



# Adult Social Care Market Position Statement

2024-2027

*“Making a difference in the  
right way, every day.”*



# CONTENTS

## Market Position Statement

Introduction	1
The Solihull Approach	2
Challenges for the borough	10

## Demand

Local Demographics	23
Needs Analysis	24
Our Progress	37

## Current Market Overview

Local Market	40
People who fund their own care	43
Workforce	45
Quality	46

## Commissioning Priorities

Prevention and early support	48
Community Care	50
Younger adult residential and nursing care	54
Older adult residential and nursing care	56
Technology enabled care and adaptations	58
Direct Payments	60

## Delivery Plan

Our Commissioning Timescales	62
How to keep in touch	66

# INTRODUCTION



This Market Position Statement seeks to reflect the current and future demand for adult social care and support alongside a clear picture of how the Council is seeking to develop the local care market to respond to needs.

It is intended to set out what the future demand for care might look like, and to act as a starting point for discussions between the local authority and service providers.

This Market Position Statement is the basis for strategic commissioning decisions and will be reviewed and refreshed when there are material changes in the information that informs it.

It is intended to help providers to plan for the future, informing business choices such as investment in capital or personnel. It sets out information about

- Solihull's current and future demography.
- Solihull's current service provision.
- The Council's intentions as a facilitator of care and support for adults.
- The Council's vision for how services might respond to the changing needs for care.
- Care and support in the future.
- How providers can work with the Council to achieve our vision.

Through the document there is a commitment to developing preventative services to ensure that Solihull is supporting its residents to maintain their independence and to live the best life they can. The changes in our population mean that we face real challenges in having workforce capacity to meet demand. We recognise that without change to the services we deliver; our service provision may struggle in the future. We share the analysis now to bring together creativity and innovation to build sustainable services for all who need them, when they need them.

# THE SOLIHULL APPROACH



## **Adult Social Care is pleased to share its core approach:**

### **Our Purpose**

To enable people to stay as independent and well as possible, for as long as possible. When people do need long term support, this is timely, proportionate, responsive, and good quality and enables people to continue to live their lives the way they want to. We work together as a respectful, diverse, compassionate, and inclusive group of staff and managers to achieve this.

### **Our Vision**

Making a difference in the right way, every day.

### **Our Values**

Open, Honest, Ambitious, Keeping Our Promises.



**Cllr Tony Dicicco**

Cabinet Portfolio Holder  
Adult Social Care and Health



**Jenny Wood**

Director of Adult Social Care and  
Deputy Chief Executive

## Our Market

To offer genuine choice, quality, and options to local people we believe that we need a varied and diverse local market providing care and support. This means working with providers who already serve Solihull and forming relationships with new providers to the area where they can help deliver services to match local needs.

The Market Position Statement contains information about both the current provision and availability of services, and the services people are likely to need in the future. It describes trends in the market for adult social care and shows the Council's intentions for the future commissioning of services.

### Our challenges

In common with other parts of the country we are facing considerable challenges as a consequence of:

- increasing demand for care arising from the combination of an ageing population, and a growing number of people with multiple areas of need, and joint health and care needs,
- the challenging funding position for the local government sector,
- increases in the costs of delivering care - due to a range of factors, including increases in the National Living Wage,
- workforce shortages,
- Covid-19 and the continuing uncertainty caused by living with the virus.

To effectively respond to these challenges, we aim to work creatively with all our partners to develop cost effective solutions that can both prevent and reduce the need for formal care and enable people to get the right services at the right time when they do need care and support. Building on the ongoing dialogue we have with providers through contract management and quality assurance activity, we pose the following and welcome the response of providers in delivering answers and solutions.

### Our Opportunities

There are a number of opportunities to deliver real change for the people of Solihull in our response to challenges, including:

- Delivering preventative services which reduce health inequalities and support people to have a healthier life,

- Using technology to enhance and support delivery of care,
- Developing career pathways that support a career in care,
- Increasing the options for adults with disabilities and autistic adults to access employment options that they would like to,
- Building on the high quality of care already available in the borough and ensuring all residents receive good services.

- Are we getting the best outcomes for people, and achieving the greatest impact with the money that we are spending?
- Where is our spending not achieving best value?
- What are the consequences of this on the health and care system, and how could we do better?
- What measures would improve quality consistently across social care provision?
- What must we do together to build a sustainable workforce by attracting people to work and build their career in the care sector?
- What restricts creative solutions to the challenges we face, and what could the Council offer to assist providers?
- What more could be done in the adult social care sector to address health inequalities and what is the particular contribution of providers?

## Our market shaping approach



Figure 1- Market Shaping Approach

## **Strengths-based approach**

A strengths-based approach is designed to support an individual's independence, resilience, ability to make choices, and wellbeing.

Supporting the person's strengths can help address needs (whether or not they are eligible) for support in a way that allows the person to lead, and be in control of, an ordinary and independent day-to-day life as much as possible. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those who draw on support, as well as the elements that the person seeking support brings to the process. It may also help delay the development of further needs. The core values are:

- Empowering the person to regain control of their own life.
- To support them to achieve or regain independence.
- To support the person to understand and exercise choice.
- To draw on the assets available through family, community, and neighbourhood connections.



## Solihull's offer

Our aim is to work in conjunction with providers to enable people to remain independent and in their own homes and communities for as long as possible. [Our Offer to You and our Adult Social Care 5 Year Plan](#) explain Solihull Metropolitan Borough Council's open and transparent approach to adult social care provision and its Care Act obligations and how we will support our residents to live well every day.

Our offer of support is for people with varying complexities of need. This ranges from universal support available to all delivered through local communities, to target interventions for those who require more individual approaches to helping them maintain or regain independence, through to specialist support for those with the highest level of need for support.

Universal Services		Targeted Support		Specialist Support	
Prevention	Information and Advice	Early and Targeted Support	Safeguarding and Safety	Respite and Short-Term Support	Long-Term Support
Services which help stop needs developing for as long as possible.  They help us keep healthy and well.	Services which help us when things change. We can find information and advice to help navigate that change without the need to be referred.	Services here support people with specific needs to get tailored advice and support to their situation. Early assistance to prevent crisis or things getting worse.	Safeguarding services are there to prevent harm and abuse. They work with people to ensure they feel safe.	Respite is a planned break for unpaid carers. Short-term support is emergency care where a carer is suddenly unable to care e.g. due to a health issue.	Where people have ongoing care and support needs, long-term support works with them to help them live their life as they want to.
Examples include support to access good housing, community centres and groups to build local networks of support, support to access employment, and universal health services.	For example, our Community Advice hubs provide information and advice online, in person and over the phone. The Council website provides a range of information and advice and links to others who can help.	Examples include support to unpaid carers, reablement services, equipment and technology to support you at home.	This may be where a concern has been raised about someone's safety and services are put into place to help protect that person.	Examples include day care centres, home care / support visits, and respite in a residential care setting.	Examples include home care, extra care, supported living, direct payments, residential or nursing care.
We want people to say					
<i>"I have access to a range of community support and networks, so I can live the life I want without needing to contact Adult Social Care."</i>  <i>"I have access to safe housing, employment, and health services."</i>	<i>"I know where to find information and advice to help me continue to live as independently as possible."</i>  <i>"I feel reassured I can speak to someone if I need to."</i>	<i>"I can access support to get my independence back if something happens."</i>  <i>"I know I will be supported to build on what I can do."</i>  <i>"What matters to me will shape my support."</i>	<i>"I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens."</i>	<i>"My carer needs a break sometimes, but I need to feel safe and well supported with the alternative."</i>  <i>"I can take a break from caring, which supports me to be able to recharge and continue to provide support."</i>	<i>"I am in control of planning my care and support."</i>  <i>"I can live the life I want and do the things that are important to me as independently as possible."</i>  <i>"I know that when I provide feedback, it will be used to help things improve."</i>

Figure 2- Solihull Adult Social Care Working Model

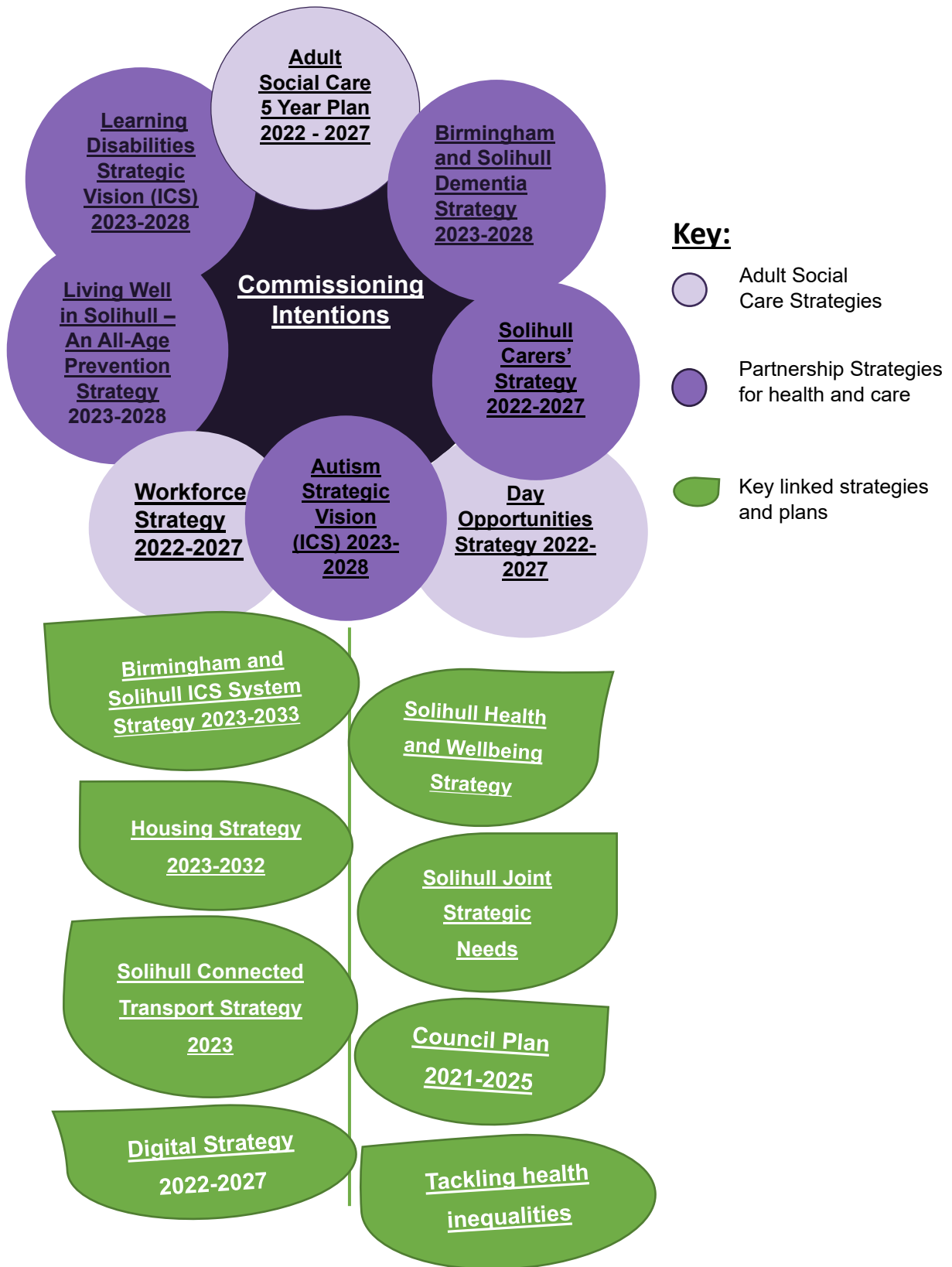


Figure 3- Solihull strategies

## What Solihull residents tell us

### Our approach to resident engagement in services

Residents' views and feedback are fundamental to our service development and to understanding what the people of Solihull want and need. We seek them through wide-ranging engagement and communications and through targeted activities with people who have experience of specific services.

Methods used include online activities, surveys on services, focus groups or individual discussions with residents who want to discuss their experiences in detail (often arising from surveys), group visits and partnership boards.

The [Get Involved approach](#) sets out how people with lived experience can help develop policies and strategies, giving feedback and identifying gaps. Recruitment has been using the Your Voice Solihull platform along with non-digital methods in libraries, community advice hubs, meetings, and word-of-mouth.

The Council's online engagement and consultation platform, Your Voice Solihull, hosts Get Involved, detailing its aims and hosts a registration form for people interested in signing up.

### What Solihull residents want to see

Our engagement with residents has told us:

- We have high expectations of care for themselves and their families. We want to be supported and treated with dignity and respect.
- We want to be included in all decisions about their care, and to be able to exercise choice.
- As far as possible, we want to be supported by consistent staff so that we can feel safe and build relationships with those who are giving them care.
- We want providers to communicate with us. We understand that sometimes things do not go to plan, but we want to be kept informed, and where something has gone wrong, we expect that to be acknowledged, apologised for and for redress to be made.
- We want services local to us so they are accessible.
- We want staff to be well trained and to be culturally competent.
- We want provider information to be accessible, and increasingly for this to be digital – family carers especially appreciate access to digital care records to be able to assure ourselves that their loved one has been seen and how we are when we are not able to be there ourselves.

- We want help to maintain their health and wellbeing, including social activities and breaks from caring which enable us to feel fulfilled.
- We want to see social care, providers and health services working together to support us where we have multiple diagnosis or complex support arrangements.

## **Commitment to outcomes**

The feedback from residents has been used to shape the priorities in this Market Position Statement and informs each commissioning activity that will be undertaken to deliver the market shaping activities set out within in.

This means that specifications will ask providers to engage with those receiving their services on a consistent set of “I Statements” to see if the outcomes we have heard from people are being delivered as well as the care tasks being safely delivered.

# CHALLENGES FOR THE BOROUGH

**1**

Population profile and trends

**2**

Financial position

**3**

Recruitment and retention of the social care workforce

**4**

Housing requirements for a changing population

**5**

Health and wealth inequalities across the borough

**6**

Environmental sustainability

**7**

National policy

## Population profile and trends

As at the 2021 census, the age profile of Solihull's 216,245 residents has a smaller population of young adults aged 16-39 (26.65%) when compared to the England population overall and more people aged 65+ with around 45,600 people (21.09%) aged over 65 in the Borough, including 6,700 aged over 85. The median age of Solihull's population is 40 years, which is now the same as that for England.<sup>1</sup>

The Solihull population is expected to increase by 11% (23,800 people) over the 20-year period 2021 to 2041. Projections can be seen in Figure below.

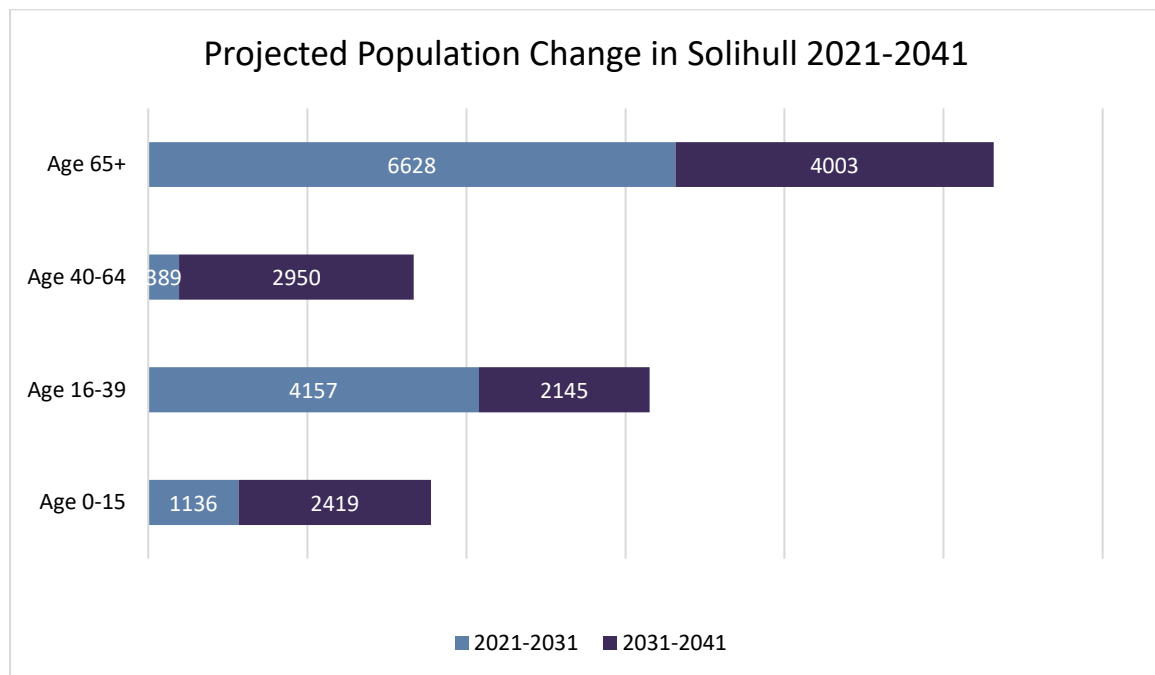


Figure 4- Projected Population Changes

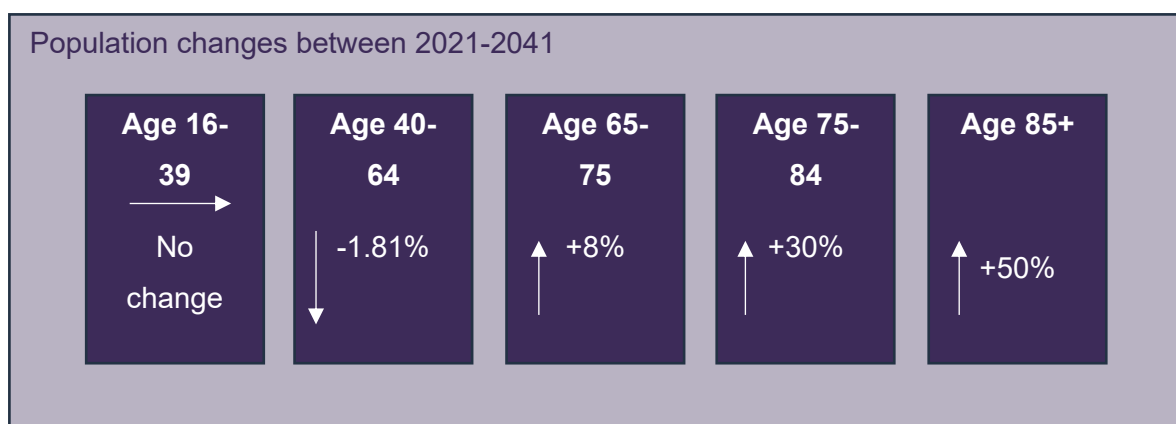


Figure 5-Population Changes Between 2021-2041

<sup>1</sup> 2021 census

Life expectancy in the Borough is expected to increase to 81.18 for men and 84.79 for females. However, there is estimated to be more than a 10-year difference in life expectancy between the least and most deprived areas of Solihull and healthy life expectancy also has large differences. Closing this life expectancy gap is a core priority in the Council's Health Inequalities Strategy.

The population of people from minority ethnic backgrounds more than doubled between 2011 and 2021. Growth is expected to continue, and estimates suggest 1 in 5 of the Solihull population will be from an ethnic minority background by 2029, with many of these being younger people.<sup>2</sup>



Figure 6- Ethnicity of people in Solihull by 2029

Asian/Asian British residents are the second largest ethnic group in Solihull (23,800 people, 11% of population). However, the ethnicity of people aged over 65 is different to the average across the whole population with 94% being of white ethnicity compared to 82.2% of total population and only slightly less than 4% being of Asian/Asian British ethnicity.

We also know that improvements in health care mean that people with learning disabilities and physical disabilities are now living longer. This will mean there will be an increasing population of older adults who need support whose primary need may relate to their learning disability or physical disability rather than conditions related to ageing. There is also likely to be an increased number of people providing care for family members or friends, and a need to support this increasing population of informal carers.

Females are more likely to be carers than males, with 6 out of every 10 carers being female. This percentage rises to 62% for females when only those caring for 50 hours or more are included. 11% of females in the borough provide unpaid care compared with 8% of males.<sup>3</sup>

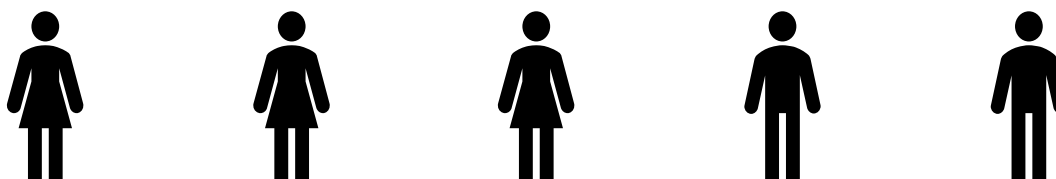


Figure 7- Gender of carers in Solihull

<sup>2</sup> Census data for ethnicity used in the commissioning intentions is across all age ranges.

<sup>3</sup> 2021 national carers survey of adults

## Financial position

Adult social care is funded from a combination of Council Tax income, Business Rates, government grants (including the Better Care Fund) and charges to people in receipt of care (subject to financial assessment).

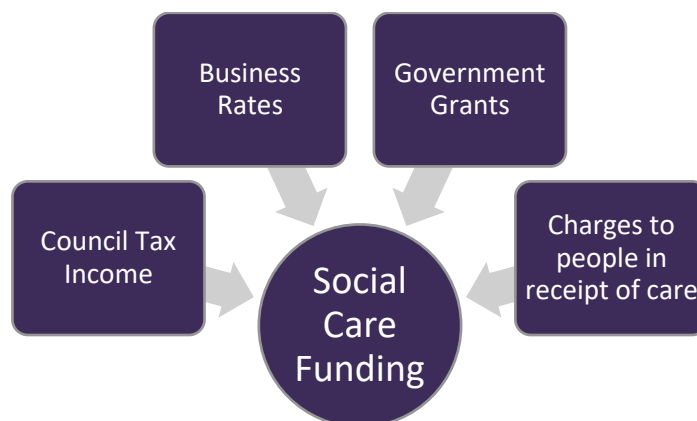


Figure 8- Solihull social care funding

- 1 in 5 local authorities responding to a Local Government Association survey state that they are at risk of a Section 114 notice in the next financial year.
- The rate of inflation and increases in the National Living Wage have exceeded the ability to increase Council tax revenues for a number of years.
- Estimates suggests that 59.5% of all people in care homes and 76% of people receiving home care within Solihull are funding their own care.
- People of pension age in Solihull are on average wealthier than the national average which means they are more likely to fund their own care.<sup>4</sup>

### Key statistics

- 82.2% of Solihull's residents identified their ethnic origin as 'White' compared with 89.1% in 2011 (across the whole age range).
- 4,020 adults aged 18+ have a learning disability, with a small projected increase to 2035.
- Estimated 1,665 autistic adult residents, with rates increasing in the under 18 age range<sup>1</sup>.
- Over 6,000 adults (aged 18-64) are physically disabled.
- Rates of diagnosed mental health conditions are expected to increase (18 – 64 age ranges).
- 20,000 residents providing at least some unpaid care.

<sup>4</sup> ONS 2021



In order to estimate the future needs of the Solihull population from 2023 to 2035, the PACSim Lancet Public Health model was used. This takes into account population changes and also disability-free life expectancy and levels of chronic ill health to provide an accurate picture of care demand. This is shown in Figure . By 2035, the demand is expected to increase to 5,308 people and off these, 3,258 people will be aged over 85 with 1,924 eligible for Council support. This level of growth is not sustainable with the current care delivery model due to the increased cost and staff requirements and demonstrates the need to be able to deliver effective early intervention and prevention to prevent, reduce and delay the need for support.

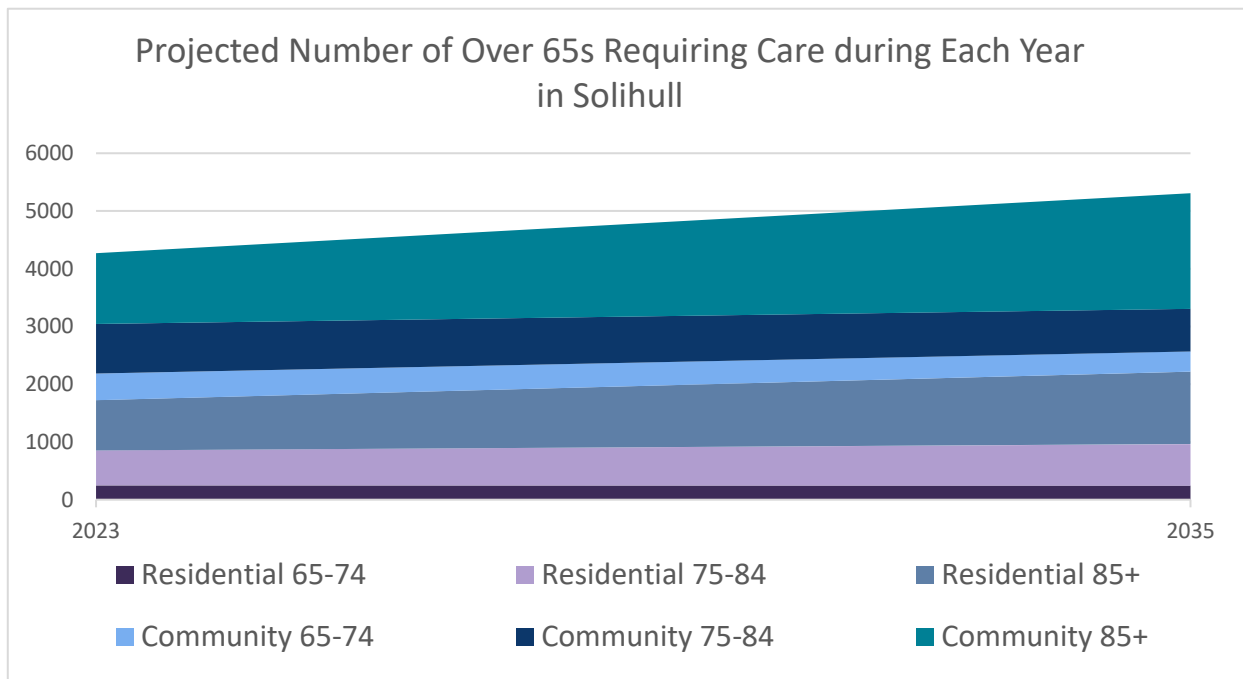
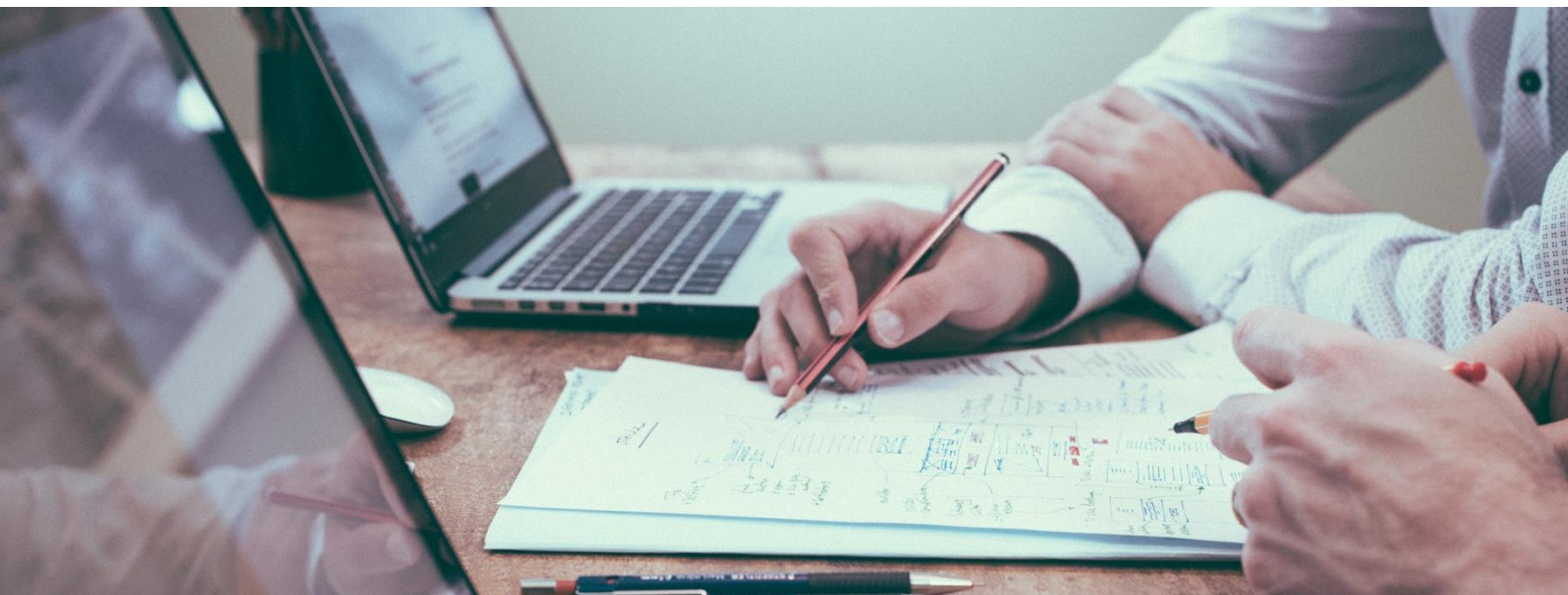
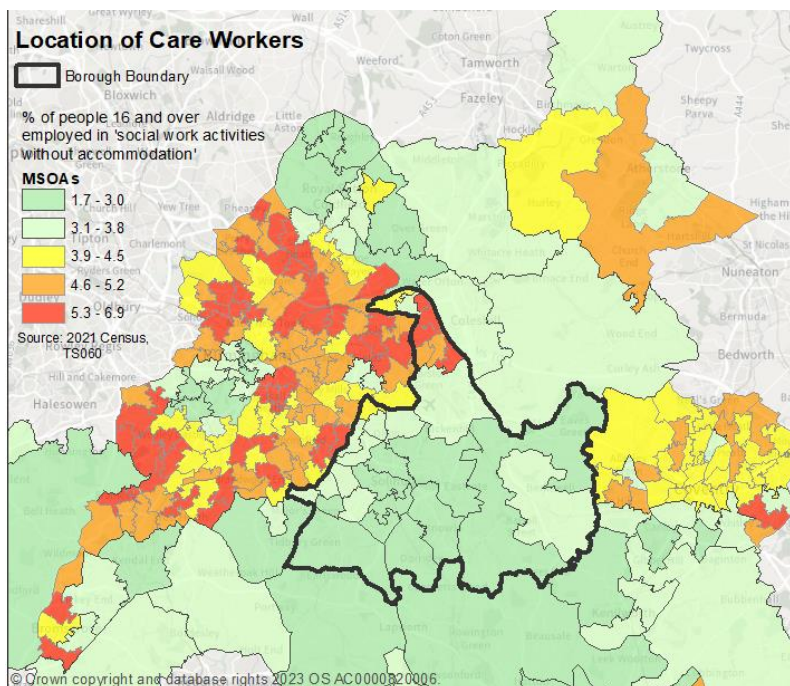


Figure 9- Projected number of over 65s requiring care.



## Recruitment and retention of the social care workforce

- Circa 6,000 adult social care staff supporting Solihull residents, around 475 of these are directly employed by the Council (social workers, occupational therapists, reablement staff, provider services staff).
- Shortage of care workers living locally and challenges around transport links and costs to enable workers to deliver care in people's own homes.
- Need to ensure people's needs are met, e.g., any cultural and faith needs, the gender of their care worker, language spoken.



This map illustrates where the social care workforce lives according to the 2021 Census. There is high density of workforce in north Solihull. The higher costs of housing in the majority of Solihull mean that it is challenging to live in parts of the borough on a care worker salary.

Figure 10- Location of care workers

The Council's Adult Social Care [Workforce Strategy: Great Care, Great Careers](#) sets out how we are working with the market and provide support for issues such as costs associated with overtime, retention, recruitment and training.

### Key workforce priorities

- **Being Valued:** Our research and conversations lead us to believe that care staff do not feel their roles are valued by society, especially when compared to the NHS.
- **Recruitment Support:** Recruitment and retention prove challenging in Solihull, recruitment is a near constant process for many of our providers, which is both time- and resource-intensive.
- **Transport Solutions:** Care at home requires staff that are mobile, and able to travel between people's houses across the borough to deliver care. Care at home providers report to us that up to 90% of new applicants do not drive, which is essential to the role.

## Housing requirements for a changing population

Housing is an essential component of health and care; quality housing of the right size, at the right time, that is adaptable to the changing needs of individuals supports the maintenance of health and the maintenance of longer, healthier lives. The [Solihull Housing Strategy](#) sets out the strategic approach for the Borough and discusses the relationship between housing and care

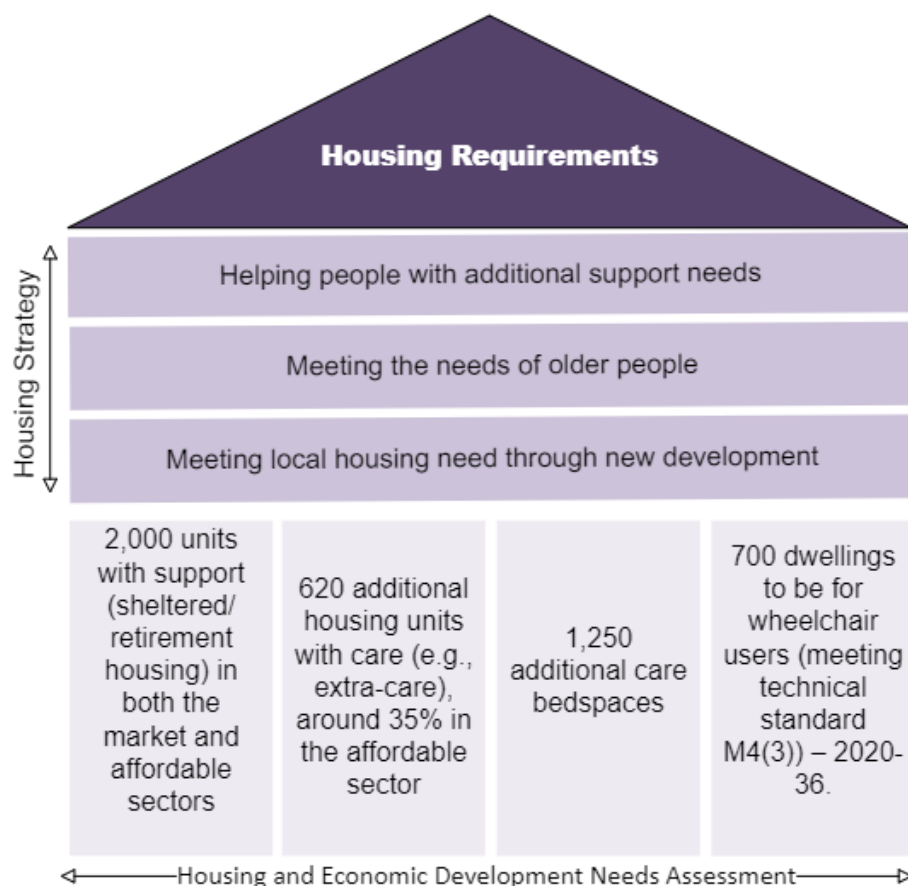


Figure 11- Solihull housing requirements by 2036

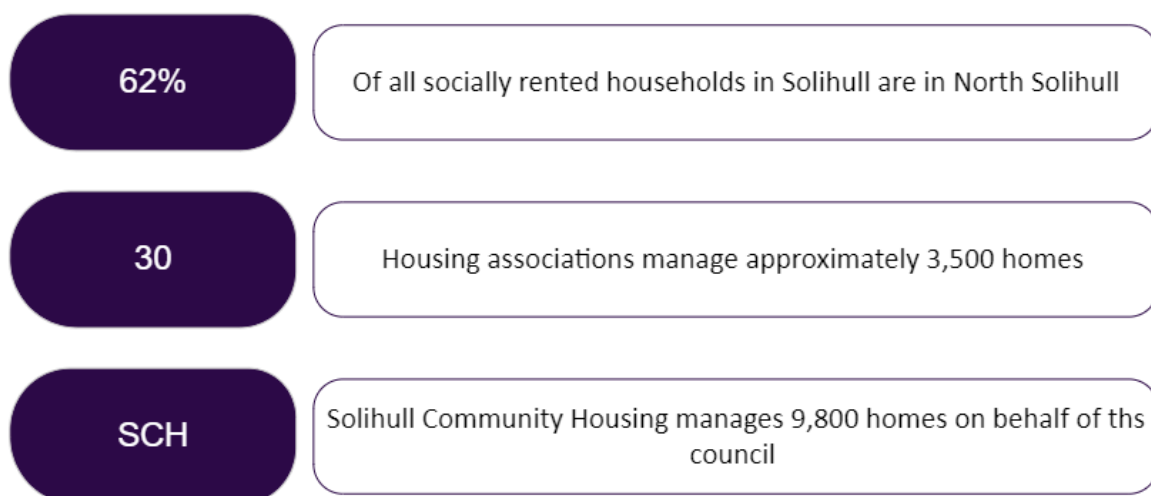


Figure 12- Solihull housing by numbers.

The implications for an ageing population in Solihull are significant:

- Households in Solihull are far more likely to be either fully or partially owner occupied than England and less likely to be socially rented (14% vs 17%) or privately rented (13% vs 21%).
- 78.9% of the 65+ population own their home outright.
- 29% are one person households, this increases to 48% for people aged 85-89 and 55% for those over the age of 90.<sup>5</sup>

It is important that all older people have a good range of housing with care and support options. In most cases, the preference of older people is to live in their own homes until it is no longer possible due to ill health or disability.

Not all older people need specialist accommodation; many will prefer to remain in their own homes or downsize to a smaller property and Solihull has a low number of usual residents aged 85+ years living in care homes per 1,000 population<sup>6</sup>. They may wish to remain in their neighbourhood and delay “rightsizing”<sup>7</sup> due to a lack of suitable accommodation to move into, for example bungalows or smaller detached housing and because of the financial and emotional implications of moving into a specific retirement community. This raises some important considerations for older peoples’ wellbeing including affordability, limited security of tenure, affordable warmth, and accessibility to an independent living-supportive environment.

For younger disabled adults and their families finding accessible housing can be problematic, with demand often outstripping supply. Specialist accommodation is offered via both residential care and supported living, but there are many people who can live independently without these services if their accommodation fully meets their requirements. The Housing Strategy seeks more homes to be built to an adaptable standard to support people to stay in their home for longer.



<sup>5</sup> 2021 Census . See appendix 2 for data tables on tenure of housing and household composition

<sup>6</sup> [Older people living in care homes in 2021 and changes since 2011 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/bulletins/olderpeoplelivingincarehomes/2021)

<sup>7</sup> [finding-the-right-place-to-grow-older.pdf \(ageing-better.org.uk\)](https://www.ageing-better.org.uk/files/finding-the-right-place-to-grow-older.pdf)



## Health and wealth inequalities

Whilst Solihull is one of the least deprived local authorities in the West Midlands, incomes are unequal across the Borough as are levels of poverty, unemployment and life expectancy with different localities facing different challenges.

Data from ONS shows life expectancy in the least deprived parts of Solihull is one of the highest in the country and is around a year longer than the England average. However, 11% of the population live in areas that are in the most deprived 10% of England and these areas correlate directly to poorer health outcomes with life expectancy 12.8 years lower for men and 11.1 years lower for females compared with the least deprived areas of the Borough. Figure 13 shows how deprivation levels vary across the borough.

Figure 14 shows the levels of 18-65 year olds with disabilities according to the census. Comparing this with Figure 13 shows some clear areas of correlation between disability and deprivation in the north and the west of the Borough, but also areas of difference, because disability in younger adults has many causes with socio-economic ones only being one.

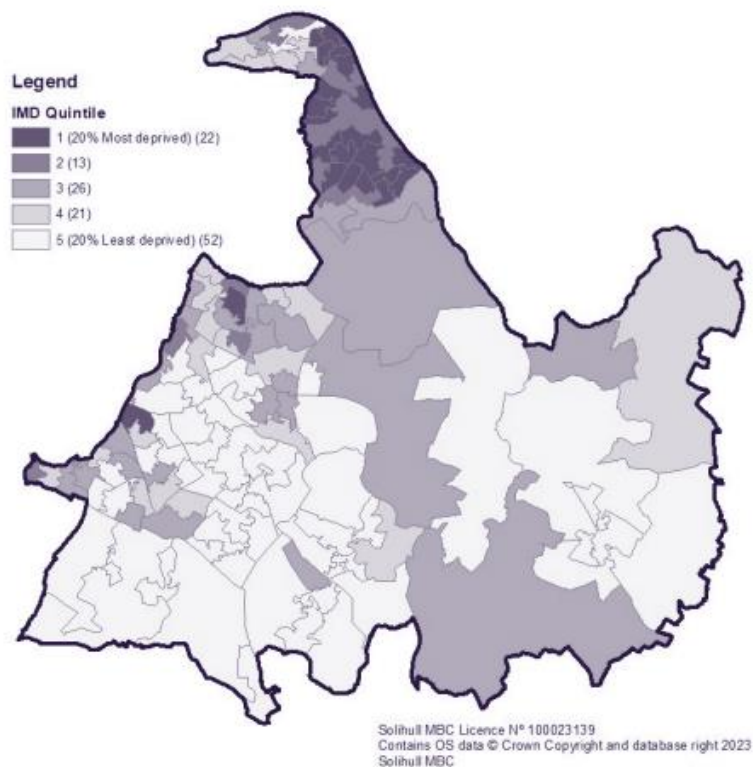


Figure 13- Deprivation levels in Solihull

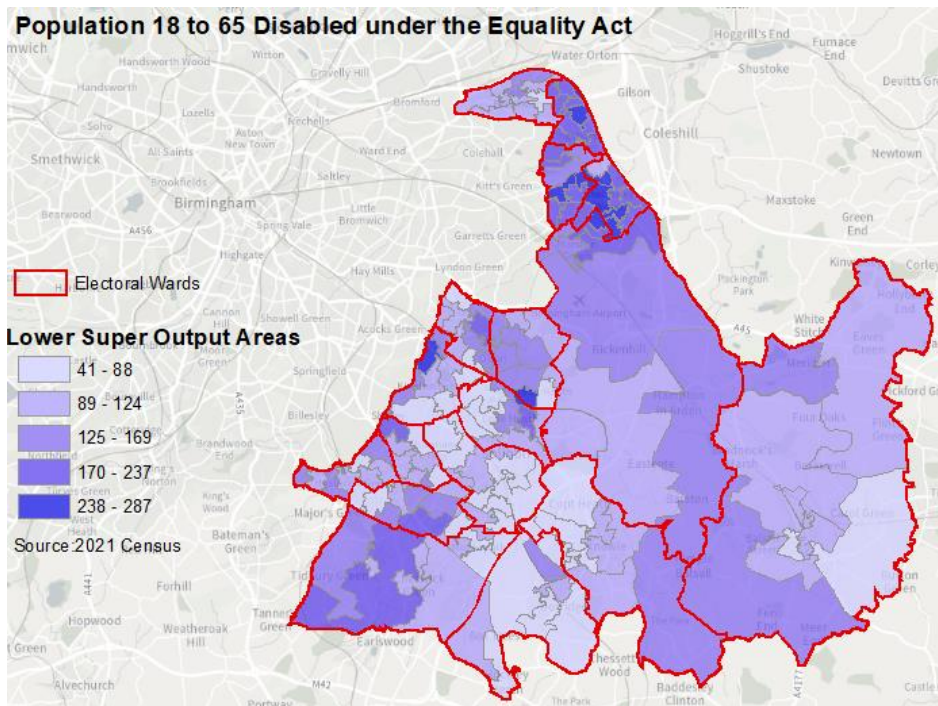


Figure 14 18-65 year old disabled under the equality act

### Key statistics

As of 2022:

- In the least deprived neighbourhood in Solihull, **1.0% of people** are estimated to be income-deprived compared to 40% in the most deprived neighbourhood.
- Average full-time wages are 13% higher than England at £31,534<sup>8</sup>.
- Gross Disposable Income per head of population is £23,566, 7.0% higher than the national average.
- Relative wealth impacts on the care market in the Borough, with high numbers of people self-funding their care, but a lower local workforce.

Good care and support are key to closing the gap in inequalities in Solihull. [“Living Well in Solihull”](#) is our prevention strategy which aims to reduce the number of people who develop health issues in the Borough. Ensuring we are taking a strengths-based and prevention approach across our information and advice provision, and all through our adult social care

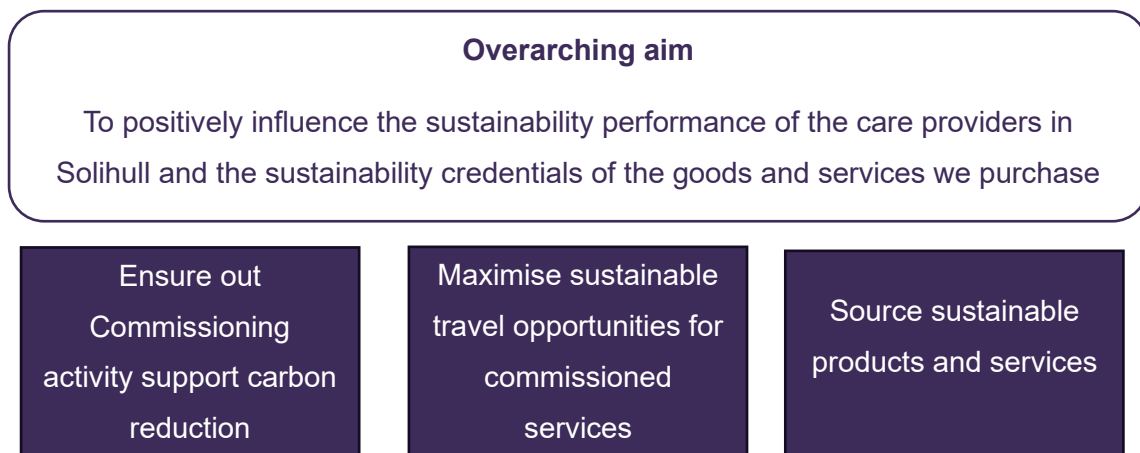
<sup>8</sup> Although when adjusted for inflation average full-time wages in Solihull fell by 7% between 2009 and 2022. This is consistent with the pattern across England.

support is essential to both delivering better outcomes for residents and to continuing to be able to deliver the right support for people. This means maximising the chances to maintain independence and to support people to maintain their health.

## Environmental sustainability

The Council recognises the gravity of the challenges from climate change and the risks that poses to health. Adult social care has its role to play in supporting environmental sustainability and our [action plan](#)<sup>9</sup> sets out our ambitions.

Improving our approach to environmental sustainability means taking positive action to minimise the environmental impacts of our activities whilst continuing to deliver long term high-quality services in a financially prudent way to support sustainable commissioning. We can use our purchasing power and influence to support the overarching aim of sustainable commissioning.



*Figure 15- Environmental sustainability in commissioning*

<sup>9</sup> [Adult Social Care Environmental Sustainability Action Plan 2022 to 2027 \(solihull.gov.uk\)](#)

## National policy

There are a range of national policies and strategies that form the operating environment for adult social care in Solihull. Key initiatives are identified below.

**The Care Act (2014):** sets out the core legislative duties and responsibilities for local authorities and providers in the provision of social care. For the Council, this includes market shaping duties and commissioning responsibilities.

**'Build Back Better'**: The Government has set out plans which aim to reform how social care is provided for older people. The plans fit within the three main targets for the entire social care system: to offer choice, control, and independence to care users; provide an outstanding quality of care; be fair and accessible to all who need it, when they need it.

Policies which will specifically affect older people from this programme include:

- providing more specialist homes for those aged 65 and over
- investing in preventative services
- increasing the supply of supported housing and extra-care

**Health and Care Act 2022:** Aims to significantly alter how adult social care is funded, this will predominantly affect those aged 65 and over. These plans include introducing a cap on how much can be paid as well as raising the level of wealth required for people to be responsible for paying for their own care. Threshold charges particularly will have an impact on the Council as people move into partly funding their care increasing the share of the customer market that the Council will be required to support.

The legislative changes include a proposal to allow more first-party top-ups this may lead to self-funder rates for residential care being sustained. There is also a potential for top-up payments to be allowed for the care at home market. The date for implementation of these changes is currently uncertain.

**Better Care Fund:** A move to closer integration across the health and care system since 2015 has seen [NHS England » Better Care Fund](#) investment in Solihull of £32.2m in 2023/24.

**Market Sustainability and Improvement Fund:** The Market Sustainability and Improvement Fund (MSIF or 'the fund') was announced at the autumn statement in November 2022. This funding is expected to support local authorities to build capacity and improve market sustainability.



**Hospital discharge and community support guidance:** Sets out how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital.

**Older People's Housing Taskforce**<sup>10</sup>: Has been set up to further understand the market for England for older people's housing and make recommendations for shaping it in the future. It is due to report to ministers in 2024.

**Mental Health Act:** The Mental Health Act 1983 is the law in England and Wales which says when you can be detained (or sectioned) and receive mental health treatment against your will. Someone can be detained for their own safety, or to protect other people. In 2017 the government commissioned an independent review of the Mental Health Act 1983 (MHA), to look at how it was used and to suggest ways to improve it.

A key change will be the expansion of independent Mental Health Advocate (IMHA) from only those detained under the Act, to voluntary (or 'informal') patients and a statutory duty on hospital managers to supply information on complaints procedures to detained patients and their Nominated Person, the commissioning of CWS Advocacy services will be used to support this.

**Mental Capacity Act:** The Mental Capacity Act 2005 governs decision-making on behalf of adults who may not be able to make particular decisions.

This could be because of, for example:

- a learning disability
- an illness such as dementia
- mental health problems.

It's important to remember these do not in themselves mean that a person lacks the capacity to make a particular decision.

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<sup>10</sup> [Older People's Housing Taskforce - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



**DEMAND**

# LOCAL DEMOGRAPHICS



## GENERAL HEALTH

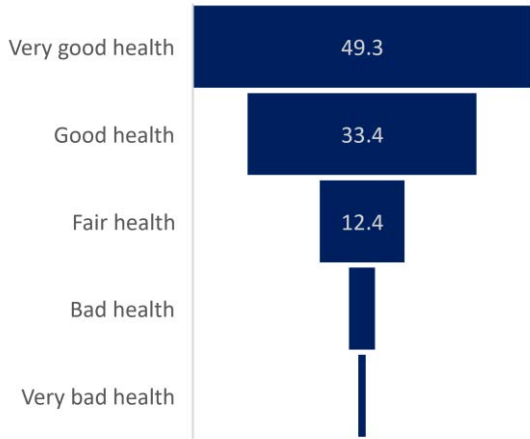


Figure 16- General Health of Solihull Population

## AGE

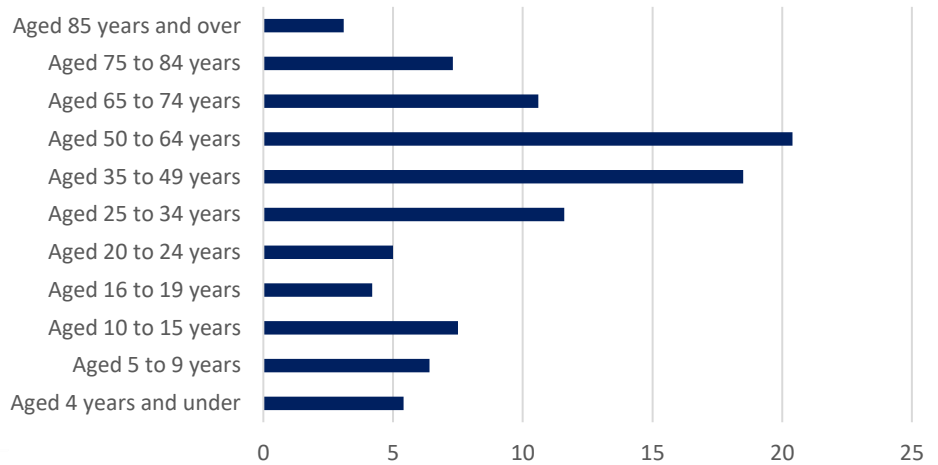


Figure 17- Age of Solihull Population

## SEX

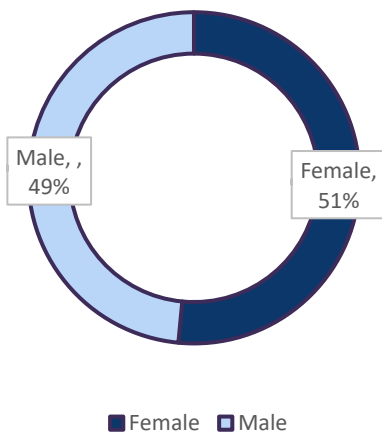


Figure 18- Sex of Solihull Population

## LONG TERM HEALTH PROBLEM OR DISABILITY

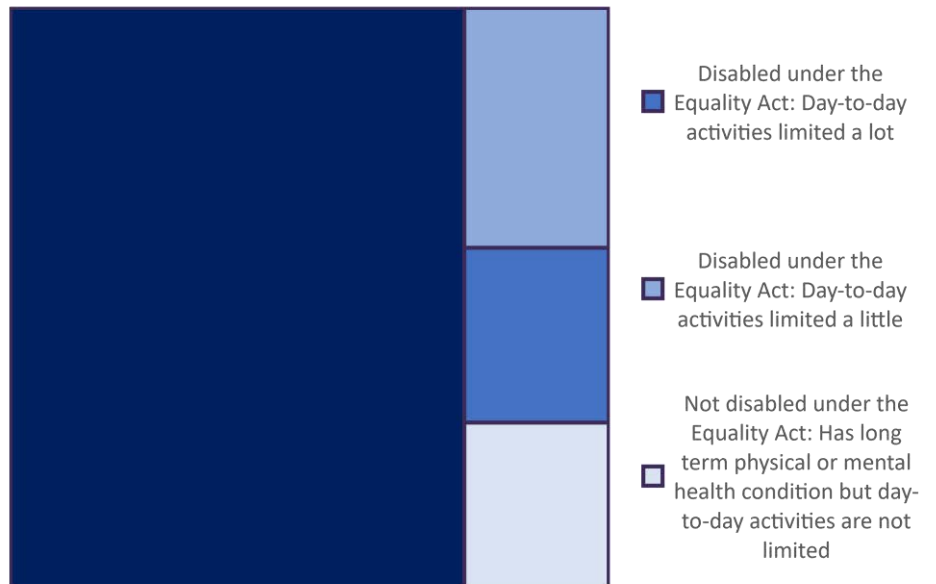


Figure 19- Long term health problems or disability of Solihull population.

# NEEDS ANALYSIS

This needs analysis is structured around cohorts of people who will experience similar presenting needs as engagement has shown that there are situations and issues that have commonality depending presenting need.

Data used is from POPPI, PANSI<sup>27</sup> and Office for National Statistics, unless otherwise stated. Local data is for the number of people (3178)<sup>28</sup> who received long term support from the Council in 2022/23. It does not include data on those arranging their care privately.

The chart below shows the demand for care support by presenting need Figure support from the Council.

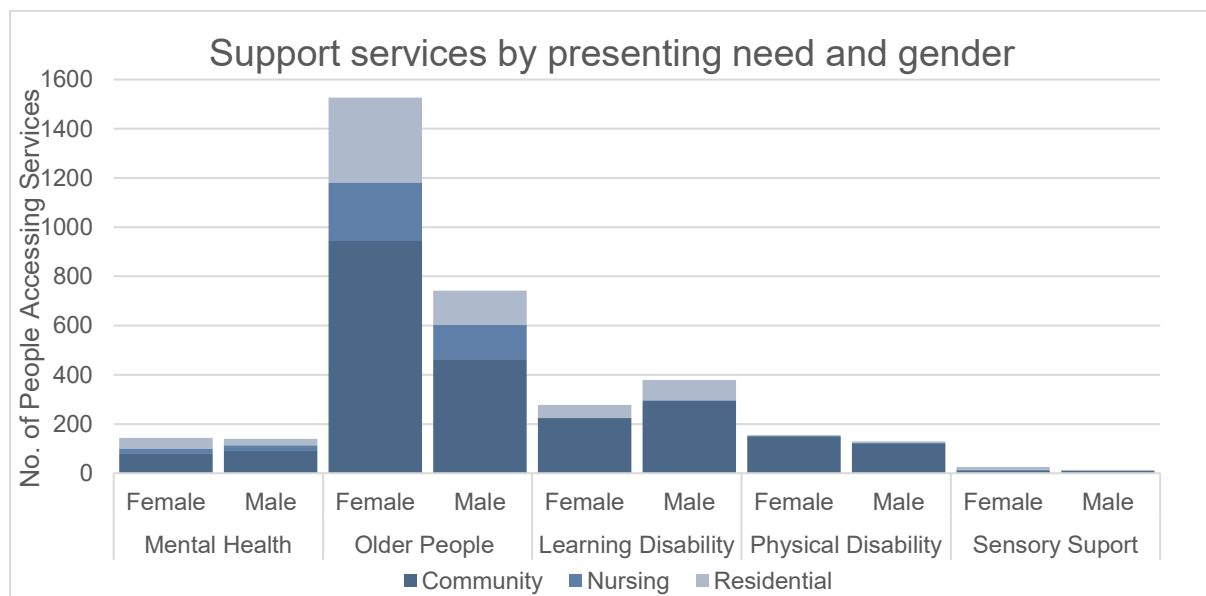


Figure 20- Support service by presenting need and gender.

## Headlines

- More females than males receive social care support due to differences in longevity
- Most people are accessing community services (67.5%), this does differ by presenting need and age.
- Most people accessing care continue to live in the community, with 84% of adults aged 18-64 accessing care in this way
- The use of residential and nursing care begins to increase with age, with 38% of people aged 65+ living in such settings.<sup>30</sup>

## Older people

The rising numbers of older people with dementia or limited mobility and increasing care needs is a significant and growing challenge. More people will have other health conditions and will require very complex care.

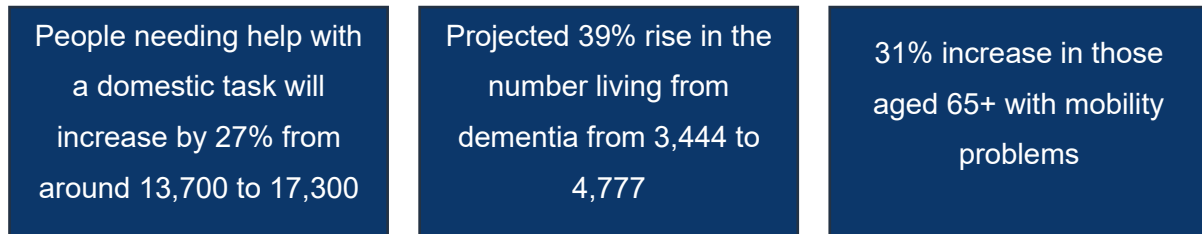


Figure 21- Older people changes

Solihull will see a particularly high growth in people aged over 65 needing support and projections can be made for changes between 2020 and 2040. Much of this increase is due to more individuals reaching 85 years or older who have higher levels of dependency, dementia, and comorbidity. Of 5,005 new requests to adult social care in 2021/22, 40% (2,024) were from people aged 85 and over, including 21% (1,070) from those aged 90+.<sup>31</sup>

For the population aged 55 – 64 years old the locations with greater density are the Monkspath North (Hillfields) (17.2% of the area’s population) / Monkspath (16.2%) areas, followed by Castle Bromwich West (15.7%) and Castle Bromwich East (16%).

For the population aged 65 – 74 years old the locations with greater density are again, Castle Bromwich West (14.8%) and also Shirley Heath (14%).

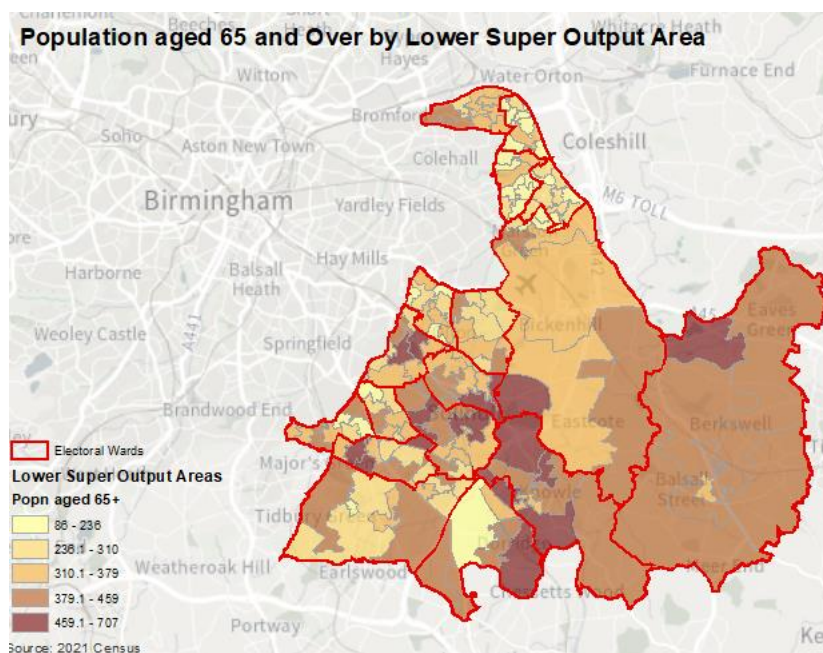


Figure 22- Population aged 65 and over by Lower Super Output Area

## Service uptake 2022/23

2,129 people aged 65+ were supported by the Council, this is 67% of the total accessing support. There were 350 people receiving care via Solihull Council placements in care homes in Solihull for dementia or frailty and an approximate estimation of 900 placements funded by the person themselves or health funded. Of this, 195 Council placements and approximately 300 people who self-fund their care were dementia related<sup>32</sup>. The analysis

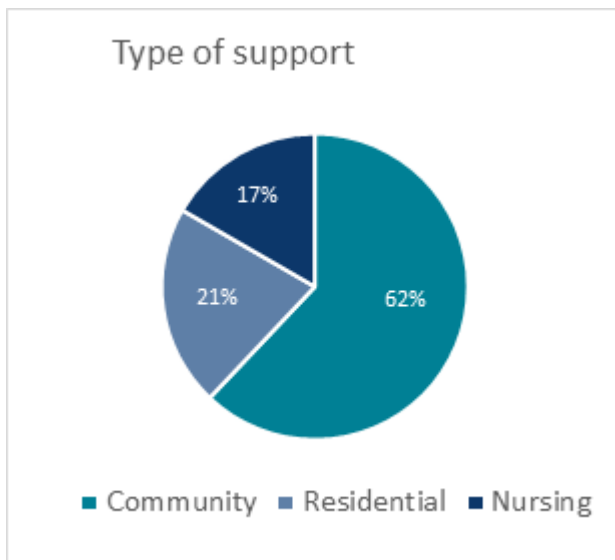


Figure 23- Type of support provided.

below is for older people aged 65 and over.

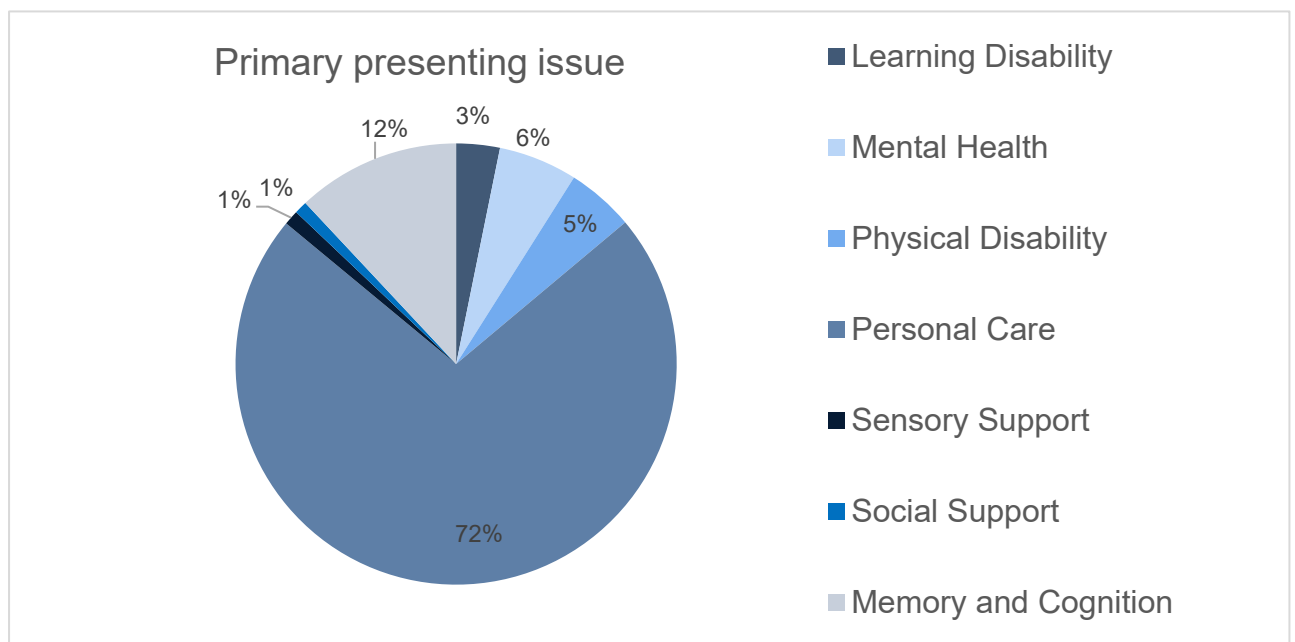


Figure 24- Primary presenting need in older people.

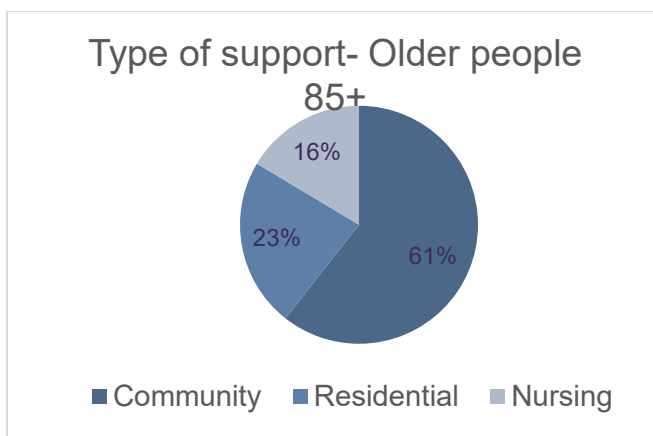


The majority receiving support are receiving support with personal care. Only 1% of the older population are receiving support with sensory impairment issues as the main area of need. However, older people are likely to be living with more than one condition and a sensory impairment is often a comorbidity with frailty.

Females are more likely to access social care in Solihull with 67.12% of users aged 65 and over being female. This is least pronounced in nursing care where 62.96% are female and most pronounced in residential care where 71.43% are female. Given it is estimated that 55.03% of people aged over 65 in Solihull are female, this shows an overrepresentation in comparison to males.

### People aged 85+ headlines

1,054 people aged over 85 were supported in 2022/23 representing 33% of the total people being supported by Solihull Adult Social Care.



Of 1,054 people:

- 75% were female
- 76% needed support with personal care.
- 94% were White European and 3.6% Asian

Figure 25- Type of support accessed by people aged 85+

### Projected future demand four council support based on current practices:

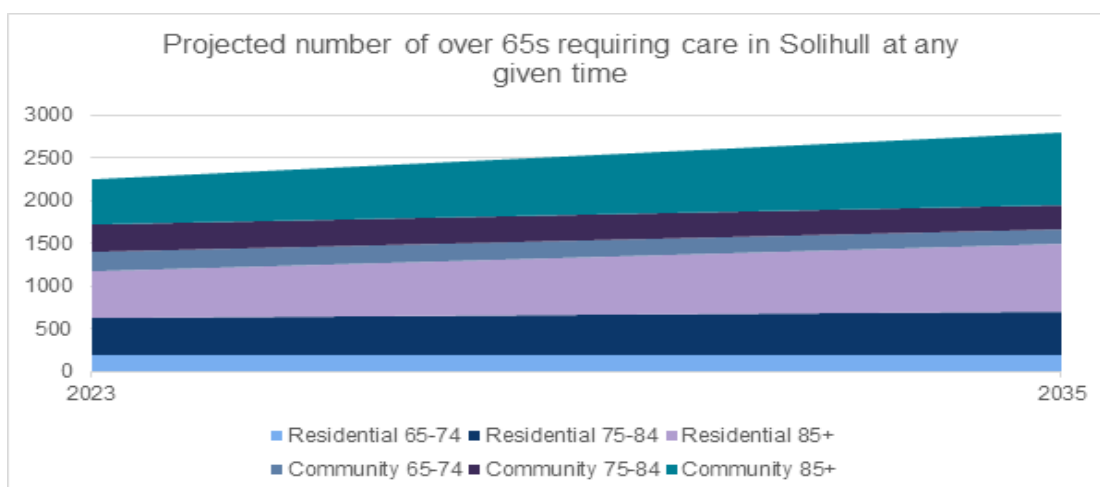


Figure 26- Projected number of over 65s requiring council funded care.

## Learning disability

The population growth among adults aged 18-64 with disabilities is less pronounced than among older people but there are increasing numbers of physically disabled adults, adults with learning difficulties, and people with long term mental ill health who require specialist support and accommodation to support them to live as independently as possible, particularly as they grow older.

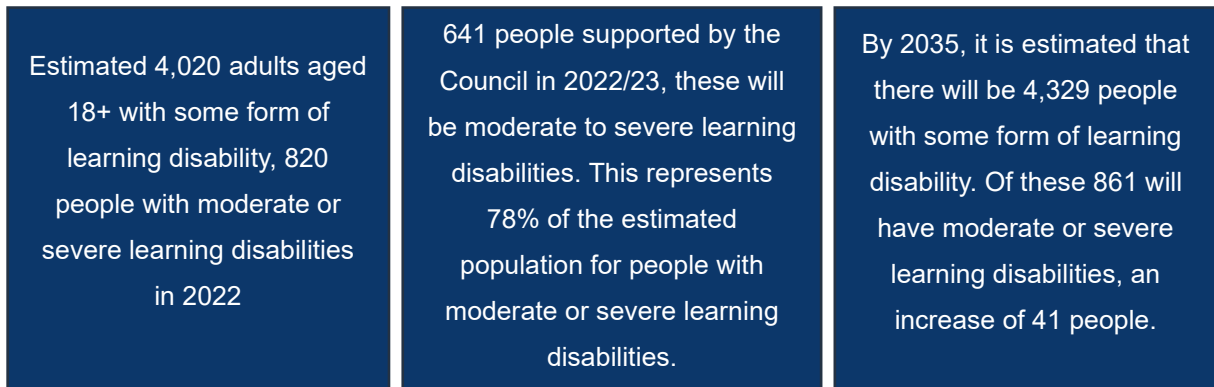


Figure 27- Learning disabilities in Solihull

641 people living with learning disabilities accessed Council provision. Most people living with learning disabilities live within the community with very small numbers living in nursing provision (less than 0.3%).

Where known, people accessing community and residential services are mainly White European. Rates for people of Black African, Black Caribbean, or Black British ethnicity living in residential settings are higher than the general population levels and these are older individuals who have been settled for many years in their homes. The Council has not placed anyone from a minority ethnic background living with a learning disability in a residential setting since 2013.

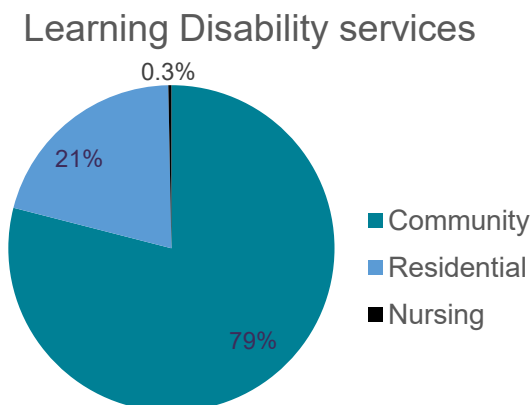


Figure 28- Learning Disability service usage.

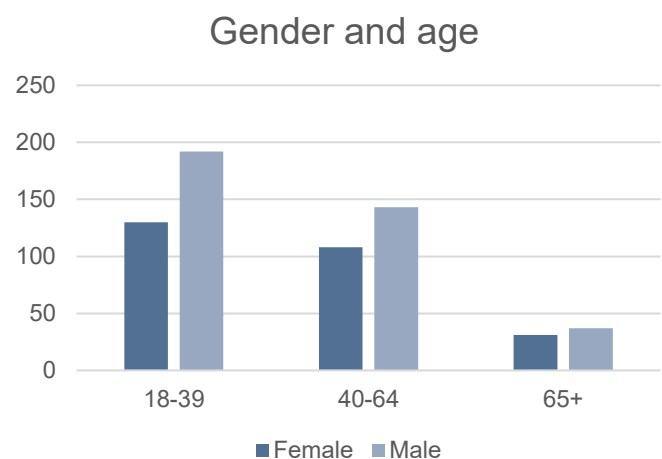


Figure 29- Learning Disabilities by age and gender.



There is a larger percentage of males accessing Council support, particularly within residential homes with 60.3% being male and 39.7% female. Access to support in the community is 56.8% male and 43.2% female.

### Headlines

- Potentially, an additional 30 people with moderate or severe learning disabilities would be known to social care by 2035, based on current uptake of services.
- Expectations among younger people with learning disabilities and their family carers have altered over time, with individual outcomes often including living independently in one's own home.
- We have seen a large overall increase in the number of people using supporting living, particularly in the 18-30 age group.
- The residential provision has become centred on smaller homes, rather than the larger facilities normally favoured in provision of residential care for older people.
- The level of need and number of adults needing support is likely to be focussed on more acute and complex need in the future.



## People who are physically disabled

279 people aged 18-64 who are physically disabled accessed care services. The number of people aged 65+ living with physical disability will be included in the Older People section e.g., frailty would be a physical disability. Most people are using community-based services such as direct payments, care at home or day opportunities to support independence. People may have moved settings during the year, so a small number are double counted in the figures below.

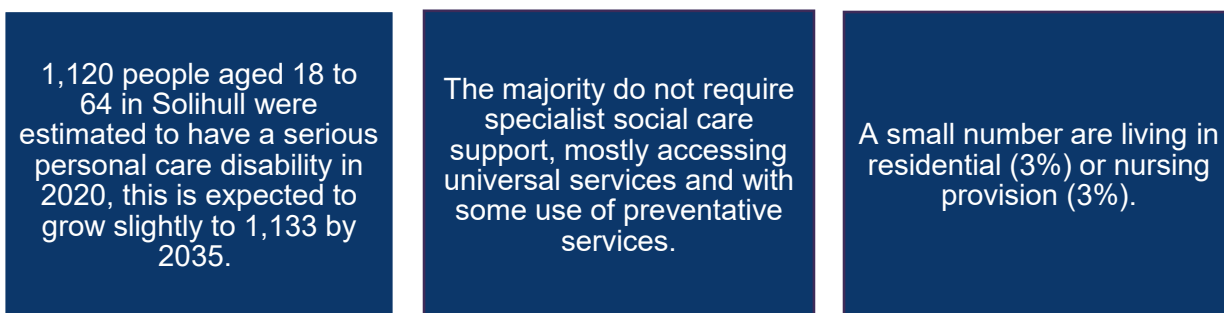
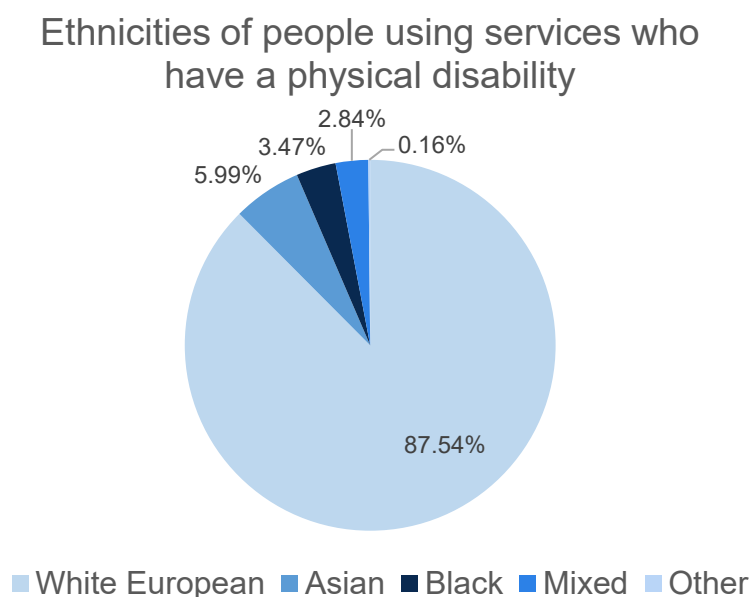


Figure 30- Physical disability statistics.

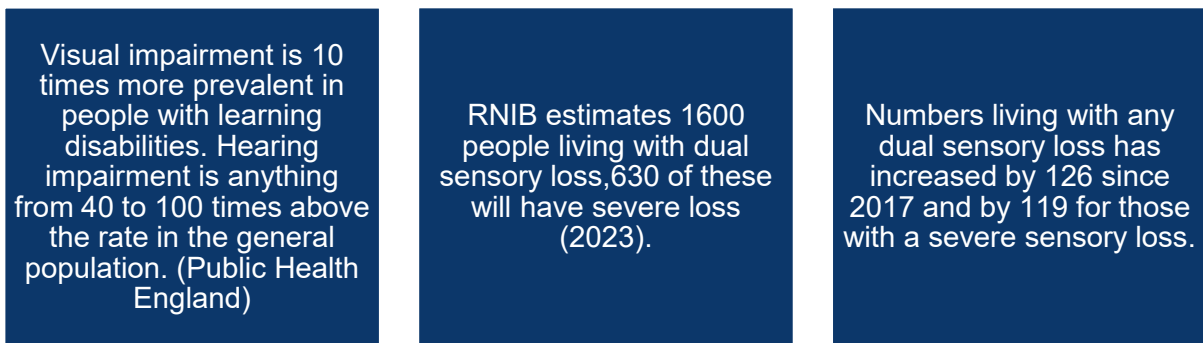


Those of a White European ethnicity are overrepresented, at 87.6% of people using services. In contrast, those of an Asian ethnicity are underrepresented at just 6%, in comparison to 11.0% of the overall population.

Figure 31- Ethnicities of people using services who have a physical disability.

## Sensory disability

Hearing impairment, visual impairment, and dual sensory impairment are common health problems among older adults in the general population.<sup>33</sup> Sensory impairments can hinder basic daily activities and result in social isolation and loneliness, negatively affecting quality of life.<sup>34</sup>



*Figure 32- Sensory Disability Statistics*

Our sensory service which is operated by BID has data that shows 53 new registrations of blind/partial and severely sight impaired people in Solihull in the 2022/23 period, to a total of 496 people. There is a total of 145 people with a visual impairment and an additional disability.

There are a very small number (39 people) accessing social care sensory services as the prime reason for care support. 62% are female and a third are living in residential settings. 94% are White ethnicity.

## Mental health support headlines

People with higher wellbeing have lower rates of illness, recover more quickly and for longer and generally have better physical and mental health.

Prevalence of depression and anxiety is estimated to be lower in Solihull than England at 15% of adults (16 years or older).

9.3% of the population are estimated to have low happiness, slightly higher than the regional and national figures which could indicate an under diagnosis of common mental health disorder.

Almost 0.9% of Solihull GP practice registered patients have a diagnosis of schizophrenia, bipolar affective disorder and other psychoses. Prevalence has been steadily increasing although remains below West Midlands and England.

Figure 33- Mental Health support headlines

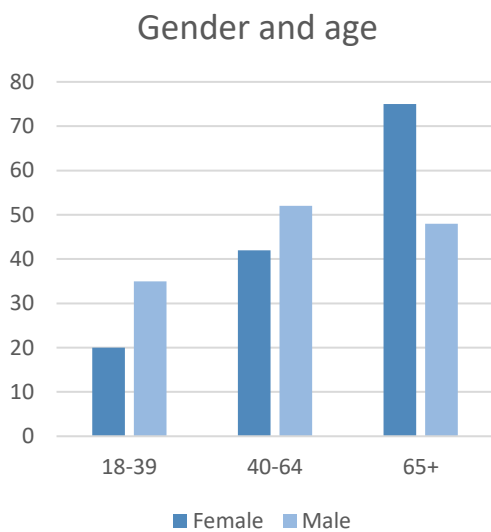


Figure 34- Gender & Age of people accessing Mental Health support.

### Total people accessing mental health services

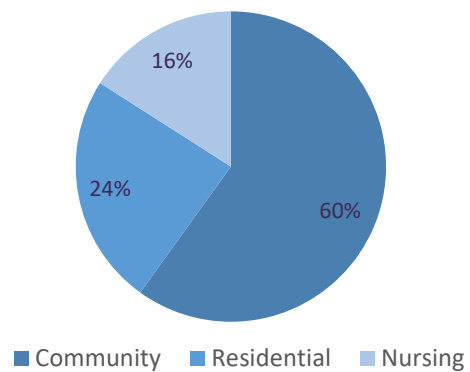


Figure 35- People accessing Mental Health services by service type.

### Ethnicities of people using mental health services

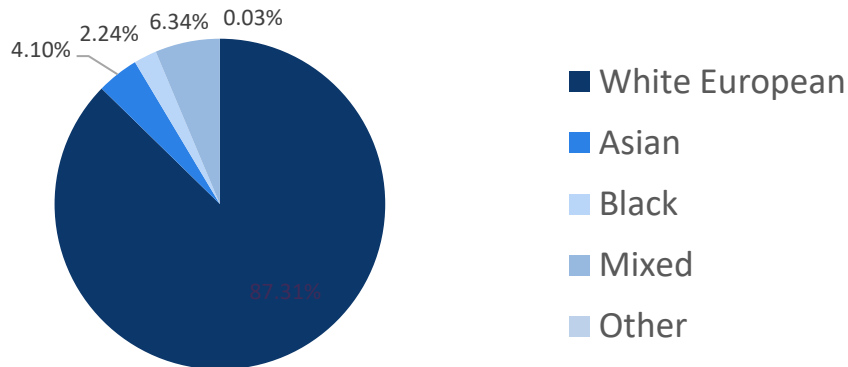


Figure 36- Ethnicities of people accessing Mental Health support.



- There is a smaller range of social care provision for people who have mental health support needs, with limited residential care and housing with support to enable recovery.
- Mental health crises are less predictable than other groups and this makes the planning capacity and location of accommodation more complex.
- 'Step up' accommodation is available when a person's needs for short term support increase and extra help is required to avoid hospital admission.
- 'Step down' provision is used to enable people to return to live in the community after they have experienced a hospital admission to have mental health needs assessed or treated.



## Autism

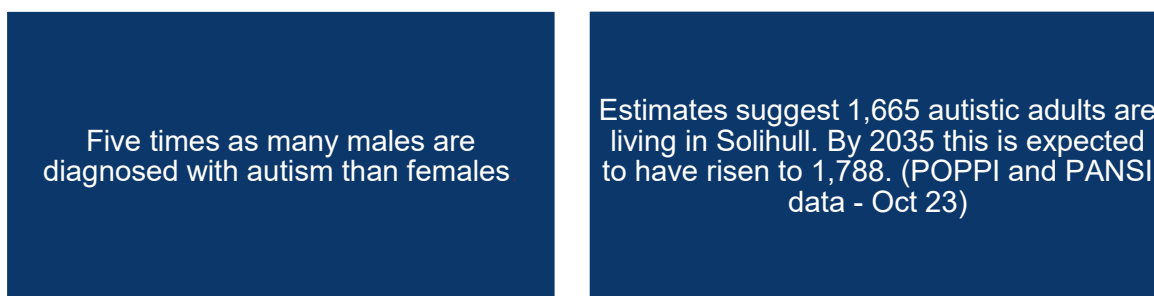


Figure 37- Autism headlines

There are 109 autistic people being supported by Adult Social Care, of these 55 required long term support in 2022/23. Many have dual diagnosis with other disabilities, 47% having learning disabilities and 44% presenting with mental health issues.

Numbers of older people (65+) are in single figures and the gender profile is in line with the national prevalence profile, with a higher level of males. More than 90% of people are supported within the community and a very small number are in residential settings.

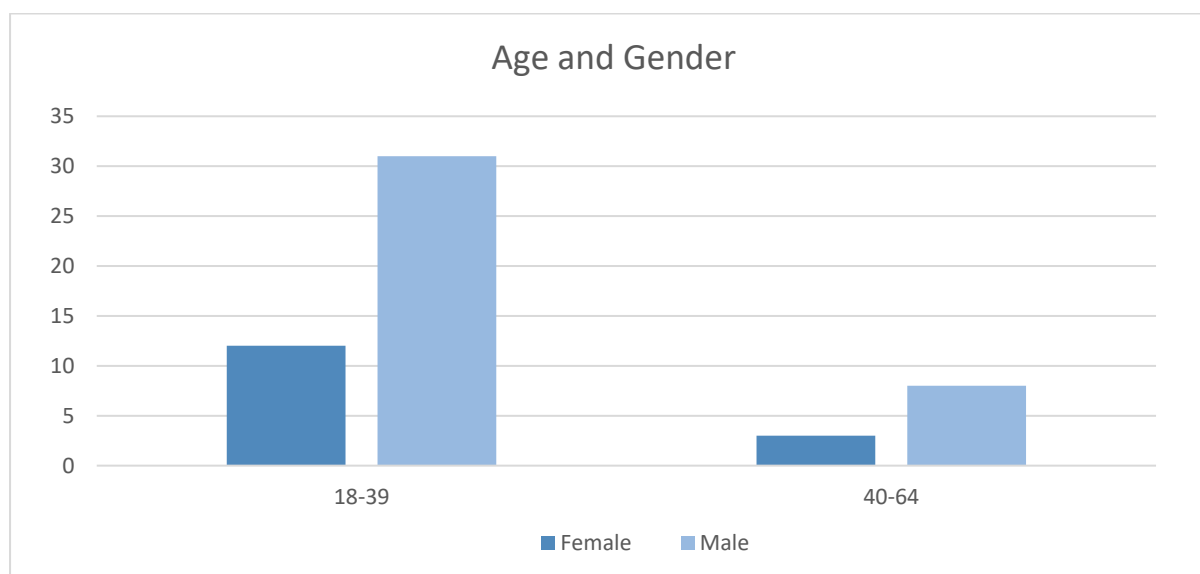


Figure 38- Age and gender of people accessing autism services.

Although the number of people moving into adult social care are low, the Special Education Needs and Disability (SEND) data shows that autism is the largest group by primary need in schools, showing marked growth across nearly all stages, however this is not expected to follow the level of increase seen in school population.

## Preparing for adulthood

Children or young people who have a special educational need or disabilities may need support throughout their life and will continue to use a variety of care services, based on both their needs and desired outcomes as they move into adulthood. The Additional Needs Strategy<sup>36</sup> and SEND Commissioning Strategy<sup>37</sup> sets out the ambition for young people.

School census data suggests the proportion of pupils having Autism as their primary need is significantly higher than regional and national levels and for special schools the data is between 5 to 10% higher.

Solihull has a lower proportion of pupils identified as having Severe Learning Difficulties across all schools, at half the level of regional and national rates, however this is most significant in Solihull special schools.

Figure 39- Preparing for adulthood headlines

The use of Education, Health and Care Plans (EHCP) helps identify young people's future goals and ambitions. This in turn aids an understanding of a young person's future social care requirements, aiding forward planning as they prepare for adulthood to have opportunities locally, accessing education, vocational services, employment support and living independently to fulfil their needs and aspirations.

There is a continued increase in number and complexity of children accessing SEND provision, with some of these young people transitioning to adult social care.

### Key statistics

- 5,577 children and young people on SEND Support in Schools (will include non-Solihull children).
- 2,197 children and young people with EHCPs resident in Solihull.
- 635 (29%) of the children and young people resident in Solihull with an EHCP are aged 16-25.
- 264 Young People (aged 18-25) supported by Adult Social Care.
- 15 children and young people with a continuing care package (supported by health).
- 355 children and young people (aged 4-16) on the Learning Disability Register, 35 with profound and multiple learning disabilities.

Numbers of people aged 20-25 with an EHCP plan are increasing, with a 213% increase between 2019 and 2023<sup>39</sup> however these changes do not result in correspondingly large increases in the need for adult social care due to differing eligibility criteria. The Adult Disability Team work closely with Children's Services to plan ahead for those children who will need support into adulthood. The trends for numbers of children transitioning are relatively static, though there are larger and smaller years due to birth rates.

# OUR PROGRESS



Strategies and delivery plans launched	<ul style="list-style-type: none"> <li>• This includes for Carers, Workforce and Dementia - See fig.1</li> </ul>
Community wellbeing services	<ul style="list-style-type: none"> <li>• Local preventative services which bring together a range of care support and public health services to provide early intervention for people to prevent or delay the need for referral to Social Care.</li> </ul>
Improved "Care at Home" services and new short term care at home services	<ul style="list-style-type: none"> <li>• Home discharge services (HDS) –support in a person's own home to support return home after discharge from hospital.</li> <li>• Early Response service (ERS)–support to people who are at risk of admission to hospital or long term care.</li> </ul>
Discharge from hospital and reablement - Pathway 2 services	<ul style="list-style-type: none"> <li>• Support for up to 4 weeks for people who cannot return straight home from hospital with a focus on reablement/rehabilitation/assessment.</li> </ul>
Transformation of accommodation with support	<ul style="list-style-type: none"> <li>• With new builds of Extra Care facilities, we have been able to create additional geographical breadth of Extra Care services and increase the capacity of intermediate care beds for those who need short term care or reablement services to support their return home.</li> </ul>
New flexible contract arrangements	<ul style="list-style-type: none"> <li>• Offers quality assured provision for day opportunities, older people residential care and nursing care and supported living.</li> </ul>
Supported living accommodation expansion	<ul style="list-style-type: none"> <li>• New housing options for younger adults with care and support needs.</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• New Enablement service and new drop in service 3 locations 7 days a week. New supported living scheme to support people in mental health recovery.</li> </ul>
Strong quality improvement focus with the local market	<ul style="list-style-type: none"> <li>• With most rated services assessed as good or outstanding by the CQC.</li> </ul>
Supported Employment Programme	<ul style="list-style-type: none"> <li>• Includes supported internships, unpaid work experience and paid work.</li> </ul>

Figure 40- Our Progress



These intentions themselves are shaped by feedback that has been heard as part of a range of commissioning and social care activity, including: the Adult Social Care 5 Year Plan engagement, the coproduction work on the Learning Disability and Autism strategic visions, and the views of residents that social care teams have gathered as part of their day-to-day work.



*Figure 41- Satisfaction with services. Survey data from Adult Social Care User Survey 2023-24*



# **CURRENT MARKET OVERVIEW**

# LOCAL MARKET



A detailed overview as to the local care market can be found in our [Solihull Market Sustainability Plan](#).<sup>11</sup> There is a vibrant and diverse provider market in Solihull, with over 120 providers registered with the Care Quality Commission (CQC) operating a range of care services and more offering services that are not required to register with CQC,

For those who need residential care, there are 30 care homes explicitly providing care to older people in Solihull and most are rated as good by CQC. There is a challenge in Solihull market to balance self-funded and council commissioned schemes which can leave a gap in the medium income and capital part of the market. Developments that provide for this part of the market are important to ensure improved housing choices for all older people.

To address this, the Council has stimulated the development of two new affordable care homes over the last five years by block contracting some of the beds as part of securing affordable provision and provider viability through a mixed model of Council and people who fund their own care. Private developers have begun to offer shared equity and rental opportunities on extra care developments, and this is welcomed where it gives affordable options.

Solihull's performance for adults with learning disabilities living in their own home or with family has improved in recent years, mainly due to an ethos of community-based support. The market for services for young adults with learning disabilities is diverse with a mixture of different sized local providers.

The markets for both residential care and supported living is vibrant, with a large number of providers and Solihull commissions from a large number of them. There is a regional market for more specialist services for younger adults. However, some

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<sup>11</sup> [Solihull Market Sustainability Plan](#)

people with disabilities are living outside the Borough due to a shortage of specialist provision within Solihull, i.e., for dual sensory loss or complex autism, as well as long standing and stable care placements. Supported living has included commissioning schemes for particular groups of young people. There is interest from providers in developing more, but land and property prices in the Borough makes this challenging.

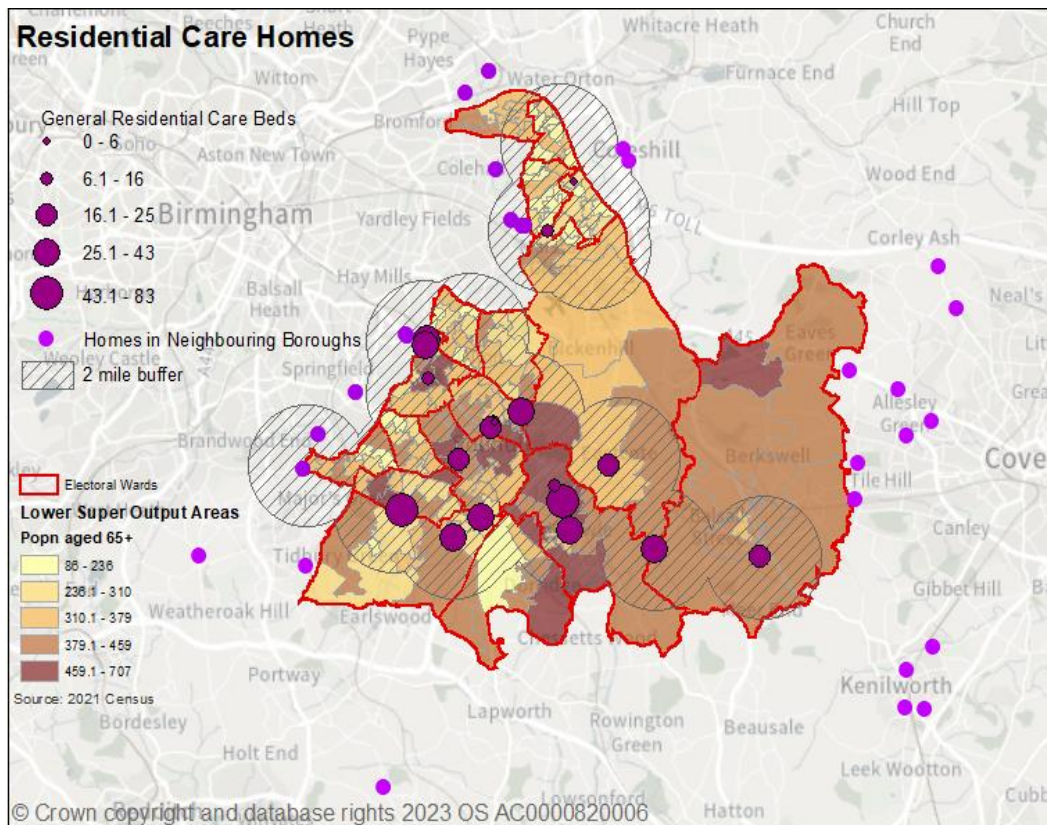


Figure 42- Heat Map of Residential Care Homes and Population 65+

The high cost of land and property in many parts of the Borough is a pressure on costs and makes Solihull a relatively expensive place to offer residential care.

Provision of care homes in the north of the Borough is limited and to manage this, the Council works with providers who are in neighbouring areas who are at least CQC ‘Good’ and often, placements in Birmingham can be more convenient for the family.

The maps above show where the provision is within Solihull and in neighbouring areas. The Council has identified some areas of the Borough as oversupplied (e.g., Shirley) and other areas, particularly the less affluent, as having insufficient supply.



Solihull has seen a large rise in care home beds per 100 people for people aged 75+ compared to comparator authorities. As at 2021 census, Solihull now have the same rate as England at 9.4 per 100, most other comparator authorities already had those levels.

Solihull Council's investment in the residential market includes a long-term block contract at Chelmunds Court for 63 out of 70 beds in a care home built as part of a redevelopment in the north of the Borough. The second is for 30 out of 60 places in a dementia care home, Tanworth Court in the south of Solihull, designed and built by the Council and operated by a care home provider under a long-term contract.

The market for nursing and residential provision for people with physical disability is much smaller than that for learning disabilities or older people. Most of the nursing and residential provision for people with physical disability is specialist i.e., meeting the needs of people with particular conditions. This can be a challenge to support people in settings where there are people of a similar age.

The market for services for sensory impairment is specialist with few providers. These include large, national and well-established charities and smaller, local or regional charities specialising in sensory impairment.



# PEOPLE WHO FUND THEIR OWN CARE



Estimates using national tracker data and Birmingham and Solihull Integrated Care Board data suggests that 59.5% of people in care homes and 76% of people receiving home care are funding their own care.

Within Solihull, 2,129 people aged 65+ were supported by the Council. In addition, approximately 1,200 people were people who fund their own care, 900 of these were for frailty and 300 were dementia related.

The Council wants to see the market developing to meet the changing needs of people who fund their own care. This means using the information about where our current ageing population lives as set out in this document and planning to meet growing demand in those areas, and thinking about how that can be done in a way that keeps it affordable.

Many people who fund their own care have limited resources and they need to be supported to have the same opportunities to maximise their independence and to take advantage of digital technologies so that they can get the support they need and not restrict that due to concerns about cost at the expense of their own wellbeing.

Maximising independence through a strengths-based approach should be promoted through all services. With the growing ageing population, the workforce needs of an area like Solihull will well exceed the local available workforce if we do not support all our residents to keep and regain their independence as much as possible and to identify early where needs are changing and help people to get the right interventions. That may be about lifestyle, changing health needs, social isolation or other challenges. Where people are paying independently for care, providers need to promote their wellbeing and work with them to sign-post and support to prevent any premature deterioration in health, just the same as where people are Council funded.

Care needs to be provided for a range of affordability levels, and lifestyles to make sure that it meets the changing demographics and feels within reach of people and their families.

There is increasing prevalence of dementia within the population that need support, so making sure that all carers have good dementia awareness, and that people are supported



and appropriately sign-posted to health services for diagnosis and to specialists for wider support and advice is also key.

The Council will be trying to support people to plan better for later life, including encouraging people plan for if they lose capacity to make their own decisions, think about right-sizing their accommodation whilst they are still able to do that, and maintaining their own health through staying as active as possible and maintaining social networks. Providers need to work to understand the aspirations of local people and offer options for right-sizing with support that will be affordable and attractive to people from different backgrounds and communities.

Where services are being developed aimed at those who fund their own care, it is still a good idea to engage with Council commissioners to discuss the plans, so that we can give you up to date information on needs, other developments and can offer advice on location and quality. The Council is responsible for overseeing the quality and sufficiency across all of the local market, not just the providers it directly contracts with, and early discussions can make sure that investment in new service development is best targeted.

# WORKFORCE



Between 2021 and 2041 there is expected to be a reduction in the levels of working age people as a proportion of the population, this has an impact for the amount of workforce to fulfil a projected growing number of care roles.

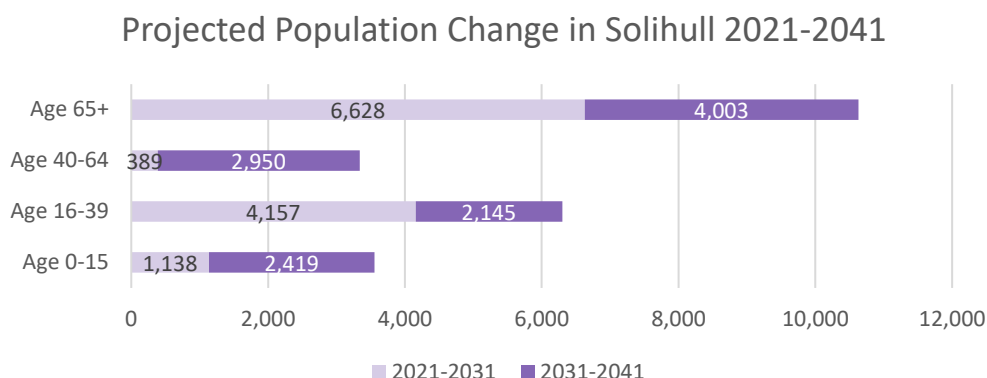


Figure 43-Projected Population Change in Solihull 2021-2041

The Adult Social Care workforce is the backbone of the care sector; crucial to delivering high-quality care to those who need it. As a Council we want to ensure that the local care market is sustainable, flexible and efficient, this is key to ensuring that there are appropriate numbers of staff who have the skills and compassion to care for the people that they support, supporting a shift for person centred care to be outcome focussed rather than

Our modelling suggests the that current market availability for residential and nursing care is sufficient<sup>12</sup>, although location and affordability is not equitable across the borough and demand will change in the long term as the population ages. We anticipate increased demand for both Care at Home and support in the community for younger adults which will require an increase in workforce capacity for Care at Home and a more skilled workforce to meet complex care needs.

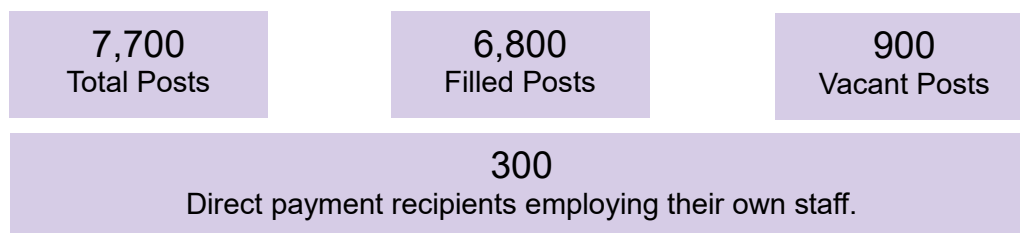


Figure 44- Workforce Statistics

<sup>12</sup> MSIF return 2023

# QUALITY



The ambition for quality in Solihull is that all provision is CQC registered 'Good' or 'Outstanding'. The quality management approach is intended to provide support and challenge. There is a dedicated quality team who work with the market to make sure they understand the standards expected and to share with them best practice where those standards are not being made. The current position for the market (as at 5<sup>th</sup> January 2024) is set out below:

CQC Ratings as of 05 <sup>th</sup> January 2024		
Rating	CQC Registered Home Care and Supported Living, Extra Care	CQC Registered Residential and Nursing Homes
Outstanding	1	1
Good	41	54
Requires Improvement	6	3
Inadequate	0	0
No rating	15 (including 7 dormant)	2
<b>Total</b>	<b>63</b>	<b>60</b>

Figure 45- Quality ratings of providers in Solihull.

The Quality Team will work with any home with ratings below good to make sure they address the issues identified and give assurance of quality before any reinspection.

Good providers are worked with to move towards the standards for Outstanding.

Any quality concerns raised about providers are logged, investigated and improvement plans agreed where issues are confirmed. This approach applies across all registered provision in borough.



# OUR PRIORITIES

# PREVENTION AND EARLY SUPPORT



There has been a shift to preventative services and the Council has developed a new [Living Well in Solihull Prevention Strategy](#), which sets out our approach to prevention across the life course.

We want a range of community-based universal provision and online support that enables people to stay as independent as possible for as long as possible through the provision of services that can, in most cases, be accessed without the need for a referral.

## **Outcomes**

- People are as healthy and independent as they can, living within their own homes and communities, knowing where to access advice and early support when they need it.
- Carers are able to access information, advice and guidance and receive support when needed which can maintain their wellbeing and prevent crisis.
- Where people present with needs, they are supported with reablement/enablement as a first response, wherever possible.

## **Prevention**

### **Here2Help**

The Council's preventative services will be pulled together under the "Here2Help" banner to give a clear preventative offer in Solihull. The current adult social care preventative offer includes community hubs for information and advice, support to carers, advocacy support, and specialist support for older people, which includes befriending. These services will need to adapt to changing requirements of the local population, driven by both local and national issues. It is important that prevention services reach out to all communities to make sure that those who need it most are aware of and access the support available.

### **Housing Related Support**

Stable and safe housing is key to maintaining health and wellbeing. Housing related support provides short term support to people who may not meet Care Act eligibility but have difficulty obtaining and retaining a tenancy as a result of their disability. The support works

with people to develop skills around being a good tenant, paying bills, managing when issues arising (e.g. a repair is needed) and maintaining a habitable home.

### ***Commissioning intentions for prevention***

- Review of the Community Wellbeing and Information and Advice offer to ensure that services are accessible and working with all communities. Reviewing how these are embedded in communities with a clear identity that makes them easy to locate and access, in order to prevent needs escalating.
- Review of Housing Related Support Services to ensure they are supporting people to develop and retain independence to prevent long term needs developing through unstable / poor housing.

### **Early support**

Early support services are targeted services that require a referral and assessment by social care. We want an increased range of quality short breaks, day opportunities and targeted support to enable people and their carers to maintain good health and wellbeing, as well as improved employment prospects for autistic people, people living with learning disabilities and mental health issues by enabling them to obtain paid employment. We want housing support that enables people to maintain their independence, retain and safely use their home.

### ***Commissioning intentions for Early Support***

- Increased short breaks and affordable respite.
- Improved services which support people with care and support needs to develop the skills for employment and to find and retain work opportunities.
- Review of re/enablement needs and services for people with learning disabilities
- Continued development of reablement services to support people to maximise independence.
- A diverse day opportunities market that supports people with eligible needs to build and retain social support networks for people with different needs, including mental health, autism and older people.
- Development of a Home Improvement Agency offer, bringing together existing services to support more people to stay in their own home – through aids, adaptations, assistance to declutter or to right size.



# COMMUNITY

# CARE



In this section the services in scope are those commissioned services which support people to live in their own homes in the community. This means Care at Home, Extra Care Housing, Supported Living, Shared Lives.

Good quality community care at home is vital to support adults with care and support needs to remain in their own homes, to maintain their independence and to reduce the inequalities that they face. We want a diverse and resilient care at home market with the capacity to meet mainstream and complex needs.

This needs to be the correct provision of short and long-term intervention services to maximise supporting people at home and support older people who may want to move to extra care housing or a retirement village to have the opportunity to do so.

We want to work with the market to ensure sufficient, culturally appropriate, high-quality care and accommodation with care that supports people to maintain their independence and wellbeing, maximises people's progress and, where appropriate, supports them to move on to independence at a time that is right for them.

We want to explore different models of housing with care for people with learning disabilities and or autism who are aging and require accommodation and support that is flexible to meet changing need – for example extra care housing.

We want property developers and care providers to explore new opportunities and innovation and consider where it would be possible to incorporate technology in both delivering care and data collection to improve service delivery and quality.

## **Outcomes**

- A diverse range of high-quality provision is available to support people to receive care in their own home or within a housing with care setting.
- There is a resilient local community care offer, which can provide cost effective care.

## **Care at home**

Currently around 1,100 people a month are accessing care at home through the Council (October 2023 data). Supporting people to remain in their own home with a growing population means there needs to continue to be a resilient local care market, both for

Council funded people and self-funders. A new care at home contract is in place from April 2024 with a framework of providers intended to be responsive and resilient to meet changing needs.

### Supported living

The main population using supported living is adults with learning disabilities and those living with mental health issues. Supported living is heavily concentrated in north and west Solihull and there is a need to make sure developing provision is in areas where there is a need and that it integrates well into the local community. Small well-adapted provision at a reasonable cost will continue to be required and a priority will be to ensure the rents are affordable to support people to progress into employment where they are able without having to move home. Supported living should enable people to maximise their independence within the community.

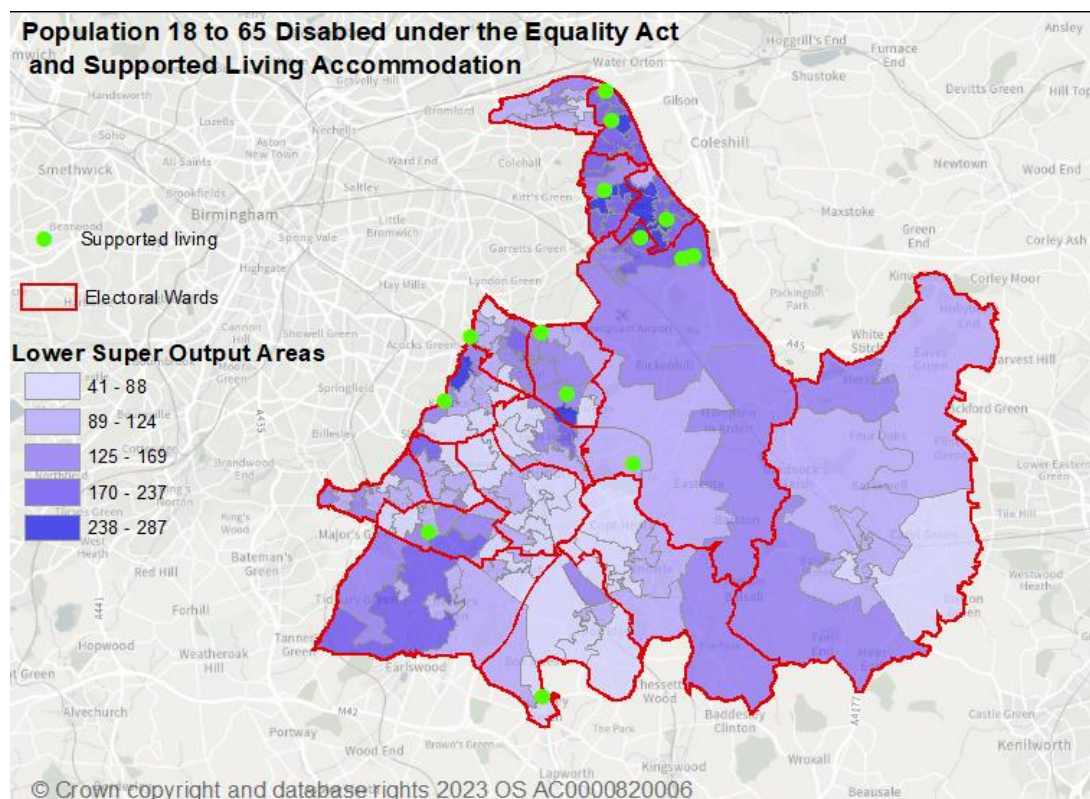


Figure 46 - Heat Map of Population 18 to 65 Disabled under the Equality Act and Supported Living Accommodation.

## Extra Care Housing

Extra care housing offers a valued option for older people wishing to move to accommodation designed to enable independence for as long as possible in later years. The six extra care housing schemes in Solihull offer a range of specialist housing designed for people aged 55 and over who are able to live independently with access to care and support provision when it is needed. Existing schemes can support people with varying levels of dementia, dependent on the presentation of it and can help people retain their independence. There needs to be affordable schemes to support an ageing population to be able to make positive choices to move into purpose built accommodation where that best meets their needs.

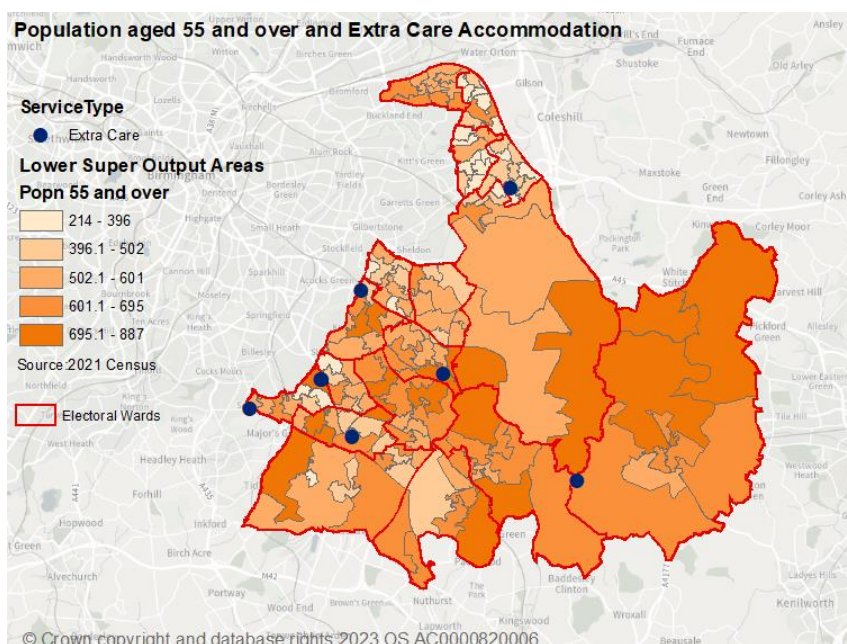


Figure 47- Heat Map of Population aged 55 and over and Extra Care Accommodation

## Shared Lives

Solihull Council is looking to develop a shared lives offer, to support people to live within a family home environment whilst receiving support. This sort of support can be a good option where people do not need intensive support but do need to be in a home where there is someone to support them when needed, and where they would benefit from the social side of living in a family environment.

## Individual Service Funds

An Individual Service Fund (ISF) is one way of managing a personal budget, where someone who needs care and support chooses an organisation to manage the budget on their behalf and works with them to plan care and support services and activities that will

help them to achieve their identified outcomes. ISFs give people choice and control over their support, without having to manage the money themselves. ISFs were previously unsuccessfully piloted in Solihull, therefore the learning from that pilot will inform how any new development is trialled.

#### ***Commissioning intentions for Community Care***

- Steady expansion of affordable supported living options for younger in suitable locations and with appropriate cost models
- Reablement / recovery focus to all mental health community support to enable people to be as independent as possible,
- Development of an in-borough shared lives programme to enable people to be supported within a family environment.
- Embedding new care at home model and enabling more outcomes focused delivery.
- Increased affordable urban Extra Care Housing in town centres to support older people to maintain independence and reduce the proportion of older people needing residential care.
- Exploration of how Individual Service Funds could be used to support more flexible care for individuals.



# YOUNGER ADULT RESIDENTIAL AND NURSING CARE

There will continue to be a need to use specialist care homes to support a small number of adults with complex needs or behaviours that require specialist skills to manage or to assess. Residential and nursing care homes will therefore continue to be an option for those whose outcomes are best met safely in that setting. Where appropriate, placements will be for as short a period as possible to enable a planned return to the person's familiar home and community.

Residential homes that accept people under the age of 65 are identified on the map below. For younger adults there is no in-borough nursing capacity currently and this is a gap in the ability to provide appropriate care in borough.

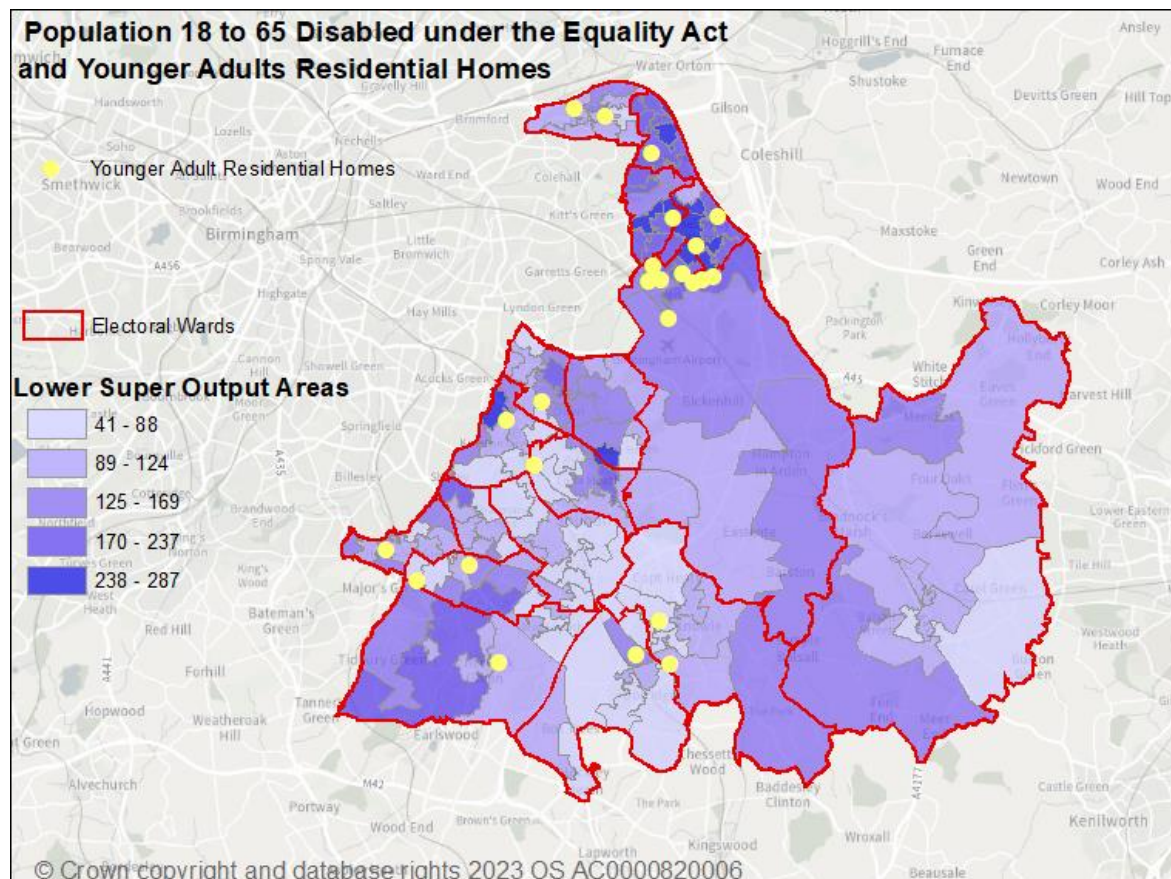


Figure 48- Heat map of population 18 to 65 who meet the definition of Disabled under the Equality Act and Younger Adults Residential Homes

### ***Commissioning intentions for younger adult residential and nursing care***

1. Sufficient affordable provision for people with early onset dementia in care homes, so that individuals can be supported appropriately – this may be through dedicated wings / sections of homes or through a small, dedicated provision.
2. Sufficient affordable capacity for younger adults with acquired brain injury and physical disabilities to enable them to be supported near family where possible and desirable.
3. Sufficient affordable capacity for adults with learning disabilities which is suitable for an ageing population of people with LD in care homes in Solihull and adjacent areas to meet local needs.
4. Sufficient affordable capacity for autistic adults is appropriate for sensory needs in Solihull and adjacent areas to meet local needs.
5. Affordable nursing home capacity for younger adults within borough to reduce the need for out of borough provision.



# OLDER ADULT RESIDENTIAL AND NURSING CARE

Residential and nursing care for older people should only be used when it is no longer possible for someone to remain safely and cost effectively at home. Care provision needs to recognise that many people will have some aspects of dementia as they age, so flexibility of support and provision is needed and no provision can be solely focused on frailty related needs.

The location of care homes with nursing beds and dementia care shows potential capacity available over the borders of Solihull into the neighbouring authorities. However, for the Meriden area and north-east of the borough there is a lack of available nursing and dementia beds close by. With the capacity in-borough not providing sufficient complex dementia placements, meaning the capacity, even where affordable, is not necessarily aligned to need.

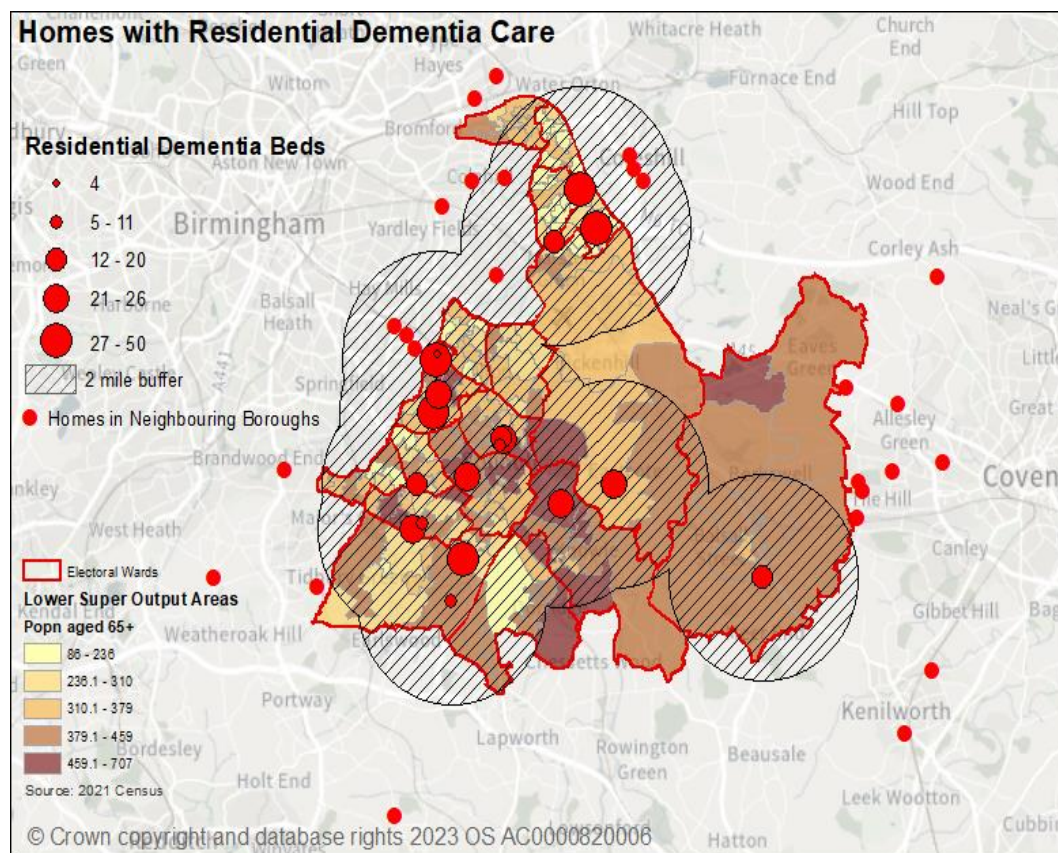


Figure 49- Heat Map of Homes with Residential Dementia Care and Population 65+

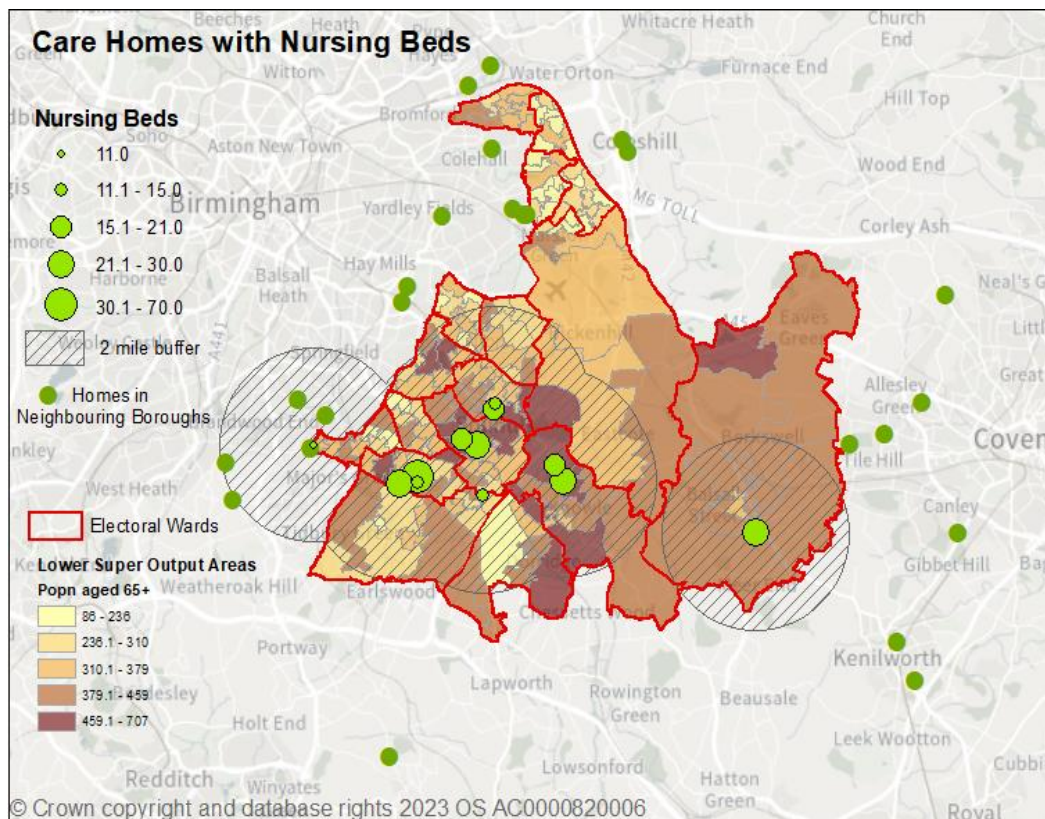


Figure 50-Heat Map of Care Homes with Nursing Beds and Population 65+

Short term residential care to provide step down from hospital (known as pathway 2) and step-up capacity to provide crisis support and respite need further development to give people the opportunity for intensive support to promote recovery to return home, reduction of and delay the need for long term residential care.

#### **Commissioning intentions for nursing care and dementia**

1. Work with providers to understand how we can incentivise increased ability to manage people with more complex presentations in or close to the borough.
2. Improving the supply of affordable placements and increase control over costs.
3. Working with providers around new models of increasing capacity in nursing care in order to address challenges in recruitment and retention of nursing staff.
4. Increase the number of bariatric suitable beds to meet the changing population needs.
5. Work with developers to increase affordable capacity in the borough aimed at people on lower / middle incomes.
6. Support local NHS to develop resilient step-up /step-down capacity for older people with a range of presentations.

# TECHNOLOGY

## ENABLED CARE AND

## ADAPTATIONS



Technology Enabled Care (TEC) is often a key component to prevention and support people to live independently. The field of TEC is advancing, with ever-more sophisticated ways of using equipment, digital technology, automation, robotics and even artificial intelligence to provide care for people in their own homes. Technology and data analysis are developing in ways which can help monitor health and changes in adults requiring care.

We want to support innovation in the use of technology and digital solutions. Technology will be integrated into the care offer at every level to support improved outcomes for people accessing services, improve service quality and maximise efficiency.

Examples of technology enable care include:

- Sensors to alert care givers to falls, people leaving their home.
- Screens to provide visual prompts and instructions.
- Smart appliances such as ovens or taps which will switch off automatically.
- Voice reminders to give people instructions.
- Connectivity through video calls.
- Access to medical appointments and monitoring.
- Smart technology such as smart bulbs or curtain closers
- GPS watches to support people with accessing the community independently

The use of technology brings workforce challenges in requiring differing competencies, such as understanding and applying technology to benefit people with disabilities and older people. Equally, more sophisticated use of technology can support innovation, especially with challenges in recruitment of the care workforce.

Providers will be expected to maximise the use of technology, working to comply with the national standards set out in that document. This includes disability specific technology, to improve outcomes for residents and increased efficiency in care delivery. Developers and care providers should consider where it would be possible to incorporate technology both for supporting care and data collection and alongside this, consider the ethics of consent, capacity and 'opt-outs'.

### ***Commissioning intentions for technology enabled care and adaptations***

1. A comprehensive TEC offer to meet assessed needs, maximise independence and efficiency of care delivery.
2. Providers are encouraged and supported to trial new innovations, with learning shared through the provider forums to increase efficiency and effectiveness of care.
3. Service specifications give providers room to innovate so that they are able to take advantage of new opportunities.
4. Housing with care development have TEC and adaptability as core design principles for all age groups to ensure that they are fit for the future.
5. TEC is used to support prevention by using predictive AI technologies to detect changes which could indicate deterioration and put in place preventative support.

# DIRECT PAYMENTS



Direct Payments (DPs) continue to offer the most personalised approach to social care and the best opportunities for choice, creativity and control over the services accessed. Direct payments are also utilised by carers, giving them choice, control and flexibility. We need to balance the promotion of direct payments with the need to ensure that arrangements are safe and not likely to enable fraud or abuse, making sure we have good controls and proportionate processes.

As of October 2023, 656 people are using DPs (which benchmarks as low compared with other authorities), with there being a higher use of direct payments in ethnic minority populations compared to the Solihull population as a whole this needs more detailed work to understand the drivers, and whether this is linked to a perception of or a shortfall in the right support in commissioned services. People with learning disabilities make up the largest group of direct payment recipients.

We want to make it easier for people to be supported to set up a direct payment and employ a Personal Assistant or use their direct payment to purchase support services that meet the needs identified in their Support Plan. We want to actively promote the development of the Personal Assistant market and increase take up of Direct payments and personal budgets.

### ***Commissioning intentions for direct payments***

1. Development of a stronger Personal Assistant market through the commissioning of a PA register, promotion and training programme to make this a more attractive and understood care choice.
2. New good quality Direct Payments Managed Account and Payroll Support to give good support to people receiving direct payments.
3. Support the development of more diverse options (in terms of communities and different activity choices), by working to increase awareness in community groups of the kinds of support people want and the opportunity to meet those needs.





**DELIVERY**

**PLAN**



# OUR COMMISSIONING TIMESCALES



These dates and contracts are indicative and may be subject to change with the implementation of the Procurement Act 2023, national policy changes and local changes in requirements and demand.

Contract	Description	Earliest End date	Latest End date	In contract opportunities to join the approved provider list?	Additional opportunities for blocks during parent contract time?
Prevention					
Home Discharge Service	Pathway 1 Step-down service from hospital, providing reabling home care for up to 6 weeks	30/09/2026	30/09/2028	N	N
Early Response Service	Community step-up home care for up to 6 weeks.	30/09/2026	30/09/2028	N	N
Housing Related Support for people with learning disabilities and physical disabilities	Support to gain the skills to find and retain housing tenancies and manage housing related issues.	31/03/2025	31/03/2029	N	N
Housing Related Support for people with mental health needs	Support to gain the skills to find and retain housing tenancies and manage housing related issues.	31/03/2025	31/03/2025	N	N
Mental Health Enablement	Short term support to help people gain / regain skills and independence following mental ill health	31/03/2027	31/03/2027	N	N
Mental Health Community Drop-in	Community support provided without the need for a referral to provide low level mental health support, peer support and skill development	31/03/2027	31/03/2027	N	N
Appointee and Deputyship Services	Providing court appointed appointees and deputies for people who need support to manage their finances	30/06/2031	30/06/2031	N	N

CWS Community Advice Hub	Information, advice and signposting, debt advice, direct payment advice, referrals to other services, for all ages.	31/03/2026	31/03/2026	N	N
<b>Contract</b>	<b>Description</b>	<b>Earliest End date</b>	<b>Latest End date</b>	<b>In contract opportunities to join the approved provider list?</b>	<b>Additional opportunities for blocks during parent contract time?</b>
CWS Sensory Services	Provision of assessments, equipment and advice for people who are deaf, blind or have dual sensory needs	30/09/2025	31/03/2026	N	N
CWS Specialist Employment Services	Supporting people with learning disabilities or mental health needs to access and maintain employment	31/03/2025	31/03/2026	N	N
CWS Older Peoples Specialist Provision	Befriending and other support for older people	31/03/2026	31/03/2026	N	N
CWS Carers of All Ages	Support for carers of all ages including assessments of need, support planning, information and advice and some breaks.	31/03/2026	31/03/2026	N	N
CWS Advocacy Services	Support to enable people to actively participate in all aspects of their care through the support of a trained advocate.	30/09/2025	31/03/2026	N	N
CWS Dementia Specialist Services	Dementia cafes and specialist information and advice.	31/03/2026	31/03/2026	N	N
<b>Community Care</b>					
Care at Home	Care and support for activities of daily living in a person's own home.	31/03/2029	31/03/2033	N	N
Sitting Services	Support sessions for a person in their own home to enable their family carer to have a break	31/03/2029	31/03/2033	N	N
Extra Care Services (care only)	Care and support for activities of daily living, delivered in dedicated schemes of apartments for people who are 55+	06/04/2028	06/04/2030	N	N
<b>Contract</b>	<b>Description</b>	<b>Earliest End date</b>	<b>Latest End date</b>	<b>In contract opportunities to join the approved provider list?</b>	<b>Additional opportunities for blocks during parent contract time?</b>
Supported Living Flexible Contracting arrangement	Care and support for younger adults with disabilities within dedicated housing and within the community. Supporting activities of daily living, housing and social needs.	30/06/2027	30/06/2027	Y	Y

Day Opportunities Flexible contracting arrangement	Activities and support for people within building-based settings and the community.	30/09/2028	30/09/2032	Y	Y
Younger adult residential and nursing care					
Currently spot placements - FCA to be scheduled - dates estimated	Currently these are made on a spot basis. There is an intention to put in place a flexible contracting arrangement in future.	TBC	TBC	Y	Y
Older adult residential and nursing care					
Older People Res and Nursing FCA	A list of approved providers and rates for care home placements	30/09/2026	30/09/2030	Y	Y
- Long term care blocks	Block contracts for varying numbers of long term residential and nursing placements for people with dementia or without dementia.	30/09/2024	30/09/2026	N	Y
- Short term care blocks	Pathway 2 hospital discharge short term placements for up to 6 weeks.	30/09/2024	30/09/2024	N	Y
Technology Enabled Care and Adaptations					
Telecare	Home safety alarm systems.	TBC	TBC	N	N
Aids and Adaptations	Equipment and minor adaptations to homes to support people to mobilise and use their homes safely	TBC	TBC	N	N
Disabled Facilities Grants	Major adaptations to homes to support people to be able to remain in those homes and use them safely. For people who own their own home or who privately rent.	TBC	TBC	N	N
<b>Contract</b>	<b>Description</b>	<b>Earliest End date</b>	<b>Latest End date</b>	<b>In contract opportunities to join the approved provider list?</b>	<b>Additional opportunities for blocks during parent contract time?</b>
Direct Payments					
CWS Direct Payment Payroll and Managed Accounts	Payroll and managed budget support for direct payment recipients.	31/03/2025	31/03/2026	N	N
PA recruitment Support	Support to recruit personal assistants	31/03/2026	31/03/2026	N	N

# HOW TO KEEP IN TOUCH



## Talk to us about your plans.

As a council we are keen to have open and honest conversations about your plans, by involving us early on we can discuss the specific needs within an area, and if there is an established need for the service.

To discuss any plans we encourage you to email [asccommissioning@solihull.gov.uk](mailto:asccommissioning@solihull.gov.uk) and we can arrange for feedback on your plans.

## How to keep in touch

We are keen to keep in touch with providers and ensure there is an ongoing conversation about opportunities within the borough. If you would like to stay informed then you can:

- Sign- up to the provider bulletin by emailing [comms@solihull.gov.uk](mailto:comms@solihull.gov.uk)
- Sign-up to attend Market engagement forums by emailing [getinvolved@solihull.gov.uk](mailto:getinvolved@solihull.gov.uk)
- Join CSW-JETS (Coventry, Solihull and Warwickshire's Joint E-Tendering System) to receive updates on contracts, tenders and procurement. [CSW-JETS](#)

## Coming Soon

In order to communicate most effectively with all providers, we will be launching a new Your Voice provider area for the latest updates all in one place including:

- News, Events, and Training
- Resources page
- Certified training providers
- Social value
- Calendar
- Chat function