Shared Lives respite and grants for 'holiday' respite opportunities.

### Transport

Most people have now learnt to travel independently with only a small number of individuals using specialist Council transport to attend day services.

## **Looking Forward**

Wandsworth Borough Council wants to work closely with Health on improving the lives of those with learning disabilities; it also wants to promote the development of new services that access mainstream activities and offer real choice for individuals. Providers will be able to gain insight from the market position statement into how they can develop their offer to meet the needs of future residents.

## **Future**

Nationally, over 2% of the population has a learning disability. There are estimated to be 5,712 adults with a learning disability in Wandsworth, rising to 6,028 by 2020<sup>26</sup> of whom 852 were in receipt of services in 2013<sup>27</sup>. Two and a half times the proportion of people with learning disabilities lives in the areas of highest deprivation in Wandsworth.

The life expectancy at birth for people with learning disabilities can be more than 25 years less than the general population<sup>28</sup>. For males with learning disabilities the current life expectancy is 67 and for women 69. For those with Down's syndrome it is 55 years<sup>29</sup>. The life expectancy at birth in England for the general population is 79.2 years for men and 83 years for women<sup>30</sup>. The median age at death for people with learning disabilities in Wandsworth for the 2008-11 period was 59 years old, 3 years higher than the national average<sup>31</sup>. People with learning disabilities have more complex

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<sup>26</sup> PANSI

<sup>27</sup> Wandsworth Adult Social Services (2013)

<sup>28</sup> NHS Health Scotland 2004

<sup>29</sup> Valuing People 2009

<sup>30</sup> Office for National Statistics 2013

<sup>31</sup> Public Health England 2013)

health needs when compared with the general population which result in large health inequalities between the two groups<sup>32</sup>

During 2012-2013 the number of learning disability clients, aged 18 years or older, in receipt of services in Wandsworth was 852<sup>33</sup>. The male/female split was 488 to 364. The greatest difference between genders is seen in the 18-29 years and 30-49 age groups (324/210). The older the age group the more equal the gender difference becomes; in the 50-64 years group there are 196 (106/90) people with learning disabilities and for those aged 65-79 there are 111 (56/55). There are 9 females aged 80 years or older and only two males.

An analysis of GP registered data of patients with a learning disability shows that the highest proportion live in the wards of Latchmere, Graveney and Roehampton<sup>34</sup>. Two and a half times the proportion of people with learning disabilities live in areas of highest deprivation (relative to Wandsworth) compared to least deprived areas.

Using the work of Emerson & Hatton<sup>35</sup> it is estimated that there are 5,600 adults aged between 18 and 64 and there are estimated to be 594 people with learning disability over the age of 65 in the borough predicted to rise to 634 by 2020<sup>36</sup>. Given the number of individuals known to services (which are at the higher end of the spectrum) and the POPPI estimates for moderate or severe disability in this age group (81 rising to 84 in 2020), a significant proportion of these will have low to moderate needs which are being met by informal carers who are also ageing; it is likely that the deaths of elderly parents will leave a number of these people in need of low to medium level support services.

People with learning disabilities are more likely to suffer from physical and mental health problems, die before the age of 50 and die from a preventable cause. Less than 9% of people with learning disabilities are in paid employment and worklessness is linked to social and health inequalities. People with learning disabilities are also disproportionately represented in the criminal justice system.

### Housing

Two more new build supported housing schemes are being pursued by the Council which will provide at least 18 more self-contained flats. The Council is considering two more schemes in addition to the two opportunities already identified. Council tenancies are available but take up has been low.

### Becoming Adult

From the most recent data available (2012), there were known to be 679 children known to schools with a learning difficulty, School Action Plus or Statement of Educational Needs in Wandsworth. 77.5% has a moderate learning difficulty, 17.5% has a severe learning difficulty and 5% has a profound and multiple learning difficulty, 368 of whom are either in a secondary school or a special school, demonstrating that a considerable number of individuals will be adults with learning disabilities over the next few years.

Over 50% of the estimated current numbers of people with a learning disability are aged between 18 and 34. There is a need for providers to offer services and support that will meet the needs of younger people by providing more innovative and age specific services.

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<sup>32</sup> Walsh et al.2003

<sup>33</sup> (Wandsworth Adult Social Services 2013)

<sup>34</sup> NHS Wandsworth 2010)

<sup>35</sup> Emerson & Hatton 2008

<sup>36</sup>

## Health

Almost half the people with Down's syndrome are affected by congenital heart problems<sup>37</sup> and people with learning disabilities have higher rates of obesity, coronary heart disease, respiratory disease, hearing impairment, dementia, osteoporosis and epilepsy<sup>38</sup>. The leading cause of death amongst people with learning disabilities is from respiratory disease followed by heart disease<sup>39</sup>.

In Wandsworth, a total of 35% people with a learning disability and a recorded BMI (16+) were recorded as being obese, a higher prevalence rate compared to the general population which is 24%<sup>40</sup>. A further 25% were considered to be overweight and 7% underweight.

Advances in health care for people with learning disabilities, resulting in increased longevity, put in focus the adequacy of chronic disease management for the growing number of middle-aged and elderly person in this population. Diabetes is believed to be more prevalent in people with learning disabilities<sup>41</sup>. The prevalence of diabetes in the registered learning disabled population (17+) years was 8.2%; the prevalence given by Diabetes UK (2009) for the general population is between 4% and 5%.

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) amongst people with learning disabilities in Wandsworth 1.0% compared to a general registered population prevalence of 0.8%. The prevalence of asthma among people with learning disabilities is high at 10.9%, more than twice that which is recorded in the general registered population at 4.1%.

Epilepsy occurs in around 0.5% of the population<sup>42</sup> but has a more common association with people with learning disabilities<sup>43</sup>. The prevalence of epilepsy can be up to 50% in those with a severe learning disability<sup>44</sup> and has a higher mortality<sup>45</sup>. The prevalence of epilepsy in the GP registered learning disability population in Wandsworth is high with nearly one in five or 19.4% of people recorded as having epilepsy against 0.5% estimated for the general population<sup>46</sup>.

The table below shows indicators for accommodation and social care for people with learning disabilities in Wandsworth. The data has been obtained from the Learning Disabilities Observatory (Public Health England 2013) which in turn have sourced the data from the NHS Information Centre NASCIS Online analytic processor. The data is related to people with learning disabilities known to Wandsworth adult social services. Data presented here is the latest available for comparison with national averages.

There is a multi-disciplinary LD Community Health Team and a Specialist Mental Health team for people with LD. GPs carry out annual health checks and there is support to take up cancer screening.

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<sup>37</sup> Brookes et al 1988)

<sup>38</sup> Center et al. 1198, Cooper 1997a, 1997b, Mathews et al. 2008 , Tyler et al 2000.

<sup>39</sup> Hollins et al. 1998.

<sup>40</sup> NHS health and Social Care Information Centre 2013

<sup>41</sup> Marshall et all 2003, McGuire et al 2007)

<sup>42</sup> Epilepsy Research UK 2009

<sup>43</sup> National Institute for Clinical Excellence 2004)

<sup>44</sup> Sillanpaa 1996)

<sup>45</sup> Foresgren et al 1996)

<sup>46</sup> NHS Information Centre 2009b

Indicator	Number	Wandsworth	England
Living in settled accommodation	535	67.7%	68.9%
Living in non-settled accommodation	255	32.3%	28.4%
Accommodation status unknown to local authority	0	0.0%	9.1%
Accommodation severely unsatisfactory	0	0.0%	0.1%
Adults using day services	250	31.7%	34.7%
Adults receiving community services	515	65.2%	75.0%
Adults with a learning disability in paid employment	55	7.0%	6.1%
Adults receiving direct payments	115	22.3%	n/a

Source: Public Health England 2013

The proportion of people with learning disabilities in Wandsworth living in settled accommodation is similar to the national average at 67.7%. The proportion of those living in non settled accommodation is significantly higher than the national average but is not a like for like comparison as the accommodation status of the entire population is known but nationally only 90.9% is known.

#### JSNA

Issues and priorities specific to learning disabled adults include:

- An improved offer of support and services that assist adults with learning disabilities into employment
- Better access to mainstream education and leisure
- A reduction in reliance on traditional specialist day services
- Greater options for individualised support
- More supported accommodation for those that currently live with ageing parents

#### **What is Working Well**

The newly commissioned supported housing units have reduced reliance on residential care and are appreciated by those within them. Supported living in general is working well.

Many have good experiences with health staff such as doctors, dentists and opticians.

All health funded placements in assessment and treatment units have been reviewed.

There is better access to disease prevention, screening and health promotion activities but there is still room for improvement.

Training for dentists is well established.

There is good information on people with learning disabilities from BME communities.

#### Act Too

Act Too provides a variety of services for people with learning disabilities, including training opportunities, independent living support, housing and outreach services, drama, dance and DJ workshops.

#### Balham Gateway Club

Balham Gateway Club is a social club on Mondays for anyone with a learning disability living in Wandsworth.

#### Battersea/Wilditch Community Social Base

This service provides a range of day activities for people with learning disabilities.

#### Certitude

Certitude is a charity which supports people with learning disabilities and mental health needs to lead more independent lives.

#### Complex Needs Hub

This is a specialist hub for adults over the age of 18 with learning disabilities.

#### Dolphins Swimming Club

This is a swimming club for children and adults with learning disabilities or mild physical disabilities.

#### Gateway Club

The Gateway Club is an activities group in Wandsworth for people aged 18 and over with learning disabilities.

#### George Shearing Centre

The Youth Club at George Shearing Centre is for young people aged 13-25 with severe learning disabilities and complex needs.

#### Katherine Low Settlement

Katherine Low Settlement (KLS) is a multi-purpose community and social action centre in Battersea

#### Lifeways

Lifeways provides support services for people with diverse and other complex needs including people with learning disabilities, Mental Health needs, Autism and Asperger's, acquired brain injuries and complex behavioural or physical needs.

#### Platform 1 Cafe

Platform 1 Café in Clapham Junction is a training café for people with learning disabilities run by The Camden Society.

#### Putney Community Base

Putney Community Base has temporarily relocated to Wilditch Community Centre from where it still offers a range of day activities for people with learning disabilities.

#### Share Community

Share provides accredited vocational training, day care, employability and personal development programmes to disabled adults including people with mental health needs, autism, learning or physical disabilities.

#### Step Forward

Step Forward is a direct payments advice and information service provided by MIND. The service aims to assist people to find appropriate opportunities that can assist them and also provides advice about responsibilities as an employer. This service is available for older people, people with mental health issues, people with learning disabilities, people with physical disabilities or sensory impairment, carers and those with a dual diagnosis.

#### Tooting Community Base

Tooting Community Base offers a range of day activities for people with learning disabilities.

Thrive

Thrive uses gardening as a way to change people's lives.

Travel Buddy Service

Travel Buddy is a service which provides support for people with learning disabilities to travel safely on public transport.

Wandsworth Community Base

Wandsworth Community Base offers a range of day activities for people with learning disabilities.

Wandsworth Mencap

Wandsworth Mencap provides services and support to People with learning disabilities and their families and carers.

Wardley Street

Wardley Street is a new respite service in Wandsworth for people with a learning disability.

WorkRight Employment Scheme

WorkRight aims to increase the number of disabled people employed by the Council and by the Council's contractors and partners by helping people gain work experience and skills.



## **Opportunities**

**There is a range of ways providers can support people with a learning disability a meaningful life. The following offer some potential opportunities:**

- **More supported housing units are required, both self-contained and shared; but shared in 'friendship' groups not in large units – the private rental market could supply this.**
- **Providers of care and support to people with complex needs in household settings, prepared to offer services on a 'pooled budget' as well as a commissioned basis (pooled personal budgets).**
- **More supported living opportunities for those with complex needs are required with suitably experienced staff;**
- **Services that embody the 5 ways to wellbeing into care and support to ensure emotional health and wellbeing ([neweconomics.org/projects/entry/five-ways-to-well-being](http://neweconomics.org/projects/entry/five-ways-to-well-being)).**
- **More opportunities to engage in physical activity and play sport., alongside opportunities to encourage healthy eating and lifestyle and to prevent obesity and/or achieve weight loss.**
- **More information about getting a job and support to gain paid work, self-employment and volunteering.**
- **More services providing social interaction and activities at weekends and in the evenings.**
- **More information and advice about personal budgets and opportunities such as personal assistants, activities, clubs or support at home.**
- **The development of specialist social enterprises and community interest companies can provide an alternative route for people into paid employment.**
- **There is a need to develop innovative ways for people with learning disabilities to develop sustainable activities for themselves rather than relying on 'traditional' Council commissioned services.**
- **Information and support services to help people rent or buy their own home.**
- **There are currently 213 people in residential care out of borough; some of these people could benefit from moving back into borough, preferably to supported living.**
- **Fewer young people attending residential colleges.**
- **Innovative housing with care solutions that enhance existing models, whether it be through developing services in more modern residential models or enhancing the delivery offer such as developing 'relationship centred care' see 'My Home Life' (see Footnote 17) or multi-generational models.**
- **More 'educational' opportunities outside colleges to offer a range of different skills.**

**Providers that we would like to see in the market are those who:**

- have a 'local offer' so that people can get care and support close to home.
- have a good understanding and knowledge of those with complex needs such as those difficult to engage in services and those who challenge services by their behaviour;
- have high quality standards and work in partnership with people who use services in making further improvements;
- are prepared to challenge the prevailing norms and embrace innovation to improve the quality of care;
- provide a holistic approach to integrating physical health and mental health promotion into everyday support and care;
- find innovative ways to support and encourage healthy and active lifestyles;
- help to reduce health inequalities by increasing and supporting access to health services, including screening;
- are conscious of both common mental health disorders and more serious mental illness and provide pathways to treatment including psychological therapies;
- are innovative and find new, community based, ways to support people to live the lives they want;
- measure success in terms of outcomes for the individual;
- have flexible staff and purchasing systems suited to business from individuals using a direct payment through a personal budget;
- are prepared to offer support services and activities at evenings and weekends, not just weekdays;
- understand and have embedded the principles of person centred planning in their day to day practice;
- have a positive attitude to risk and strive not to limit individual choices through risk aversion; and
- concentrate on the preventing, delaying or reducing the need for care.

## Autism<sup>47</sup>

### What we want for our Residents

The Council echoes the Government's Autism Strategy which aspires to 'ensure that adults with autism are able to lead fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it and they can depend on mainstream public services to treat them fairly as individuals, making the most of their talents.'<sup>48</sup> The recording of autism as a condition has only recently started (September 2013) so data on autism prevalence in Wandsworth are not available however approximately 1% of the population are estimated to be on the autistic spectrum with the condition being more prevalent in males. People on the autistic spectrum can have a wide variety of support needs and any one individual with autism can have areas where they function well and other areas where they may need support. People with profound autism need very high levels of support as many lack a sense of personal danger and find it hard to function to carry out activities of daily living; equally so called 'high-functioning' autistic people operate fully within mainstream living, many having been undiagnosed.

### Overview

#### *Specific direction of travel:*

Service/Intention	Desired Future Trend
Assessment and Treatment Units	Decreasing
Traditional Residential/Nursing Care	Decreasing
Innovative models of housing with care	Increasing
Supported Living/Specialist Support	Increasing
Managed Support	Decreasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community incorporating employment	Increasing
Innovative multiple and joint approaches	Increasing

### Looking Back

Historically, many people on the autistic spectrum have had services provided either through mental health or learning disability teams, greater understanding and recognition of difficulties experienced in the absence of associated mental health or learning disabilities by people with autism is needed and it is hoped that, in time, new recording of autism will assist in this respect.

Many people on the autistic spectrum have found gaining employment difficult and housing does not often take into account specific spatial and other difficulties experienced by those on the autistic spectrum although more attention is paid to this nowadays.

Traditionally, transition for those with autism has not always taken into account difficulties encountered by those with autism around change but autism training has had a high priority amongst staff at the Council's day services.

There is an agreed diagnostic pathway with GPs.

<sup>47</sup> Whilst it is recognised that some people with profound autistic conditions can display behaviour which challenges services, this is largely covered in the next section 'People Whose Behaviour Challenges'.

<sup>48</sup> [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113369](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369)

## **Looking Forward**

PANSI data estimates 2,240 adults on the autistic spectrum, rising to 2,359 in 2020. 50% of people on the autistic spectrum are likely also have a learning disability so the section on Learning Disabilities is also applicable.

Diagnosis rates are increasing so greater knowledge on the autistic population going forward is likely.

The commissioned employment support service has increased the number of people with autism in employment.

A carers' support group has been established.

The transition experience for young people with autism has improved.

The Council recognises the importance of services that offer early intervention and prevention for people with autism in order to prevent crises and enable those with autism to live independently. With an increase in those being diagnosed, there will be a need in the future to develop the market for those with higher functioning autism and those with more complex needs. Providers will need to recognise that most services required by those with higher functioning autism will not be funded by Council funding but this does not negate the need for these services to be developed.

Universal services and the community as a whole need to better understand the needs of people with autism. Those providing support or advice need to ensure they are more accessible to people with autism and employers must make reasonable adjustments.

## **What is working well**

Diagnosis rates are going up.

The commissioned employment support service has increased the number of people with autism in employment.

A carers' support group has been established.

The transition experience for young people with autism has improved.

There has been an Autism Steering Group in Wandsworth Borough Council since 2011 with active involvement of people with autism and their carers.

### A2ndVoice

A2ndVoice is a voluntary support network for parents and carers of children, young people and adults living with autism and other related conditions in South London.

### Lifeways

Lifeways provides support services for people with diverse and other complex needs including people with learning disabilities, Mental Health needs, Autism and Asperger's, acquired brain injuries and complex behavioural or physical needs.

### Putney Community Base

Putney Community Base has temporarily relocated to Wilditch Community Centre from where it still offers a range of day activities for people with learning disabilities.

#### Share Community

Share provides accredited vocational training, day care, employability and personal development programmes to disabled adults including people with mental health needs, autism, learning or physical disabilities.

#### Tooting Community Base

Tooting Community Base offers a range of day activities for people with learning disabilities.

#### Wandsworth Community Base

Wandsworth Community Base offers a range of day activities for people with learning disabilities.

#### Wandsworth Mencap

Wandsworth Mencap provides services and support to People with learning disabilities and their families and carers.

#### WorkRight Employment Scheme

WorkRight aims to increase the number of disabled people employed by the Council and by the Council's contractors and partners by helping people gain work experience and skills.

### **Opportunities**

**There is a range of ways providers can support people with autism to live a meaningful life. The following offer some potential opportunities:**

- **Accommodation options for people with autism, including sole occupancy, private tenancies and owner occupier, together with specialist providers who can offer 'tailored packages' into individuals' own homes which can be funded either by the Council or by individuals using or pooling their personal budgets.**
- **Preventative services, such as information, advice and peer support.**
- **Support services to help those with autism access mainstream and other social and leisure activities.**
- **Innovative housing with care solutions that enhance existing models, whether it be through developing services in more modern residential models or enhancing the delivery offer such as developing 'relationship centred care' see 'My Home Life' (see Footnote 17) or multi-generational models.**
- **Support for adults with autism into employment and training.**
- **Support for adults with autism to encourage a healthy and active lifestyle.**
- **Services that embody the 5 ways to wellbeing into care and support to ensure emotional wellbeing.**
- **Raising awareness and providing information on the needs of people with autism amongst the wider community.**

**Providers we would like to see in the market are those who:**

- are autism aware and understand the specific needs of people with autism;
- are able to provide cost effect and innovative solutions around building capacity, awareness and the local workforce around autism;
- have the knowledge and skills to provide support for adults with autism as personal assistants;
- are able to support carers and family members who care for someone with autism;
- are prepared to challenge the prevailing norms and embrace innovation to improve the quality of care;
- have high quality standards and work in partnership with people who use services in making further improvements;
- embody a strong ethos of prevention of physical and mental health conditions through health promoting environments, training and resources;
- find innovative ways to support and encourage a healthy and active lifestyle;
- help to reduce health inequalities by increasing and supporting access to health services, including screening;
- are innovative and find new, community based, ways to support people to live the lives they want;
- measure success in terms of outcomes for the individual;
- have flexible staff and purchasing systems suited to business from individuals using direct payments through a personal budget;
- are prepared to offer support services and activities at evenings and weekends, not just weekdays;
- deliver specialist services for those with the highest need who find ways of supporting individuals which (safely) minimise the number of staff required to support that individual to keep them engaged in the community and safe;
- understand and have embedded the principles of person centred planning in their day to day practice;
- have a positive attitude to risk and strive not to limit individual choices through risk aversion; and
- concentrate on the preventing, delaying or reducing the need for care.

## Behaviour that Challenges

Our vision is to enable those who present a challenge to services to live independently and safely in their own home where possible and in the least restrictive setting, with access to healthcare, mainstream activities, day opportunities, employment, care and support as close to their homes as possible and to reduce the traditional reliance on residential care.

Behaviour that challenges is a general term which covers a range of behaviours which include

- Aggression toward others (punching / kicking),
- Self-injury,
- Stereotypic behaviour (such as rocking or hand flapping),
- Disruptive behaviour,
- Destructive behaviour (breaking windows / throwing objects),
- withdrawn behaviour,
- It can also include violence, arson or sexual abuse, thereby bringing the person into contact with the criminal justice system.

As a result, such behaviours increase the likelihood and risk that either restrictive or aversive management strategies will be used and can result in people being excluded from services and from ordinary community life.

Many people with a learning disability, cognitive impairments or dementia have difficulties in communication. If a person's communication skills limit their choice and control then they are also likely to get frustrated and more likely to display behaviour that challenges or if behaviour that challenges has been found by the individual as an effective means of communication then the behaviour is more likely to be repeated.

## Overview

*Specific direction of travel:*

Service/Intention	Desired Future Trend
Assessment and Treatment Units	Decreasing
Residential/Nursing Care	Decreasing
Supported Living/Specialist Support	Increasing
Managed Support	Decreasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community incorporating employment	Increasing
Services which employ Positive Behavioural Support	Increasing
Innovative multiple and joint approaches	Increasing

## Looking Back

Historically people with behaviour that challenges have been accommodated in residential care or hospital units and breakdown within such units is a fairly common occurrence. The Council, like many other councils, has often had to find services outside the borough to meet the needs of those whose placement has broken down. A key feature of the residential approach is shared accommodation with high staffing levels which are needed to prevent behaviours that could hurt

individuals. Shared accommodation typically is utilised owing to high overheads caused by high staffing.

Another approach to those who have behaviour which challenges services has been to place individuals in specialist 'assessment and treatment' units within hospital settings for a 'temporary' stay to work out an ongoing approach. Unfortunately, in many instances such stays were extended significantly beyond this and the Panorama programme on Winterbourne View showed what could happen. Since the airing of that documentary, the Government has pledged to reduce the numbers within such units and to make more services closer to people's homes available. Wandsworth has worked to reduce numbers of individuals in these settings and now has only a handful.

A significant amount of the (large) budget spent on residential care out of borough will be for those who were moved owing to demonstrating behaviour that challenges and the Council needs to stimulate the development of more services in the borough that meet the needs of this client group. There is no assessment and treatment unit within the borough boundaries and one specialist service which is geared provide for those with behaviour that challenges. Other services are all generic although the BACSS service could assist where challenging behaviour is a particular issue if the service is expanded.

The availability of Personal Assistants for those who demonstrate behaviour that challenges is under developed as is the availability of specialist agencies that can offer support based on the principles of Positive Behavioural Therapy which is considered best practice for those who have behaviours that challenge services.

### **What is Working well**

#### Behaviour and Communication Support Service (BACSS)

This service, funded by WCCG, offers a variety of evidenced-based psychosocial interventions to support people experiencing distress and their carers (this is often expressed as behaviour that challenges services). This service is currently only available to individuals in specified care homes within the borough but it is being rolled out across the borough.

#### S.U.N

S.U.N (Service User Network) is a peer support network service which helps people cope with Personality Disorder and emotional and behavioural difficulties.

### **Looking Forward**

Wandsworth wants to stimulate the development of opportunities and support which offer people with behaviour that challenges a real choice. Providers will be able to gain insight from the market position statement into how they can develop their offer to meet the needs of local residents. The term 'challenging behaviour' is not a diagnosis and its presence fluctuates within individuals; this makes estimating the number of people with behaviour that challenges complex. PANSI projects a prevalence of 104 people with behaviour that challenges, rising to 110 in 2020.



## **Opportunities**

**There is a range of ways providers can support people with a learning disability and/or autism who challenge services to live a meaningful life. The following offer some potential opportunities:**

- **Support that enables people with challenging behaviour to access the community and to live independently**
- **Community crisis options which prevent admissions to inpatient services.**
- **Specialist supported living for adults with behaviour that challenges.**
- **Personal assistants who can support people with behaviour that challenges.**
- **Meaningful activities (including mainstream activities) for people with behaviour that challenges outside traditional centre based provision.**
- **Support for people with behaviour that challenges into employment, voluntary work or education and training.**
- **Support (including peer support and counselling), training, and respite for informal carers to help them build resilience and to prevent crisis.**

**Providers we would like to see in the market are those who:**

- **have a local offer so people can get care and support close to home;**
- **have demonstrable experience of delivering successful outcomes for people whose behaviour challenges (mere containment does not count as a successful outcome);**
- **use the least restrictive practices and non-aversive techniques;**
- **use evidenced based approaches towards behaviour that challenges – Positive Behavioural Support and Total Communication;**
- **are able to provide holistic, flexible care and support which is not overly risk averse and who can respond quickly to changing needs;**
- **find innovative ways to support and encourage a healthy and active lifestyle;**
- **help to reduce health inequalities by increasing and supporting access to health services, including screening;**
- **are committed to working with individuals on a long term basis, even if behaviour escalates; providers who don't 'give up' on individuals;**
- **are prepared to train and support their staff appropriately;**
- **understand and have embedded the principles of person centred planning in their day to day practice;**
- **are prepared to offer support services and activities at evenings and weekends, not just weekdays;**
- **Can deliver specialist services for those with the highest need who find ways of supporting individuals which (safely) minimise the number of staff required to support that individual to keep them engaged in the community and safe;**
- **are innovative and find new, community based, ways to support people to live the lives they want;**
- **measure success in terms of outcomes for the individual;**
- **can offer a service in supported living settings for those with behaviour that challenges; and**
- **concentrate on the preventing, delaying or reducing the need for care.**

## Mental Health

### What we want for our residents:

We want people to be active citizens able to live a meaningful life and to make positive contributions to the community they are part of. Services and support must focus on helping people who have experienced a mental health problem to be as independent as possible. We would like to see more people choosing the support they want and a greater range of services from which to choose. Residents who are active members of the community will have more support available to help out with a problem or a crisis and will also help themselves to build resilience. We recognise that mental illness does not preclude good mental wellbeing and will strive to ensure individuals, families and carers are able to improve their wellbeing through appropriate support and we want to support people to achieve their aspirations, such as staying in work or returning to work.

### Overview

Service/Intention	Desired Future Trend
Assessment and Treatment Units	Decreasing
Residential/Nursing Care	Decreasing
Innovative housing with support	Increasing
Supported Living/Specialist Support	Increasing
Managed Support	Decreasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community incorporating employment	Increasing
Services which employ Positive Behavioural Support	Increasing
Innovative multiple and joint approaches	Increasing

### Looking Back

#### Spend

In 2013/2014 the Council spent £7,826,000 on services for people with mental health problems and WCCG spent £48,074,000 (working age adults)

#### Care Homes

A snapshot of databases towards the end of July 2014 showed that WCCG and the Council were funding the following numbers of placements of individuals with a primary mental health care as follows:

Service	In Borough		Out of Borough	
	Numbers	%	Numbers	%
Nursing Homes	31	61%	9	12%
Residential Care Homes	20	39%	66	88%
<b>Total</b>	<b>51</b>		<b>75</b>	

The high percentage of those in nursing homes within the borough is explained by almost 50% being within the specialist mental health service Rosedene and the remainder being within nursing homes designed for older people which suggests a diagnosis of dementia. In respect of residential care homes, the majority out of borough are specialist services but only 15 places of the 20 in borough are specialist. This highlights that there is a shortage of specialist mental health residential services

in borough. A considerable number of the out of borough specialist placements are in neighbouring boroughs, particularly Lambeth, but there are a number further afield.

### Mental Health and Deafness

Owing to the existence of specialist mental health services in Wandsworth for those who are deaf, there is a considerable deaf mental health community. Unfortunately, many people in accommodation based services have been there for many years and the services themselves are largely residential.

### **What is Working Well**

#### Supported Living

The borough is relatively well supplied with supported living, funded by both the Council and WCCG, for people with mental health issues, reflecting the high needs of this client group. There are 225 places in short stay schemes funded through the former Supporting People programme and 75 in longer stay services also funded from the former Supporting People programme. Floating support which can support up to 106 people is also available. However, despite the numbers of units, some services need to be replaced or restructured as there are too many which are shared accommodation and too many that are not concentrating on moving individuals on appropriately. There is a shortage or move on opportunities which means that supported living services are becoming 'silted up' which is a particular problem for this client group as working towards a goal that moves further away, regardless of progress towards it, can be particularly demotivating for people with mental health problems. However, some lack of move on, historically, is more to do with lack of effort on behalf of providers rather than lack of accommodation.

#### Community Based Mental Health Services.

The July snapshot showed that the Council and WCCG were funding places for 122 people with a primary diagnosis of mental health problems at day services. The greatest percentage was across 4 services, one of which is Sound Minds which music and arts based. 35% of users are with MIND in Wandsworth who provide a variety of activities, classes, counselling and support.

#### Wandsworth Mental Health Recovery Service (WMHRS).

Family Action is piloting a one year early intervention mental health service across Wandsworth in partnership with Wandsworth Clinical Commissioning Group.

#### Employment

There are a number of initiatives in the borough addressing the issue of employment for this client group, such as WorkRight, Mental Health Trust Employment support and SHARE. There is also a vocational forum and a regular network but unemployment is still an area that needs considerable work.

#### Floating and other Outreach Support

The Council, through preventative housing support, funds 106 units of floating support and a number of voluntary sector organisations provide outreach as part of their general offer to people with mental health issues

#### Health

WCCG funds an average of 60 hospital and care home placements with both NHS and independent providers.

### Advocacy

Specialist advocacy funded by both WCCG and the Council for this client group has been tendered as part of a wider tender exercise for advocacy.

### The Aspirations Programme

This programme is aimed at improving the physical environment and life chances of those living in the most deprived areas of Latchmere, Roehampton and Putney Heath. The key strands of the programme include interventions to increase access to sustainable employment and intensive health and wellbeing support. Employment is vital for maintaining good mental health and physical health and mental health are inextricably linked. The Aspirations Programme is directly benefitting the mental health and wellbeing of communities with the highest prevalence of mental illness.

### Big White Wall

Big White Wall is an internet based mental health service which provides a community wall and internet based therapy.

### Certitude

Certitude is a charity which supports people with learning disabilities and mental health needs to lead more independent lives.

### Club SW18-2-35

Club SW18-2-35 is a group for adults under 35 from in and around the Wandsworth borough and who are living with mental illness.

### Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies programme provides access to evidence-based psychological therapies for people who require the help of mental health services, particularly those presenting with anxiety disorders or depression. The target is an access rate of 15% of those with anxiety and depression and the recovery rate is targeted at 50% by March 2015. Currently there is close partnership work with the provider to meet the targets; access needs further work but recovery rates are being met.

### One Support (Floating Support for those with Mental Health Needs)

One Support provides floating support to people with mental health needs who are 18-64 and live in Wandsworth.

### Prosper

Prosper is a network for mental health service users from across south west London.

### S.U.N

S.U.N (Service User Network) is a peer support network service which helps people cope with Personality Disorder and emotional and behavioural difficulties.

### Step Forward

Step Forward is a direct payments advice and information service provided by MIND. The service aims to assist people to find appropriate opportunities that can assist them and also provides advice about responsibilities as an employer. This service is available for older people, people with mental health issues, people with learning disabilities, people with physical disabilities or sensory impairment, carers and those with a dual diagnosis.

### Tooting Neighbourhood Centre

The Tooting Neighbourhood Centre runs the Hope Project which is a drop in service for people recovering from mild to severe mental health problems; it addresses the cultural needs of Black African, Caribbean and Asian people by providing support post discharge from mental health hospitals. Anyone can drop into the project but membership is encouraged. Membership includes access to recreational facilities including table tennis, pool, dominoes, chess, draughts, puzzles, and word search. Also available is art therapy, painting, crafts, needlework. The centre also provides training on basic IT and computing, job skills, CVs, help with application forms and hot meals at subsidised rates.

### Wandsworth and Westminster MIND

Wandsworth and Westminster MIND offers a range of services to people with a range of mental health problems. There is a wide range of outreach and group activities including computer courses, a history group, photography, music appreciation, creative writing, cooking, 'Out and About Group', relaxation classes, French classes, an art group, DVD film shows, bingo and counselling.

### Katherine Low Settlement

Mama Low's Kitchen is a weekly user led mental health drop in service organised by Sound Minds and Canerows and Plaits but based at Katherine Low Settlement in Battersea High Street.

### Share Community

Share provides accredited vocational training, day care, employability and personal development programmes to disabled adults including people with mental health needs, autism, learning or physical disabilities.

### Sound Minds

Sound Minds is a user-led charity and social enterprise which aims to transform, through participation in music and the arts, the lives of people experiencing mental ill health.

### Together - Your Way

Your Way is a service from the mental health charity, Together, which offers services to help people who are experiencing mental health issues. The Council contracts this service as a reablement service for up to 12 weeks to facilitate people into mainstream/universal provision and, if eligible, to facilitate access to direct payments or other personal budget arrangements.

### Carers' Centre Mental Health Programme

This programme provides one to one support, information and advice to support to help make people's views known and to talk through issues.

### Well Family Service

WCCG is funding a pilot service provided by Family Action which provides information, advice and support within selected GP practices.

## **Looking Forward**

Wandsworth wants to ensure that services are developed in line with 'No Health without Mental Health' (2011)<sup>49</sup> which sets out an ambition to mainstream mental health and establish parity of esteem between services for people with mental and physical health problems. Commissioners and providers need to recognise that mental health is central to quality of life, central to economic

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<sup>49</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)  
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success, and interdependent with success in improving education, training and employment outcomes and tackling some persistent problems, from homelessness, violence and abuse to drug use and crime.

**One in four people** will experience mental health problems at some time in their lifetime according to the CQC Report 'State of Healthcare and Adult Social Care in England' 2011/2012<sup>50</sup>.

Mental health issues are particularly prevalent in Wandsworth (see Appendix 1).

An estimated 48, 500 people (aged 16-74) experience a common mental health disorder (CMHD) at any one time in Wandsworth.

The prevalence of CMHD is higher amongst females with a calculated split between women and men 30,500 and 18,000 respectively.

It is estimated there is a higher prevalence of CMHD for people of black and other ethnicities compared to people of white ethnicity and during 2010 to 2013, the Black, Asian and Minority Ethnic population have accounted for two fifths of admissions to acute care, this despite making up only a quarter of the resident population.<sup>51</sup>

Research consistently evidences that peoples with long term conditions are two to three times more likely to experience mental health problems than the general population<sup>52</sup>

Individuals who are unemployed, live in rented accommodation and have low educational achievements are at greater risk of depression. There is also a well-documented association between poverty, unemployment, social isolation and the first incidence and prevalence of schizophrenia.

Depression is two to three times more common in people with a range of cardio-vascular diseases<sup>53</sup>. People living with diabetes are two to three times more likely to have depression than the general population.

Mental Health problems are around three times more prevalent among people with chronic obstructive pulmonary disease than in the general population.

Depression is common in people with chronic musculoskeletal disorders.

Research generally (and Wandsworth is no exception) suggests a considerable relationship between those with mental health problems and those mis-using alcohol and drugs, however the number and proportion of Wandsworth drug treatment clients who have also been diagnosed with a mental health problem has generally declined over the four years to 2013/14. This is the opposite of the trend in London and England which may suggest that not all dual diagnosis clients are identified in the Wandsworth drug treatment population<sup>54</sup>

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<sup>50</sup> <https://www.gov.uk/government/publications/the-state-of-health-care-and-adult-social-care-in-england-in-2012-to-2013>

<sup>51</sup> SWLStG Mental Health Trust 2013).

<sup>52</sup> Naylor et al (2012) Lon term conditions and mental health. The Kings Fund and Centre for Mental Health.

<sup>53</sup> Fenton & Stover 2006, Benton et al 2007, Gunn et al 2010 Welch et al 2009).

<sup>54</sup> Wandsworth Drug and Alcohol Misuse Needs Assessment 2014/2015

## **Future**

What we want for our residents are services focus primarily on prevention but, where that has not happened, services that promote recovery. In future we want to encourage all services to have a greater focus on promoting recovery and supporting people to regain their independence; this can be helped by raising awareness so that problems can be recognised early and support offered earlier.

Helping people to recover from a mental health problem can also be achieved through peer support or by encouraging more community involvement; people with mental health problems find peer support extremely valuable and it can be key in preventing crisis, supporting people to move on from supported living or reducing likelihood of requiring residential support in the first place.

Historically, move on from supported living placements has not been good and we would like to see good move on through our supported living services and into the community with peripatetic or community support offering 'light touch' support.

There is also a need for long stay supported accommodation for those whose needs impact significantly on day to day functioning and living skills. One suitable model for this is new build 'cluster' accommodation which should be considered as part of larger new build initiatives.

### **Opportunities**

**There is a range of ways providers can support people with a mental health problem to live a meaningful life; the following offers some potential opportunities:**

- **There is an opportunity to develop a range of activities and opportunities for people with mental health needs that will help them to maintain independence and aid recovery.**
- **Future developments should take into consideration the opportunity in making better use of the building and services that are already available in the borough.**
- **The development of co-produced programmes with a focus on physical and mental wellbeing.**
- **More peer support groups which help prevent isolation and social exclusion.**
- **Improved information and advice available for people with mental health problems so they are aware of the support available which is valuable in helping to prevent people reaching crisis point.**
- **The number of people with a mental health problem using a direct payment is expected to increase so this is an opportunity for providers to target this emerging market.**
- **More options and support to help people move on from supported accommodation to living independently.**
- **Employment opportunities including training and volunteering to better prepare people to enter the work place.**
- **Innovative housing with care solutions that enhance existing models, whether it be through developing services in more modern residential models or enhancing the delivery offer such as developing 'relationship centred care' see 'My Home Life'**
- **Supported Living (possible in cluster format with outreach) for those with Mental Health needs who are deaf; and**
- **Cluster self contained accommodation with some communal space.**

**Providers we would like to see in the market are those that:**

- will help people with a mental health problem to stay healthy and active; this could be achieved by encouraging healthier eating, exercise or signposting to quit smoking, or cut down on alcohol consumption, for example;
- provide activities that promote good mental wellbeing;
- focus on preventing mental health problems wherever possible;
- have a local offer so people can get care and support close to home. Better home and community support, allowing people to remain connected to their communities and support networks so they can have greater independence;
- have high quality standards and who work in partnership with people who use services in making further improvements;
- are prepared to be innovative, to develop creative ways to support people to live the life they want;
- deliver safe, high quality, recovering focussed services who promote self-management, independence, choice and control;
- measure success in outcomes for the individual, rather than outputs, so people achieve their identified goals;
- have flexible staff and purchasing systems suited to business from individuals using a direct payment;
- understand and have embedded the principles of person centred planning in their day to day practice;.
- have a positive attitude to risk and strive not to limit individual choices through risk aversion; and
- concentrate on the preventing, delaying or reducing the need for care.



## Drugs and Alcohol

We want to enable people to reach their potential; to be able to live a meaningful life and make positive steps in their own recovery. Services and support must focus on preventing drug use in the community and supporting people to recover from drug and alcohol dependence.

### Overview

Service/Intention	Desired Future Trend
Residential Care	Steady
Supported Living/Specialist Support	Increasing
Use of Psychosocial interventions	Increasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community incorporating employment	Increasing
Innovative multiple and joint approaches	Increasing

### Looking Back

A large component of the treatment system in Wandsworth is an integrated drug and alcohol treatment model run by two providers –KCA and CDP Blenheim in a consortium arrangement.

It is estimated that the prevalence of opiate and crack users in Wandsworth could be 1,673 Wandsworth's drug treatment penetration rate (38%) is lower than in London (41%) and England (51%).<sup>55</sup>

Wandsworth's successful treatments for non-opiate treatments have been low. In February 2014, the non-opiate completion for the previous twelve months was 30% compared to the England rate of 41%.<sup>56</sup>

Over the past few years, there have been substantial changes in patterns of drug use including increased use of novel psychoactive substances (club drugs); the range of service provision has not kept pace with this change<sup>57</sup>.

There has been a decline in the number of drug users in treatment over the past four years, particularly amongst younger users, which mirrors the national trend; this may be caused by potential service users considering that the provision available does not meet their needs.

### What's working well

The 12 month opiate completion rate equalled the England rate and successful completions performance for all drugs was only 1% below the national figure.<sup>58</sup>

In 2013/14 there was significant increase in the number of alcohol service users accessing treatment.

<sup>55</sup> Wandsworth Drug and Alcohol Misuse Needs Assessment 2014/2015

<sup>56</sup> Ibid.

<sup>57</sup> Drug and Alcohol Treatment Recovery System Tender Specification 2014

<sup>58</sup> Wandsworth Drug and Alcohol Misuse Needs Assessment 2014/2015

39% (above the national average) of new presentations to drug treatment were offered, and accepted, a Hepatitis B vaccination in 2013/14.

#### Alcoholics Anonymous

Alcoholics Anonymous provides national phone support and meetings take place across the borough.

#### Fresh Start Clinics

There are three Fresh Start Clinics which are supported by a GP and specialist nurse and offer specialist treatment for people suffering from mild to moderate alcohol dependence. People can self refer and be seen at any clinic or one closer to where they live. Clinics are at Bridge Lane in Battersea, Heathbridge Medical Centre in Putney and Greyswood Practice in Wandle.

#### GPs

There are 10 practices in the borough which provide support to their patients and/or their families who may present with dependence to alcohol or prescribed medicine and provide shared care and work alongside specialist primary care liaison nurses.

#### St Johns' Therapy Centre

The centre provides specialist recovery based drug and alcohol services and is open 5 days a week (Monday to Friday) with evening provision available on a selected day in the week. The centre accepts self referrals.

#### Step Forward

Step Forward is a direct payments advice and information service provided by MIND. The service aims to assist people to find appropriate opportunities that can assist them and also provides advice about responsibilities as an employer. This service is available for older people, people with mental health issues, people with learning disabilities, people with physical disabilities or sensory impairment, carers and those with a dual diagnosis.

### **Looking Forward**

Wandsworth's Alcohol Strategy for 2014/2015 has seven strategic objectives:

- Create a culture of responsible drinking
- Support and enforce action on responsible retailing
- Strengthen alcohol misuse prevention programmes
- Prevent alcohol related harm to children and young people, both direct and indirect harms
- Reduce alcohol related crime and anti-social behaviour
- Reduce alcohol related hospital admissions in Wandsworth
- Reduce the levels of chronic and acute ill health caused by alcohol<sup>59</sup>

From April 2015 alcohol treatment services are provided by the South London and Maudsley Trust (SLaM) and include a strong psychology element.

In 2013/2014, 1136 clients accessed Wandsworth Pharmacy Needle and Syringe provision (needle and syringe provision activities can be proxy indicators of injecting drug use in the borough.<sup>60</sup>

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<sup>59</sup> Wandsworth Drug and Alcohol Misuse Needs Assessment 2014/2015

<sup>60</sup> Ibid.

Over the past three years (2011 – 2014) around one in five new drug and alcohol clients entering treatment in Wandsworth have some sort of housing problem.

The latest prevalence estimate shows there are approximately 54,423 (21%) increased risk drinkers, 18457 (7%) higher drinkers and 54,782 (21%) binge drinkers in Wandsworth (

Treatment services commissioned in response to drug misuse will need to work alongside a strengthened programme of prevention-focused interventions.<sup>61</sup>

There is a need for treatment services to work more closely with housing and employment services and to continue to establish links to training opportunities for service users.<sup>62</sup>

Wandsworth tendered its drug and alcohol treatment system in the summer of 2014; the new system is aimed at developing a clinically led holistic integrated treatment system which supports people in need of drug and alcohol services on their journey to recovery. The treatment pathway will encourage self development and management and will be tailored to individuals' needs. Whether the addiction is drugs, alcohol, polysubstance or addition to prescribed medication, the treatment will be holistic to the person's needs, work with non-specialist and generic providers in the support of those with drug and alcohol problems, e.g. local housing providers including the local authority Housing Options Team, GPs and other health services, Job Centre Plus and health and fitness organisations commissioned to work with drug users and offenders. The new service concentrates on an outreach model whilst lessening constant presence in criminal justice settings and aims to increasing accessibility to under-represented groups, namely, the 18-24 age group, crack users and club drug users. Another aim is to increase effective engagement with the treatment naïve population.

### **Opportunities**

**There is a range of ways providers can support people with a drug or alcohol problems to live a meaningful life. The following opportunities exist in addition to the main provision of treatment services via the 2014 tender**

- **Activities and opportunities for people with drug or alcohol problems that will help them develop independent and be active members of the community**
- **More peer support groups which can be a source of guidance, can prevent isolation and provide encouragement.**
- **Services that support drug or alcohol misusers into sustainable employment and suitable accommodation and which encourage a healthy and active lifestyle.**
- **Group activities and premises need to be improved with longer opening hours and drop in sessions**
- **Opportunities to employ ex-users.**
- **Raising awareness and educating young people about drugs and alcohol issues.**
- **Services that link up with generic services and actively link services into non drug and alcohol specific provision**

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<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

**Providers we would like to see in the market are those who:**

- are flexible and keep up to date, given the changing nature of substance misuse with many new legal and illegal drugs on the market;
- have a local offer so people can get help and support close to home;
- high quality standards and work in partnership with people who use services in making further improvements;
- Provide holistic approaches to maximise physical and mental health;
- want to develop a new idea or introduce creative ways to support people to live the life they want;
- measure success in outcomes for the individual rather than outputs so that people achieve their identified goals; and
- have a history of providing safe clinical services with qualified and motivated staff.

## Physical and Sensory Disability

### What we want for our residents

We want people to be active citizens; able to live a meaningful life and make positive contributions to the community they are part of. People with a physical or sensory impairment have the same aspirations as everyone else. They would like to be independent, have a job, have their own home, make and keep friends, form relationships and choose what they do in their spare time. People with physical and sensory disabilities should be recognised as equal and enjoy the same life opportunities as others. We want services that actively work with people to define their goals and achieve them; services that consider the whole of a person's life and services that know about other areas of provision and make links across the piece.

### Overview

Service/Intention	Desired Future Trend
Residential/Nursing Care	Decreasing
Innovative housing with support	Increasing
Supported Living/Specialist Support	Increasing
Managed Support	Decreasing
Receipt of Direct Payments (Directing Support)	Increasing
Assistive Technology	Increasing
Active in the Community incorporating employment	Increasing
Innovative multiple and joint approaches	Increasing

### Looking Back

Nationally, in 2012, 46.3% of working age disabled people were in employment compared to 76.4% of working age non-disabled people.

In Wandsworth, 63.6% of people who were disabled or had a long term conditions were in employment, compared to 59.8% for London as a whole.

In consultation, many disabled people said that they would like to work but there were not enough sufficiently good quality services to help them prepare for, and obtain, work.

Based on national data, 79% of people with a long term condition felt that they had enough support to manage their long term condition independently<sup>63</sup>. However over a quarter of disabled people say they do not frequently have choice and control over their daily lives.

Direct payments for people with a physical disability are well developed with many people choosing the care and support they want however some people wanted the system around direct payments to be simpler to understand and some felt unlikely to want to take up this facility.

Disabled people have difficulties accessing health information owing to wrong media being used (letters to those with sight impairments, for example) and over reliance on the computer and the internet.

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<sup>63</sup> Local Authority Outcomes Framework Indicators

## **Support at Home**

Small items of equipment can help people carry out practical tasks and improve independence. Wandsworth Council has introduced the retail market model giving people more choice in choosing equipment that will meet their needs and also works in collaboration with other London boroughs in the provision of more specialist and expensive items such as wheelchairs and beds on a loan model of delivery.

Adaptations to people's homes - the provision of adaptations in people's homes is a key part of the strategy for helping individuals to remain independent and in their own homes for as long as possible. The Home Improvement Agency (HIA) carries out adaptations to Council owned properties and processes the majority of those in private accommodation applying for Disabled Facilities Grants (DFG). On average there are 220 disability adaptations a year.

A direct payment via a personal budget can also be used to purchase other forms of support such as a personal assistant to help with certain tasks.

## **Information Services**

### Wandsworth Resource Room

This is an information and resource centre for carers, professionals or anyone else with an interest in any disability in Wandsworth.

## **Sight Loss**

Preventable eye disease - the rate of sight loss due to glaucoma in those aged 40+ in 2011/12 was the third worst in London. These figures relate to the three main eye diseases which can result in blindness or partial sight if not diagnosed and treated in time; age related macular degeneration (AMD), glaucoma and diabetic retinopathy.

Diabetes prevalence QOF 2011/12 in Wandsworth is lower than expected at 12,600, suggesting that there are approximately 1,400 undiagnosed diabetics in Wandsworth. Type 2 diabetes is a key cause of sight loss among the working age population and the diabetic retinal screening programme in Wandsworth has increased consistently in recent years, with uptake in 2011/12 of 83%.

Eye disease has obvious consequences for social isolation.

## **Deaf and Hard of Hearing**

POPPI statistics project and increase in moderate or severe hearing impairments in those aged up to 65 of 1,364 by 2030 (19%) and an increase in the over 65 age group of just under 5,000 (29%) in the same period.

The increase in profound hearing impairment is 25% in the aged to 65 group and 31% in those over 65 over the same period.

## **Deafblind**

The Care Act 2014 places a duty on councils to ensure that people who are deafblind have assessments carried out by suitably qualified individuals. The Council is working with Wandsworth Sensory Support Service to ensure that assessments are carried out and Council social care staff will be trained in deafblind awareness.

## **Looking Forward**

Wandsworth wants to stimulate the development of opportunities and support which offer people a real choice. Providers will be able to gain insight from the Market Position Statement into how they can develop their offer to meet the needs of local residents.

Projecting Adult Needs and Services information (PANSI) predicts that the number of people (18-64) with a moderate physical disability will increase by 2,190 between 2014 and 2030, an increase of over 2,000. Similarly it predicts an increase in serious physical disability amongst the same cohort and over the same period of 800.

It predicts a rise in the in cohort over the same period of visual impairment of 12 and moderate or severe hearing impairment of over 1,300 with an increase of 15 in profound hearing impairment.

Of adults over 65, POPPI is predicting an increase of moderate to severe hearing impairment of just under 5,000 by 2030 and just under 150 for a profound hearing impairment.

An increase of just under 300 of people predicted to have a moderate or severe visual impairment aged between 65 to 74, over 700 for those over 75 and over just under 400 to have registrable eye conditions.

## **What is Working Well**

In July 2014 an event was held to inform the commissioning approach for people with physical and sensory disabilities. The following were identified as working well:

### Health and Healthy Living

Access to information (including Brightside), access to GP appointments (greater use of telephone consultations and webcams), access to peer support, nurses in GP surgeries to spend plenty of time with patients.

### Choice and Control

The Council is willing to listen and learn, direct payments, improved services for hearing impaired (text phones, flashing alarms available from social services), the environment was seen as generally accessible and 'good services with a low Council Tax). All those who can do so in Wandsworth receive direct support relating to adult social care.

### Inclusive Communities

Those who had received adaptations to their homes reported vast improvements in their standard of living; libraries and day centres are accessible and deaf people reported good use of computers in libraries.

### Income

Benefits advice, one to one support to navigate the system, and increased GP awareness of different equipment providers needed.

In consultation, disabled people said that Wandsworth is a good place to live, with strong neighbourhoods and accessible public services.

### **Services in the Community**

#### Share Community

Share provides accredited vocational training, day care, employability and personal development programmes to disabled adults including people with mental health needs, autism, learning or physical disabilities.

#### Step Forward

Step Forward is a direct payments advice and information service provided by MIND. The service aims to assist people to find appropriate opportunities that can assist them and also provides advice about responsibilities as an employer. This service is available for older people, people with mental health issues, people with learning disabilities, people with physical disabilities or sensory impairment, carers and those with a dual diagnosis.

#### Randall Close

This service, run by Leonard Cheshire, and funded by the Council, caters for older people but also people of all ages who are physically disabled. It has a gym which is utilised for rehabilitation services.

#### Pocklington Resource Centre

This service provides support for people with sight loss including Art courses, visits to art exhibitions and museums, Chair-based T'ai Chi, Over 50s social group, IT courses, Web design course, Sewing, Braille and a talking microwave course at the centre.

#### Work Right (Wandsworth Borough Council)

In consultation, disabled people said that this service, which helps disabled people into jobs, was of good quality and successful.

A Talking Newspaper and Magazine service and lending library is offered across the borough and there is also a low vision clinic, a hearing aid clinic and volunteer support at home or out and about in the community.

#### DASCAS and Thomas Pocklington Benefits advice

Both these services provide assistance with claiming benefits.



## **Opportunities**

There is a range of ways providers can support people with a physical or sensory disability to live a meaningful life. In consultation with individuals, some potential opportunities for providers have been identified:

- Services and support that help prevent falls and avoidable sight and hearing loss.
- Support to help people with a sensory impairment to access services in the community
- Opportunities for disabled people of all ages to come together and socialise.
- Additional respite options, breaks and leisure activities to give people caring for someone with a disability a break from their caring role.
- More options for people using personal budgets such as personal assistants, activities, clubs and equipment or adaptations at home.
- The development of specialist social enterprises and community interest groups that can both serve a function to the disabled community but also provide alternative routes to employment.
- Services that place and emphasis on increased wellbeing through the facilitation of opportunities to connect, learn and be physically active.
- Services that offer support with dealing with correspondence, filling in forms, cleaning and shopping.
- Services that assist with weight management, diet and access to exercise.
- More BSL interpreters.
- A deaf club.
- Employment support that recognises the difficulties of sensory and hidden disabilities.
- Local organisations that would encourage, support and advocate for people looking for work.
- A service which offers accessible computers for the visually impaired and access to the internet generally.
- Peer Support.
- Home care services aimed at keeping people mobile.
- Support to understand and access direct payments.
- Gardening groups for those under 65.
- More user led groups to give people a voice.
- Community café.

Providers we would like to see in the market are those who:

- have a good understanding of the needs of people with a physical or sensory disability and can ensure they receive the same opportunities as others;
- have a local offer so people can get care and support close to home. For example, more voluntary sector organisations that provide support and advice to people with a physical or sensory disability in Wandsworth;
- with high quality standards who work in partnership with people who use services in making further improvements;
- Find innovative ways to support and encourage a healthy and active lifestyle and help to reduce health inequalities by increasing and supporting access to health services, including screening;
- who want to develop a new idea or introduce creative ways to support people to live the life they want;
- who measure success in outcomes for the individual rather than outputs so that people achieve their identified goals; and
- with flexible staff and purchasing systems suited to business form individuals utilising a personal budget.

## Carers

The Department of Health defines carers as those who “provide unpaid support to family or friends who could not manage without this help, whether they are caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.”

We want carers to be supported in their caring role and to have a life outside caring. Ambitions for carers are a key part of the Care Act which places a duty on the local authority to assess carers and provide a personal budget for those eligible

We want carers to be provided with access to information and a range of support options that will help them to feel confident and skilled in their caring role which will help them to manage the pressures they will experience.

### Overview

Service/Intention	Desired Future Trend
Peer Support	Increasing
Services that support the physical and mental wellbeing of carers	Increasing
IT and Assistive Technology	Increasing
Receipt of Direct Payments (Directing Support)	Increasing
Active in the Community incorporating employment	Increasing
Good information and advice	Increasing
Services that support adults with disabilities care for their children	Increasing
Services that address less obvious (or fewer individuals with) need such as services for (or carers of) those with early onset dementia	Increasing

### Looking Back

Results from the 2011 census show that there are over 19,000 carers in Wandsworth, with over 2876 carers caring for between 20-50 hours per week and 3,915 caring for over 50 hours per week. Of the carers providing more than 50 hours of care each week 12% reported ill health as a result of their caring duties.

Through various sources support is provided to approximately 2,500 carers, which is only 13% of the potential demand. It is recognized that at any one time much of the demand is latent as many carers continue to manage their lives as normal, but the figures strongly suggest that there is unmet existing demand.

The Council and WCCG as part of its preparation for the tender for a new joint carers' service held, in May 2014, a consultation event with carers to establish how existing services met need and what services were wanted. At the event carers confirmed that advice, advocacy and signposting were valuable services but some had had the experience of being signposted on several times and having to tell their story more than once. The carers' emergency support scheme was valued but there was confusion about what constituted an emergency and there was a desire for similar services for

situations that occur but could not be considered emergencies. Carers also appreciated training and peer support was highly valued, as was respite.

## What is working well

The Council and WCCG historically have funded a number of services within the voluntary sector that support carers such as dementia cafes, peer support groups, advice and information and short breaks which are offered either free or for a small charge. From August 2015, the Council and WCCG will jointly fund carers' services (which are free or at nominal cost/donation at the point of access) through a consortium arrangement. The consortium will provide a range of services including emergency respite and a central carers' register and will ensure that access through the service via any of the partners means that they will only have to 'tell their story once'. This service will be provided jointly by The Carers' Centre, Alzheimer's Society and Bluebird Care.

## Step Forward

Step Forward is a direct payments advice and information service provided by MIND. The service aims to assist people to find appropriate opportunities that can assist them and also provides advice about responsibilities as an employer. This service is available for older people, people with mental health issues, people with learning disabilities, people with physical disabilities or sensory impairment, carers and those with a dual diagnosis.

## Looking Forward

The provisions of the Care Act 2014 have changed the climate for carers with the new right to be assessed for eligibility for services in their own right and the access to personal budgets which it enshrines.

Where a carer is eligible for a personal budget the draft Care Act Guidance 2014 states that

"The carer's personal budget **must** be an amount that enables the carer to meet their needs to continue to fulfil their caring role, and takes into account the outcomes that the carer wishes to achieve in their day to day life. This includes their wishes and/or aspirations concerning paid employment, education, training or recreation if the provision of support can contribute to the achievement of those outcomes."<sup>64</sup>

The guidance goes on to state that

"Local authorities **must** have regard to the wellbeing principles of the Act as it may be the case that the carer needs a break from caring responsibilities to look after their own physical/mental health and emotional wellbeing, social and economic wellbeing and to spend time with other members of the family and personal relationships. Whether or not there is a need for replacement care, carers may need support to help them to look after their own wellbeing. This may be, for example, a course of relaxation classes, training on stress management, gym or leisure centre membership, adult learning, development of new work skills (so that they might be able to stay in paid employment alongside caring or take up return to paid work), pursuit of hobbies such as the purchase

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<sup>64</sup> Draft Care Act Guidance 2014

of a garden shed or purchase of a laptop so they can stay in touch with family and friends.”<sup>65</sup>

These extracts from the guidance serve to illustrate some of the types of things that carers may wish to access and whilst much of this may well be provided by mainstream services, the new emphasis on the wellbeing of the carer suggests that although sitting and respite services will no doubt remain popular with carers, services that allow them to look after their own wellbeing will be needed.

### **Opportunities**

**There is a range of ways providers can support carers in their caring role.**

- **Sitting services or short breaks/respite**
- **Leisure, learning and relaxation opportunities that recognise the limits caring can place on individuals' ability to leave their caring role.**
- **More peer support groups which can be a source of guidance, prevent isolation and provide encouragement.**
- **Services that support carers back into sustainable employment.**
- **Services that promote wellbeing through physical and mental health promotion.**
- **Services that support adults with disabilities care for their children.**

### **Providers we would like to see in the market are those who**

- **are flexible and design services that carers can access;**
- **have a local offer so people can get help and support close to home;**
- **high quality standards and work in partnership with people who use services in making further improvements;**
- **want to develop a new idea or introduce creative ways to support people to live the life they want;**
- **measure success in outcomes for individual, rather than outputs so people achieve their identified goals;**
- **find innovative ways to support and encourage a healthy and active lifestyle;**
- **help to reduce health inequalities by increasing and supporting access to health services, including screening;**
- **work closely across the piece with other providers**
- **can work with mainstream services to enhance the offer to carers**

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<sup>65</sup> Ibid.

## **Next Steps**

This market position statement is the start of a process. We are committed to updating the contents and sharing information through a variety of channels.

It is our intention to update the statement on a regular basis as information changes and we will ensure that a dated version control system is utilised to ensure that you are aware of how up to date the statement is.

We hope that this statement will be useful as you develop your business plans and that it will facilitate greater dialogue between providers and commissioners.

## **Feedback**

We welcome your feedback on the statement.

Please tell us

- Which bits were particularly useful?
- Was it user friendly?
- What information would you like to see more of?
- Was there anything missing?
- How can the document be improved?

## Appendix 1

### Key Messages

#### Population

Wandsworth is the capital's second largest inner city borough with a growing population which currently stands at 310,000 rising to 372,000 for its GP registered population.

There is a significantly young demographic with the highest proportion of the population aged between 25 and 49 of any council in the country.

Wandsworth has the third highest annual migration from all London boroughs, of 25% between 2012 and 2013.

8% of the resident population are aged 65 and over; in the next ten years, the number of older people is projected to increase rapidly to 30,000 (an increase of 4.9%) with the greatest increase being in the male population aged 80 and over.

For the most part people are affluent, well educated, healthy, and in work; a minority are not so fortunate with a quarter of over 60s (9,500) in receipt of pension credits.

Wandsworth is estimated to have the highest estimated annual prevalence rates of Common Mental Disorders (CMD)<sup>66</sup> and people experiencing symptoms of severe mental illness in south west London. It is estimated that around **48,500** people aged between 16 and 75 and older show symptoms of CMD in any given week in Wandsworth<sup>67</sup>.

The estimated prevalence of serious mental illnesses, including bipolar, schizophrenia and other psychoses for those aged 16-75 in Wandsworth is 13 per 1,000 population, amounting to an estimated 3,200 cases. This is the **eighth highest** in London and much higher than elsewhere in south west London (for example, the prevalence rate of people experiencing symptoms of severe mental illness in Wandsworth is 2.4 times greater than in Croydon which is the second highest rate in south west London).

An estimated 2,000 (7.2%) of older people (65 + years) in Wandsworth have dementia with the **gender difference being almost two women to every man with dementia.**

The life expectancy for both men and women is similar to the England average, although it is 8.2 years lower for men (Range 75-83) and 5.2 years lower for women (Range 81-86) in the most deprived areas of the borough<sup>68</sup>

Over the last 10 years all-cause mortality rates have fallen.

With a projected increase in size population density is set to increase with increasing demand for statutory services, including schools, recreation, health and social care.

#### Future Needs

The gradually **ageing** population is predicted to **rise** by 2,000 between 2014 and 2020.

People with **a learning disability** and **more complex needs** are **living longer**.

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<sup>66</sup> CMD are mental conditions that cause marked emotional distress and interfere with daily function but do not usually affect insight or cognitions (*Adult Psychiatric Morbidity in England , 2007: Results of a Household Survey* Mcmanus et al 2007 Leeds NHS Information Centre for health and social care)

<sup>67</sup> Based on prevalence rates from the Adult Psychiatric Morbidity Survey 2007, adjusted for local mental health need and using 2011 census data (McManus 2007)

<sup>68</sup> Public Health England Health Profile for Wandsworth 2014

**Improved survival rates** of children with **severe learning and physical disabilities** are **increasing** the number of young learning and physically disabled adults in the population; this is coupled with a **rise in older adults with a learning disability** resulting from **increased life expectancy**.

There will be a rise in the diagnosis of **Autistic Spectrum Disorder** amongst **children and young people**, up from 161 in 2001 to 448 in 2007 with number projected to **increase** to over 606 by 2015. There will be a sustained increase in the **'older old'** (those aged 85 or over).

The Mental Illness Needs Index 2000 (MINI 2K) estimates the level of **mental health need** in Wandsworth is **45% over the national average** and well above that for any borough in South West London.

General Health: **52%** of a sample of Wandsworth adults in 2012 was **overweight** and obesity is one of the primary factors leading to a range of illnesses and long term conditions including diabetes, coronary heart disease and stroke.

**Cardiovascular Disease (CVD) is the leading cause of death (all ages)** in Wandsworth accounting for all **one third** of all deaths in 2010 and for under 75s, the latest mortality figures show Wandsworth significantly higher than the national average. Furthermore, the CVD mortality rate for people living in the **most deprived** areas is **2.1 times higher** than the overall mortality rate for people who live in the **least deprived** areas.

**Cancer is the leading cause of premature (under 75) death** in Wandsworth. 37% of deaths in the Wandsworth population are due to **cancer**. **Lung, colorectal and breast cancer** were the most common causes of cancer mortality in Wandsworth between 2005 and 2009. The prevalence of long term conditions such as **diabetes, coronary heart disease and chronic pulmonary obstructive disease** in the local population is growing.

There were **1,342 people with a learning disability** known to services in 2012 which we estimate represents **23%** of the total number of people with a learning disability.

PANSI<sup>69</sup> figures estimate that there are **2,240 adults with an autistic spectrum disorder in 2014**, rising to 2,359 in 2020; a significant majority of these individuals are **'hidden'** and not in receipt of services and **102, rising to 110 in 2020 people with behaviour that challenges** (based on a prevalence rate of 0.045%).

PANSI figures estimate that there are **7,634 adults dependent on drugs** and **13,415 with an alcohol dependency**, rising to 8,205 and 14,392 respectively.

**Falls by older people and the injuries resulting from them can lead to disability and a loss of independence.** The rate of **hospital admissions** for fractured neck of the femur has been on an **upward trend since 2005** and the **mortality rate from accidental falls** in those aged 65-74 years was **significantly higher** than the national average.

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<sup>69</sup> **PANSI**

## **Appendix 2**

### **Approach to publicising and updating**

The process of drafting this document has shown that in order for it to be a useful document, it needs active and frequent updating.

It has been decided that whilst the first version will be issued both electronically and in hard copy, subsequent updates will only be released electronically unless a full revision and re-launch is undertaken at which time a further hard copy may be considered.

The Council will endeavour to update this document appropriately. This means as a minimum once a year but, preferably, twice a year and to retain appropriate version control.

Once it is updated it (or a link to it) will be circulated electronically to providers and also uploaded onto Wandsworth's website where it will supersede previous versions.

Providers are encouraged to check on line for new versions if the version to which they are referring is older than six months.



## Appendix 3<sup>70</sup>

### Eligibility Criteria (Service Users)

1. Needs	2. Outcomes	3. Wellbeing
The adult's needs arise from or are related to a physical or mental impairment	<p><i>As a result of the needs, the adult is unable to achieve two or more of the following</i></p> <ul style="list-style-type: none"> <li>a. managing and maintaining nutrition;</li> <li>b. maintaining personal hygiene;</li> <li>c. managing toilet needs;</li> <li>d. being appropriately clothed;</li> <li>e. maintaining a habitable home environment</li> <li>f. being able to make use of the home safely;</li> <li>g. developing and maintaining family or other personal relationships;</li> <li>h. accessing and engaging in work, training, education or volunteering;</li> <li>i. making use of necessary facilities or services in the local community including public transport and recreational facilities or services;</li> <li>j. carrying out any caring responsibilities the adult has for a child.</li> </ul>	<p><i>As a consequence, there is or is likely to be a significant impact on the adult's wellbeing: including the following:</i></p> <ul style="list-style-type: none"> <li>a. personal dignity (including treatment of the individual with respect);</li> <li>b. physical and mental health and emotional wellbeing;</li> <li>c. protection from abuse and neglect;</li> <li>d. control by the individual over day-to-day life (including care and support provided and the way it is provided);</li> <li>e. participation in work, education, training or recreation;</li> <li>f. social and economic wellbeing;</li> <li>g. domestic, family and personal relationships;</li> <li>h. suitability of living accommodation;</li> <li>i. the individual's contribution to society</li> </ul>

<sup>70</sup> Care Act Guidance 2014 pages 100 and 106 -107

## Appendix 4

### Eligibility Criteria (Carers)

1. Needs	2. Outcomes	3. Wellbeing
<p>The needs arise as a consequence of providing necessary care to an adult, and the carer is 'unable' to achieve the following:</p>	<p><i>As a result of the carer's needs, either:</i></p> <ul style="list-style-type: none"> <li>a. The carer's physical; or mental health, is or is at risk of, deteriorating, or</li> <li>b. The carer is unable to achieve any of the following outcomes: <ul style="list-style-type: none"> <li>i) carrying out any caring responsibilities the carer has for a child;</li> <li>ii) providing care to other persons for whom the carer provides care;</li> <li>iii) maintaining a habitable home environment;</li> <li>iv) managing and maintaining nutrition;</li> <li>v) developing and maintaining family or other significant personal relationships;</li> <li>vi) accessing and engaging in work, training, education or volunteering;</li> <li>vii) making use of necessary facilities or services in the community including recreational facilities or services;</li> <li>viii) engaging in recreational activities.</li> </ul> </li> </ul>	<p><i>As a consequence, there is or is likely to be a significant impact on the carer's wellbeing, including:</i></p> <ul style="list-style-type: none"> <li>a) personal dignity (including treatment of the individual with respect);</li> <li>b) physical and mental health and emotional wellbeing;</li> <li>c) protection from abuse and neglect;</li> <li>d) control by the individual over day-to-day life (including over care and support provided and the way it is provided);</li> <li>e) participation in work, education, training or education;</li> <li>f) social and economic wellbeing;</li> <li>g) domestic, family and personal relationships;</li> <li>h) suitability of living accommodation;</li> <li>i) the individual's contribution to society</li> </ul>

## **Appendix 5 – Personalisation**

Throughout this document, there has been consistent reference to personalisation and direct payments. The Council is keen to encourage the use of direct payments to enhance choice and control of the individual. Below is a list of providers who have been accredited and/or operate in the borough whose services are aimed at improving personalisation and the use of direct payments.

<b>Name of Organisation</b>	<b>Services</b>	<b>Location</b>
Full Lives Organisation Ltd	Care and Support planning, registered of self employed PAs	On line
HAIL	Support Planning, support to employ, brokerage	Haringey
Wandsworth & Westminster MIND Step Forward Service	Advice and information on Direct Payments	In borough
Leonard Cheshire Disability	Although LCGD is in the borough, its specialist personalisation services are only in Hertfordshire	Herts.
Disability Rights UK	Self Directed Support telephone and email service/FACT sheets	National./on line
Hestia	Actual self directed support services only in Richmond-upon-Thames and Southwark	Richmond-upon-Thames and Southwark
Payroll Masters	Payroll services	On line
Penderels Trust	Support planning, brokerage, third part managed accounts/payroll and recruitment	In borough
Vibrance	Support Planning, brokerage, PA recruitment,	Wandsworth service based in Kent
Pay Partners Limited	Payroll services	On line
QX Ltd	Payroll services	On line
iDecide	PA finder, brokerage, third party managed account, payroll, employer training and recruiting, payroll, automated clocking in	Peterborough/ On line
Independent Living Alternatives	PA recruitment, third party managed account, advice	On line.
Together Your Way	Direct Payment management, assistance with spot purchase	In borough (funded)

From the above list, it can be seen that Wandsworth is not particularly well provided with organisations that carry out the full spectrum of services for those with direct payments (information and advice, support planning and brokerage, PA finding, assistance with recruitment, third party managed accounts, payroll and advice and training on being an employer) *in the borough*.