



Care and Support Market Sustainability Strategy

Adult & Community Services

March 2021



Foreword by Rebecca Hopfensperger Cabinet Member for Adult Care

As I write this foreword for our three-year strategy to sustain and build the Care & Support Market in Suffolk, my first thoughts are about the people involved. Those who will receive the care and support, but equally those that provide such invaluable services. Everyone deserves to live happy and fulfilling lives and remain as independent as possible for as long as possible. When people require help in difficult circumstances, we are grateful to those people who can provide care and support. Those working in the care sector have important skills and values that this strategy seeks to encourage and develop.

The Covid-19 pandemic has brought many challenges over the past year and we know it has had a significant impact on health and social care services. It's legacy is not fully known or understood at the time of writing this strategy, so we must plan for the future recognising we will need to be adaptable and pragmatic. Therefore, we will refresh this strategy annually to ensure that it remains relevant. However, there are some key priorities that form the basis of the strategy and we will focus on these and the desired outcomes, rather than definitive specifications for services. Within the strategy there are key areas for development, it aims to encourage innovation and find personalised solutions to real people's life challenges.

I'd like to thank everyone involved with the production of this strategy and in particular our partners and all our care providers - and thank you in anticipation of your help to deliver this exciting and valuable work.



Cllr. Becca Hopfensperger

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Introduction

This strategy sets out our vision for the Care and Support Market in Suffolk. It has been established as a 3-year strategy for the period 2021/22 to 2023/24 and aligns with Suffolk County Council's Corporate priorities. Given the scale of the impact that Covid is having on the health and care system, the strategy will be refreshed on an annual basis to ensure it remains relevant, although it is expected that the key priorities and desired outcomes identified will remain guiding principles throughout.

We rely on care providers to meet the needs of about 10,000 vulnerable people at any one time, and we spend close to £300 million on care each year. However, Suffolk County Council is not the only purchaser of care. Many people will have to fund their own care, and we estimate that between them they spend the same sum again. In some sectors, such as residential care, we believe that about three quarters of the spend is made up of self-funders.

Whilst the care sector is big business it faces significant challenges. Even before the Covid pandemic many care providers were struggling for financial sustainability, margins were low, some had high level of debt, and recruitment and retention were difficult. Covid added to this, as costs have risen, and many providers have seen their self-funder income reduced substantially. Providers were supported financially by the Council, but this has now ended as it was financed by non-recurrent government grants.

Despite this the quality of care in Suffolk remains high. Care Quality Commission (CQC) ratings put Suffolk consistently in the top five local authorities in England and Wales for the percentage of care providers rated good or outstanding, and consistently the highest performing large authority.

Suffolk also has a good history of partnerships. The joint working with health and other partnerships through Ipswich and East Suffolk and West Suffolk Alliances and the Waveney Local Delivery Group is a real strength, as is our joint work with the Suffolk Association of Independent Care Providers (SAICP). The Covid pandemic has tested these partnerships and they have shown them to be strong and resilient.

Finally, we must not allow the 'mechanics' of commissioning and managing contracts to get in the way of the ultimate aim of care – to give people as much independence as possible, to live the best life that they can. The test for this strategy is that it helps us achieve this goal.

This strategy is aimed principally at three audiences

- The people of Suffolk who need care and support and their families, so they can understand our vision for care and how we plan to achieve it.
- The care market, both those already operating in Suffolk and those considering investing here, to set out a clear vision of the kinds of care we want, how we want to work with care providers, and the gaps in the market that we need filling.
- Our partners, such as health bodies and borough and district councils, so they too understand the approach we are taking to the care market and so we can work together to meet the overall health, housing, and care needs of the people of Suffolk.

This strategy is based on many conversations with a range of care providers, both for the purposes of this work and through our normal contract management work, through engagement with the Suffolk Association of Independent Care Providers and a range of care providers who discussed this in a number of focus groups, and through conversations with stakeholders such as the Clinical Commissioning Groups (CCGs), Healthwatch and other parties.

Finally, the strategy aligns specifically with Suffolk County Council's Corporate priorities for Health, Care and Wellbeing, Inclusive Growth and Efficient and effective public services. These priorities in turn inform Suffolk Adult and Community Services (ACS)'s Mission Statement "for people to live fulfilling and independent lives; Our work is to support them to achieve this".

Our Desired Outcomes for Care

Before we set out our vision for the care market it is important to set out our vision for care. We recognise the quality of care that exists already in Suffolk, but it is important not to be complacent and always strive to do better. Our vision for care is that:

- All care will be rated good or outstanding by the Care Quality Commission.
- Care will be increasingly personalised, meeting the individual's needs as they change over time and from day to day. So, people will get the care that they need as they need it. It will be personal to their needs and wishes and be reflective of the diverse range of people needing care.
- Care will be more flexible, being easy to change over time as people's needs change and their life changes. It should not need a formal annual review to change care arrangements.
- Care will become less about providing long term support for people, and more about support to improve confidence and abilities to live as independently as possible (known as reablement). We will move away from a pattern of up to six weeks reablement and long-term care, to reablement being a continuous

and ongoing part of care, Whatever level of needs people have, care will help them be as independent as possible.

- Care will build even more on the natural networks of friends, family and community that people have and work more closely with them in meeting people's needs, so we blur the boundaries between formal and informal care.

Our Desired Outcomes for the Care Market

Our desired outcome is for Suffolk to have a sustainable care market that provides high quality care to all who need it. This care will be different and the section above sets out a vision of what we want care to be like. This means we want to see the following:

- Sufficiency of affordable supply to meet people's care needs.
- Competition between providers to drive up quality and efficiency and give the opportunity for people to exercise choice over their care, whoever is the purchaser (the Local Authority, CCGs, self-funders).
- Stability, both of providers and of purchasers.
- Clarity about purchasers' requirements to allow the market to meet these needs.
- The opportunity for innovation, new models of care, and improved outcomes.

These aims were developed before the Covid pandemic but have been reviewed since and still stand. They will support the recovery of the health and care sector in Suffolk.

We believe that recovery and improvement will only come about as a result of a partnership approach between providers, purchasers and people. It is the interplay between the three that can drive up quality, find new models of care and provide the well-functioning care market we all need.

To this end we believe it is important that all parties commit to a partnership approach: a partnership between providers and the purchasers, partnerships between providers, and partnerships with people so that their views are heard, both in their everyday experience of receiving care, and when purchasers are planning and designing new services.

There is much good practice in Suffolk and many firm foundations to build on as we seek to deliver this.

Priorities

This section of the strategy sets out our priorities for the care and support market in Suffolk. These are not specific services but demonstrate how we want to see care provided and how we would like to work with care providers and users.

Working with our partners we have identified five strategic priorities

Strategic Relationships

Improvement will come from the interplay between purchasers, providers, and people. We recognise that in the past Local Authorities have developed plans, strategies, and specifications with service users and other stakeholders, and not fully involved care providers in this work. We are committed to working closely with the care market and involving them in service design.

- Improve communications – we recognise that there have been too many touch points between the Council and providers. We will work with care providers to simplify this and find ways of communicating that work for them.
- We will develop the model of a named contract manager for each care provider that we contract with, provide close links to social work teams, and ensure that we do adopt collaborative approaches.
- We will work with the care market to celebrate the successes of care and promote good news stories.
- We will seek to develop joint approaches between the authority, the CCGs, care providers and others to influence national policy and make the case for investment in care.
- As we commission services the Council will generally take the role of ‘price setter’, where we determine the price for care and providers compete on quality grounds to provide the services.
- We will engage with the care market in all new procurements and service redesigns, building on the successes and the lessons of the 2019/20 home care framework procurement.
- As we do this, we will also ensure that we co-produce services with service users, their families, and bodies such as Healthwatch that represent them.

Growing the Care Economy

Care is an important part of the Suffolk economy. Total spend on care is estimated at over £0.5bn a year making it bigger than many other sectors of the economy. Additionally, care is spread across the county, bringing the economic benefit to towns and villages across Suffolk. However, we know that overall, parts of the care market are not sustainable.

We have seen several provider failures and early closure of care packages in Suffolk. Many small providers operate on low margins and cash flow can be difficult. Some large providers have high levels of debt or expensive commitments to lease property. Recruitment and retention are difficult, staff pay remains comparatively low and staff can earn more in the hospitality or retail sectors. Investment in training is hard to afford and providers are understandably reluctant to invest highly in staff that they may not retain.

Covid has added an economic shock to an already troubled sector, with increased costs and income from self-funders being reduced for many care providers

By finding sustainable ways of providing and commissioning care we can help the economic growth and recovery of Suffolk, as well as ensuring that our objectives are met.

- We will work with providers to develop peer support models, where providers can share learning, skills and expertise, and even some back office services. This will be an organic process and must be led by the care sector, but we can support this.
- We will consider longer term contracts and different funding models that may help long term sustainability.
- We will encourage and support new entrants to the market and support existing providers who wish to expand or diversify, this may include helping them to access other sources of funds.
- Suffolk County Council has significant land holdings and is in a position to borrow capital if a business case can be made to show payback. This can allow us to strategically intervene in the market to help develop the care provision we need.
- We will look at providing land for care home development, Extra Care Housing (ECH) and supported living for people with learning disabilities and/or autism (LD&A) when this can be done within wider developments.
- Building or buying the physical infrastructure of care, such as a nursing home, where there is a shortage and covering the costs through leasing or renting this to a provider, or through providing care at a cheaper cost than we do now.
- We will continue to work with the NHS to continue to invest in specialist facilities for people with complex learning disability and/or autism (LD&A).
- Supporting and developing micro-care providers, such as partnerships between two or three people to deliver really localised and personalised care without the overheads of larger organisations.
- We will invest in the costs of digital care, to increase efficiency and give people more choice and control.
- We will ensure that any new procurement will explicitly include SCC's Social Value commitments. Investing in care can provide good social value as it mainly supports small businesses, provides local employment, and helps the most vulnerable.

Improving Quality and Personalisation

There are many innovative and creative care providers in Suffolk, with ideas which could improve outcomes and increase efficiency. However, this innovation can be stifled by an overly risk adverse approach, a focus on delivering to a specification, and a rigid procurement process. We would like to encourage innovation and work with providers who have ideas to improve quality and efficiency.

At the heart of this will be independence and outcomes.

- We will work with care providers and partners to move towards outcome-based contracts that reward providers for maximising independence, not

doing set tasks or hours of work. This is complex and will take time but is an important direction of travel for us.

- We will seek to reward quality and value through contracts. We will prioritise giving work to those providers who deliver the highest quality and value.
- We will look to strengthen our 'Direct Payment' and 'Independent Service Fund' offers to support Personalisation.
- We will support providers to develop new ideas and new services.
- We will increasingly look to utilise the opportunities provided by the ever-developing digital care market.
- We will encourage good and outstanding providers to support each other and help them to do this.
- There are a small number of providers who need help and support to improve. We will target our support to these providers.
- We will provide a clear and structured support offer for all providers, focusing on those rated 'Requires Improvement' or 'Inadequate'.
- We will intervene quickly and effectively when providers fail, to ensure that the vulnerable people that they serve are protected.

Why we are focussing on Personalisation

'Personalisation' - where care and support are focussed on the needs, wishes and experiences of the diverse range of individuals requiring such support - is an important part of quality.

Personalisation research shows the positive impact on outcomes with significant value for money improvement, which suggests that a focus on Personalisation would provide a step change to creating better value for money whilst improving customer outcomes. See Appendix A in the Technical Annex accompanying this strategy. (Henceforth, all references in this document to Appendices refer to this Technical Annex.)

Some key Personalisation building blocks are well established in ACS to support more personalised care e.g. Integrated Neighbourhood Teams (INTs) and Signs of Safety (SOS) practice. Others require more work e.g. access to and use of community assets, outcome-based care provision and streamlining administrative processes and data sharing. These aspects will be supported by this strategy through:

- Building community capacity.
- Developing opportunities to utilise digital care.
- Providing greater choice of and flexibility in services.
- Developing micro-enterprises to deliver care services.
- Providing ultra-flexible service provision.
- Linking people to others with common interests.
- Improving care provider information, advice & brokerage and particularly InfoLink.
- Ensuring quality by achieving outcomes.

Housing

The worlds of care, health, and housing are very closely interlinked, and all people who need care also need a place to live. Over the last year we have worked more closely with District and Borough Councils and housing providers but recognise there is more to do to integrate health, care, and housing.

We also know that we have a significant shortage of Extra Care Housing (ECH) and finding ways to close this gap is a priority.

- At least 1000 units are currently required, and this will increase with demographic changes. We need to work with providers as a priority to develop sustainable models that can provide more places.
- We need more supported housing for people with complex needs and behaviour that challenges, primarily with learning disability and/or autism (LD&A) but also for some older people.
- We need more general needs housing, suitable for people with lower-level LD&A who can then live in the community with some low-level support.
- New arrangements for home adaptations are being put in place. We will work in partnership with District and Borough Councils who will be leading this to help get the best outcomes from this service.
- We will work with District and Borough Councils to foster housing developments that supplement care and support services.

Developing the Workforce

The care and support sector employs an estimated 12,500 people. However, recruitment and retention can be difficult, given the competition from retail and hospitality sectors and the stress and low rates of pay from working in care.

We want to work with care providers and partners to raise the status of work in care, develop a skilled workforce and support workforce sustainability. We particularly want a workforce that is skilled and confident in the deployment of digital care opportunities and solutions.

Work during the Covid pandemic has demonstrated the benefit of community health and primary care working closely with care providers and offering support in areas such as infection control.

- We have secured significant investment in the workforce with Local Enterprise Partnership/ European Social Fund (LEP/ESF) monies and will work with the care sector to make best use of this funding.
- We will work with providers to develop peer support models, so they can learn from each other's experiences and help each other.

- We will work with care providers and their representative bodies to promote careers in care and raise the status of care work.
- We will support Suffolk Association of Independent Care Providers (SAICP) and Care Development East (CDE) to further develop their support offers to care providers to help develop their workforces and assist with recruitment and retention.

Gaps in the Market

We have identified five main gaps in the care market where the needs of the people of Suffolk are not being fully provided. This is from our data, from work with frontline staff and from information from service users.

1 Shortage of Specialist Provision.

Whilst the number of residential beds we are using is in gradual decline we have a shortage of specialist provision for those that are the most frail, especially those living with complex dementia, behaviour that challenges and mental health problems.

How do we know this?

- The data shows a decline of standard residential care compared to continuing use of nursing care. See Appendix B
- The number of over 85s will increase significantly in the next twenty years, at present there are 25,292 over 85s in Suffolk and this is expected to increase by 87% to 47,216 by 2040. The over 85s will increase from 3.1% of the population now to 4.3% in twenty years' time See Appendix C
- Whilst not all of these will need complex care this is a key indicator of demand. As people age conditions such as heart disease become more common, and some new age-related conditions appear. Many more people will have multiple conditions in Suffolk in 20 years' time, and multi morbidity is a key driver of the need for expensive and complex care. This increase in people with two or more morbidities poses a large challenge to health and care services. See Appendix D
- There are currently around 13,000 people aged over 65 and living with dementia in Suffolk, we expect this to rise to about 17,700 in ten years' time. Many of these will need specialised care. See Appendix D
- We also expect the number of older people with mental health conditions to increase. For example, the numbers of people with depression are expected to rise from about 15,700 now to 19,200 in ten years' time. We expect a similar rise in those with more complex conditions. See Appendix D
- We are already experiencing difficulties in placing people with complex needs, and some are having to be placed far from home or need expensive additional one to one care to get the support they need.

2 Shortage of Care Home Beds in Waveney

The numbers of care home beds in Suffolk as a whole is similar to other local authorities in the region. However, numbers in Waveney appear to be lower and this is reflected in the experience of social work teams and contracts and service development managers, that it is harder to find suitable care placements in Waveney than in other parts of the county. This also means we are more at risk in the event of provider performance issues as it would be harder to find replacement provision.

How do we know this?

- Suffolk as a whole has 8.8 care home beds per 100 people over 75, which is similar to other local authorities in the region. See Appendix B
- However, this is based on numbers in Ipswich and East and West Suffolk and does not include Waveney area as comparable data is not available. The last comparable data shows lower numbers in Waveney with only 8.4 beds per 100 over 75, compared to 9.4 in Ipswich and East and 9.0 in West Suffolk – Appendix B
- This is reflected in the experience of social work teams and contracts and service development managers, that it is harder to find suitable care placements in Waveney than in other parts of the county.

3 Shortage of Extra Care Housing for Older People

We have a shortage of Extra Care Housing for older people across Suffolk. We have calculated that we currently need about 2,100 units, significantly more than the 800 we currently have available. These will need to be a mix of tenures, spread across Suffolk, including for rent and leasehold for purchase.

Extra Care Housing provides a clear opportunity to support people at home for longer than they otherwise might, and in the process offers the opportunity for a better quality of life. It can do so by providing a safe stimulating environment where people can have the benefits of their own home in the knowledge of having a care service available over 24 hours per day.

The current identified deficit of Extra Housing units means that social work teams are either left putting in expensive home care packages trying to support people at home as people's needs escalate, or otherwise placing people into residential homes before they otherwise need.

How do we know this? See Appendix E

- Housing Learning Improvement Network SHOP (Strategic Housing for Older People) analysis tool
- The [State of Suffolk 2019 report section Where we live - 5.2](#) identified that an additional 15,213 specialist homes will be required in Suffolk by 2035, according to the Sheffield Hallam Housing for Older People Supply Recommendations (HOPSR) and Extra Care Demand Assessor (ECDA) recommendations. NB - Specialist housing includes sheltered

housing, enhanced sheltered housing and extra care housing; all of which offer varying levels of on-site supportive management

- In Suffolk, there are currently less than 800 bedspaces (with ACS funding circa 400 people – the balance being private funders)
- As the population of older people increases this gap will widen. [The State of Suffolk](#) Joint Strategic Needs Assessment 2019 projects a 43% increase in the Suffolk population aged 65+ over the next 20 years

4 Shortage of Accommodation and Support for People with LD&A and Complex Needs.

Whilst the number of people with a learning disability and/or autism we support has not increased, the proportion of those who have complex needs, vulnerabilities and abusive or behaviour that challenges has. The Suffolk Transforming Care Partnership is a regional lead for admission prevention, successfully managing to avoid inappropriate admissions for adults with learning disabilities coexisting with mental illness and / or behaviour that challenges (known as Transforming Care (TC) customers) into specialist LD Mental Health hospitals. Our ambition to have the fewest number of people in hospital for the shortest length of time and only when hospital care is absolutely needed and specialist services cannot be safely or appropriately delivered in the community. There has been an increase in the number of young people with highly complex needs transitioning from the Disabled Children & Young Peoples (DCYP) Team into Adult Social Care (LD&A). We are experiencing difficulties in placing people with these complex needs because their contact with services is typically erratic and unplanned at points of crisis and there is a gap in the provision of suitable accommodation and support for these groups. People with challenging behaviour and complex needs are not suited to blocks of housing/ shared living and this is the traditional housing model for LD&A in Suffolk. This means that scarce care and support solutions are having to be found in crisis situations and therefore are often costly and not the best fit. We need to find new and better ways of meeting this need and will work with care providers to develop bespoke specialist support, where they have the skills and knowledge to deliver in a resilient way and where the person and people important to them are absolutely at the heart of decision-making and community life.

How do we know this?

- Our case data and practise shows a decrease in the number of Transforming Care adults admitted into specialist hospitals in 2020 compared to 2019. See Appendix F
- Whilst we have a pipeline of 2 Transforming Care inpatients in CCG funded beds, there are 14 in specialist commissioning beds which are funded by NHS England (NHSE) and our most complex customers. Whilst many are not yet ready for discharge, we have proactively started discharge planning for these people.
- Practise experience is that there are more cases with complex needs and points of crisis.

- There is a huge difference in the average care costs for the Transforming Care and complex DCYP groups of LD&A adults. TC are 262% and DCYP are 245%. See Appendix F
- Financial benchmarking shows we are the 27th highest spending authority out of 151 with respect to Working Aged Adults long term care. See Appendix F
- The high costs correlate with a low supply and increasing demand and the need to improve provision for groups with complex needs.

5 Sourcing Home Care in Specific Areas

We have a long-standing problem sourcing home care in the rural areas of Suffolk, and more recently in sourcing home care in less rural but more affluent areas where recruitment and retention are difficult. Whilst the numbers of hours of home care for older people had been decreasing through 2019-20, this is an area where Covid has made a significant impact, and home care hours are now increasing again.

How do we know this?

- In some areas of the county practitioners have had to arrange expensive interim care packages.
- The cost of home care varies across the county by up to 26%. See Appendix G
- Waiting lists vary across the locality social work teams. See Appendix G
- Demand Management data on home care shows some distinct trend changes in home care for people over 65. See Appendix G

Next Steps

Once this strategy is approved, we will draw up an implementation plan to identify all tasks, and plan for work to commence on the priority areas.

The plan will include the following procurements which are scheduled to start in the next twelve months.

- Reopening of the locality home care framework so that new providers can join.
- Developing a new framework for LD&A supported housing.
- Identifying providers who can deliver care for those with highly complex needs who need Residential and Nursing care.
- Completing the procurement of a digital care partner and starting the implementation of digital care with providers.

Early work will also include developing the business case for investment in the infrastructure of care, such as the purchase of care homes to meet the gaps in the market for complex needs and provision of Extra Care Housing.