

## 1 Introduction

Bournemouth, Christchurch and Poole (BCP) Council has a vision for better outcomes, and a model of care orientated around the availability of the right care and support at the right time. We have developed this Market Position Statement (MPS) for all adults in conjunction with our NHS partners at Dorset Clinical Commissioning Group (CCG). It is intended to offer clearer messages to the market about future adult social care. Essentially this is about asking: “What are the challenges we are trying to address, and what kind of provision do we need to do this?”. The focus is on the whole adult population in the Bournemouth, Christchurch and Poole area – not just those whose care is funded by the council.

The MPS is the start, not the end point of a process. It is a higher-level strategic document covering all adult services, which sets out current demand, levels of activity and resource, future direction, gaps in the market. It is intended to act as an invitation to providers to help shape future activity. It should be the stimulus for an ongoing dialogue about how the market should be developed to meet current and future needs. The MPS should be a key part of a process of moving to a more aligned commissioning model, and to inform more detailed commissioning strategies for extra care housing, care homes, homecare and carers.

## 2 How the MPS is set out

This MPS aims to provide a summary of:

- Our vision for adult care
- The needs we are trying to address
- The provision we have
- The provision we need
- Our messages to providers
- Business opportunities, and how to engage with the council

## 3 Our vision for adult care

### 3.1 BCP Council

The Council’s Big Plan is to make the Bournemouth, Christchurch and Poole city region world class – one of the best coastal places in the world in which to live, work, invest and play; developing our vibrant **communities**, with an outstanding quality of life, where everyone plays an active role. This means clean, safe and affordable housing, the wellbeing of all age groups, from our youngest to our oldest, with good health and care and good local services, and good jobs for working-age residents, to provide financially sustainable livelihoods for their families.

As a council, our values, priorities and objectives are orientated around a sustainable environment, dynamic places, connected communities, brighter futures and fulfilled lives. Drawing from this, our Adult Social Care Strategy sets out our intention to:

- Support people to live safe and independent lives
- Engage with individuals and communities to promote well-being
- Value and support carers
- Enable people to live well through quality social care
- Deliver services that are modern and accessible

We want to ensure that the future market for adult care reflects these priorities, and is focussed on achieving them successfully. We will use a range of performance measures to understand whether these priorities are being delivered. They include:

- Increasing the proportion of people who reports risks have reduced as a result of a safeguarding enquiry.
- Increasing the proportion of adults who use social care services who say they have control over their daily life.
- Increasing the proportion of adults with a learning disability/ or mental health in employment.
- Reducing the numbers of new admissions into care homes.
- Increasing the proportion of adults with a learning disability in settled accommodation.
- Increasing the proportion of carers who receive information and advice or another service after an assessment.
- Increasing the proportion of adults who say they find it easy to access information and advice about services.
- Maintaining the percentage of Care Quality Commission registered services rated as 'good' or 'outstanding'.

### **3.2 NHS Partners**

NHS Dorset Clinical Commissioning Group is responsible for the commissioning the majority of health services in Bournemouth, Christchurch and Poole, including those for older people and some of the services provided by primary care and in both the community and in care homes. The major provider of acute health services across our area is the University Hospitals Dorset Foundation Trust which has responsibility for Poole, Royal Bournemouth and Christchurch hospitals. For community health, Dorset Healthcare University Foundation Trust is the main provider.

Dorset also has an Integrated Care System (ICS) known as 'Our Dorset', covering the whole county. It operates at four levels, the second of which is that of health and care partnerships, one for the west and one for the east of the county (the latter includes Bournemouth, Christchurch and Poole).

The ICS covers the whole population and oversees and implements a single operating plan, sets system priorities and drives operational performance, co-ordinates system-wide population health management, and helps to standardise pathways across the integrated provider alliances.

The Vision for 'Our Dorset' is for everyone to have access to high quality, joined-up health and care services, available when and where they are needed.

The Dorset ICS Phase 3 Recovery Plan looks beyond Covid-19 and its aims include:

- To accelerate the model for more integrated primary community and social care, including new home first pathways and continue to support the sustainability and quality of care in the independent social care sector
- To provide appropriate care for those who have not presented to mental health services during Covid -19; both current and emerging
- To address staff wellbeing and better collective workforce planning.

### **3.3 A shared endeavour**

BCP Council and its NHS partners alone will not realise this vision or achieve these aims. This can only be done through collaboration of all parties, and through a recognition that there are rich assets in communities that hold the key to enabling people to live well, safely and independently.

The need for collaboration is amplified by some significant challenges facing adult care. They are:

- The impact of Covid-19
- Pressure on public finances
- Impact of Brexit (especially on the workforce)
- Growth in dementia cases

While these issues have brought challenges to the market, there is also been a real appetite for new and innovative approaches. For this to happen, we all need to be open to challenge, and give each other permission to do things differently. We need to have an ongoing dialogue which is open, and which builds confidence and trust. This MPS is intended to be a starting point for that.

## **4 The needs we are trying to address**

### **4.1 BCP overview**

The Council's State of BCP report 2019 shows:

- A population of 395,600, projected to grow to 420,900 by 2028.
- A relatively healthy population, although with variations across the council area.
- A changing age profile with a higher proportion of residents over the age of 65 - and a smaller proportion of the population under the age of 16 when compared to England and Wales.
- Young people aged 0-15 represent 17% of the local population compared to a national figure of 19%. There are 84,700 people aged 65 and over living in BCP. This equates to 21% of the local population compared to 18% nationally. Over the next decade, the 85+ population is projected to grow by almost 20%.
- A diverse community, with 12% of population being non-white British.

- A range of wealth and deprivation. The BCP Council footprint has areas which are among the most and least deprived in the country. 13,200 people (3% of the BCP population) live in the 10% most deprived areas in England. This increases to 39,520 people (10% of the BCP population) when we look at the number of people living in the 20% most deprived areas. Conversely, 80,940 (20% of the BCP population) live in the 20% least deprived areas in England.
- A high employment rate (2.7% unemployment compared with 4.2% nationally) – but wages are lower than the national average.
- Around 175,00 households with a relatively high owner occupation rate, which rises to around 80% for the older population.
- A projected increase of 21% in the number of people living alone, from 17,623 in 2020, to 21,357 in 2030.
- High average house prices, which have increased significantly in the last ten years. Affordability is decreasing, with median house price increasing at a higher rate than the median wage.

## 4.2 Demand

Bournemouth, Christchurch and Poole's population is expected to grow rapidly and continue to generate increased demand for council services, and the area has one of the highest proportions of older people with high levels of care needs in the country.

- Data from POPPI<sup>1</sup>, which covers the 65+ population shows:
  - People aged 65+ made up around 22% of the total population in 2020, and this will rise to over 27% by 2030.
  - By 2030, 21,357 people aged 75+ are predicted to live alone.
  - The number of people aged 65+ who have dementia is predicted to rise from 6,643 in 2020 to 7,827 in 2030.
  - The number of people aged 65+ who have a limiting long-term illness is predicted to rise from 40,016 in 2020 to 47,216 in 2030.
  - The number of people aged 65+ providing unpaid care is predicted to rise from 12,648 in 2020, to 14,814 in 2030.
- Data from the PANSI<sup>2</sup>, which covers the 18-64 population, shows:
  - The 18-64 population was 234,500 in 2020 and is projected to fall slightly by 2030. 93.2% of this group is white, the next largest group being Asian/British Asian (3.54%).
  - 5,722 people had a learning disability in 2020, and this number is projected to decline slightly by 2030.
  - 44,178 people had a common mental health disorder in 2020, and this number is projected to decline slightly by 2030.

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<sup>1</sup> Projecting Older People Population Information System

<sup>2</sup> Projecting Adult Needs and Service Information System

- Drug dependency and alcohol related health problems for this population are predicted to increase slightly by 2030.

For the BCP Council area, data on packages of care show that in 2019-20 there were:

- 551 adults using Direct Payments (398 aged 18-64)
- 1,331 adults in residential care (679 aged 85+)
- 209 adults in a dementia care home
- 2,413 adults receiving homecare
- 704 adults using day care provision
- 243 adults in Extra Care Housing

At March 2020 the total number of people using adult social care services was over 3,600. From April to September 2020, there were 4,701 new contacts for support.

- 55% were for physical support
- 42% required an assessment
- 44% needed no further action

The majority of requests were for information and advice and short-term support services, with only a small proportion related to long-term nursing and residential care.

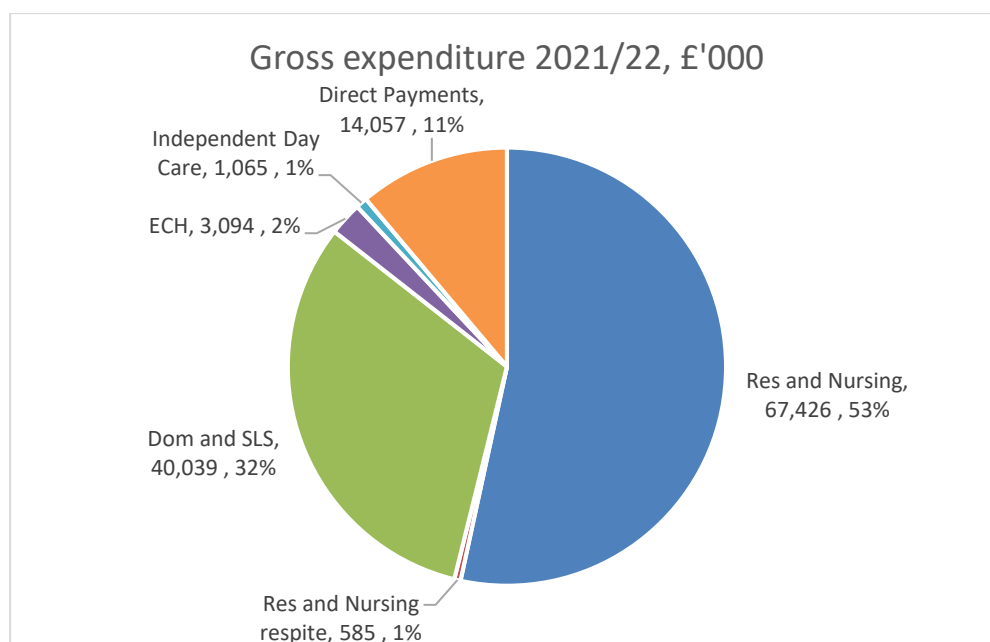
There is a growing population of people who have a multiple set of health or social needs which are likely to require additional or special support. Where complex needs are not assessed as falling into those areas covered by either Funded Nursing Care or Continuing Health Care funding, there are implications for both residential care and care at home, if additional or special support is to be provided.

## **5 The provision we have**

Adult care in BCP encompasses care homes, home care, extra care and sheltered housing, supported living, day opportunities, carers support and advocacy services. There is a wide variety of independent and voluntary sector providers who offer support within our local communities.

Long term support is provided to over 3,600 people – this includes arranging home care and care home provision: hospital discharge services including preventing hospital admission, and keeping people safe through quality safeguarding services.

Over 50% of the Council's gross expenditure for Adult Social Care for 2021/22 is for residential and nursing care. The overall picture is illustrated here:



The Use of Resources<sup>3</sup> report for 2019-20 shows that:

- We currently spend more than the average for England on care for older people, but at the same time, support a lower percentage of the older population.
- We spend more on long term care for each individual than the average for England.
- We place a higher number of older people in care homes than the average for England – 631 compared with 584 per 100,000.
- 13,500 individuals each provide more than 20 hours of unpaid care per week.
- A lower proportion of our clients receive direct payments than in England overall.

Dorset Clinical Commissioning expenditure through Community Health Care Commissioning amounts to around £45m, distributed across mental health, learning disability and physical disability.

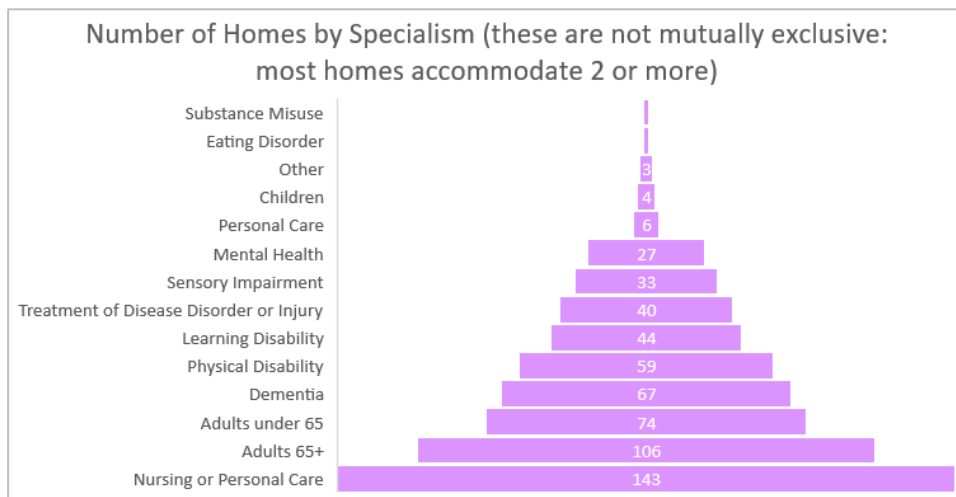
## 5.1 Residential and nursing care

Overall, there are 158 care homes in Bournemouth, Christchurch and Poole:

- 113 homes cater for older people
- 41 take people with dementia
- Most are registered as 'Good' or 'Outstanding' by the CQC
- The National Capacity Tracker shows that, in June 2021 there were 4,451 beds in care homes in BCP, with vacancies at 27%

The chart below illustrates the range of specialisms catered for in care homes in the area.

<sup>3</sup> ASC Use of Resources South West Report for Bournemouth, Christchurch and Poole 2019/20 (December 20), Local Government Association



## 5.2 Home First

NHS and social care services across Dorset are working together to help people out of hospital more quickly and recover in the comfort of their own homes wherever possible.

The aim is to ensure that as soon as a person is ready to leave hospital, they are discharged home – or to a local care home or community hospital, if that is more appropriate – and assessed to see if they require additional support to aid their recovery.

Where required, community health and social care staff provide a free package of care and rehabilitation for up to six weeks to make sure people fully recuperate and regain their independence.

Family members and/or carers should be involved in assessing and planning any care or support that is needed.

## 5.3 Care at home

There are 75 home care agencies working in the area. The number of people receiving home care in 2019-20 is set out below:

Age	Number
18-64	575
65-74	315
75-84	634
85+	889
TOTAL	2,413



By the third quarter of 2020-21, 94.7% of older people remained at home 91 days after discharge from hospital into rehabilitation/reablement services, which is above average for England and an improving picture.

#### 5.4 Enhanced support and extra care housing

Bournemouth, Christchurch and Poole currently has a limited number of extra care housing schemes, as well as some enhanced support housing schemes that are aimed at meeting a lower level of needs.

Overall, there are twelve schemes identified as being extra care housing (including two also labelled as 'Retirement'). Of placements in those schemes, 398 are identified as extra care and 162 are identified as enhanced care.

They have varying age thresholds, identified between 50+ and 70+ and they vary in size from 6 units to up to 144 units.

In terms of management, two are managed by BCP Council (80 places), two by Poole Housing Partnership (90 places). Of the rest, three are managed by commercial organisations and five by social landlords.

Overall, at the end of 2019/20 the council was supporting 243 people in extra care housing, but by February 2021 this had fallen to 218.

In addition to this, there is a range of retirement accommodation. Mostly it is described as 'Retirement Housing' or 'Age Exclusive Housing'. A small proportion is operated by the council, but most of it is provided by housing associations or private providers – some to let and some for sale. There are approximately 1,500 units in Christchurch, 2,300 units in Poole and 2,300 units in Bournemouth. There are housing 35 providers overall, varying in size (some are very large social landlords or private developers, others very small local organisations).

#### 5.5 Learning Disabilities and Autism

The Pan Dorset *Big Plan for People with Learning Disabilities* sets out a commissioning strategy for Bournemouth and Poole. It showed that:

- Of the total LD population in Bournemouth, 3.7% were in residential care in 2015; for Poole this was 2.2%. Numbers had reduced since 2010, reflecting an intention to support people to live in settled accommodation.
- Direct Payments have an above average uptake by people with learning disabilities compared to the whole eligible population. A high proportion of these were managed by families on behalf of the person with a learning disability.
- More adults with a Primary Support Reason (PSR) of Learning Disability were in employment by the second quarter of 2020-21; and 79.2% (659/832) of adults with a PSR of Learning Disability were in Settled Accommodation in the second quarter of 2020/21.



## 5.6 Mental Health

In BCP:

- There is provision of supported housing and registered care services. Some are funded by the Local Authorities (LA), some funded by the NHS. Some through section 117 - either totally funded by the LA or by the NHS. Others placed under shared funding arrangements between health and social care.
- There are several housing options for people who have mental health support needs.
- 376 people are in placements. Placements are either registered care, supported housing or hospital-based provision in and out of county.
- Supported housing is usually commissioned by local authorities (historically through funding from Supporting People). Supported housing provides 71 units of accommodation and the floating support service supports up to 185 people.

Bournemouth, Christchurch and Poole is currently below the average for England in terms of the number of people with mental health problems who are living independently.

## 5.7 Carers

The 2011 Census estimated that in Dorset there were 83,000 people providing unpaid care - around 11% of the population. Carers often do not recognise themselves as carers and therefore may fail to seek support. Early information and support are key to preventing carer break down.

Carers' Resource Information and Support (CRISP) in Bournemouth, Christchurch and Poole offers a range of support services to help carers, most of which are free to carers even if the cared for person is funding their own care. This includes:

- Help and Advice
- Emergency Back-up Scheme
- Short Breaks
- Carers' Information Service

Day services offer daily (or in some cases part day) respite attendance to clients to enable carers to have a break during the day or to attend their own appointments. This includes guidance, advice and signposting to carers.

## 6 Quality

The ASCOF 2019-20 data provides information about the experience of people using adult social care in Bournemouth, Christchurch and Poole, compared with our "nearest neighbour" authorities:

- The proportion of people who use services who find it easy to find information about support is below average.
- Overall satisfaction of people with their care and support is below average.

- The proportion of people who use services who have control over their daily life is slightly above average.

The quality of regulated social care, that is care homes and home care provision, in the local area is very good with 89% of providers being rated by CQC as good or outstanding.

## **7 The provision we need**

We need to ensure the best quality of care for adults in BCP, which promotes wellbeing and independence. We need to accommodate significant financial challenges. The two are not mutually exclusive, and a vibrant and innovative market is key to this.

### **7.1 Budget pressures**

BCP Council and NHS partners face significant financial pressures in the coming years:

- BCP Council has published its financial strategy for 2021/22 and updated its Medium-Term Financial Plan (MTFP).
- Adult Social Care budget pressures were £4.368m in 2021/22 rising to £8.641m in 2022/23 and £10.812m in 2023/24. This is despite the identification of significant savings in each year.
- There is a strong ongoing impact of the Covid-19 pandemic.
- The Council has a balanced budget in 2021/22 but future years remain challenging and the Council will need to consider its priorities carefully.
- The NHS ICS Phase 3 Recovery Plan identifies a projected deficit of £23.2m in 2021/22.

### **7.2 The kind of care and support that's needed**

- Fundamentally all care should be about enablement – maximising people's ability to be independent.
- We want to build our approach to preventing, where possible, people's need for higher levels of formal care than they might need. As part of this, we want to further develop our Front Door and Home First models.
- We recognise that to enable people to live well, safely and independently, we need to encompass the strengths of individuals and communities. We would like to adopt an asset-based community development approach to support this.
- We need to consider whether less expensive methods of care could still meet people's needs.
- We need to consider more alternatives to residential care for older people.
- We want to build extra care housing and we will work with providers to identify land.

- We would like to explore how to include palliative care in the community/end of life care as part of care at home.
- At the same time, we need to support people with increasing complex needs, including those with dementia. We need to ensure people who need a care home can access the right one, in the right place, at the right time.
- We have a reasonably good understanding of the needs of older adults, but less so of working age adults, as well as young people in transition to adulthood. Further work is needed to understand the needs of this population.
- Enhanced use of technology enables better collaborative working, and can improve the way individuals access and receive care and support. There are now improved digital links between the NHS in Dorset and care homes to support better information sharing and joined up approaches to providing care.
- We want to reduce levels of inpatient care for people with a learning disability or autism. The NHS Long Term Plan set a target for a reduction of inpatient provision by 50% between 2015-2023/24.
- In line with national best practice, BCP Council are committed to reducing their reliance on residential care for people with a learning disability or autism, and to support people to live in settled accommodation instead.
- To support people with complex needs and behaviours that challenge services, we need to develop both care and accommodation opportunities to enable people to live close to home and as part of the community.
- In addition, it is important to support people who have stayed living within the family environment. This is in recognition that as they become older, they may develop care and support needs of their own.
- We want to strengthen the market relating to complex needs/high functioning autism.
- We need to upskill workers, and market stimulus is required, with focus on innovation.
- We want to work with market to enable greater level of choice and control.
- We will actively encourage and support effective care provider forums.
- We should be aiming for a mixed economy of registered care, high support housing, (some self-contained and others in shared houses) – primarily this should be independent accommodation or own front door with floating or peripatetic support. The floating or peripatetic support will be able to provide practical, emotional, mental health and tenancy support as required to make sure that the individual thrives in their own accommodation.
- We want to reduce reliance on out-of-area placement and promote more long-term support which floats in and out, and prevent people moving around the system so much.

## **8 Key considerations**

To enable the delivery of the support that's needed, we need to focus on some fundamentals.

## 8.1 Housing

Access to a range of appropriate housing is essential to the council's vision of enabling people to live well and have safe and independent lives. One of the priorities in our housing strategy for 2021-26 is to improve housing options, opportunities and choice for all. The strategy notes:

- The growth in older people will be a key driver ... it is likely more adaptable and specialist housing will be needed. Suitable housing and neighbourhoods can significantly improve life in older age and may reduce costs for social care and the NHS.
- The Housing Learning and Improvement Network model suggests that 245 units of specialist accommodation may be required for every 1,000 people aged 75+. This means that in BCP an additional 1500 units of specialist accommodation will be required by 2025, and a further 850 units by 2030.
- This is integral to the provision of care that we need. This means:
  - Working proactively with partners to identify unmet specialist housing needs and work to secure additional housing options to meet the needs of vulnerable people including joint commissioning where appropriate.
  - Working collaboratively with housing providers and developers to bring forward more homes for vulnerable people that offer a range of housing options and provide local leadership on what is required for the area.
  - Ensuring there is a broad spectrum of housing solutions for the older population which promotes independence and minimises the need for costly residential and nursing care.
  - Investing in the development of bespoke accommodation for individuals with complex needs to enable them to continue to live in the area and be near their families.
  - Promoting assistive technology, including new technological solutions, and increase take-up to help more people remain independent.
  - Providing services that support adaptation requirements to enable people to live safely and independently in their own homes

## 8.2 Technology

Technology has great potential to improve the care people receive, through:

- Improving people's access to mental health, primary and acute hospital care, including apps, virtual therapies, and online and video consultations.
- Helping healthcare staff to deliver care more effectively in the community, which can avoid a hospital visit or GP appointment.
- Enabling adult social care staff to access care plans easily and involve people more in their own care planning.
- Supporting more effective and more frequent information sharing between services
- Supporting people to be more independent. Voice-activated and interactive technologies have helped to bolster people's independence, helping them to access information and entertainment independently.

We want to strengthen the offer of assistive technology across BCP, and ensure it is included from the time people first engage with adult social care at the front door.

### **8.3 Workforce**

- The care sector in Bournemouth, Christchurch and Poole is a major contributor to the local economy and employs some 13,000 people, reflecting jobs in the local authority and independent sectors, and those related to direct payment recipients. There are around 4,900 people employed in homecare, 7,200 in care homes and the remainder in community and day services.
- In residential care, turnover is high in both elements, running at 34% per annum in the non-nursing home element and 44% in the nursing home element.
- A one-off grant of £875,000 was awarded to BCP Council and distributed across the care sector through the government's Workforce Capacity programme to provide support with staffing pressures during the winter months.
- The funding was distributed throughout the sector from care homes, home care, supported living and day opportunity providers to support with pressures on staffing levels and increase capacity where most needed.
- Brexit, Covid and a seasonal economy bring significant challenges to recruitment and retention of the care workforce.
- We are relaunching our Proud to Care recruitment campaign to support and attract more local people to the care sector offering a whole range of roles and settings.
- We need to support the skills development of people working in homecare, reflecting increased complexity of care needs.

### **8.4 Carers**

The role of unpaid carers is critical to people being able to live safe and independent lives. We need to ensure that carers themselves can access appropriate support. The strategy document of the legacy Dorset councils of Valuing Carers in Dorset 2016-2020 focused on supporting the wellbeing of carers across Bournemouth, Dorset and Poole. It aimed for:

- Early identification of carers
- Timely information and advice
- Workforce development to understand carers needs
- Involvement of carers in local planning
- Enabling carers to fulfil their educational and employment potential
- Provision of personalised support
- Support for carers to remain safe and healthy
- Parity of carers rights with those of the cared for person.

Although the strategy was due to be updated in 2020, these aims remain central to the approach to carers that should be reflected in the market for BCP.

### **8.5 Direct Payments/Individual Service Funds/Personal Health Budgets**

We want to ensure people have the best means of ensuring independence and control over their lives. Although not the solution in themselves:

- We want to increase the uptake of Direct Payments by adults over 18.
- We want to introduce Individual Service Funds, where a person's personal budget is given to a third-party organisation to manage on behalf of the person.
- We recognise that Covid has had an impact availability of Personal Assistants due to the need to isolate and that this has in turn impacted on people's ability to use Personal Health Budgets. We therefore need to ensure there is sufficient capacity amongst Personal Assistants.

## 8.6 People funding their own care

This MPS is concerned with the whole adult population, not just the people whose support is funded by BCP Council. We know that a large number of adults fund their own care, and we are keen to develop a better understanding of this population, and the care choices they are making. This is important so that we can:

- Improve the information & advice available on choosing services
- Promoting prevention, reablement & early intervention.
- Signpost people to a wider range of options they may not have considered
- Help people avoid unnecessarily high cost services and stay financially independent for longer. Approximately 35% of current residential care placements are for people who have funded themselves and subsequently run out of money.

We want to work with providers to develop this better understanding.

## 9 Our messages to providers

The Covid-19 pandemic has required us all to work more collaboratively, and enabled us to adopt new ways of working to meet urgent needs. We want to continue to work in that spirit and to maintain an ongoing dialogue with providers, to ensure we provide the care and support that's needed, and that we understand the approach we need to take together. As part of this, our messages to providers are:

- We recognise that to enable people to live well, safely and independently, we need to encompass the strengths of individuals and communities. This is an important part of our ambition to promote wellbeing, and to reduce stress and loneliness. We would like to promote an asset-based community development approach and are keen to develop the market to reflect this.
- People will need more information, advice and guidance about services that are available to enable them to live independently for longer.
- Services will need to meet the needs of an increasingly older population, while ensuring there is appropriate support for working age adults.
- The number of placements that we make into residential and nursing care are being planned to reduce and there is scope for thinking about repurposing some residential care homes.
- The demand for home care will rise as more people receive this kind of support instead of residential care, and as their needs rise.
- There will be a greater demand for housing that offers integrated care and support, for example extra care housing.
- There will be an increased expectation that providers who are delivering care in supported and independent living accommodation services will be focused on



maximising the health and wellbeing of their clients, with a range of services to support this.

- The numbers of people using direct payments is likely to rise, meaning that providers will increasingly be marketing their services direct to people who use them rather than the council
- There will be an increased emphasis on outcome focused services that promote enablement for the people they support.

## **10 Business opportunities, and how to engage with the council**

We will regularly update the MPS as part of our commitment to keeping the market informed about forthcoming business opportunities. We are currently developing our digital platform and we aim to provide links to all new opportunities. There will be links to our developing Commissioning Strategies and Delivery Plans for Care Homes for Older People, Extra Care Housing, Carers, and Technology Enabled Care.