

Market Position Statement: Community services for people with a disability

June 2023



Foreword

Welcome to Staffordshire's Market Position Statement for community services for people with a disability including autistic people. Our hope is that providers of care services for people with a disability will find this a valuable resource, whether you currently work with us or not.

We are only able to support people with adult social care and health needs thanks to the huge range of providers who work across Staffordshire. Disability service providers, alongside other adult social care providers, have been at the heart of our response to Covid, and we continue to thank you for the care and support you provide to people with health and social care needs.

As we look ahead in this Market Position Statement, we hope that we will not have to experience anything like the turbulence and challenge presented by the pandemic, but we can expect that we will all have to adapt to other challenges – including some changes that we can already identify, and others that may be less immediately evident. The continuing focus on quality in care, workforce, a changed landscape for integration and improving personalised and strength-based approaches will undoubtedly form part of our journey over the coming years. And, as we have learned over the last three years, the pace of change in areas such as technologies might also give us opportunities in ways that we are not even aware of yet.

We would like to understand your ideas about what we could improve together through better co-production, and we want to hear from your teams and the people whom you support as well.

We are clearly entering into a difficult economic period in the country, and we know that the challenge will be to continue to commission services in a tough financial context. Some of the solutions will come from technology, but most will come from people which means all of us working together, building on best practice and testing new and innovative solutions. I hope that you find this Market Position Statement a helpful element of how we achieve that.

Dr Richard Harling

Director of Health and Care

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Our vision and strategic objectives

1. In adult social care, we support the Council's vision of being an **ambitious, innovative and sustainable county**, where **everyone has the opportunity to prosper, be healthy and happy** – including people with adult social care needs. We support the Council's priority outcome that **everyone in Staffordshire will be healthier and independent for longer**, with a priority to **encourage good health and wellbeing, resilience and independence**. These outcomes and priorities increasingly shape our approach to strength-based working, integration, prevention and community services. Our ambition is for people to live independently for as long as possible.
2. Our strategic objectives for Health and Care are to:
 - Promote good health and independence, **and encourage and enable people to take personal responsibility for maintaining their well-being**
 - Ensure effective and efficient assessment **of needs that offers fair access to services**
 - Maintain a market **for care and support that offers services at an affordable price**
 - Ensure best use of **resources, people, data and technology**
3. Specifically for Disability Services, our strategic objectives are:
 - **Improve the quality of care in Staffordshire, primarily measured by the** proportion of registered services we commission rated by the Care Quality Commission (CQC) as 'outstanding' or 'good', and through monitoring how people achieve their individual outcomes and through contract monitoring processes for non-registered services
 - **Ensure timely access to care when required**, through improving the process / pathway for assessment through to placement/package of support
 - **Ensure affordability of care**, with the Council aiming to pay a fair price, achieving value for money for the Council taxpayers, and remaining within budget
 - **Develop and facilitate access to community capacity to help individuals with disabilities remain healthy and independent** by encouraging care providers to make the most of people's strengths and the assets available in local communities including

informal support networks, to take positive risks and to avoid restrictive practices.

Purpose

4. This market position statement is to set out our intentions to existing and potential care and support providers for people with a disability residing in Staffordshire.¹ It is for providers of community services including supported living, day opportunities, shared lives, live in care and respite care.
5. This market position statement specifically covers the following groups:
 - learning disabilities (16 and above)
 - autistic spectrum conditions (16 and above)
 - physical disabilities (under 65)
6. Separate market position statements cover residential and nursing care and home care for people with learning disabilities, autism, mental health, physical or sensory impairments. There will also be a separate market position statement for care providers supporting individuals with mental health conditions.
7. Our [Special Educational Needs and Disabilities \(SEND\) Strategy 2021 – 2026](#) contains our vision and priorities for children and young people with special educational needs.
8. Please also see our [Strategy for Carers “All together for Carers”](#) for our priorities for carers’ services.

¹ Written in accordance with the Oxford Brookes University “Market Position Statement Guidance July 2016”

Demography

9. Projections for the population of Staffordshire residents with disabilities can be found in table 1. Over the period 2020 to 2040 the total population of Staffordshire residents aged 18 to 64 is predicted to remain roughly static. The population with a moderate to severe learning disability, who are likely to require care and support, is predicted to grow slightly. The population with a moderate or severe personal care disability is predicted to fall slightly. The population of people with an autistic spectrum condition is expected to grow by 9%.
10. The greatest increase in the number of people with a learning disability is expected to be in the 45-54 age range which is predicted to increase by 171 people (6%) from 2,790 to 2,961. In the same period the number of people aged 55-64 with a learning disability is expected to decrease by 304 individuals (-12%) from 2,856 to 2,552.

Table 1: Disability population projections for Staffordshire 2020-2040

	2020	2025	2030	2035	2040	Change 2020 - 2040
General population aged 18-64	517,600	520,400	519,300	518,000	521,300	1%
General population aged 65 +	194,800	209,700	229,800	247,500	257,000	32%
Population aged 18 - 64 with a learning disability	12,562	12,640	12,650	12,660	12,759	1.5%
Population aged 65+ with a learning disability	4,077	4,370	4,790	5,194	5,413	33%
Population aged 18 - 64 with a moderate or severe learning disability	2,856	2,880	2,900	2,910	2,936	3%
Population aged 65+ with a moderate or severe learning disability	546	575	628	678	690	26%
People aged 18 - 64 with a learning disability and challenging behaviour	233	234	234	233	235	0.9%

	2020	2025	2030	2035	2040	Change 2020 - 2040
Population aged 18 and over with autistic spectrum disorders	7,042	7,208	7,392	7,553	7,681	9.1%
People aged 18 – 64 predicted to have a moderate personal care disability	21,700	22,000	21,600	20,900	21,000	-3%
People aged 18 – 64 predicted to have a severe personal care disability	4,700	4,800	4,700	4,600	4,600	-2%

Source: www.pansi.org.uk version 14.2 and www.poppi.org.uk version 14.2.

Financial context

11. The Council's gross budget for adult social care in 2023/24 is £377.6m. In 2022/23 the Council spent £128.9m on services for people with disabilities and / or autism, of which £116.2m was spent in the independent sector and £12.7m was spent on the Council's in-house services. A breakdown of spend can be found in tables 2 and 3.

Table 2: Gross spend learning disabilities and autism services 2022/2023

Service	Independent sector	In-house	Total	Percentage of overall spend
Supported living	£23,877,000	£1,127,000	£25,004,000	23.8%
Day opportunities	£2,158,000	£2,392,000	£4,551,000	4.3%
Respite	£989,000	£1,377,000	£2,366,000	2.3%
Transport	£35,000	N/A	£35,000	0.0%
Direct payments	£15,823,000	N/A	£15,823,000	15.1%
Residential and nursing care	£46,286,000	£3,565,000	£49,851,000	47.5%
Home care	£1,860,000	N/A	£1,860,000	1.8%
Assessment and care management	N/A	£4,206,000	£4,206,000	4.0%
Shared Lives	£1,250,000	N/A	£1,250,000	1.2%
Total	£92,278,000	£12,667,000	£104,945,000	100%

Table 3: Gross spend physical disabilities services 2022/23

Service	Independent sector	Percentage of overall spend
Supported living	£1,090,000	5%
Respite	£277,000	1%
Direct payments	£8,718,000	36%
Day opportunities	£119,000	0%
Residential and nursing care	£6,295,000	26%
Home care	£5,087,000	21%
Assessment and care management	£2,238,480	9%
Other community based services	£133,000	1%
Total	£23,957,480	100%

The services we commission

12. We currently commission the following services for people with a disability:

- Services that help people to have a voice: Integrated Advocacy Service
- Services for people who wish to live at home: supported living placements
- Services that help people to live at home and engage with the local community: day opportunities, live in care, general community support provided in supported living placements and the Shared Lives Service
- Services that support carers to have a break from their caring role: bed-based respite care, home based respite care.

Integrated Advocacy Service

13. From 1 April 2022 we have commissioned a statutory Integrated Advocacy Service with Asist which includes Independent Care Act Advocacy (including for prisoners), Independent Mental Capacity Advocacy, (including Deprivation of Liberty Safeguards and Relevant Persons Representatives), Independent Mental Health Advocacy and Independent Health Complaints Advocacy.
14. This service supports and enables people with a range of care and support needs (including learning and physical disabilities, autism, mental health issues), and who are otherwise unable to speak up for themselves, to have their voices heard and take more control about decisions over their lives and care.
15. The current contract is due to expire on 31 March 2024 and has the option for two 12-month extension periods.

Supported living

16. Supported living services provide care and support for people with disabilities in dedicated housing schemes. In March 2023, the Council had 576 placements in supported living schemes, of which 84 were "out of county" including 43 in Stoke-on-Trent and 16 placements in an in-house learning disability supported living service. Placements are made outside Staffordshire for a variety of reasons including a lack of local providers able to support people with highly complex needs.
17. Of the 576 supported living placements, 78% are for people with a learning disability and / or autistic people, 18% are for people with mental health needs and 4% for people with a physical disability. Further information on mental health services can be found in the market position statement for care providers supporting individuals with mental health conditions.
18. Supported living placements support people with different levels of need. Of the 537 in county supported living placements in March 2023:
 - 3% have very highly complex needs (behavioural or physical needs that require very intensive support, some have a forensic history)
 - 83% have high or medium complex needs where 24-hour care is required.

19. In October 2022, there was total market capacity for 578 supported living placements in Staffordshire. Whilst overall there is a good supply of supported living, we have identified gaps which more flexible provision could help fill. We are developing a new Housing with Care Strategy for Staffordshire, which includes supported living. More specifically there is a need for:

- an increase in the availability of accommodation and care and support options for those between the ages of 18 and 21, often coming from out of county specialist residential education, and who need more short-term support, and potentially more intensive support, to enable them to transition into living more independently in the future;
- an increase in placements suitable for individuals with highly complex forensic needs to support their discharge from hospital or other secure settings;
- more supported living opportunities in Lichfield, Newcastle under Lyme and Tamworth;
- a variety of different and appropriate supported housing. This should be in line with identified local needs, [CQC's Right Support, Right Care, Right Culture Guidance](#), and [Supported housing: national statement of expectations](#) and strategic conversations with commissioners;
- more accommodation and support options where staff have the right set of skills to manage more complex people and to genuinely prioritise their independence, avoiding restrictive practices;
- more services with a reablement focus; and
- an increase in local 'step down' accommodation and associated support that focuses on improving life skills and building independence.

20. From 1 October 2019, we have used a Dynamic Purchasing System (DPS) to source 24/7 and non 24/7 supported living placements to meet the care and support needs of people with learning disability, mental health, autism and / or physical disability. The DPS is an automated sourcing process; providers must register on our e-tendering portal Proactis to receive invitations to tender for individual placements. The DPS is due to expire on 30 June 2024.
21. We are in the process of reviewing how we will commission supported living placements in the future. We want to get the best quality of care from our new contracting arrangements; one that builds on people's strengths, promotes independence, and allows them to achieve the outcomes they want whilst also ensuring they can be as independent as they wish. It is also important that the services provided offer the best value for money in achieving these outcomes.
22. All new arrangements are intended to be in place by 30 June 2024. For more information on the recommissioning proposals, please refer to the report which went to a meeting of the [Council's Cabinet](#) on 19 October 2022. We will also be using the information gathered during our recent local cost of care exercise to inform our recommissioning approach.
23. Supported living providers are actively invited to join our regular supported living provider forums (north and south Staffordshire). To find out more information about the forums please email us at wholelifedisability@staffordshire.gov.uk.

Day opportunities

24. These are activities and support services provided outside of an individual's home, typically on a group basis, that focus on developing skills, building relationships and support networks to enable individuals to achieve their goals and live rich, fulfilling lives. These services are not those which provide CQC regulated care and support in people's own homes.

25. These services are for individuals aged 18 and over with learning disabilities, autistic spectrum conditions, mental ill health, acquired brain injuries, physical disabilities, sensory impairments and / or people with specialist needs or individuals aged 16 and above if referred through the Preparing for Adulthood Assessment and support planning process.
26. In March 2023 approximately 541 people with learning disabilities and autistic people were accessing independent day opportunities. Of these, 418 accessed via a direct payment, 101 attended through a contracted arrangement and 22 through an invoice led arrangement. In addition to commissioned services, the Council operates five specialist in-house day opportunity services across Staffordshire which are accessed by 54 individuals.
27. Day opportunities for people with a disability are contracted through a DPS arrangement which went live in July 2021. The current contract is due to expire on 8 March 2024 and has the option for a 12-month extension period, up to 8 March 2025. We currently have fifty day opportunities providers registered on the DPS; there are a small number of providers not registered on the DPS.
28. Interested providers can register to join the DPS at any time and if a provider does not join the DPS arrangement for whatever reason, an individual will need to have a Direct Payment to buy support from them. Whilst many people are still accessing day services through invoice arrangements, we will not be creating new invoice-led arrangements in the future. Payments are now based on bandings of needs, and transport needs (if applicable) are also costed separately.
29. Further to learning from provider engagement around cost of care in late 2022, we wish to work collaboratively with the market to co-design future procurement models which better enable collaboration across the sector.

Shared Lives (section updated in February 2024)

30. This service which has recently been re-commissioned for a new contract to commence in April 2024, involves eligible individuals, otherwise unable to live on their own, sharing the home, family and community life of a specially recruited and trained Shared Lives Carer. The service supports them to reach their potential and live healthy, safe, independent and fulfilling lives in their own communities. The aim is to enable individuals to live their best lives possible.
31. The Service provides long term placements, respite (short breaks), opportunities in the day and evening in four or eight-hour sessions, support carers, emergency placements within the service and a home from hospital service.
32. People who are eligible for the service will be aged 16 and above, older people (aged 65 +), people with mental health needs, those with a physical or sensory impairment, learning disabilities, autistic spectrum conditions, younger people in transition to adult services and people with complex needs.
33. In September 2023, 81 individuals were using the Shared Lives Service. Most people accessing the service are people with a learning disability and / or autistic people, and most people were in a long-term placement as well as accessing day opportunities and short breaks. There is potential for this service to offer more step-down and home from hospital support, as well as expanding provision within other areas of needs; however workforce supply is currently a limiting factor. We are working with the provider to see how we can jointly address this issue.

Live in care

34. Live in care involves fully trained carers living with an adult with social care needs in their own home. Live in carers provide specific support to enable an individual to remain comfortable and independent at home, including:
 - Personal care (including care at night if required)
 - Supporting an individual to access their local community (where required)
 - Supporting an individual to meet their nutritional needs
 - Companionship and support

35. Additional health care may also be provided only if it is jointly funded by the Council and the Integrated Care Board. Live in care is sourced via the Platform Agreement for Home Care and is a service model we are currently considering potentially using further. The Platform Agreement for Home Care opens periodically to new entrants.
36. This service is for individuals with learning disabilities, physical disabilities, autism, mental ill health, sensory impairments, older people, people with dementia, people with alcohol and/or drug dependencies or if referred through the Preparing for Adulthood assessment and support planning process.
37. As of May 2022, there were 14 placements for live in care, 13 of which are for individuals aged 18–64. In terms of primary support needs, 8 people have a learning disability and 6 people have a physical disability.

Respite care

38. The Council facilitates respite care for people with assessed eligible care and support needs through two types of services:
- Residential respite care
 - Home-based respite care.

39. The Council directly provides 13 beds of residential respite care for people with learning disabilities and autism at Douglas Road in Newcastle-Under-Lyme. Due to the increased complexity of people with disabilities, the downstairs of the accommodation is oversubscribed with the upstairs significantly underutilised. This means that the service operates at a maximum capacity of eight beds
40. In addition, the Council commissions up to 15 beds of residential respite care from an independent provider. These beds are located across two services: Woodland View in Cannock which has 10 beds; and Silverbirch in Burton-on-Trent which offers 5 beds.
41. If a bed cannot be sourced from these services, the Council spot purchases beds individually using the Residential and Nursing Home DPS or people can opt to take a direct payment to buy their own services.
42. In 2021/22 the Council's bed-based respite care services provided 3,547 nights of respite care to 113 adults with learning disabilities and autism. In addition, 38–40 adults with learning disabilities and/or autistic people accessed bed-based respite care through the Council's Residential and Nursing Home DPS from April 2021 – March 22, and a further 72 individuals accessed respite care via a direct payment. This is an increase on pre-Covid numbers due to infection control measures reducing capacity at our bed-based services.
43. The Council commissions home based respite care on a spot purchase basis from 48 providers registered on Lot C of our Home Care Platform Agreement which went live on 1 September 2022. Home based respite care services have mainly been used by older people and people with physical disabilities due to the skill set of the providers that have signed up to the DPS, however it is also intended to be accessible by people with a primary need of learning disabilities. The Home Care Platform Agreement will run to 31 August 2025 with the option to extend annually up to 31 August 2028. It opens periodically to new entrants to meet demand. Providers can join the platform agreement by registering on our [electronic tendering system Proactis](#).

44. Of the 70 people who accessed home based respite care in 2021/22, none had a learning disability, 17 people had a physical disability and 1 person had a mental health need. It is noted that the numbers of people accessing home based respite care had reduced in 2021/22 however numbers are gradually increasing again and in July 2022 there were 111 people accessing this service.
45. Following an options appraisal and period of public engagement with people with disabilities, carers, providers, and professionals in 2021, we have developed integrated residential and home-based respite care services serving specified geographical areas. These will operate on a 'hub and spoke' basis, with a residential respite care facility offering beds as well as a home-based service. It will allow residential and home-based services to be used flexibly and offer families a single provider with which to develop a relationship, as well as continuity of care to avoid them having to tell their story multiple times. Plans are underway to implement integrated respite care services throughout 2023/24.

Priorities for people with a disability, their families and carers

46. When we asked people with disabilities and their families and carers about what was important to them, they told us they wanted:

- more flexibility of support, to learn, enjoy and achieve in life and make genuine friends
- reassurance that support will be made available for carers when they need a break
- genuine choice and control in everyday life, just like everyone else including ultimate choice and control over how the money allocated to them is spent
- better information around the support they may be able to access
- transparency and greater understanding of what services and support cost
- to be genuinely involved and listened to
- to feel genuinely supported by the council and providers during the shift towards self-directed support
- to have well paid work opportunities (with support where required), as opposed to minimum wage or voluntary work, with an increased disposable income
- to have support:
 - to make friends, be part of group activities and to do things together as a family
 - to live an ordinary life, playing and learning alongside friends within their communities
 - to make a smooth transition to adult life
 - provided flexibly to respond to the fluctuating needs of illness and impairment
- to have opportunity
 - to choose their care and support provider and staff
 - for support during the 24-hour day including at evening time
 - to try things and see what works best, with simple solutions where possible
 - for families to carry on or return to work
 - access to personal assistants to help support with day opportunities, through personal budgets and direct payments

- to avoid losing touch with their peers where building-based services have been re-provided and local opportunities to meet and socialise with others
- to feel safe, free from abuse, harassment and crime and included within their community such as Citizenship Watch Scheme, Changing Places, increased wheelchair access and with less people abusing disabled facilities
- people and their families want a voice, to be valued, to be supported in developing their confidence, self-esteem and to be seen in a positive light
- opportunities to make genuine connections with their communities and genuinely to be part of our community

47. When we asked people about what they want from their **accommodation**, they told us they wanted:

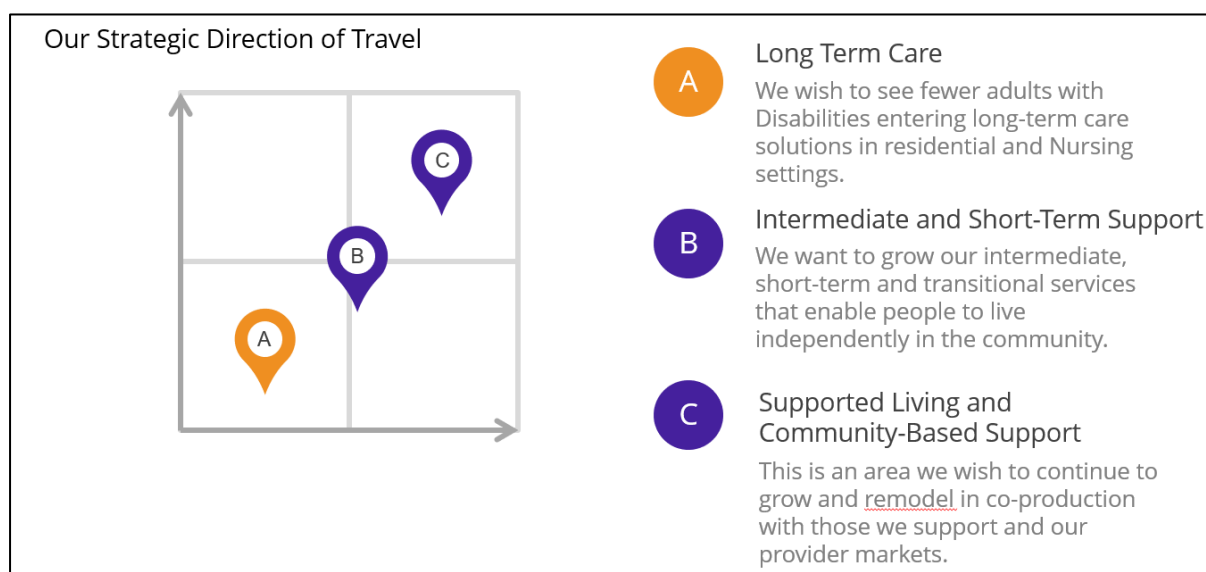
- genuine choice and control over where they live, who they live with, whether they live alone or in friendship groups, a reasonable amount of time to make the transition from existing accommodation setting to new and more types of accommodation available
- a quicker and more simplified process to find suitable accommodation with less 'red tape' and fewer professionals involved in the move
- accessible accommodation that is big and adaptable enough, so they can have their own space or use a communal space and stay in the same place as they get older.
- support and security in respect of their accommodation choice, such as secure tenure, with help managing money and paying bills for their accommodation
- repairs done well and in a timely fashion by professional people.

How we intend to shape the market

Overview

48. The Council will remain predominantly a commissioner of services rather than a direct provider. We will have role in shaping the local market to ensure a range of good quality services at sustainable and cost-effective prices that tax-payers can afford. We will use our influence and resources to encourage collaboration and innovation by providers and to promote choice. We aim to increasingly enable individuals and their families to purchase care and support directly from providers via Individual Service Funds and direct payments. We are prepared to provide services, either in-house or through local authority trading companies, where the market cannot the services that people need.
49. We intend to deliver our strategic objectives for disability services working with the provider market. Providers can find out more about our strategic objectives in [Living My Best Life – A Joint Strategy for Disabled and Neurodivergent People In Staffordshire 2023 - 2028](#). We will continue working closely with CQC regarding regulated services and implementation of '[Right support, right care, right culture](#)' guidance. In doing so, we aim to work with providers who can prevent, delay or reduce the development of care and support needs, including unpaid carer support needs, and consolidate our asset-based and outcomes-based commissioning, and ensure we measure our performance as commissioners against the principles, ethos and approach detailed in the [Commissioning for Better Outcomes](#) route map. Figure 1 demonstrates how we want the market to shift over the coming years.

Figure 1: Strategic Direction of Travel



Market Position Statement: Community services for people with a disability

Strength-based approaches

50. We support strength-based approaches to enable people to lead the most independent and fulfilling lives. Strength-based approaches focus on what matters to people, what they can do for themselves, and how their abilities can be complemented by help from family, friends, neighbours and technologies to achieve their goals. We will continue to develop the assets available in our communities and ensure that the public and professionals know how to access them, and to utilise strength-based approaches in our Care Act assessments.
51. Through our Supportive Communities programme we will continue to work with the voluntary sector, NHS, district/borough and parish councils to make communities vibrant, safe and inclusive places for people with disabilities to live. The programme is focused on making better connections between those people that may need additional support and the wider range of voluntary groups and community services that are available locally.
52. We want care providers to have a wider social impact by helping to link people to the communities they live in, and we encourage them to get involved with this work and the community offer through [Staffordshire Connects](#) and [Community Help Points](#).
53. We also want care providers to adopt strengths-based approaches within their services, maximising people's independence, taking positive risks, avoiding restrictive practices and achieving personalised outcomes. As we commission services, we will look at opportunities for promoting strengths-based approaches within service specifications, shifting away from 'time and task' and towards outcomes-based contracts that offer care providers more flexibility to meet individual needs and achieve their outcomes.

Co-production

54. Co-production means organisations and their staff, communities and individuals working together as equals to improve services and outcomes. It requires a commitment to working collectively and collaboratively and involving people in the whole process of design and delivery of services, from beginning to end, exchanging information and power for mutual benefit.
55. We are strengthening our arrangements for co-production in Staffordshire. We have a Disability Partnership Board and we have appointed Assist to support it. The Board brings together people with a disability, families and carers, care providers and the statutory

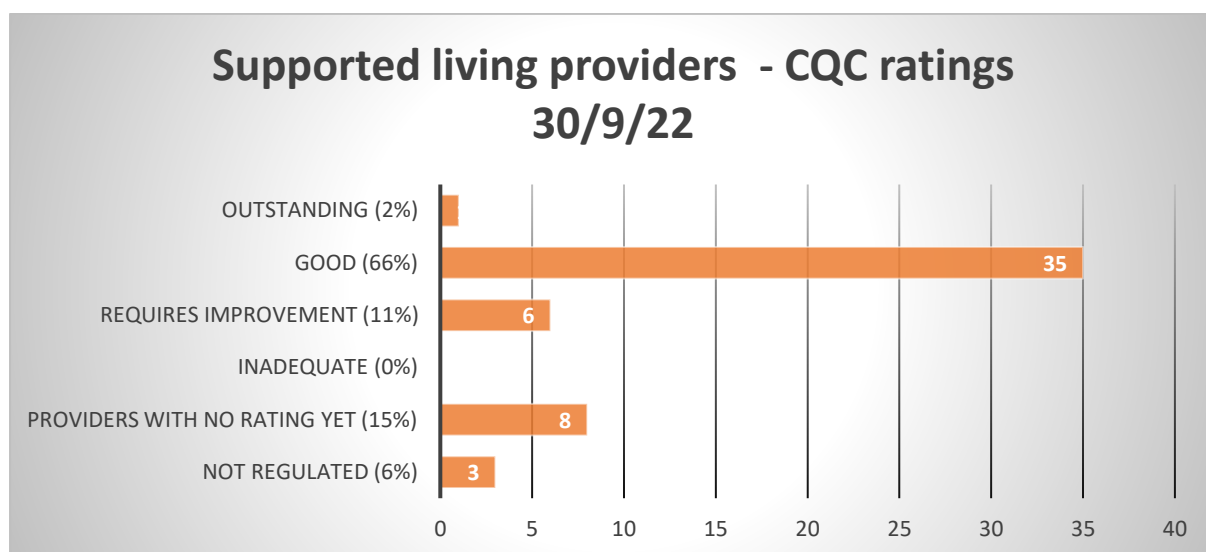
organisations responsible for health and social care services, housing, leisure and community safety.

56. The Board will oversee local implementation of the National Disability Strategy in Staffordshire and the Staffordshire Disability and Neurodiversity Strategy 2023 - 2028, champion rights, independence and inclusion and improve the way that public services, the voluntary sector and the wider community work together to help people with a disability to enjoy greater independence and a better quality of life.

Quality

57. For all services we use a range of information to evaluate quality including Care Quality Commission (CQC) ratings, feedback, compliments and complaints from people with a disability, their families and carers, and intelligence from our staff and from other partners in the health social care system. We encourage all care providers to consider and implement national best practice including NICE standards, 'Making it Real' from Think Local Act Personal, and CQC quality statements. Where we have concerns about the quality of a service, our Quality Assurance Team will co-ordinate further assessment and support.
58. For regulated services, all regulated services should aim to be assessed by CQC as 'Outstanding' or 'Good', and every service below this level should be enacting a clear plan to improve. We aim to continue working closely with CQC to improve regulated services in line with ['Right support, right care, right culture'](#).
59. Quality ratings for the 53 supported living providers the Council was working with in September 2022 are shown in figure 3. All of our residential respite care services are rated 'Good'.

Figure 2: CQC ratings of 53 supported living services with a Staffordshire placement (including out of county) in September 2022



Source: www.cqc.org.uk

60. Day opportunities are usually a non-regulated service and therefore their care quality is not measured by CQC. We will continue to strengthen our quality assurance arrangements and ensure that quality requirements are specified in contracts and expectations for the services that people purchase using direct payments.

61. Our intention is to strengthen quality assurance arrangements including:

- Involving people with a disability in quality assurance and contract monitoring processes.
- Working with supported living providers to meet [REACH standards](#) and the real tenancy test.

Accessibility and sufficiency

62. The Council needs to ensure that people have access to a sufficient supply of accessible services in the long term. We intend to strengthen our market intelligence about demand and supply. This includes understanding key life stages such as the needs of older children before they transition to adulthood, as well as end-of-life services. This will allow us to assess expected demand against supply of services and shape the market appropriately.

63. We know that there are immediate shortfalls of supply of services for some groups and in some areas:

- We have a gap in capacity for supported living with reablement that can help people develop life skills, for example for younger people as they transition to adulthood, and people of all ages after hospital admission or a prison term. We welcome conversations with care providers who are willing to develop these models.
- We need more capacity in day opportunities for people with highly complex needs.
- We need more capacity in personal assistants who can offer a full range of support to help people with disabilities to live independently.
- There is a relative deficit in capacity of supported living in Lichfield, Newcastle-under-Lyme and Tamworth.

64. We also want to develop our work with district and borough councils and the NHS to ensure that people with a disability can access universal services and general needs accommodation, as well as with housing partners to influence planning opportunities, and ensure that there is a sufficient supply of dedicated housing.

66. We ask that all care providers, under and ['Right support, right care, right culture'](#) guidance, consult the Council prior to submitting any planning applications. This is the ideal time to share innovative ideas and local investment opportunities to improve life for people with disabilities in Staffordshire. Please see the 'How to Contact Us' section for our contact details.

Person centred care and support

67. We are interested in giving people with a disability greater control over their personal budgets. We are exploring the development of individual service funds (ISF) to allow people with disabilities and their families and carers greater choice and the opportunity to directly shape the services they receive from care providers.

68. To support choice and control we want to make sure that people with a disability have good access to information, advice and guidance so that they can understand the community assets and care services that are available. We are reviewing the [Council's website](#) to improve content and accessibility. We would like to see more care providers offering information, advice and general signposting, including via social media, to help all people with disabilities live as independently as possible.

69. The Council and care providers have a duty to be aware of and responsive to the needs of wider vulnerable groups or demographic characteristics for example in respect of protected characteristics (including disability, ethnicity, religion, culture, gender, and sexual orientation etc).

Workforce

70. The Council has developed a sector wide [Workforce Strategy 2023 – 2025](#) across adult social care and will continue to support the care provider workforce through 8 key actions:

- Improve the use of updated data and intelligence as a shared resource to support the social care workforce
- Promote available resources to providers more effectively, and engage with providers who need the most support to use those resources
- Develop an improved journey into work
- Implement a co-ordinated partnership approach to learning and development
- Improve the positive recognition of social care as a valued career
- Increase the level of capability to use digital and technology innovations

- Support improved practice across the sector in recruitment and business continuity planning
- Seek to reduce travel costs where possible across the partnership

Cost effectiveness and pricing

71. Nationally the financial position of adult social care will continue to be challenging. It is important that the Council and providers work together to ensure that services offer value for money. This will require a commitment to innovation and the continuous development, sharing and testing of new models of care.
72. We have undertaken a local cost of care exercise, in partnership with the market, to help us establish a greater shared understanding of cost pressures facing the Council and care providers.
73. For the Council, cost pressures are driven in part by rising demand from a relatively small number highly complex individuals and we are interested in **developing reablement services** that can prevent, delay or reduce the development of care and support needs. We also want to understand how we can encourage care providers to take positive risks and avoiding restrictive practices so that people with disabilities can enjoy greater independence and a better quality of life.
74. In line with national policy, we intend to work with the market to **standardise prices** for services, including in supported living and day opportunities. This will ensure that funding for individuals and for care providers is equitable and based on their care and support needs rather than on market forces. As part of this we will be clear about the service specification that is covered by the price.
75. The Council undertakes an annual fee review for all commissioned services which considers a range of economic factors including the cost pressures facing care providers and the funding available to us. Our contracts do not allow care providers to unilaterally increase fees outside of this process.
76. The Council is in the process of implementing a change to all placements to **pay providers gross rather than net of client contributions**. This change will be effective for some commissioned disability services from August 2022 and will result in providers having greater certainty of income and reduced bureaucracy associated with invoicing individuals. This will be in place for supported living when it is recommissioned.

Technology

77. Technology is advancing at pace and presents opportunities for innovative approaches to improve the quality and cost-effectiveness of care, enabling people with a disability to achieve their individual outcomes. The Council is interested in working with care providers to understand, test and implement relevant technologies in their services, and to develop the appropriate skills in staff.

Partnerships

78. The Council will work with a range of partners to help people with a disability enjoy greater independence and a better quality of life – including:

- To support carers supported including with flexible respite care in line with the priorities outlined in the [Strategy for Carers](#)
- With the voluntary sector and communities to improve access to local support.
- With district and borough councils and the NHS to ensure that people with a disability can access universal services and general needs accommodation.
- With schools, colleges and employers to improve access to education, training and employment opportunities.
- With housing partners to influence planning opportunities and ensure that there is a sufficient supply of dedicated housing.
- With technology providers to understand, test and implement relevant technologies in care services.
- With the NHS to ensure access to specialist services for people with disabilities and / or autism.

NHS services in Staffordshire

Adults with Learning Disability and Autism

79. The Integrated Commissioning Board (ICB) commission services for the southern areas of Staffordshire from Midlands Partnership NHS Foundation Trust (MPFT). MPFT provide an Intensive Support team, Community Learning Disability teams, Children's Learning Disability provision and Child and Adolescent Mental Health Services (CAMHS). The ICB also commission assessment and support services for children and young people with autism and an adult diagnostic service. Services are predominantly Monday-Friday within 9-5 hours. There is some flexibility within the Intensive Support Team to work across 7 days, but this does require planning.
80. The ICB commission services for the northern part of Staffordshire from North Staffordshire Combined Healthcare NHS Trust (NSCHT) including Intensive Support Team, Community Learning Disability teams and Assessment and Treatment inpatient beds. NSCHT has a CAMHS learning disability and nursing team, specialist autism diagnostic service and six beds for respite care. Services are predominantly Monday-Friday within 9-5 hours; however, the IST service operates across 7 days and is available from 8am – 8pm.
81. The ICB also commission individual 'spot placements' for people with learning disabilities, complex needs, and challenging behaviours from independent hospital providers.

Adults with Physical Disability and Sensory Impairment

82. The ICB commissions services across Staffordshire from MPFT: therapy for musculoskeletal conditions, speech and language therapy, occupational therapy and nursing including district nursing.

How to contact us

83. We welcome your feedback on this Market Position Statement – your thoughts, ideas, opinions and offers. We also welcome your views on services for people with disabilities – whether you are a care provider already providing services in Staffordshire, a care provider looking to enter the care market in Staffordshire, or if you are a member of the Staffordshire care workforce.
84. You can contact us in the Learning Disability, Autism, Mental Health and Carers Team by emailing wholelifedisability@staffordshire.gov.uk.
85. We encourage care providers to join our provider forums where we will be working with them to develop good practice models. Email us at wholelifedisability@staffordshire.gov.uk to find out how to join.
86. If you require any further information about Supportive Communities, please contact publichealth@staffordshire.gov.uk.