

## **Market Position Statement**

Community social care services for  
adults with mental health conditions

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# Foreword

Welcome to Staffordshire's Market Position Statement for community social care services for adults with mental health conditions. Our hope is that care providers 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 needs thanks to the huge range of care providers who work with us Staffordshire. 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.

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 digital and other technologies might also give us opportunities - and challenges - that we are not even aware of yet.

We would like to understand your challenges as well as 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

# 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. In particular, 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 community social care services for adults with mental health conditions, 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.
- › 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.

4 | To achieve these outcomes, we will:

- › Help people to help themselves by offering good information about how to maintain their mental well-being and where to go for support.
- › Minimise medicalisation by strengthening

people's personal resilience and helping them develop lifelong skills for good mental health.

- › Build and use community capacity to support people with mental health problems.
- › Promote independence by offering support and services to people as close to home as possible and the least restrictive care options.
- › Co-produce support and services, working with individuals and communities.
- › Encourage and enable our workforce to learn and grow, develop their skills and maintain their own mental well-being.
- › Embrace technologies to improve people's mental well-being, access to services and quality of care.

5 | Good mental health is a priority in the [Health & Wellbeing Strategy 2022-27](#). The Strategy promotes the building of strong and resilient communities who can support each other, and individuals who are in control of their own mental well-being.



# Purpose

6 | This market position statement sets out our intentions to existing and potential care providers of community social care services for adults with mental health conditions in Staffordshire - including supported living, day opportunities, shared lives, live in care and respite care.

7 | Separate market position statements cover residential and nursing care and home care for people with learning disabilities, autism, mental health conditions, physical or sensory impairments. There will also be a separate market position statement for care providers of community social care services for adults with disabilities.

8 | Our [Special Educational Needs and Disabilities \(SEND\) Strategy 2021 - 2026](#) contains our vision and priorities for children and young people with special educational needs.

9 | Please also see our [Strategy for Carers "All Together for Carers"](#) for our priorities for carers' services.

# Demography

10 | Projections for the population of Staffordshire residents with mental health conditions can be found in table 1. The population of residents aged 18 to 64 is predicted to remain static.

11 | The number of people aged 18 and over with Common Mental Disorders (CMDs), including different types of depression and anxiety and causing marked emotional distress and interference with daily function, but do not usually affect insight or cognition is 97,652 projected to rise by 1% to 98,515 by 2040.

12 | The number of people aged 18-64 estimated to have two or more psychiatric disorders which can include anxiety, depression, antisocial and borderline personality disorders; eating disorder; post-traumatic stress disorder (PTSD); alcohol, drug and gambling dependency, is 37,249 projected to rise by 0.8% to 37,550 by 2040. In 2021/22 there were 6,314 people with schizophrenia, bipolar affective disorder and other psychoses in Staffordshire.

13 | There are around 100 suicides each year, with the suicide rates higher than the national average. Staffordshire also has the 5th highest rate among similar local authorities for emergency admissions for intentional self-harm (all ages).

14 | In Staffordshire 1 in 3 (33%) emergency adult hospital admissions for had a mental health diagnosis in 2020/21 - lower than nationally. East Staffordshire and Tamworth had the highest admission rates.

15 | People with mental health conditions sometimes have other health problems that together create a complex range of needs which affect their cognitive ability, communication, behaviours, and their ability to form and manage relationships.

16 | The Covid pandemic had a detrimental impact on mental health, which was highlighted by the [Council's Covid-19 Residents Survey 2021](#) It is not yet clear whether this was transient or longer term. The impact was greatest on those people who already had mental health conditions, as highlighted by the '[Coronavirus: The Consequences for Mental Health](#)' carried out by the charity MIND.

**Table 1 | Mental health population projections for Staffordshire 2021-2040**

	2020	2025	2030	2035	2040	% Change 2020 - 2040
Population aged 18-64	517,600	520,400	519,300	518,000	521,300	0.6%
People aged 18-64 predicted to have a common mental disorder	97,652	98,240	98,083	97,864	98,515	1%
People aged 18-64 predicted to have a borderline personality disorder	12,402	12,476	12,456	12,428	12,510	0.9%
People aged 18-64 predicted to have an antisocial personality disorder	17,394	17,466	17,431	17,388	17,498	0.6%
People aged 18-64 predicted to have psychotic disorder	3,623	3,642	3,636	3,627	3,651	0.8%
People aged 18-64 predicted to have two or more psychiatric disorders	37,249	37,455	37,391	37,305	37,550	0.8%

Source: [www.pansi.org.uk](http://www.pansi.org.uk) version 14.2 and [www.poppi.org.uk](http://www.poppi.org.uk) version 14.2.



# Financial context

17 | The Council's gross budget for adult social care in 2022/23 is £380.7M. In 2022/23 the Council spent £15.1M on services for adults with mental health conditions, mostly in the independent sector. A breakdown of spend can be found in table 2.

**Table 2 | Gross spend community social care services for adults with mental health conditions 2022/2023**

Service	North	South	Total	Percentage of overall budget
Residential care	£1,169,620	£2,589,781	£3,759,401	24.83%
Nursing care	£1,730,052	£4,407,571	£6,137,623	40.54%
Supported living	£1,388,300	£2,426,878	£3,815,179	25.20%
Respite	£19,475	£20,394	£39,869	0.26%
Direct payments (various)	£88,512	£1,073,246	£1,161,758	7.67%
Home care	£46,455	£160,457	£206,912	1.37%
Other community care	£881	£182	£1,063	0.01%
Shared lives	£0	£16,011	£16,011	0.11%
Total gross expenditure	£4,443,294	£10,694,520	£15,137,815	100%

# The services we commission

18 | We currently commission the following services for people with mental health conditions:

- › Services that help people to have a voice: Integrated Advocacy.
- › Services for people who wish to live at home: Supported Living.
- › 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 Shared Lives.
- › Services that support carers to have a break from their caring role: bed-based respite care, home based respite care.
- › A service that provides low level enablement support: Social Inclusion & Recovery Service delivered by Midlands Partnership Foundation Trust (MPFT).

## Integrated Advocacy Service

19 | 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.

20 | This service supports and enables people with a range of care and support needs (including learning and physical disabilities, autism, mental health conditions), 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.

21 | The current contract is due to expire on 31 March 2024 and has the option for two 12-month extension periods.

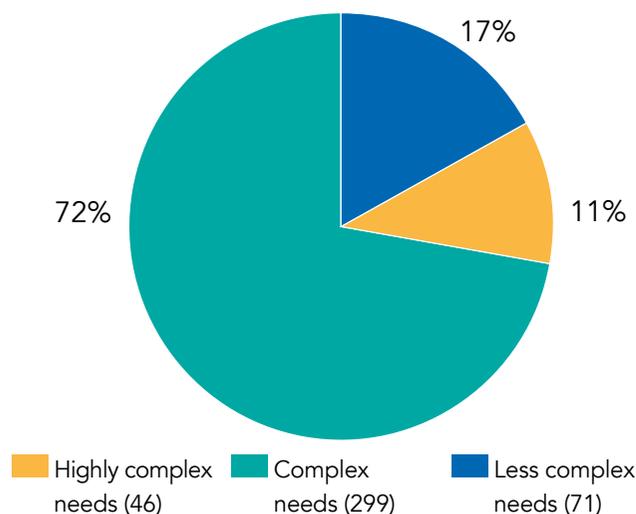
## Supported living

22 | Supported living services provide care and support for adults with disabilities in dedicated housing schemes. In October 2021, the Council had 416 placements in supported living schemes, of which 43 were “out of county” including 18 in Stoke-on-Trent. In addition to these the Council also had 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.

23 | 84% of supported living placements are for people with a learning disability, 14% are for people with mental health conditions and 2% for people with a physical disability. They support people with different levels of need - figure 2 shows placements broken down by complexity:

- › Highly complex individuals have behavioural or physical needs that require very intensive support, some have a forensic history.
- › Complex individuals require 24-hour care; and
- › Less complex individuals do not require 24-hour care.

**Figure 1: Supported living placements by complexity (October 2021)**



24 | 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. More specifically there is a need for:

- › a specific Housing with Care and Support Strategy for Staffordshire which includes supported living;
- › 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 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.

25 | 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 electronic tendering system Proactis to receive invitations to tender for individual placements. The DPS is due to expire on 01 July 2025.

26 | 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.

27 | 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.

28 | Supported living providers are actively invited to join our regular supported living provider forums which commenced in November 2022. To find out more information about the forums please email us at [wholelifedisability@staffordshire.gov.uk](mailto:wholelifedisability@staffordshire.gov.uk)

## Day opportunities

29 | 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. Because they are not registered with CQC, these services are not able to support individuals in their own home with specific care and support tasks (regulated support).

30 | These services are for individuals aged 18 and over with learning disabilities, autistic spectrum conditions, mental health conditions, 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.

31 | In June 2022 approximately 23 adults with mental health conditions were accessing independent day opportunities. All individuals accessed either via a direct payment or through an historic invoice led arrangement.

32 | Day opportunities are contracted through a DPS arrangement which went live in July 2021. The current contract is due to expire on 8 March 2023 and has the option for two 12-month extension periods, up to 8 March 2025. We currently have 50 day opportunities providers

registered on the DPS. Payments are now based on bandings of need, with transport needs costed separately if applicable.

33 | 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 some day opportunity services are uncontracted and paid by invoice we intend to move away from these arrangements in the future.

34 | 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

35 | This service, which was recently recommissioned, involves a carer who shares a home, family and community life with an individual with care and support needs who is otherwise unable to live on their own. The service offers support during the day through to helping an individual meet their longer-term care and support needs.

36 | This service is accessed by a range of eligible individuals aged 16 and above, including older

people, people with mental health conditions, those with a physical or sensory impairment, learning disabilities, autistic spectrum conditions, younger people in transition to adult services and people with complex needs.

37 | In March 2022 approximately 80 individuals were using the Shared Lives Service. 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 however workforce supply is currently a limiting factor. We are working with the provider to see how we can jointly address this issue. The current contract is due to expire on 31 March 2027 with an option to extend for a further 2 x 12 months.

## Live in care

38 | 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.

39 | Additional medical care may also be provided in care 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 opens periodically to new entrants.

40 | This service is for individuals with learning disabilities, physical disabilities, autism, mental health conditions, 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.

41 | As of May 2022, there were 14 placements for live in care. None of these had needs primarily driven by mental health conditions although this is an option in the future.

## Respite care

42 | 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.

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. In 2021/21 70 people used the service. These were predominantly older people and adults with physical disabilities due to the skill set of the providers that have signed, however it is also intended to be accessible by adults with mental health conditions. 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 | Following an options appraisal and period of public engagement with we intend to develop 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 replacement care services throughout 2023/24.

## Social inclusion and recovery service

45 | In October 2020, the Council commissioned Midlands Partnership NHS Foundation Trust to provide a floating support service to provide support to adults with mental health conditions. This service facilitates access to the community and health-based resources for people with a key focus to prevent, reduce and delay their needs escalating and enable them to develop the skills to live independently in the community.

## Section 117 aftercare

46 | If someone has been detained in hospital under Section 3, 37, 45a, 47 or 48 of the Mental Health Act (MHA) 1983, they are entitled to Section 117 aftercare upon discharge. This is a joint legal duty for the Council and the NHS. Section 117 aftercare is free and should meet people's care and support needs and help them develop the skills to live independently in the community and avoid readmission. It does not include funding their food, utilities and other living costs.



# Priorities for adults with mental health conditions, their families and carers

47 | When we asked people with mental health conditions and their family and carers what was important to them, they told us they wanted:

- › care and support that is personalised, holistic, and tailored to meet individual needs.
- › services that are accessible to a broader selection of the local population and reflect lived experiences.
- › innovation and being able to embrace new digital solutions where appropriate.
- › locally delivered and easy to access care and support.
- › seamless working between different providers avoiding unnecessary duplication or repeat referrals.
- › timely access to services.

- › a focus on prevention as well as recovery, supporting people to achieve their own goals and aspirations, to stay in control and live a meaningful life.
- › responsive services built on prevention of crisis and early intervention for people who are experiencing mental ill health.
- › making best use of the skills of workforce and community assets.
- › sustainable longer-term options, whilst still offering the best possible experience for individuals and carers.

48 | 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, and a reasonable amount of time to make the transition to new accommodation.
- › 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, 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

49 | 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 taxpayers 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.

50 | We intend to deliver our strategic objectives for community social care services for adults with mental health conditions working with the provider market. We have refreshed our [Staffordshire Good Mental Health Strategy](#) which was published in March 2023. We will continue working closely with CQC regarding regulated services and in doing so, we aim to work with providers who can prevent, delay or reduce the development of care and support needs, including carer support needs, and consolidate our asset-based and outcomes-

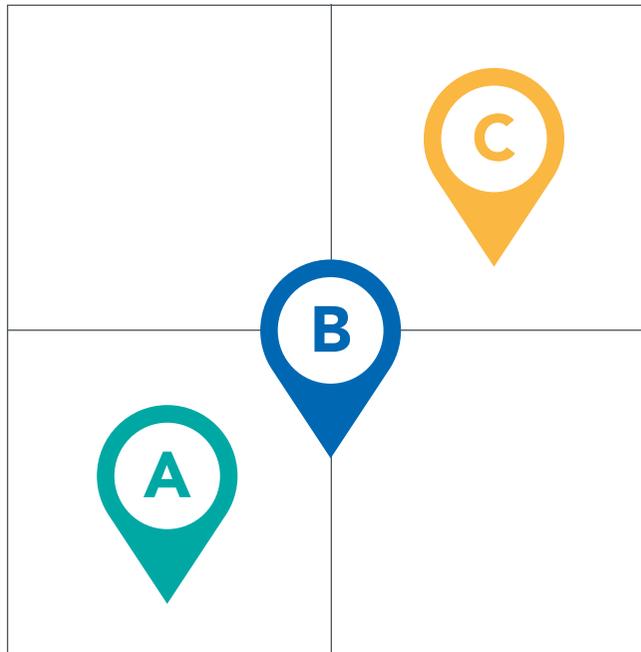
based commissioning, and ensure we measure our performance as commissioners against the principles, ethos and approach detailed in the [Commissioning for Better Outcomes route map](#).

51 | In addition, we continue to work in close partnership with Public Health, ensuring the priorities of the [Health & Wellbeing Strategy 2022-2027](#) are reflected in the work we do including:

- › prioritising prevention and early intervention.
- › engaging with communities to co-produce solutions.
- › recognising the importance of voluntary organisations in improving health and wellbeing.
- › recognising diversity and responding to inequalities and inequities.
- › commissioning and delivering high quality services that provide excellent value for money for those who need them most, tailored to people's needs.
- › communicating clearly to make sure we are understood, and that information is accessible to everyone.
- › being strengths-based, making the most of existing community assets and insight.

- › having a good understanding of data, improving care coordination, and designing proactive models of care.
- › ensuring that local people have access to the information and support they need to remain independent and stay well.
- › developing the wider health and care workforce.
- › embracing digital solutions.

**Figure 1: Strategic Direction of Travel**



52 | Figure 1 demonstrates how we want the market to shift over the coming years.



**Long-Term Care**

We want to see fewer adults with mental health conditions entering long term residential and nursing care.



**Intermediate and Short-Term Support.**

We want to grow our intermediate, short term and transitional services that enable people to live independently in the community.



**Supported Living and Community Based Support.**

We want to grow and remodel in co-production with those we support and our provider markets.

## Strength-based approaches

53 | 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 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 we have embraced strength-based approaches in our Care Act assessments.

54 | 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 adults with mental health conditions 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.

55 | We want care providers to have a wider social impact by helping to link people to support in their communities. We want to see improved use of community facilities that empower people to self-help. [The Staffordshire Connects portal](#) holds information about a wide

range of services including leisure centres, parks and greenspaces, support groups, advocacy, direct payments, transport and much more.

56 | 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

57 | 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. We are strengthening our arrangements for co-production in Staffordshire.

## Quality

58 | For all services we use a range of information to evaluate quality including Care Quality Commission (CQC) ratings, feedback, compliments and complaints from adults with disabilities, their families and carers, and intelligence from our staff and from other partners in the health social care system.

59 | 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.

60 | For regulated services an important view of quality is CQC ratings, although we recognise that there may be a considerable time between inspections. All regulated services should aim to be assessed by CQC as 'Outstanding' or 'Good', and every service below this level should be enacting a plan to improve. We aim to continue working closely with CQC to improve regulated services.

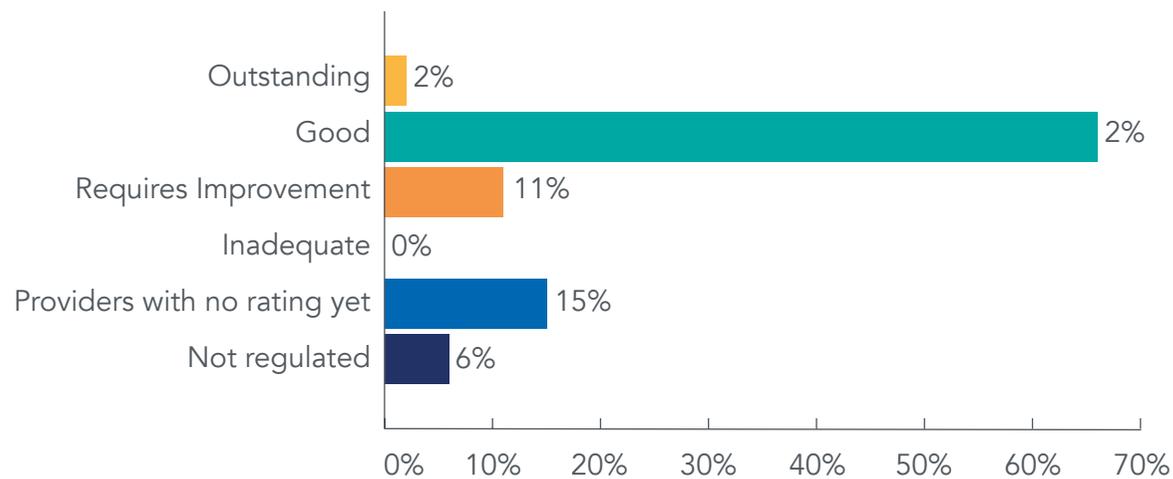
61 | Quality ratings for the 53 supported living providers the Council was working with in September 2022 are shown in figure 3. All of our residential respite care services are rated 'Good'.

62 | Day opportunities are usually a non-regulated service and care quality is not measured by CQC. We will be developing and strengthening our quality assurance arrangements and ensuring that quality requirements are specified in contracts and expectations for the services that people purchase using direct payments.

63 | Our intention is to strengthen quality assurance arrangements including:

- › Involving people who use services in quality assurance and contract monitoring processes.
- › Working with supported living providers to meet **REACH standards** and the real tenancy test.

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



Source: [www.cqc.org.uk](http://www.cqc.org.uk)

## Accessibility and sufficiency

64 | 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.

65 | 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 personal assistants who can offer a full range of support to help adults with disabilities to live independently.
- › There is a relative deficit in capacity of supported living in Lichfield, Newcastle-under-Lyme and Tamworth.

- › We want to identify and signpost to voluntary sector organisations and social enterprises.
- › We want to promote a culture shift away from a medicalised model to take a more holistic approach to care and support for everyone.
- › We would like to do more prevention and early intervention to keep people out of services and help manage demand. This includes raising awareness of measures that everyone can take to improve and maintain their mental well-being, including the Five Ways to Wellbeing. We ask care providers to promote these in their services.
- › We want to improve in county provision for people with trauma-based experience including those that manifest in risky behaviours.

70 | We ask that all care providers, under ‘**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 at the end of this document for our contact details.

## Person centred care and support

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

72 | To support choice and control we want to make sure that adults with disabilities 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 adults with disabilities live as independently as possible.

73 | 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

74 | 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

75 | 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.

76 | 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.

77 | 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.

78 | 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 incentivise care providers to take positive risks and avoiding restrictive practices so that adults with disabilities can enjoy greater independence and a better quality of life.

79 | 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.

80 | 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 enabled care

81 | Technology is advancing at pace and presents opportunities to for innovative approaches to improve the quality and cost-effectiveness of care, enabling adults with disabilities to be more 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

82 | The Council will work with a range of partners to help people with mental health conditions 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 [All Together for Carers 2019-2023](#).
- › 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 disabilities 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.



# NHS services in Staffordshire

83 | The Council commissions Midlands Partnership Foundation Trust (MPFT) to deliver its statutory responsibilities under the Care Act 2014, Mental Capacity Act (MCA) and Mental Health Act (1983) for the case management function for mental health related care and support across Staffordshire.

84 | North Staffordshire Combined Healthcare NHS Trust (NSCHT) commission the Integrated Health and Social Care Community Mental Health Team to provide mental health and social care services to adults in North Staffordshire for people over the age of 16 with mental health related difficulties. Services are available between 9-5, Monday-Friday.

85 | Staffordshire & Stoke Integrated Care Board (ICB) commission services for North Staffordshire from North Staffordshire Combined Healthcare NHS Trust (NSCHT). The Crisis Resolution service operates 24/7, the Home Treatment Team covers 7 days a week between the hours of 8am and 11pm, and the Psychological Services team operates Monday-Friday, 9-5.

86 | Midlands Partnership NHS Foundation Trust (MPFT) provide Integrated Mental Health Teams working within neighbourhoods across South Staffordshire. In addition, MPFT have Mental Health Community Services across

South Staffordshire accessed through the South Staffordshire Access Team.

87 | The ICB commission services for the southern areas of Staffordshire from Midlands Partnership NHS Foundation Trust (MPFT). MPFT provide the Intensive Support Team (IST) and provide Assessment and Treatment inpatient beds. Services are predominantly Monday-Friday within 9-5 hours; however, the IST service operates across 7 days and is available from 8am - 8pm.

88 | MPFT and NSCHT jointly provide a fully integrated 'Improved Access to Psychological Services' (IAPT) with a single point of access available by telephone and email.

89 | The ICB commission MPFT to deliver the Personalisation & Social Inclusion Service offering shorter term interventions aimed at supporting access to community capital and provides practical support with vital aspects of daily life such as budgeting and finance.

90 | The ICB also commission individual 'spot placements' for people from independent hospital providers.

## Community Mental Health Transformation (CMHT)

91 | MPFT and NSCHT have developed a Community Mental Health Framework for Adults and Older Adults (CMHF) in line with the NHS Long Term Plan's vision for a place-based, community mental health model. This will enable transformation and modernisation of NHS community mental health services.

92 | The intention is to develop a new model of community mental health provision, which will adopt a strengths-based approach to supporting people within their communities and develop services that focus on what matters to people. MPFT and NSCHT have ring-fenced funding to commission extra support from voluntary sector organisations.



# How to contact us

93 | We welcome your feedback on this Market Position Statement - your thoughts, ideas, opinions and offers. We also welcome your views on services for adults 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.

94 | You can contact us in the Learning Disability, Autism, Mental Health and Carers Team by emailing: [wholelifedisability@staffordshire.gov.uk](mailto:wholelifedisability@staffordshire.gov.uk).

95 | 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](mailto:wholelifedisability@staffordshire.gov.uk) to find out how to join.

96 | If you require any further information about Supportive Communities, please contact either Jon Topham at [jonathan.topham@staffordshire.gov.uk](mailto:jonathan.topham@staffordshire.gov.uk) or Vicky Rowley at [vicky.rowley@staffordshire.gov.uk](mailto:vicky.rowley@staffordshire.gov.uk)

