



Swindon Adult Social Care Market Position Statement 2023-2028 Summary Document

Our Market Position Statement for 2023-28 has been developed in partnership with The Institute of Public Care, Oxford Brookes University, on behalf of Swindon Borough Council and the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB).

It is intended to offer clear messages to the market about the future of adult social care in Swindon. 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 Swindon area – not just those whose care is funded by the council.

These are challenging times, not least in relation to the impact of the current cost-of-living crisis, and the imperative to reduce health inequalities. At the same time there is a real appetite for new and innovative approaches to ensuring care and support, in its widest sense, is in place.

We need to give each other permission to do things differently. We need to have an ongoing dialogue which is open, and which builds confidence and trust.

The MPS is the start, not the end point of a process. It is intended to act as an invitation to providers to help shape future activity. It should be the stimulus for an ongoing conversations about how the market should be developed to meet current and future needs.

This summary document intends to offer the key messages in terms of the known and emerging social care support needs of our local population, as well as our local ambitions for how we might best meet these needs. The MPS starts to consider potential business opportunities we would like to further explore with our current and future market sector. The detail that sits behind this summary document, and provides more comprehensive intelligence of how this MPS was created, is available in the full Swindon Adult Services Market Position Statement.

Our Adult Services Strategy’s Vision (2023 - 2026) sets a clear expectation for Adult Services to ensure that the people they work for, and with, have **“Lives, not Services”**. Inspired by Maslow’s Hierarchy of Needs (psychological motivational theory) the Strategy sets out the simple, but fundamental elements required to support everyone to achieve **good outcomes**: to have **a good life, a home, a friend and a purpose**.

This strategy outlines our local intentions to offer **choice, empowerment and personalisation** by achieving the following 10 principles:



“A ‘Good’ Life”

1. Working together with our local people and communities
2. Offering choice, control and personalisation
3. Maximising independence
4. Supporting Unpaid Carers
5. Ensuring people remain connected to their communities
6. Receiving care at home
7. Accessible rights based information and advice
8. Ensuring safety is everyone’s concern
9. Supporting a skilled and caring workforce
10. Making the best use of our resources

Our Local Population



Our population of a little over **230,000** is projected to grow by another **5%** by 2020



We have an ageing population, with people aged over 65 years forecast to rise to **57,102** residents by 2040 (a 55% rise, to almost of ¼ of the current whole population)



There is approximately **2,400** people over the age of 65 years living with dementia in Swindon, projected to increase to approximately **4,000** by 2040 (an increase of **67%**)



We have a relatively healthy population, although there are some areas with **high deprivation**, with lower disability free life expectancy



People who need support have **increasingly complex needs**, including co-presenting health and social care needs (e.g., mental wellbeing support, drug and alcohol support, physical care and learning disabilities to name a few)



Over **18,000 local people** were providing some form of **unpaid care** in 2021, many of whom are growing older and who have their own care and support needs, or may do in the near future.



There is an increase in the number of children and young people with care and support needs **(in particular for young people with Special Educational Needs, Mental Health and Autism)** and this is likely to prevail as they reach adulthood.



The recent **cost of living crisis** is likely to have a real impact on the demand for adult care services, including a **detrimental effect on mental and physical health** for those in more deprived areas of Swindon.

What we are currently doing

Commissioning in Adult Services in Swindon encompasses care homes, care at home, extra care and supported living, day services, voluntary and community services, and a range of other services including Unpaid Carer support and advocacy.

- In 2021/22, **2,835 adults** were in receipt of long term care via Swindon Borough Council's Adult Services (43% aged between 18 and 64 years, and 57% aged 65 years and above)
- We have recently seen an increase of short term, reablement care in the over 65 years group, which is aligned with our ambition to encourage and maximise independence where possible and safe to do so
- We spent approximately **£83 million on adult social care** in 2020/21 (not including capital costs). 77% of this financial envelope was provided to commissioned providers of care.

Residential and Nursing Care

There are 47 CQC registered **Residential Care Homes**, which offer 1,350 placements. Of these homes, 21 cater for older people, and 26 are able to support people with neurodiversity needs, from the age of 18 upwards. The demand for general residential care for people over 65 has been reducing, while there has been an upward trend towards nursing care.

The implication in this change of care profile for residential and nursing care homes suggests that when Swindon's older people require residential care, they are starting to present with more complex and a higher level of health and social care needs that need to be met in a nursing environment. This may also suggest that older people are able to be supported at their own homes for longer through the delivery of effective care at home.

Care at Home

There are 26 registered providers of **Care at Home**, including the Lead Provider of the Swindon contract. On average, there are 2,982 home care visits per day, lasting around 45 minutes, of which 17% require more than one carer. The introduction of the Home First model with assessment following discharge from hospital, has resulted in enhanced support for re-enablement of people and a reduced requirement for long-term, ongoing care.

Adults requiring care at home are also increasingly presenting with more complex and multifaceted health and care needs. **For example, care at home providers are finding themselves increasingly needing to work collaboratively with health provision and nurses to provide support to people presenting with mental health or low-level clinical care needs in a more integrated way.**

We are also starting to consider how we can better support people at home, including the use of assistive technology and support.

Enhanced Support and Extra Care Housing

In Swindon, we offer a variety of enhanced support for people who are able and wish to continue to live as independently as possible, care for themselves, manage their own health and wellbeing needs, and remain connected and included in their local community.

This is via supported housing and living arrangements, which provide good quality tenancy and living arrangements, whilst also offering any additional care and support services where required.

- We have 22 Supported Housing Schemes;
- 11 Providers delivering regulated care and support in Supported Living Arrangements;
- 4 Extra Care Schemes
- A Shared Lives scheme
- Day Services

We have an ambition for this type of enhanced support and extra care to better enable, empower and support individuals who live there to enjoy the lives that they want. This will go beyond providing what might be seen as more ‘traditional’ care and encourage and support people to engage with their community and activities of interest for them. In addition, we are interested in developing intergenerational models in Extra Care. This will be a priority for Swindon in the future.

In addition, up until February 2023, the care arrangements for Supported Living in Swindon were commissioned via a Framework Arrangement, however this has since expired. As such, we will be seeking to design and implement a new Supported Living commissioning arrangement in the future.

Voluntary and community services

We work in partnership with local **voluntary, charity and community-based organisations** that aim to provide advice and support to the people of Swindon who may have additional wellbeing or care needs. This encompasses advice and information, support for refugees and asylum seekers, bereavement support and advice, brain injury support, employment support, Healthwatch, independent advocacy, support for unpaid carers, mental health and wellbeing support, therapeutic activities, and support for the voluntary organisations themselves.

Self-Directed Care

We support local people to choose and manage some or all of their own social care and support offer, by encouraging and offering the use of **self-directed care**. Around a quarter of people receiving financial support for their eligible care needs choose to use direct payments. There is a commissioned **Direct Payments Support Service**.

A significant proportion of **people fund their own care**. In 2021, it was estimated that 31% of the population requiring residential care did this, as did 15% of people who needed community-based care and support.

Going forwards, we hope to better understand what might prevent, or indeed empower, local people to consider self-directed support, and where possible, ensure that the local people who want to take control of their own care and support needs are able to so.

We also wish to consider how to better promote local people to become Personal Assistants in Swindon to enhance the local self-directed care offer.

Our Local Workforce

In 2021, there were **5,000 filled posts** in Swindon's adult social care workforce. There is a **vacancy rate of 10.1%**, with a **35.5% turnover** rate. 85% of the workforce in Swindon is female, and 81% of have a white ethnicity.

At Swindon, we want to ensure our local adult social care workforce continues to provide the highest quality of care for the local people who need it. We want to do this by ensuring that we attract and retain passionate and well-trained Care Workers to deliver meaningful care that effectively support local people to live the lives that they want. In addition, we want to see a local adult social care sector that supports excellent employment opportunities for our local communities. **This means considering the demographic profile of our workforce and how this aligns with our local communities, including the cultural and diverse needs of people receiving care.**

Furthermore, **we know complexity of health and care needs for our local people are increasing and so we will need to consider any additional training and support that might be required for our local social care workforce to meet these needs.** In addition, we hope additional training opportunities will support a motivated workforce through creating a clearer career progression pathway.

Quality

Of regulated care provision in Swindon, **94%** is rated as **good or outstanding** by the Quality Care Commission.

In addition, the Adult Social Care Outcomes Framework (ASCOF) provides us with information about the experiences of people using adult social care in Swindon, compared with our 'nearest neighbour' authorities¹. This tells us that in 2021/22:

¹ Please note this data only covers people who are receiving partly or wholly supported care from their Local Authority, and not wholly private, self-funded care.



7 out of 10 local people working with social care in Swindon are **satisfied** with their care and support offer.



89% of individuals working with Swindon's adult social care offer reported that our services have helped them to **feel safe and secure**.



The proportion of people who find it **very or fairly easy to find information about the local support offer in Swindon is higher than the South West and England averages, at 68%**. However, we are slightly below the national and regional average for the proportion of Unpaid Carers that are aged 65 years and over who find it easy to find out information about their support, at 55%



Almost 8 in 10 people receiving social care support report having **control over their daily lives**. This is slightly below the South West average, but above that seen across England.

Future Needs

We know that, in Swindon:

- More **older people will be living alone**.
- There is an increasing number of people over 65 with **dementia**.
- An increase of people with a **learning disability and for people with autistic spectrum disorders, who may also have mental health needs**.
- There is significant growth in the number of **older people with disabilities**.
- The requirement **for long-term care will increase**.
- The support provided by **Unpaid Carers** is invaluable and demand on them is increasing.
- The demand for residential care is declining **but increasing for nursing care, reflecting greater complexity of needs**.
- The demand for care at home has been declining, although this may be temporary.
- There is an **ongoing challenge in recruiting and retaining the care and support workforce**.

Key Messages

Based on our understanding of Swindon's population, the care and support currently provided, we want to ensure the right care and support, in its widest sense, is in place for the future. **We need to work together as a whole system to do this, and we regard providers of care and support, in its widest sense, as being an integral part of that.** We need to think about how we work together, and share information across the system much more effectively. We are all working together to achieve the best outcomes for individuals, and **no single part of the system can achieve this alone.**

At Swindon Borough Council, we recognise that our local commissioning arrangements need further development, and this MPS should be regarded as part of a shared improvement journey. We acknowledge that there has been a lapse in some of our relationships with the local care market, and we are keen to rectify this. Capacity has been limited: we need to address this through recruitment and the development of our commissioning function and models to ensure that the ambitions of this MPS can be achieved within the next 5 years. **We are committed to co-designing the approach, and we aim to hold regular open discussions with all parts of the market, via our forum arrangements to co-create an action plan to ensure the objectives of this statement are realised. We also want to work better with new and/or potential providers that would like to start a relationship with us, when there is capacity to do so. We are committed to reviewing progress together annually.**

Our commissioning intentions for the next five years are:

- **Ensuring the voices of lived experience is heard** – We are committed to doing nothing without first hearing the voices of people with lived experiences and embedding this across all our commissioning activity, via our new Working Together Plan vision 'Nothing about us without us'.
We would like to work with local providers of care to understand how they can support us achieve this ambition as a system of care, but also in their own care day to day care delivery.
- **Shifting our pathways and resources into the community** – aligned with our commitment to prevent crisis and the escalation of health and care needs that could have been prevented or delayed, we want to be investing in community services that are closer to people's homes and their local areas.
Over the next few years, we want to ensure we commission services that provide proactive and preventative support services giving local people the tools to self-care. We will work with local communities to shape this to ensure they get the support they need.
- **Enabling more people to direct their care and support** – We need to ensure that everyone can have an opportunity to have access to, and shape their care and support, especially those who are not currently heard clearly or sufficiently well supported, such as people with Learning Disabilities and Autism.

We want to continue to enhance the role of advocacy in support of this, as well as improving the support available for people choosing direct payments.

- **Developing a community based care strategy** – This strategy will set out how pathways will change across Swindon and the BSW ICB to support people to stay at home, and in their local communities, for as long as possible
This will involve working with all providers and the voluntary and community sector in a different, more collaborative way. This is an exciting opportunity, and we will be looking for providers to work with us in a close, partnership approach to support people to remain as independent and healthy as possible in their own homes or as close to home as possible.
- **Building on the strengths and personal and community assets** – We believe that strength based practice, including greater use of personal and community assets, and a greater focus on commissioning at a community level will support us to meet the needs of an increasing population.
We are keen to align care at home provision with community-based delivery, which will enable more opportunities to recruit staff from local communities, and for those staff to link people they support to community assets and networks.
- **Helping people to stay at home for longer, where possible** - There is likely to be an increase in the number of older people living alone by 2040. We believe there is an opportunity to think innovatively and develop different kinds of housing, including enhancing supported housing.
To this end, we would like to review existing extra care provision, and think about how we can better support people in their own communities.
- **Keeping people out of hospital via effective step up and step down / home first arrangements** - We want to ensure that people are on the most appropriate discharge pathway when they leave hospital, achieving better outcomes for people who return to their own homes with reablement, rather than going into residential settings, for example.
We will do this by building upon our current Home First Model.
- **Exploring how to meet lower-level clinical needs at home** – including consideration of **skill development** for the care at home workforce. This may include developing the skill base of some staff in our care at home provision and closer working with community health teams over the course of the next 5 years.
- **Building on the roles of trusted assessors** – to support timely and safe discharges from hospital, but also with the potential to **expand the trusted assessor role to the homecare sector**
- **Investing in assistive technology** – We would like to explore how to make greater use of assistive technology as a means of preventing risk, and in support of independence, choice and quality of care

We would like to explore with providers how they can develop a mixed offer of care and technology with the aim of supporting people to maintain their independence and to maximise our capacity for hands on care services.

- Additional investment in nursing care** - Demand for nursing placements in the last 18 months has been higher than expected, and there is an opportunity to build capacity in this respect. There are some challenges in meeting more complex residential and nursing needs, particularly in relation to later journey dementia.

There is an ongoing need for workforce development: the changing profile of need for care home placements to support people with more complex needs such as people with later life dementia needs will require more specialist staff skills and capacity along with adjustments to the built environment.
- Investing in and developing our local workforce** - We need to address the ongoing challenges around workforce recruitment and retention, and to promote the value of care and as a positive career choice in Swindon. This will require a more joined up approach to the development of a workforce strategy, encompassing care and health together, and working closely with all providers of support and care.

We would like to explore ways of recruiting more widely from all areas and community groups. We will explore how to make reasonable adjustments, as part of a commitment to ensuring more people with protected characteristics can be employed in care and support.
- Net Zero commitment** - We want to reduce carbon emissions across Swindon by 2050. This will potentially have a beneficial impact on the market, housing stock and travel arrangements.

We intend to work with care homes to review building stock and the capacity to renovate, in response to the changing needs of residents along with zero carbon targets.

We will need to rethink the operational model for care at home, so that it can be more locality based. This will reduce travel time and costs and will support our developing approach to integrated neighbourhood teams.

The key messages arising from this MPS are:

- We acknowledge in order to deliver our objectives over the next five years, we need to enhance our own commissioning capacity and ensure our commissioning models are appropriate. This is an integral step for our 5 year journey.** We want to adopt a shared approach to developing a quality assurance framework for Swindon, and ensuring that tendering processes are proportionate and payment mechanisms are appropriate.
- We recognise that to enable people to live well, safely and independently, we need to embrace the **strengths and assets of individuals and communities**. No single part of the system can achieve this alone. We would like to promote an approach which reflects the

diversity of our population in its broadest sense. We are committed to developing the market to support this.

- We will be embedding greater emphasis on **social value** in all tendering opportunities coming out to the market and asking for plans and approaches for implementation in any tender and ongoing contract delivery.
- We will be making the **voice of people with lived experience central** to all our commissioning activity and are developing a detailed strategy to embed a co-productive approach in everything we do.
- We need care and support provision that is able to meet a number of presenting needs of individuals, including those with increasing **mental health, wellbeing and safety issues**. We want to work with the expertise of the social care market to understand how we might best achieve this.
- We will better join up our own commissioning arrangements for young people transitioning into adult services, to **prevent the escalation of their health and care needs through better collaboration and partnership**.
- People will need **more information, advice and guidance** about the local support offer and services that are available to enable them to live independently for longer. We need to work together to ensure that this is up to date, and easy to find.
- **The demand for care at home may rise, and we need to work in partnership with our providers to operate more locally based, to support flexibility of delivery, and to enhance the level of support for a broader range of needs**. This may include enhancing the skill base of the care at home workforce and exploring over the next years moving closer to an outcome based delivery model from a traditional time and task delivery model.
- **There will be a greater demand for housing that offers integrated care and support for people especially for people with a learning disability and / or autism**, for example intergenerational extra care housing. We will review our Housing with Care arrangements, via a discovery paper, to understand how we can create a Strategy that outlines our vision to align these two areas more effectively.
- 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 local people, and enabling them to connect with their local community**, with a range of services to support this.
- The number of people using direct payments is likely to rise, meaning that providers will increasingly be marketing their services direct to people who use services. **A pool of trained PAs and micro-providers is likely to emerge in response to this. We want direct payments to also support the creative use of community assets, beyond what might be seen as traditional care** (e.g., adult educated leisure services).
- Building on the work of the Pay and Award programme in Swindon Borough Council, **we will need to find ways of making care a positive career choice**, appropriately rewarded and incentivised, with opportunities for progression and professional development that work across social care and health boundaries. We are committed to working with local providers to consider what skills and training may be beneficial to our local care market and how they can assist with this, and we will explore how we can help source or deliver such training opportunities with our education providers.

- We want to better understand providers' business models and **what is required to be sustainable**. We understand that this involves forecasting on a more long-term basis, and ongoing dialogue about shared approaches to meeting demand is essential to this.
- We want to ensure providers are able to support Council and Health funded placements, and do not have to prioritise self-funders in order to remain in business. In light of the Fair Cost of Care exercise in England, **we will continue to invest in services appropriately, supported by transparent and fair annual fee negotiation meetings based on open book discussions and the available financial envelope**.
- We want to work with you to **co-design how we monitor the quality, impact and outcomes of adult social care provision**. We are in the process of developing a new quality assurance framework and wish to involve our care market and local people with lived experience in the development of this.
- There will be emerging **future business opportunities** for the market as reviews are undertaken for all existing contracts, and our commissioning function, models and services are reshaped, as required, and in line with this MPS.

Business Opportunities

There will be emerging **future business opportunities** for the market as reviews are undertaken for all existing contracts, and our commissioning function, models and services are reshaped, as required, and in line with this MPS. If you would like to hold further discussions regarding how we might work together to meet these ambitions for adult social care and health, please contact:

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