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SECTION 1: FOREWORD
I am delighted to present the updated London Borough of Richmond-upon-Thames Adult Social Care Market Position Statement (MPS) for 2018/19. This edition has been refreshed to focus on our key commissioning intentions, the current state of the local social care market and the outcomes we are seeking for our service users.

We want to foster a diverse, sustainable market, which generates innovative solutions to ensure our residents receive the highest quality of support and services possible, to meet their needs and aspirations.

We collectively face major challenges including the public sector financial position, increasing demand from people with complex needs, difficulties in recruiting and retaining a high-quality workforce and ensuring care is provided in the most appropriate and cost-effective settings. Yet, we as a collective set of local organisations must work together to embrace these challenges and protect the most vulnerable.

Since the last MPS there have been many contextual changes. Locally, the formation of a Shared Staffing Arrangement (SSA) between the London Borough of Richmond-upon-Thames and Wandsworth Borough Council in October 2016 has been instigated to effect efficiency and protect frontline services. Whilst both authorities remain sovereign, there have been significant benefits in terms of culture and maximising resources to deliver the “best outcomes, at the best value” for residents, a principle which underpins all our work.

At a national level, the integration of health and social care continues to be a key driver and opportunities are being explored locally between the NHS and social care to develop closer joint working arrangements, that benefit residents in our borough. Regionally, local authorities are evaluating the potential for achieving efficiencies, through lead commissioning initiatives.

Our key focus will be the health and well-being of the people we serve, supporting them through a person-centred approach to exercise choice and control over their care and support needs and to live independently in their communities for as long as possible. We will continue to achieve this by working in a preventative, enabling manner and by adopting a strength based approach to maximise community assets, delaying the need for long term intensive health and social care intervention. Most importantly we will continue to work with residents, providers and other stakeholders, listening to their views when shaping and commissioning services.

Finally, I would like to thank the many providers the Council works with for ensuring that they offer the best possible care to our residents. I would thank you for reading this Market Position Statement and our partners for their continuing efforts to ensure that services offered are best suited to our community and hope you find it informative.

Derek Oliver
Assistant Director of Adult Social Services
Commissioning and Quality Standards
SECTION 1: INTRODUCTION
INTRODUCTION

THE RICHMOND CONTEXT

The London Borough of Richmond-upon-Thames is a prosperous, safe and healthy borough. It covers an area of 5,095 hectares (14,591 acres) in South West London and is the only London borough spanning both sides of the Thames, with river frontage of 21½ miles.

The main town centre is Richmond and there are four district centres at Twickenham, Teddington, East Sheen and Whitton. Richmond is becoming increasingly diverse and includes people who live, work, visit the borough and use services. Richmond-upon-Thames has the fifth lowest population density of all London boroughs.

WHAT IS A MARKET POSITION STATEMENT

A Market Position Statement (MPS) presents the current state of the adult social care and support market within a locality. It outlines important information for providers, such as current demand and supply information relevant to the provision of social care in the borough, as well as the commissioning intentions of the local authority and the outcomes we want for our service users. The purpose of an MPS is to inform the market of our provider expectations and the needs of service users, affording providers with an opportunity to develop and adapt their services to meet these requirements. The council is committed to stimulating an active, responsive and quality supply of services to meet the needs of adults with social care needs, their families and carers. The aim is to offer service users real choice and control about how they are supported to meet their needs and aspirations and the expectation is that providers will offer flexible, responsive and innovative services. This document has been produced to encourage dialogue with current and potential providers of care and support, strengthen communication between stakeholders and enable strong market intelligence to improve services for residents through better evidence-based commissioning.

The Care Act 2014 sets out local authorities’ responsibilities for shaping the social care market in their areas and the production of an MPS is often used as a vehicle and starting point to fulfil these ‘market shaping’ responsibilities. This updated document builds upon the last MPS produced for Richmond-upon-Thames in 2015 and is targeted at the whole adult social care and support market, including the voluntary and community sector, independent commercial providers and carers.

An ageing population, living for longer with associated comorbidities is leading to an increase in demand for health and social care. This together with raised customer expectations and reductions in the availability of public funding, present significant challenges for both the council and providers. In order to adapt and respond to change, the council must maintain a dialogue with providers that will shape modern services to meet emerging need and help to respond to future demand.

We want providers to use this MPS as a starting point for reviewing current delivery models in order to ensure that they are sustainable and adaptable to meet the needs of our residents.

1 Richmond Clinical Commissioning Group, 2017
STRUCTURE OF THE DOCUMENT

This first section of the MPS identifies the strategic, policy and financial contexts to the adult social care market in Richmond-upon-Thames, as well as outlining the current state of this market. The main body of the document is structured to provide the following information around each service user group covered:

- Desired outcomes
- Current provision and use
- Future need considering the impact of demographic changes

STRATEGIC CONTEXT

Corporate Plan

The council’s Corporate Plan 2016-19 sets out the London Borough of Richmond-upon-Thames’ vision and objectives. The London Borough of Richmond-upon-Thames is committed to delivering high quality and value for money services for residents against an increasingly challenging financial backdrop. One of the ways of achieving this is through the creation in October 2016 of a Shared Staffing Arrangement (SSA) across Richmond and Wandsworth Councils. At the core are two councils, each with their own distinct identity and local decision-making processes supported by a single shared staffing group with the aim to collaborate and share approaches. The council puts a premium on its relationship with local people and is committed to being an accountable and open local authority that listens to residents and ensures they have an opportunity to have their say.

The council has three overarching aims:

- To transform local public services through partnership and collaboration through its community leadership role;
- To build community capacity to enable residents and communities to take greater control over their lives and to shape, and where appropriate deliver local services;
- To act primarily as a strategic commissioning body with a reduced role in service delivery.

The Richmond-upon-Thames 2016-19 Corporate Plan is available here: www.richmond.gov.uk/corporate_plan
Adult Social Services Priorities
The London Borough of Richmond-upon-Thames Adult Social Services Department has five key priorities which are intrinsically linked with the way the department works and delivering the key strategic objective of “Delivering the Best for Residents”:

**COMMISSIONING VISION**
The council’s Corporate Plan and Adult Social Services priorities are aligned with the commissioning intentions for the Adult Social Services Department which are underpinned by the following commissioning vision:

The Commissioning and Quality Standards Division will, in partnership with operational teams, health colleagues and other stakeholders, develop and maintain strategic oversight and commissioning of adult social care services in Richmond and Wandsworth in order to secure residents’ access to safe, effective, high quality, good value services within agreed timescales which:

- **Respond** to the needs of residents
- **Achieve** good outcomes
- **Ensure wellbeing** and safety
- **Are efficient** and offer best value

The council’s overall intention is to increase the provision of community-based services which will promote people’s wellbeing and their independence in their own homes, preventing, reducing and delaying the need for mainstream services.

There are three significant policy initiatives which play a key role in shaping the council’s commissioning approach to adult social care; The Care Act, Better Care Fund and the Sustainability and Transformation Partnerships.
STRATEGIC OUTCOMES

SELF HELP, PREVENTION & EARLY INTERVENTION

ENABLING PERSONALISED SUPPORT

INTEGRATION AND PARTNERSHIP WORKING

CAPACITY, DIVERSITY AND SUSTAINABILITY

QUALITY AND VALUE FOR MONEY
• Our focus will be on prevention and early intervention in line with Care Act 2014 principles.
• We will commission community based services that promote self-help and avoid reliance upon targeted care arrangements.
• We will enable our residents to access information that helps them maintain their own well-being and independence.
• We will commission a range of community based services which can be directly accessed by people and their carers.

• We will commission & provide services that are of high quality, achieve best value, enable informed personal choices and greater control.
• We will enable people to build upon their own strengths to meet their aspirations.
• We will promote an asset-based approach so a person looks to meet their own needs, using targeted intervention as part of any support required.
• Where targeted help is needed to meet assessed eligible need, it will be via a personalised approach.
• We will protect and safeguard vulnerable adults through partnerships, quality assurance arrangements and person centred care arrangements.

• Co-production will be central to our work.
• We will strengthen our engagement with voluntary & independent sector organisations, to understand demand and gaps in service provision, identifying and efficiently commissioning services that deliver best value, quality and enable good outcomes.
• We will seek to promote health and well-being, reduce hospital admissions and reduce pressure on primary health care and social care services from the resources available.

• We will work collaboratively with all partners to shape and stimulate a local market ensuring best use of expertise & resources.
• We will contract in ways that respond to meeting changes in demand, legislation and budgets.
• We will work with partners to reduce dependency on the public sector by sharing information about the local market and alternative sources of funding.
• We will identify key services where provider failure will make a significant impact on market capacity and we will work collaboratively to avoid this.

• We will develop commissioning systems and processes to define, identify and evidence high quality service provision.
• We will implement service specifications and contract monitoring arrangements that foster strong partnerships.
• All commissioning arrangements will reflect our diverse and varied communities needs.
• We will strive to have good quality and well-trained staff in all services.
• All aspirations will be within the parameters of the resources available.
POLICY DRIVERS

The Care Act 2014
The most significant change to adult social care in recent times, the Care Act 2014 set out a new policy framework for developing care and support services for the whole population, irrespective of whether a person’s care is funded by the council. The core purpose of adult social care and support is to help people achieve the outcomes that matter to them. Local authorities must promote wellbeing when carrying out their care and support functions. The Care Act requires that local authorities focus on delivering the following:

- Wellbeing
- Prevention
- Integration
- Information, advice and advocacy
- Diverse care markets
- Safeguarding
- Assessment and eligibility
- Charging and financial assessment
- Care and support planning
- Personal budgets and Direct Payments
- New rights for carers.

London Borough of Richmond-upon-Thames is committed to deliver services in accordance with the overarching objectives and principles promoted in the Care Act 2014.

Health and Social Care Working Together
The national aspiration is for there to be a single effective delivery system for health and social care, which provides seamless support to vulnerable and unwell people and is person centred, complementary, avoids duplication, promotes self-care and preventative support and facilitates targeted intervention where it is needed most.

Better Care Fund
The Better Care Fund is a key vehicle for delivering the integration of health and social care. It requires Clinical Commissioning Groups (CCGs) and local authorities in every area to pool budgets and to agree an integrated spending plan for how they will use their funding allocation. The Better Care Fund (BCF) process builds on Richmond’s well established joint working between health and social care and forms part of multiple initiatives working towards integration and transformation. The Richmond-upon-Thames BCF plan has been developed jointly between the council and CCG and aligns with the aims of the South West London Sustainability Transformation Partnership (STP). It aims to strengthen established integrated commissioning programmes which are designed to prevent emergency admissions to hospitals and help reduce Delayed Transfers of Care (DTOC) from hospitals.

There will be a continued focus on support for carers, the Richmond Response and Rehabilitation Team (RRRT) (a programme offering individual health and social care packages of support to help people regain their independence and wellbeing), Mental Health Out of Hospital Services, equipment and assistive technologies, personalised services and care at home including services commissioned from the voluntary sector.
Sustainability Transformation Partnership
Every health and care system in England has been required to produce a Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the ‘Five Year Forward View’ vision of better health, better patient care and improved NHS efficiency. Richmond-upon-Thames is within the South West London cluster with Merton, Sutton, Wandsworth, Kingston upon Thames and Croydon councils, CCGs and NHS providers.

This initiative helps to build local partnerships between health and care bodies, and stimulate organisational redesign against the backdrop of real geographical co-terminosity challenges. The 2016/17 plan builds upon work already taking place in South West London looking at all aspects of local health services – hospitals, primary care, mental health and community services.

Full details of the plan are available here.

FINANCIAL CONTEXT

In 2016/17 The London Borough Of Richmond-Upon-Thames’ Net Spend was £113,330,000 of which £59,157,900 was allocated to Adult Care and Health Services. The Council budgeted to spend an additional £6,437,000 in 2017/18 increasing the overall spend to £119,770,000. Adult Care and Health Services were budgeted for a £2,641,600 reduction in spend in 2017/18 compared to the previous year. Details of budgets for 2018/19 will be released later this year.

SECTION 2: STATE OF THE SOCIAL CARE MARKET
DEMOGRAPHIC INFORMATION

- Richmond-upon-Thames has a growing population, currently estimated at 194,730 residents.
- Fifth lowest population density of all London boroughs.
- 32% of all people living in Richmond-upon-Thames are aged between 35-54 years.
- Overall, Richmond-upon-Thames is known to be a prosperous and wealthy borough with a predominantly affluent population.
- However, there are also areas of deprivation. Regarding health inequalities, life expectancy is 5.8 years lower for men and 3.3 years lower for women in the most deprived areas of Richmond-upon-Thames than in the least deprived areas. (Richmond-upon-Thames Joint Strategic Needs Assessment 2017-18, 2017)

DEMAND AND USAGE HEADLINES

Gender and Ethnicity
- 1688 adults were receiving support funded by Adult Social Services in Richmond-upon-Thames as of 31 March 2017.
- 726 service users were male (43% of all service users) and 962 female (57% of all service users).
- 1315 service users identified as White British (78% of all service users), 180 identified as BME (11%), 118 identified as from another White Background (7%) and 75 did not disclose (4%).

Older People
- 28,900 people aged 65+ in Richmond-upon-Thames (15% of total population).
- This is predicted to increase by 55% to 46,800 people by 2035 (19% of total predicted population). This is the major area of demographic change.

Learning Disabilities
- 3,683 people aged over 18 estimated to have a learning disability (2% of total population).
- This is predicted to increase by 20% to 4,426 people by 2035 (2% of total predicted population).
- There was a 5% increase in the number of adults with a learning disability receiving social care services funded by the council between 2014/15-2016/17.
- There was an 11% increase in the number of people residing in care homes between 2014/15-2016/17.
- There was a 1% increase in the number of people accessing community based services between 2014/15-2016/17.

Mental Health
- 20,408 adults aged 18-64 predicted to have a common mental disorder (10% of total population)
- This is predicted to increase by 12% to 22,841 by 2035 (9% of predicted total population).
- There was a 36% increase in the number of adults with a mental health condition receiving social care services funded by the council between 2014/15-2016/17.
- There was a 14% increase in numbers of people residing in care homes between 2014/15-2016/17.
- There was a 47% increase in people accessing community based services between 2014/15-2016/17.

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2 Council Client Information Database
3 Projecting Older People Population Information System, May 2016
4 Council Client Information Database
5 Projecting Adults Needs and Service Information, May 2016
6 Council Client Information Database
7 Projecting Older People Population Information System, May 2016
8 Council Client Information Database
Physical and Sensory Disabilities

- 12,582 people aged 18 to 64 in Richmond upon Thames with a moderate or severe physical disability (6% of total population).
- This is predicted to rise by 19% to 14,935 people by 2035 (6% of predicted total population) 9.
- There was a 17% increase in the number of adults with a physical disability receiving social care services funded by the council between 2014/15-2016/17.
- There was a 7% decrease in numbers of people residing in care homes between 2014/15-2016/17.
- There was a 20% increase in people accessing community based services between 2014/15-2016/17 10.

Carers

- 15,802 people in the borough identified as unpaid Carers according to 2011 Census data11.
- Of identified carer population per week, 75% provide between 1 and 19 hours of unpaid care, 10% provide between 20 and 49 hours and 15% spend a very significant portion of time caring for others at over 50 hours.
- Overall, 22% of people aged 65 and over are providing unpaid care 12.

MARKET HEADLINES

- The council will continue to explore alternative accommodation options to minimise placements in residential care settings, (where appropriate), to support independence.
- The council anticipates that demand for home care will continue to increase as people receive community-based support rather than residential care.
- There will be a requirement for all local services to continue to be outcome-focussed.
- The council will continue to strengthen its integrated and strength based approach to commissioning preventative services primarily from local voluntary sector organisations.
- The council will look to achieve greater efficiencies through prevention and wellbeing services.
- The council will continue to actively promote Direct Payment uptake to support service user choice and control over the care and support they receive.
- There is an expectation for providers to offer a wider range of personalised and bespoke services including access to personal assistants that can be commissioned via Personal Budgets and Direct Payments, which will also benefit service users wishing to pool their budgets to buy services collectively.
- The council expects providers to invest in development and retention of their workforce to support stability of the market and quality of service provision.
- There is an expectation that providers will encourage and find innovative ways of utilising assistive and digital technologies in delivering care and support.
- The council would like to see services that are dementia friendly.
- The council would like to see the development of meaningful day activities that cater for the specific needs of service users with complex needs.

9 Projecting Adults Needs and Service Information, May 2016
10 Council Client Information Database
12 Council Client Information Database
COMMISSIONING INTENTIONS

To ensure that we are delivering appropriate services to meet individual’s needs, the council continues to review, re-design and commission services where appropriate. As part of the Shared Staffing Arrangement, moving forward we will be looking to jointly commission services, where appropriate, across Richmond-upon-Thames and Wandsworth.

Services commissioned during 2017/18:
- Direct Payment Support Services – joint procurement with Wandsworth Borough Council
- Supported Employment Service – joint procurement with Wandsworth Borough Council
- Learning Disability Services (final phases of commissioning programme)
- Integrated Sexual Health Services – joint procurement with Wandsworth Borough Council

Recommissioning of services that are underway:
- Community Independent Living Services (CILS)

Services to be reviewed include (subject to change):
- Carer Services – both boroughs from 2020
- Advocacy Services – joint procurement with Wandsworth Borough Councils
- Substance Misuse Services – joint procurement with Wandsworth Borough Council from 2020

CURRENT STATE OF THE SOCIAL CARE MARKET

Market Overview
The Care Act 2014 sets out a future in which local authorities have a central role in shaping and developing a high quality, diverse and affordable social care market. For providers, this means a shift away from the council directly purchasing care, to a greater diversity of individually purchased services by self-funders and those with personalised budgets to receive services that best suit their need. Providers need to rise to this challenge to offer flexible, responsive and innovative services that are adaptable to meet the needs of everyone, not just those whose care and support is directly funded by the council.
### RESIDENTIAL AND NURSING CARE

**Where are we now?**

Between 2014/15 – 2016/17, the total number of service users in care homes reduced by 4%, whilst those receiving community-based support has increased by 5%.

According to CQC data (October 2017), there are 8 nursing homes in the borough with a total of 472 beds, although some of these beds may not be categorised as nursing. In addition, there are 37 residential homes in the borough with a total of 483 beds.

The graph below gives an overview of active locations in Richmond-upon-Thames providing the following services:

- Care home service without nursing
- Domiciliary care service
- Care home service with nursing
- Supported living service
- Extra Care housing services
- Community health care services
- Community based services for people with mental health needs

The market for residential care is stable with this being commissioned mainly via a long standing PFI agreement with Care UK. The council commissions 175 beds from Care UK.

Self-funders are estimated to account for 57% of the local care home market. This is the third highest proportion of self-funders among London local authorities. In terms of absolute numbers, the self-funder estimate for Richmond-upon-Thames is only the 12th highest out of the 32 London boroughs.

The CQC reports a 0-10% reduction in the number of nursing beds between April 2015 – April 2017 in the borough. The figure below highlights the percentage change in numbers of nursing home beds in London during this period.

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<tbody>
<tr>
<td>Total No. of Users</td>
<td>2265</td>
<td>2258</td>
<td>2307</td>
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<tr>
<td>Total No. in a Care Home</td>
<td>783</td>
<td>782</td>
<td>753</td>
</tr>
<tr>
<td>Total No. in Community</td>
<td>1482</td>
<td>1476</td>
<td>1554</td>
</tr>
</tbody>
</table>
Where are we going: Commissioning Intentions
The council will be working with Care UK to continually review and ensure that bed configuration is proportionate to the dementia needs of service users.

HOME CARE

Where are we now
In 2016/17, a total of 356,191 home care hours were commissioned by the council. Over the last ten years there has been a realignment to maintain the care of people in their own homes as opposed to traditional care models. The home care delivery model in Richmond-upon-Thames, developed in 2016, is an outcomes commissioning model based on contracts with two well established providers in the borough.

Where are we going: Commissioning Intentions
Richmond-upon-Thames is currently in phase 1 of a 6-year delivery model. This “Help to Live at Home” contract also provides reablement provision in the person’s home facilitating discharge from hospital.

COMMUNITY INDEPENDENT LIVING SERVICE

Where are we now
The Care Act sets out the responsibility for local authorities to ‘prevent, reduce and delay needs’. Access to preventative services for the residents of Richmond-upon-Thames is facilitated through the Community Independent Living Service (CILS), which provides funding to a range of voluntary sector organisations.

The CILS contract has been in place since 2014 and represented a change in the way in which the council funded voluntary organisations, moving from various direct grant funding arrangements to four locality contracts, in each of which there was a lead provider and a range of sub-contractors.
The services in each locality comprise an information navigation service and a range of health and wellbeing activities. In 2016/17, there were over 85,000 attendances at health and wellbeing activities delivered under the CILS programme, benefitting over 2,000 people; in the same period, there were over 5,000 contacts with the information navigation services, and over 700 new users of these services.

Where are we going? Commissioning Intentions
The council undertook a stakeholder engagement process on future models for CILS between 24th July and 20th October 2017 to inform the forthcoming procurement of these services.

We will be making some revisions to the CILS model in the light of findings from this engagement process, and will commence the formal procurement process in June 2018.

PERSONALISATION AND DIRECT PAYMENTS

Where we are now
Personalisation means recognising people as individuals who have strengths and preferences, putting them at the centre of their own care and support and providing personal budgets. The Care Act states that local authorities need to assign a personal budget to all people who are eligible for support. Councils offer people who qualify for services the option of having a Direct Payment (DP) where this is appropriate.

Where are we going: Commissioning Intentions
The council will continue to actively promote Direct Payment uptake to support service user choice and control over the care and support they receive. There is an expectation that providers offer a wider range of personalised and bespoke services including access to personal assistants that can be commissioned via personal budgets and Direct Payments and that can also benefit people who wish to pool budgets to buy services collectively.
INVESTING IN SOCIAL CARE WORKFORCE DEVELOPMENT

One of the biggest challenges facing the adult social care market is developing a sustainable workforce. We want to work with providers who invest in their workforce and provide attractive employment offers with career development and training opportunities.

Skills for Care produced a report on the adult social care workforce in Richmond-upon-Thames in August 2017. This found that there is an estimated turnover rate of 26% which is similar to the region average of 24% and the national average of 28%.

It estimated that in Richmond-upon-Thames, 12.9% of roles in adult social care were vacant, giving an average of approximately 450 vacancies at any one time. This vacancy rate was higher than the region average, at 8.4% and higher than England at 6.6%.

Skills for Care estimates show that 35% of the workforce in Richmond upon Thames hold a relevant adult social care qualification (52% in London and 50% in England).

Of those workers without a relevant adult social care qualification, 31% had five or more years of experience in their current role. More information published by Skills for Care is available here.

PROVIDERS WE WANT TO HAVE IN OUR LOCAL MARKET

We want to work with providers who meet the values that underpin our ethos for service delivery and meet the following expectations:

- Have high quality standards and actively develop services in partnership with service users;
- Are prepared to challenge the prevailing norms and embrace innovation to improve the quality of care;
- Embrace modern technology including assistive and digital technology to improve quality of life for individuals;
- Measure success in outcomes for the individual, rather than outputs and inputs, and can evidence how and what outcomes service users have met;
- Concentrate on the preventing, delaying and reducing the need for care;
- Have a ‘local offer’ so that people can get care and support close to home;
- Understand and have embedded the principles of person centred care and planning in their day to day practice;
- Are demonstrably prepared to invest in their workforce and provide attractive employment offers with career development and training opportunities;
- Deliver services which promote enablement, self-management, independence, choice and control;
- Work closely with other providers as well as the voluntary and community sector;
- Provide safe, quality services which are cost effective and value for money;
- Adopt a strength based approach.
SECTION 3: SERVICE USER GROUP PROFILES
OLDER PEOPLE

What we want for our residents

We will support older people to remain independent for as long as possible so that our older residents can stay active in both their decision making and in terms of their lifestyle. Active ageing helps to ensure longer healthy life expectancy and quality of life for all people as they age. We will bring together a more co-ordinated ’offer’ so older people know about the wide range of support available to them.

The council wishes to see a general move away from intensive support models such as residential care to care packages that encourage greater independence and delay the requirement for more intensive support. We are also committed to supporting more people to live at home for longer. However, it has been noted that demand for residential and nursing care may increase further in the future due to demographic changes. Therefore, the council will ensure that provision of these services meets demand levels going forward.

Overview of current activity

The table below gives an overview of total numbers of service users supported between 2014/15 – 2016/17.

<table>
<thead>
<tr>
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<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
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<tbody>
<tr>
<td>Total No. of Users</td>
<td>1479</td>
<td>1430</td>
<td>1413</td>
</tr>
<tr>
<td>Total No. in a Care Home</td>
<td>559</td>
<td>533</td>
<td>507</td>
</tr>
<tr>
<td>Total No. in Community</td>
<td>920</td>
<td>897</td>
<td>906</td>
</tr>
</tbody>
</table>

20 Council Client Information Database
21 Includes Dementia Care
22 Excludes Telecare
DEMAND, SUPPLY AND FUTURE TRENDS

The graphs below give an overview of the number of service users in receipt of services funded by the council over the last three financial years.

Figure 1: Care Homes and Extra Care

Figure 2: Community Based Services
Care Homes

Supply: As of October 2017, there were 8 nursing care homes with 472 beds and 14 residential care homes with 285 beds provisioned specifically for older people (alongside other client groups) in the borough. It should be noted that sometimes service users will not be placed in homes catering specifically for their service user group depending on co-morbidities, level of need and demand at the time of the placement.

Current Use: In 2016/17 service users aged 65 and over had placements funded by the council in 16 care homes in the borough and 118 homes outside of the borough.

The total number of people aged over 65 who were supported in residential care reduced between 2014/15 and 2016/17 (by 21% over the period).

Between 2014/15 and 2016/17 there was a 20% reduction in the number of service users aged over 65 living in nursing care homes.

There was however a slight increase in service users aged between 65 and 84 living in nursing care homes in 2016/17 compared to 2015/16 (3%).

If future uptake of residential and nursing care is in line with projected population increases then there will be a 5% increase in the number of older people living in residential and 6% increase in numbers living in nursing care by 2020.

Extra care

Supply: In Richmond-upon-Thames, the council is actively promoting extra care housing as an alternative to residential care. The aim of extra care is to promote independence with people being able to access support for personal care needs whilst living in a self-contained flat. There are currently two extra care schemes within Richmond-upon-Thames comprising a total of 66 self-contained flats.

Extra care housing provision can be created through altering existing provision such as sheltered accommodation, with this option being considered going forward. The council also believes that development of extra care housing should be in line with the care needs of the community rather than purely based on factors such as age, and will be considering how this approach can be implemented.

Current Use: In 2016/17, 42 service users living in extra care accommodation had their placements funded by the council. 35 (83%) of these service users were aged 65 or over.
Between 2014/15 and 2016/17 there was an 8% decrease in the number of service users aged over 65 living in extra care accommodation. However, there was 13% increase in the number of people aged between 65 and 84 accessing this service\textsuperscript{28}, suggesting that demand for extra care accommodation is relatively stable. If future uptake of extra care accommodation is in line with projected population increases the number of older people living in extra care accommodation by 2020 will remain fairly static.

### Day Opportunities

**Supply:** There are two day centres within Richmond-upon-Thames serving older people, which require referral from Adult Social Services to access. These centres are run by the council.

The council is currently undertaking a review of its provision of day opportunities, to be completed in 2018/19.

**Current use:** Between 2014/15 and 2016/17 there was a 20% reduction in the number of service users aged over 65 receiving support through day opportunities, suggesting there is a reduced demand for this form of support amongst older people. The largest reduction was in the 85+ age band (28%)\textsuperscript{29}. However, there has been an increase in the uptake of Direct Payments to purchase a range of services which may include day opportunities. If future uptake of support through day opportunities is in line with projected population increases there will be a 6% increase in the number of older people receiving support through these services by 2020.

### Home Care

**Current use:** Between 2014/15 and 2016/17 there was a 2% reduction in the number of service users aged over 65 receiving support through home care. Demand for home care did however increase during this period amongst the 65-84 cohort by 4%\textsuperscript{30}, suggesting demand for this service is relatively stable. If future uptake of home care is in line with projected population increases there will be a 5% increase in the number of older people receiving this form of support by 2020.
Respite care

**Current use:** Between 2014/15 and 2016/17 there was a 29% reduction in the number of service users aged over 65 receiving respite care[1], suggesting demand amongst older people for this service is reducing. However, there has been an increase in the uptake of Direct Payments to purchase a range of services which may include respite care.

If future uptake of respite care is in line with projected population increases the number of older people receiving this form of support by 2020 will remain fairly static.

Telecare

**Current use:** Between 2014/15 and 2016/17 there was an 81% increase in the number of service users aged over 65 receiving Telecare services[2].

This level of increase suggests there is an increased demand for assistive technologies which is in line with the council’s strategic objectives. If future uptake of Telecare is in line with projected population increases there will be a 6% increase in the number of older people receiving this form of support by 2020.

Direct Payments

**Current Use:** Between 2014/15 and 2016/17 there has been a 30% increase in uptake of Direct Payments amongst service users aged over 65[3].

This increase in the uptake of Direct Payments may also account for the reduction in other care services being purchased directly by the council. If future uptake of Direct Payments is in line with projected population increases there will be a 5% increase in the number of older people receiving a Direct Payment by 2020.
FUTURE NEED
Changes in demographics may impact on the demand for services.

Demographics

- Richmond-upon-Thames has a high proportion of older people within its population (15% aged over 65), compared to London as a whole (12% aged over 65). However, the proportion of older people in Richmond-upon-Thames is lower than levels for England as a whole (18%).
- The amount of people aged 65 and over is expected to increase in the coming years and by 2035 older people are predicted to make up 19% of the borough’s population (equating to a 55% increase in numbers of over 65s).
- This is greater than the percentage increase in the over 65 population in England which is predicted to be 44%, but less than the total predicted percentage increase for London as a whole which is estimated to be 58%.

(All data from Projecting Older People Population Information System, May 2016)
Population Profile:
The ongoing and growing challenge that an ageing population has on a local adult social care department is widely reported and is indicated in Richmond-Upon-Thames by a number of measures:

- In 2017 it was predicted that in Richmond-upon-Thames 6,693 people aged 65 and over had a long term condition which will limit their day to day activities a little and 5,128 has a long term condition which will limit their day to day activity a lot. It is predicted by 2035 these figures will be 10,685 and 8,604 respectively, representing 60% and 68% increases.

- In 2017 it was predicted that 10,945 people aged over 65 in Richmond-upon-Thames were providing unpaid care. It is predicted by 2035 that this figure will be 17,428, a 59% increase.

- In 2017 it was predicted 12,292 people aged over 65 in Richmond-upon-Thames were unable to manage at least one domestic task. By 2035 it is believed this figure will be 20,099, a 64% increase.

- In 2017 it was predicted 10,118 people aged over 65 in Richmond-upon-Thames were able to manage at least one self-care activity. By 2035 it is predicted this figure will be 16,483, a 63% increase.

The accumulated impact of behaviours and exposures earlier in life, combined with functional decline lead to increased levels of disease in older people. Furthermore, although it is often reported that people are generally living longer, healthy life expectancy is far shorter than overall life expectancy.

(Data source: Projecting Older People Population Information System, May 2016)

34 Projecting Older People Population Information System, May 2016
35 Richmond upon Thames Joint Strategic Needs Assessment, 2017
DEMENTIA

What we want for our residents

Dementia is an umbrella term for a range of progressive disorders affecting the brain, the most common of which are Alzheimer’s disease and vascular dementia. It is most common in those over 65 years of age. Dementia results in a progressive decline in multiple areas of cognitive function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. Some people may also develop behavioural and psychological symptoms such as depression, psychosis, aggression, and eating problems, which can challenge the skills and capacity of carers and services (London Borough of Richmond upon Thames Joint Dementia Strategy 2016-21, 2016). The council wants to help foster a dementia friendly community where people can live independently for longer.

Population Projections

- In 2017, it was estimated 2,180 people aged over 65 in Richmond upon Thames had dementia. By 2035 it is estimated this figure will be 3,835, a 76% increase.
- In 2017, it was estimated 1,384 women aged over 65 in Richmond upon Thames had dementia. By 2035 it is estimated this figure will be 2,339, a 69% increase.
- In 2017, it was estimated 796 men aged over 65 in Richmond upon Thames had dementia. By 2035 it is estimated this figure will be 1,496, an 88% increase.
- In 2017, it was estimated that 7% of the total over 65 population had dementia. In 2035 this figure is estimated to increase to 8%36.

Dementia Strategy

In 2016 the London Borough of Richmond-upon-Thames released its five-year ‘Dementia Strategy’, which set out how the council will foster a more inclusive society for people with dementia. The key pillars of the strategy are:

- Preventing Well
- Diagnosing Well
- Living Well
- Supporting Well
- Dying Well


36 Projecting Older People Population Information System, May 2016
**Care Homes**

**Supply:** There are 8 residential care homes with 220 beds and 5 nursing care homes with 354 beds which provision specifically for people with dementia within Richmond-upon-Thames.

**Current Use:** The number of service users who receive dementia care within a residential or nursing home remained relatively static between 2014/15 and 2016/17, suggesting the demand for this type of service is stable. If future uptake of residential and nursing care is in line with projected population increases then there will be a 6% increase in the number of people with dementia living in residential and 7% increase in numbers living in nursing care by 2020.

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Council Client Information Database
LEARNING DISABILITY

What we want for our residents

All people should have the opportunity to be active citizens, live a meaningful life and make contributions to the community of which they are part of.

The focus of the commissioning model for learning disability services is to reduce reliance on residential care, move service users towards supported living and greater independence where possible, with fewer out of borough placements. In addition, the council encourages provision of meaningful daytime activities and life skill development opportunities. There is a drive to develop and increase employment and supported employment opportunities increasing the number of people with learning disabilities who are in paid (full or part time) employment or purposeful and meaningful voluntary roles. The council wishes to see services that cater for both the younger learning disability population with more complex needs that are transitioning and ageing cohort of people with learning disability.

The council has recently recommissioned learning disability services in Richmond- upon-Thames and the new service is undergoing mobilisation.

Overview of current activity

The table below gives an overview of total numbers of service users aged 18+ supported between 2014/15 – 2016/17.

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of Users</td>
<td>434</td>
<td>452</td>
<td>455</td>
</tr>
<tr>
<td>Total No. in a Care Home</td>
<td>151</td>
<td>172</td>
<td>168</td>
</tr>
<tr>
<td>Total No. in Community</td>
<td>283</td>
<td>280</td>
<td>287</td>
</tr>
</tbody>
</table>

In 2016/17, 71% of service users in a care home were aged 18-64 and 29% of service users were aged 65-84. No service users were age 85+.39

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38 Excludes telecare
39 Council Client Information Database
DEMAND, SUPPLY AND FUTURE TRENDS

The graphs below give an overview of the number of service users, age 18+, in receipt of services over a three-year period:

Figure 1: Care Homes and Extra Care

Figure 2: Community Based Services

40 Council Client Information Database
41 Council Client Information Database
Care Homes

Supply: The council commissions a total of 204 residential and supported living placements. This is made up of 90 residential and 114 supported living placements. It also spot contracts a range of residential and supported living placements outside of the borough.

The council only commissioned one nursing care placement for a person with a learning disability between 2014/15 and 2016/17.

Current use: In 2016/17, the council funded placements at 65 care homes. This included 21 care homes within the borough and 44 outside of the borough. Most service users with a learning disability living in residential care were aged between 18-64 (70% of service users in 2016/17). Between 2014/15 – 2016/17 there was a 7% increase in those service users aged 18-64 and a 29% increase in numbers aged 65-84 living in residential care. The total number of service users with a learning disability living in residential care increased by 11% between 2014/15 and 2016/17, suggesting demand is increasing amongst this client group. If future uptake of residential care is in line with projected population increases then there will be a 5% increase in the amount of people with a learning disability living in residential care by 2020⁴².

Supported Living

Supply: There are currently 114 supported living services in the borough. In addition to this the council spot purchases a range of supported living placements and of the borough as required.

Current use: Most service users with a learning disability living in supported living arrangements are aged between 18-64. Trends over the last three years are fairly static, although there has been a very slight reduction in those with a learning disability living in supported living within the 18-64 and 65+ age bands. The total number of learning disability service users accessing supported living reduced by 6% between 2014/15 – 2016/17⁴³, suggesting that demand for this service is slightly reduced. If future uptake of supported living accommodation is in line with projected population increases the number of people with a learning disability living in this form of accommodation by 2020 will remain fairly static.

⁴² Council Client Information Database
⁴³ Council Client Information Database
Home Care

**Current use:** The number of service users with a learning disability receiving home care has remained fairly static, although there has been a slight reduction (16%) in service users aged 18-64 in receipt of this service. Overall, there was a reduction of 8% in the total number of service users with a learning disability receiving home care between 2014/15 and 2016/17, suggesting demand is slightly reduced. If future uptake of home care is in line with projected population increases the number of people with a learning disability receiving this form of support by 2020 will remain fairly static.

Supported Employment

**Supply:** A new, single, joint contract for the supported employment service in Richmond-upon-Thames and Wandsworth commenced in January 2018. The service is for adults with a learning disability, autistic spectrum disorder, sensory and physical disabilities and severe mental health conditions. The new service includes an Employment Support HUB service, providing satellite ‘drop in surgeries’ in each borough and ensuring clear pathways for service users and links to other providers. The new service is expected to receive 250 referrals per annum across all service user groups.

Day Opportunities

**Supply:** The Community Support Service supports people through directly commissioned hours or through a Direct Payment to purchase the support of a care worker to help them access a range of activities.

**Current use:** There was a 39% reduction in the number of service users with a learning disability receiving care through day opportunities between 2014/15 and 2016/17.

However, the number of service users receiving Direct Payments has increased, and these may be used to fund day opportunities.

If future uptake of care through day opportunities is in line with projected population increases there will be no change in the number of people with a learning disability receiving support through these services by 2020.
**Respite Care**

**Supply:** The council has increased the availability of community based staff to 365 days a year to enable a more flexible model of respite that increases choice for families.

**Current use:** There was a 23% reduction in the total number of service users with a learning disability receiving respite care between 2014/15 and 2016/17. This reduction is due to the introduction of the Shared Lives scheme and an increased uptake in Direct Payments to purchase respite. The new service has been reconfigured to meet these changes in demand.

If future uptake of respite care is in line with projected population increases the number of people with learning disabilities receiving this form of support by 2020 will remain fairly static.

**Direct Payments**

**Current use:** There was an 12% increase in uptake of Direct Payments by service users with a learning disability between 2014/15 and 2016/17. The majority of people who receive Direct Payments are between the ages of 18 and 64. Direct Payments allow service users greater choice and flexibility to commission their own care and support including benefiting from various day opportunities and employing personal assistants to provide a range of personal help and support at home and in the community.

If future uptake of Direct Payments is in line with projected population increases there will be a 3% increase in the number of people with a learning disability receiving a Direct Payment by 2020.
FUTURE NEED
Changes in demographics may impact on the demand for services.

Demographics

- In Richmond, 3,683 people aged 18+ are estimated to have a learning disability.
- The first graph below outlines baseline estimates of those with a learning disability in Richmond, broken down by age range.
- The number of those aged 18+ predicted to have a learning disability in Richmond-upon-Thames in 2017 is set to increase 20% by 2035 with the highest increase seen in the over 85s.
- The number of those aged 18+ predicted to have a moderate or severe learning disability is set to increase 17% by 2035.
- The second graph below gives an indication of expected upward learning disability trends in Richmond.

People predicted to have a learning disability, by age 2017-2025 (PANSI, May 2016)

Learning disability predictions, by need 2017-2025 (PANSI, May 2016)
AUTISM

What we want for our residents
Young people and adults with Autistic Spectrum Conditions (ASCs) living in the London Borough of Richmond-upon-Thames should be able to live fulfilling and rewarding lives within a society that accepts and understands them. People should be able to receive a diagnosis and any support required. People with ASCs can depend on mainstream public services to treat them fairly as individuals.

There is a drive to develop and increase employment and supported employment opportunities, to encourage people with learning disabilities, including autism, into paid (full or part time) employment or purposeful and meaningful voluntary roles. More information is available in the council’s Autism Strategy (www.richmond.gov.uk/autism_strategy)

Overview of activity
There are currently around 200 adults with ASC receiving services. Most individuals receive a service from the Richmond Community Learning Disability Team.

Demographics
It is important to note that changes in demographics may impact demand on services:

- The most recent estimates on the prevalence of ASCs in adults in England indicate that around 1.1% of people have ASCs. The rate is currently estimated to be higher in men (2.0%) compared to women (0.3%). (Brugha T et al. 2012 Estimating the Prevalence of Autism Spectrum Conditions in Adults: Extending the 2007 Adult Psychiatric Morbidity Survey The Health and Social Care Information Centre, Social Care Statistics, 2012)
- The overall prevalence rate translates to roughly 1 person in every 90, and is similar to the number of people that have dementia.
- The number of adults with ASCs in Richmond upon Thames for 2015, 2020 and 2030 show that there is an expected increase of 5.6% until 2020 and 17.8% until 2030 from current estimates.

Estimates of numbers of Richmond upon Thames residents with ASC based on population estimate for 2015:

<table>
<thead>
<tr>
<th>Population</th>
<th>Prevalence of ASC</th>
<th>Estimated number with ASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>94052</td>
<td>1881</td>
</tr>
<tr>
<td>Female</td>
<td>99533</td>
<td>298</td>
</tr>
<tr>
<td>All</td>
<td>193585</td>
<td>2179</td>
</tr>
<tr>
<td>Under 18 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21821</td>
<td>436</td>
</tr>
<tr>
<td>Female</td>
<td>21035</td>
<td>63</td>
</tr>
<tr>
<td>All</td>
<td>42856</td>
<td>499</td>
</tr>
</tbody>
</table>

Richmond Joint Health and Social Care Strategy for people with autism 2013-2016
MENTAL HEATH

What we want for our residents

All people should have the opportunities to allow them to be active citizens, live a meaningful life and to make positive contributions to the community they are part of. We will strive to ensure individuals, families and carers can improve their wellbeing through appropriate support and we want to support people to achieve their aspirations, such as staying in work or returning to work.

There is a drive to develop and increase employment and supported employment opportunities (full or part time) and purposeful and meaningful voluntary roles. In addition, the council encourages provision of meaningful daytime activities and life skill development opportunities with stronger pathways towards a measurable outcome. The council wants there to be a greater range of services that service users can purchase using a Direct Payment.

In addition, the council also acknowledges that a greater understanding of how we can best support residents with neurological conditions is required. Even though, 14% of Adult Social Services budgets in England were spent on services for people with neurological conditions in 2013/14 (Health and Social Care Information Centre, Personal Social Services: Expenditure and Unit Costs Return, 2013-14 final release, December 2014), data on these service users is limited and often relates only to hospital rather than community based care. We intend to work with colleagues within the CCG and Public Health to best understand the needs of this client group and ensure these are met going forward.

Overview of current activity

The table below gives an overview of the total number of service users, aged 18+, supported by services between 2014/15 – 2016/17:

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of Service Users</td>
<td>137</td>
<td>145</td>
<td>187</td>
</tr>
<tr>
<td>Total No. in a Care Home</td>
<td>44</td>
<td>48</td>
<td>50</td>
</tr>
<tr>
<td>Total No. in Community</td>
<td>93</td>
<td>97</td>
<td>137</td>
</tr>
</tbody>
</table>

In 2016/17, 74% of service users in a care home were aged 18-64 and 26% of service users were aged 65-84. No service users with a mental health condition were aged 85+.  

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45 Includes Dementia Care  
46 Excludes telecare  
47 Council Client Information Database
Figure 1: Residential and Nursing Care

![Residential and Nursing Care Chart](chart1.png)

Figure 2: Community-based services and Direct Payments

![Community-based services and Direct Payments Chart](chart2.png)

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48 Council Client Information Database
49 Council Client Information Database
50 Council Client Information Database
51 Council Client Information Database
Care Homes

Supply: There are five care homes with provision specifically for people with a mental health condition in the borough (two residential and three nursing care homes).

Current use: There was an 11% increase in the number of service users with a mental health condition living in residential care between 2014/15 – 2016/17, equating to four service users. Numbers of mental health service users in nursing care have remained static. The Council worked with 31 care home providers in 2016/17. As of June 2017, there were 96 shared placements between the council and NHS.

If future uptake of residential care is in line with projected population increases the number of people with a mental health condition living in residential care by 2020 will remain fairly static.

Numbers of service users with a mental health condition in nursing care are low and remained at roughly the same level between 2014/15-2016-17. If future uptake of nursing care is in line which projected population increases there will be no change in the number of service users accessing this service by 2020.

Supported Living

Supply: In 2017, the Council re-commissioned supported living services in the borough. Services now comprise of a cluster of medium, low and floating support services under one provider with capacity to support 111 service users.

Current use: In 2016/17, the council worked with 18 providers of supported living. This comprised 3 providers within and 15 providers outside of the borough. The number of service users with a mental health condition living in supported living arrangements increased by 35% in 2016/17 from 2014/15, with most service users aged 18-64 (although numbers were still below capacity of the service). The council is looking to ensure the provision of flexible non-housing related support services.

If future uptake of supported living accommodation is in line with projected population increases the number of people with a mental health condition living in this form of accommodation by 2020, will remain fairly static.
Day Opportunities

Supply: The local authority commissions a range of support from the voluntary sector for people with mental health needs, providing daytime activities which support recovery and self-management in the community. In addition, services support people with mental health needs to access and utilise mainstream services.

Current use: There are low numbers of service users with a mental health condition supported through day opportunities in the borough and numbers have remained fairly static between 2014/15 and 2016/17. There has been an increase in the uptake of Direct Payments to purchase a range of services which may include day opportunities52.

Home Care

Current use: The number of service users with a mental health condition receiving home care in 2016/17 increased by 61% since 2014/15. The majority of service users with a mental health condition receiving home care are aged 18-84.

If future uptake of home care is in line with projected population increases the number of people with a mental health condition receiving this form of support by 2020 will remain fairly static.

Direct Payments

Current use: There were 33 service users with mental health needs in receipt of Direct Payments in 2016/17. This was an 154% increase from 2014/15. The majority of service users with mental health needs receiving a Direct Payment are aged 18-64, however numbers are also increasing in the 65+ cohort.

If future uptake of Direct Payments is in line with projected population increases the number of people with a mental health condition receiving a Direct Payment by 2020 will remain fairly static.
FUTURE NEED
Changes in demographics may impact on the demand for services.

Demographics

• In 2017, 20,408 people were estimated to have a common mental disorder and this is set to increase 12% by 2035 (refer to figure 1).
• In 2016/17 there were 9,948 adults identified with depression by GPs.
• Only 9.2% of working age adults receiving mental health services in Richmond-upon-Thames are in paid employment and the employment rate of those with a long-term health condition is 4.2% lower than the overall employment rate.
• Only a small proportion of residents with mental health conditions will have eligible social care needs.

(Data from Projecting Adults Needs Service Information Systems, May 2016)

Figure 1: People age 18-64 predicted to have a common mental disorder 2017-2025 (PANSI, May 2016) (PANSI) (PANSI)
PHYSICAL AND SENSORY DISABILITY (18-64)

What we want for our residents

All people should have the opportunity to be active citizens; live a meaningful life and make positive contributions to the community they are part of. People with a physical or sensory impairment have the same aspirations as everyone else. They would like to be independent, have a job, have their own home, make and keep friends, form relationships and choose what they do in their spare time. People with physical and sensory disabilities should be recognised as equal and enjoy the same life opportunities as others. We want services in our borough that actively work with people to define their goals and achieve them; services that consider the whole of a person’s life and to work with providers that are aware of varied areas of provision and make links across the care landscape.

There are currently a lack of services targeted specifically at young people with a physical or sensory disability living in Richmond-upon-Thames. Moving forward the council aspires to change this so that this group is better provisioned for, specifically around the following areas:

Information and advice
- Access to adapted housing
- Use of assistive technologies
- Use of personal assistants and other innovative use of Direct Payments

Overview of current activity
The table below gives an overview of total numbers of service users supported between 2014/15 – 2016/17.

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of Users</td>
<td>215</td>
<td>231</td>
<td>251</td>
</tr>
<tr>
<td>Total No. in Care Home</td>
<td>29</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>Total No. in Community</td>
<td>186</td>
<td>202</td>
<td>224</td>
</tr>
</tbody>
</table>

53 Includes Dementia Care
54 Excludes Telecare
55 Council Client Information Database
56 Council Client Information Database
DEMAND, SUPPLY AND FUTURE TRENDS

The graphs below give an overview of the number of service users in receipt of services funded by the council between 2014/15 and 2016/17.

Figure 1: Care Homes and Extra Care 55

Figure 2: Community Based Settings, Telecare and Direct Payments 56
Care Homes

Supply: As of October 2017, there were 6 nursing care homes with 376 beds and 5 residential care homes with 85 beds in Richmond-upon-Thames, which provision specifically for people with a physical or sensory disability (alongside other client groups). It should be noted that sometimes service users will not be placed in homes catering specifically for their service user group depending on co-morbidities, levels of need and demand at the time of the placement.

In 2016/17 people with a physical or sensory disability aged between 18 and 64 had stays funded at 1 nursing/residential care home within Richmond-upon-Thames and 11 homes outside of the borough.

Current Use: Between 2014/15 and 2016/17 the number of service users with a physical or sensory disability aged 18-64 living in residential and nursing care remained relatively static.

If future uptake of residential care is in line with projected population increases the number of people with a physical or sensory disability living in residential care by 2020 will remain fairly static.

Numbers of service users with a physical or sensory disability in nursing care are low and remained unchanged between 2014/15-2016-17, and this trend is projected to be unchanged in 2020, if uptake is in line with population increases.

Extra Care

Current Use: Between 2014/15 and 2016/17 the number of service users with a physical or sensory disability aged 18-64 living in extra care accommodation remained relatively static with 1 additional service user living in this form of accommodation in 2016/17.

If future uptake of extra care accommodation is in line with projected population increases there will be no change in the number of people with a physical or sensory disability living in extra care accommodation by 2020.
Day Opportunities

Supply: There is one day centre which requires referral from Adult Social Services to access which caters specifically for people with a physical or sensory disability aged between 18 and 64. Those who attend the centre are allocated a key worker who provides advice in areas such as employment, education and welfare.

Current Use: Between 2014/15 and 2016/17 the number of service users with a physical or sensory disability aged 18-64 receiving support through day opportunities remained relatively static with a small increase in numbers between 2014/15 and 2015/16 and a small decrease in 2016/17. If future uptake of care through day opportunities is in line with projected population increases the number of service users with a physical or sensory disability receiving support through these services by 2020 will remain fairly static.

Home Care

Current Use: Between 2014/15 and 2016/17 there was a 44% increase in the number of service users with a physical or sensory disability aged 18-64 receiving support through home care. If future uptake of home care is in line with projected population increases there will be a 5% increase in the number of people with a physical or sensory condition receiving this form of support by 2020.

Respite care

Current Use: trends between 2014/15 and 2016/17 years are relatively static with 4 service users aged between 18-64 with a physical or sensory disability receiving respite care in 2016/17 and 3 using this service in 2014/15 and 2015/16.

Telecare

Current Use: Between 2014/15 and 2016/17 there was a 260% increase in the number of service users with a physical or sensory disability aged 18-64 receiving Telecare services, suggesting an increased demand for assistive technology which is in line with the council’s strategic objectives. If future uptake of Telecare is in line with projected population increases the number of service users with a physical or sensory disability receiving this form of support by 2020 will remain fairly static.
Direct Payments

Current Use: Between 2014/15 and 2016/17 there was a 20% increase in uptake of Direct Payments amongst people with a physical or sensory disability aged between 18 and 64, which may account for the reduction in uptake of other services directly purchased by the council.

If future uptake of Direct Payments is in line with projected population increases there will be a 5% increase in the number of people with a physical or sensory disability receiving a Direct Payment by 2020.
Physical Disability Prevalence 2017-2035

Sensory Disability Prevalence 2017-2035

(Data Source: Projecting Adult Needs and Service Information, May 2016)
CARERS

What we want for our residents

Our vision in Richmond-upon-Thames is to raise awareness of the vital roles played by carers and young carers; to collectively provide good quality personalised support to carers, and young carers and those they care for; to build solid networks ensuring that carers and young carers know where to go for information and support; to enable carers and young carers to balance their own lives with their caring roles, and; to ensure that local service providers understand these needs and are committed to working together to meet them.

Carer Support Services in Richmond-upon-Thames are currently provided through a contract with the local voluntary sector. This is likely to continue until 2020.

Overview of activity

Although census figures are unlikely to capture the situation entirely they do provide a snapshot of local trends. The below outlines numbers of those providing unpaid hours of care per week:

<table>
<thead>
<tr>
<th>Population</th>
<th>% Carer population</th>
<th>No unpaid care</th>
<th>1-19 hours unpaid care</th>
<th>20-49 hours unpaid care</th>
<th>50+ hours unpaid care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of total population</td>
<td>Total</td>
<td>% of total population</td>
<td>Total</td>
</tr>
<tr>
<td>186,990</td>
<td>8.5</td>
<td>171,188 91.5</td>
<td>11,816 6.3</td>
<td>1,605 0.9</td>
<td>2,381 1.3</td>
</tr>
</tbody>
</table>

Supply

**Carers’ Hub Service:** Richmond Carers Centre leads on the delivery of this service, with 6 other local organisations and is jointly commissioned by the London Borough of Richmond-upon-Thames and Richmond-upon-Thames CCG:

<table>
<thead>
<tr>
<th>Provided by:</th>
<th>Provides:</th>
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</thead>
<tbody>
<tr>
<td>• Addiction Support and Care Agency (ASCA)</td>
<td>• Universal and specialist information and advice service</td>
</tr>
<tr>
<td>• SW London Alzheimer’s Society (Richmond Branch)</td>
<td>• Informal emotional support (individual and group)</td>
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<tr>
<td>• Richmond and Kingston Crossroads Care</td>
<td>• Financial and debt advice</td>
</tr>
<tr>
<td>• Integrated Neurological Services</td>
<td>• A caring café for carers and people living with dementia</td>
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<tr>
<td>• Richmond Borough Mind</td>
<td>• A dedicated young carers service</td>
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<td></td>
<td>• Training for carers</td>
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<td></td>
<td>• Opportunities for carer engagement</td>
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<td></td>
<td>• Carer awareness training for professionals</td>
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<td>• Strategic leadership</td>
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<td></td>
<td>• The voluntary sector works with over 2,300 carers throughout the borough.</td>
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<td></td>
<td>• Around 13,000 carers in Richmond upon Thames are unknown to health and social care providers or the voluntary sector.</td>
</tr>
</tbody>
</table>
Demographics

- 15,802 carers (8.5% of all residents) – although not everyone who is a carer will identify as one.
  This percentage is similar to London and lower than the average in England.
- Three quarters provide care for 1-19 hours a week, 10% for 20-49 hours a week.
- 15% or 2381 carers provide more than 50 hours of unpaid care per week.
- 59% of carers are female.
- Peak age for caring is 50-64 years.
- Five percent of carers (864) are younger than 25 years of age.
- 1 in 5 carers give up work to care full time. 16.2% of Richmond carers who responded to the 2014-15 Carers’ Survey stated that they were not in paid employment because of their caring responsibilities.
- While 60% of carers in Richmond upon Thames are economically active, providing care is often a reason for not working or for working part-time.
- Businesses can all too easily lose experienced staff, as most carers fall into the 45-64 age group when people are at the peak of their careers.

The key priorities in Richmond upon Thames for carers services are:

Identification and recognition
Supporting people with caring responsibilities to identify themselves as carers and involving them as partners. By doing so they can access all the information, advice and support that is available, including carers’ assessments.

Realising and releasing potential
Fulfilling education potential of Young Carers and Young Adult Carers, supporting working carers to return to or remain in employment and promoting flexible caring.

A life outside caring
Personalising and making available support for carers and the people they support to enable carers to have a life of their own alongside caring.

A life outside caring
Supporting carers to look after their own health and wellbeing and ensuring availability of information about NHS discharge timing and planning.

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64 Office for National Statistic, 2011 Census, March 2011
SECTION 4: CONCLUSION
CONCLUSION/NEXT STEPS

High quality, personalised care and support can only be achieved when there is a vibrant, responsive market of service providers. The Market Position Statement is the council’s starting point for fulfilling our market shaping duties and developing strong partnerships with providers and stakeholders to ensure collective and effective service design and delivery.

The council encourages and would like to signpost providers to Care Place, which will be utilised by the local authority for ensuring up-to-date details for organisations as well as interaction purposes, for instance, updates on tender information.

Our intention is that the information in the Market Position Statement will support existing and prospective providers that deliver care and support in the borough to make effective, longer-term planning decisions, increase innovation in the market and develop different models of delivery to meet the needs of residents.

The council will continue to engage with the provider market through provider forums and feedback on the Market Position Statement is always welcomed at these events.