



## **Coventry City Council**

# **Market Position Statement – Adult Care Services 2018**

# Contents

1.	Introduction .....	3
2.	Strategic Direction .....	4
3.	Strategic Commissioning.....	6
	<i>Principles of good commissioning</i> .....	6
	<i>Commissioning landscape</i> .....	7
4.	Key Market Messages .....	13
5.	Adult Social Care Spend .....	15
6.	Coventry Population Profile .....	17
	<i>Whole Population</i> .....	17
	<i>Aging Population</i> .....	18
	<i>Population Health</i> .....	19
7.	Changing Needs .....	21
	<i>Older people</i> .....	21
	<i>Adults living with dementia</i> .....	22
	<i>Adults with disabilities</i> .....	23
	<i>Carers</i> .....	25
	<i>Adults with mental ill-health</i> .....	26
8.	Care Demand.....	28
	<i>Overall demand</i> .....	28
	<i>Short-term services</i> .....	30
	<i>Community-based services</i> .....	34
	<i>Accommodation-based services</i> .....	37
9.	Care Supply .....	40
	<i>Short-term services</i> .....	40
	<i>Community-based services</i> .....	41
	<i>Accommodation-based services</i> .....	46
10.	Commissioning Intentions .....	51
11.	Glossary .....	55
12.	Table of Figures .....	57

# 1. Introduction

This latest version of the Market Position Statement (MPS) for adult care services in Coventry seeks to reflect the current picture of demand for care and support alongside the design, supply and utilisation of provision commissioned from across the health and care market to meet the changing needs of local people. The MPS provides strategic information for providers to inform their business and development plans within the context of strategic priorities for health and social care, and the continuous improvement that is important to enable innovative, responsive and sustainable care services.

We are pleased to introduce this latest iteration of the Market Position Statement encompassing Adult Social Care and health services. Social care is an important issue for everyone and Coventry City Council (the Council) in partnership with Coventry and Rugby Clinical Commissioning Group (CRCCG) is committed to helping our most vulnerable people, their families and carers to receive appropriate and timely care and support.

This document aims to clearly describe the market for social care and community healthcare services in Coventry based on sharing data, evidencing trends and identifying key areas for service development that stimulates continued dialogue with provider market on how changes to service design and delivery can take place. Using this document as a catalyst for constructive dialogue we will continue to provide appropriate care and support to residents of Coventry throughout what is currently a very challenging time both in terms of available resources, complex needs and demands, and changing expectations.

Regardless of what the future brings the Council and CRCCG remain committed to working in partnership to provide good quality, sustainable care and support to people in the city and collaborating with people their families and carers along with wider health and social care providers and stakeholders to ensure this commitment is fulfilled.

**Councillor Faye Abbott – Cabinet Member for Adult Services**

**Pete Fahy – Director of Adult Services**

## 2. Strategic Direction

Coventry City Council in collaboration with Coventry and Rugby Clinical Commissioning Group continues to develop, deliver and evolve a strategic programme that places adults, their carers and families at the centre of everything we do to achieve a vision of providing Adult Social Care and community health services in ways which enable people to remain independent and fulfilled, with access to strong networks and personalised support.

Adult Social Care is part of the People Directorate within Coventry City Council. The People Directorate's vision is 'working in partnership to improve the life chances of all and protect the most vulnerable'.

In 2016 a vision and strategy was created for Adult Social Care that describes the priorities, purpose and approach. In simple terms all of our work, at whatever level, should continue to support the strategy of: 'Providing support, in the least intrusive manner possible, based on the assets, resources and abilities that are available to people'.



Figure 1: Coventry City Council adult social care vision

Adult Social Care supports people aged 18 and over who have care and support needs as a result of an illness or impairment. Support is also provided to carers who spend time providing necessary care to people with care and support needs. We continue to work in accordance with the Care Act (2014) and the required changes to practice and policy set out by the Act. The Act required improvements when people first make contact with us, and how we assess people and plan their support. We continue to concentrate on promoting wellbeing and independence to prevent, reduce or delay the need for long term support and to enable people to achieve their outcomes.

Key priorities for adult social care are to:

- Deliver high-quality, person-centred support for adults, their carers and families to secure good outcomes.
- Enable people in most need to have in place stronger networks and personalised support
- Empower people with the right support, at the right time, in the right way using resources that are available to them.
- Reduce dependency and assist adults to lead ordinary lives through access to effective enablement, preventative and wellbeing support.

The Council has also developed a Target Operating Model that clearly sets out the strategic view of the key elements required to ensure people are supported in the most effective and appropriate way.

The key elements of the model are:

- **Prevent:** Includes accessibility of information, support to carers and voluntary sector effectiveness.
- **Enable:** Includes promoting independence of information, Disabled Facilities Grant, assistive technology, intervention at crisis.
- **Support:** Includes home as opposed to residential support, and process effectiveness.
- **Review:** Includes home as opposed to residential support, and process effectiveness.

In 2018 Coventry and Rugby Clinical Commissioning Group published a refresh of [‘Our Commitment to Health’](#) commissioning intentions. This outlines the actions that the CRCCG will take to improve health outcomes for the local population along with setting out local health priorities in line with national and statutory requirements within the context of sustained and significant financial and clinical workforce challenges.

### **3. Strategic Commissioning**

Good quality, personalised and inclusive care and support is best achieved when there is a vibrant and responsive market that is committed to caring for people when they need it most. Health and social care work together to shape, commission and manage services from across the provider market in ways that enable a common understanding of local needs and how care provision should be configured to promote wellbeing and achieve care outcomes for all local people, carers and communities. The emphasis is on enabling market solutions that support people to stay independent and access care within the community for as long as possible.

#### **Principles of good commissioning**

The Council is committed to shaping good quality, diverse, accessible and personalised health and social care and support through the following principles of good commissioning:

Commissioning on the basis of better outcomes that enable and empower people to make decisions and take greater control of how they want to be supported and live fulfilling lives. This goes right to heart of delivering personalised care and support that promotes individual wellbeing, choice and control. Commissioning for outcomes will also continue to enable a strategic shift away from traditional care settings towards community support arrangements that keep people independent and well at home and within their own communities.

Stimulating the development of resilient communities to play a greater role in supporting people and carers most in need to prevent, delay or reduce their need for care. Key will be to shape and facilitate community asset-based responses that enhance local capacity for people and carers to do more to help themselves and each other with appropriate access to flexible support, universal services and community networks.

Collaborating with people and communities to co-produce care and support in partnership with people and their carers and families. Commissioning processes will continue to give local people and community group's opportunities to share their experiences, express their wishes, and inform how they want care and support services to be made available. This approach will create lasting and equal relationships between people and professionals along with embedding the principle that those who use a service are best placed to help design it.

Making the best use of available resources during a time of constraint on public spending and uncertainty around how the future cost of Adult Social Care will be met. Maximising value from commissioned services will go hand-in-hand with investing in prevention and wellbeing approaches to

reduce the demand for long-term care and deliver robust contract management and performance monitoring processes to ensure services remain efficient, effective and good quality.

## **Commissioning landscape**

Within a challenging social care environment the Council recognises the importance of developing strategic commissioning responses that enable people, carers and their families to support themselves and make use of community assets to improve health and social care outcomes.

### National Policy

In June 2018 the Government announced a long-term financial commitment for the NHS that will see an additional £20.5bn per year in funding by the end of the next five-year period. The settlement creates the foundation for the NHS to develop a 10-year plan to achieve key health priorities, which includes regaining performance standards and laying the foundations to improve access to mental health services and increase ill-health prevention.

There is a clear intention to ensure that a future NHS plan also enables closer integration between health and social care to improve people's outcomes and experience of the care system. However, Government decisions to delay publication of a Social Care Green Paper until the autumn of 2018 means that there continues to be uncertainty around the long-term funding position and sustainability of adult social care services, which guide commissioning and market development priorities.

### Integrated commissioning and delivery

The Coventry and Warwickshire Sustainability and Transformation Plan (STP), named the [Better Care, Better Health, Better Value programme](#), is the overarching framework for integration between health and social care across Coventry and Warwickshire. The STP programme reports through the Coventry Health and Wellbeing Board and includes nine workstreams (six transformational and three enabling) that reflect the priorities of one strategic, place-based plan developed across Coventry and Warwickshire. The Council recognises the important role that the STP continues to play in bringing organisations together to manage very challenging social care demands and deliver the wider agenda to improve the health and wellbeing of the whole population.

Alongside the STP the Council and CRCCG work in collaboration to jointly commission services that deliver improved health and social care outcomes for adults in Coventry. Statutory duties and local incentives established by the Care Act and the Better Care Fund have led to integrated health and care provision supported by pooled funding arrangements across a number of key areas of provision; home support (domiciliary care) frameworks for both short (reablement) and long-term support, care for people with learning disabilities and autism through the Transforming Care Partnership (TCP) plan, and a range of community preventative support delivered by voluntary and third sector groups.

Looking to the future, there are ambitions to develop a more integrated model of commissioning and contracting residential and nursing care provision to improve individual outcomes.

During December 2017 and March 2018 the Care Quality Commission (CQC) completed a review of the health and social care system within Coventry to answer the question *“How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?”* The review concluded that Coventry is well placed to make further improvements given the existing commitment from partners to work together. There was good evidence of effective leadership and commitment to improve services and support integration between health and social care. The full report can be found on the CQC website at [Local system review: Coventry](#). The Coventry Health and Wellbeing Board has led the development of an improvement plan to take on board the findings of the CQC review and ensure these are embedded as other system development work progresses. A number of elements of the plan, which runs to March 2019, have already been delivered.

### Better Care Fund

The Government-led Better Care Fund (BCF) programme is aimed at enabling health and social care services to work together more effectively so that people have timely access to a combination of care and support, which achieves a joined-up experience of the care system and the ability to live healthy and well for as long as possible. BCF is currently the main policy framework that focuses on integration with a national ambition to fully integrate by 2020.

Together the Council and CRCCG support this ambition and remain committed to improving patient and customer experience whilst realising that the integration of health and social care is a significant challenge at a time of continuing financial and demand pressures. The funding and service plans to support this aim are included in the Better Care Fund and are set out in the 2017-2019 Coventry Better Care Plan.

Delivery is against four key national measures, set by the Government and reviewed as part of refreshing of BCF plans, is part of a joint performance dashboard. These are:

- Reducing emergency admissions per 100,000 population;
- Reducing inappropriate admissions of older people into nursing/residential care (people aged 65+) per 100,000 population;
- Reducing the days of Delayed Transfers of Care (DTC) from hospital (people aged 18+) per 100,000 population;
- Increasing the proportion of people (aged 65+) still living at home, following Short Term Services to Maximise Independence



## Enabling health, wellbeing and independence

Good social care and support transforms lives and helps people to live better lives within a variety of often difficult circumstances. It enhances health and wellbeing, increasing independence, choice and control. These are fundamental principles in the delivery of Adult Social Care in Coventry. The provision of effective enablement and preventative support is critical; offering alternatives to long-term statutory services that help people to live healthier, longer and more fulfilling lives.

In April 2018 the Council and CRCCG implemented a new range of, jointly commissioned and coproduced, community preventative support arrangements to enable people most in need to maintain their independence and live well in the community with access to universal services. The model has been designed to offer outcome-focused and flexible preventative support around four priority groups (carers, people with physical impairments or dementia, people with mental ill-health and adults with learning disabilities) so that people can actively take steps toward maintaining their health, wellbeing and independence. The result has been both continuity and innovation in the preventative support made available. For example, a collaborative model of support for people with mental ill-health is enabling flexible approaches to target support more effectively, including housing-related support and community interventions, alongside an entirely original form of targeted early help for people with hoarding behaviours.

The Council has established a new in-house Promoting Independence Service for older people and adults with disabilities which provides short-term support to help individuals regain their independence after a period of illness. A team of occupational therapists, social workers and home support care workers help individuals to regain confidence in carrying out essential tasks to enable everyday living. For people with learning disabilities and their family primary prevention strategies are being used to reduce the negative impacts of learning disability in society, improve people's access to community and universal services, tackle disability perspectives and prevent abuse.

Together health and social care partners in Coventry have designed, developed and commissioned [short-term support to maximise independence](#) pathways that provides people with appropriate support to promote their timely discharge from hospital, quick recovery from illness and prevent avoidable acute hospital readmission and premature admission to long-term residential care.

## Supporting carers

Carers are one of Coventry's greatest assets and enabling carers to get the support they need, when they need it, is integral to the delivery of effective health and social care services.

Providing support to carers is central to the provision of effective enablement and preventative approaches; enabling people to live within their own home with the support of close family and

informal networks around them. Within Coventry, early intervention, even at the point of people contemplating taking on a caring role, is key to ensuring that carers can sustain the valuable role they perform in the long-term. The Council continues to improve available support and life-experience for carers through [Coventry Carers Strategy 2016-2019](#). The strategic priorities that guide this activity are:

- Identification and recognition
- Realising and releasing potential
- A life alongside caring
- Being healthy

### Transforming Care

Coventry and Warwickshire Clinical Commissioning Groups and local authorities are working jointly as a Transforming Care Partnership (TCP) to deliver a programme to improve community services for people with learning disabilities and/or autism who have a mental ill-health condition or behaviors that challenge.

The TCP is enabling a joint plan that describes how partners will work together to shape services for the future; moving away from institutional models of care. The plan specifically describes how we will reduce the use of, and reliance on, in-patient provision and strengthen support available in the community. In March 2017, a new framework for specialist services across Coventry and Warwickshire was developed and work continues across the TCP area footprint to deliver the plans to ensure that the needs of people are met in the least restrictive environment.

### Personalisation

The Council's aim is to implement and embed the principles from Think Local Act Personal 'Making it Real', Making Safeguarding Personal actions, and Coventry's Personalisation and Commissioning Strategy. This will enable people who require care and support in Coventry to have greater choice, control and flexibility over their support.

The Council has established an Independent Living steering group to take forward the 'Making it Real' action plan to improve and expand on the range of options in the market place that could be purchased with Direct Payments (DP's) Individual Service Funds (ISF's) and Personal Health Budgets (PHB's). This includes support to manage Direct Payments, navigate the care market independently, and improve the recruitment and retention of personal assistants.

From 1 April 2019 NHS England expects all Clinical Commissioning Groups to use PHB's as the default model of delivering NHS Continuing Health Care (CHC) funded home support packages. The

Council aims to work jointly with CRCCG to enable an integrated approach to the administration and monitoring of PHB's.

### Workforce development

There are known workforce pressures impacting the health and social care system and a Coventry and a Warwickshire Local Workforce Action Board (LWAB) is in place to address these. A strategy has been developed which outlines the key challenges and risks around workforce and identifies key priorities and enablers. Central to the strategy is the requirement for engagement with the current workforce to enable positive change along with the development of skills for the current and future workforce to support person-centred care.

### Quality of local care services

The Council is committed to commissioning and managing high-quality care services from the market, which are safe and deliver good outcomes for people. An integrated quality assurance team across health and social care partners in Coventry, made up of contract officers and clinical nurses, builds open and robust contract management relationships to target performance monitoring activities based on risk, identify and challenge care practice issues that may impact on quality, and provide guidance and support on required improvements. The aim of effective quality assurance and contract management is to maximise operational and financial performance, while minimising risks which can impact on providing good quality, safe care.

The Care Quality Commission (CQC) [fundamental standards](#) and ratings system sets the benchmark for the quality of care people should expect from a registered provider. The Council's expectation is that providers should be rated as either 'good' or 'outstanding'. Whilst there are always challenges in maintaining good quality care, CQC [care directory data](#) shows that the profile of providers in Coventry compares well against inspection ratings both nationally (England) and across a Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group of 15 local authorities.

The proportion of care providers in Coventry rated as 'Good' is 83.4% with the national rate being 84.1%. Looking at the comparator group, Coventry is fifth in terms of the number of providers rated as 'Good' with the average across the group at 83%. The profile also shows that 0.6% of providers in Coventry are rated as 'inadequate'; lower than both the national level and the average across the comparator group of 1%.

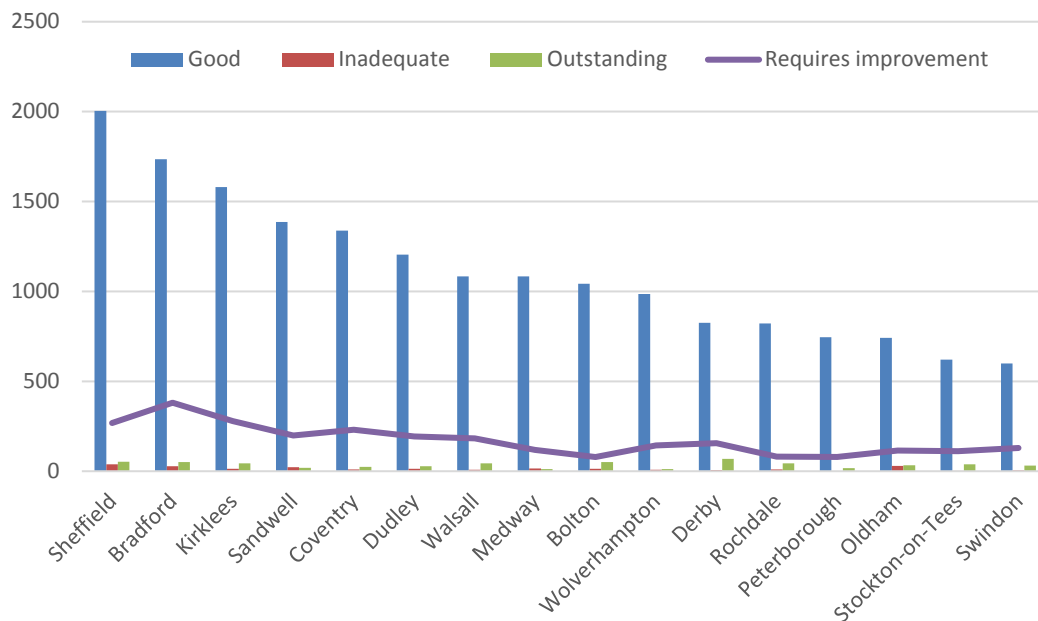


Figure 2: CQC provider ratings across Coventry's local authority comparator group - June 2018

The current quality assurance priority for Coventry is to undertake targeted challenge and support for the group of providers that are rated as 'Requires Improvement'; currently 14.4% of providers in Coventry, 11.6% nationally and an average of 12.6% for the comparator group. Recurring themes that impact on the quality of care are recruitment, retention and development of staff, and leadership and management.

The Council continues to work with providers to think creatively about how to attract and retain good staff through a number of initiatives such as the care home provider forum which encourages sharing of ideas and best practice. According to Skills for Care in its West Midlands Regional Report the staff turnover rate in Coventry is 27%, the sixth lowest of the 14 local authorities in the West Midlands.

To support providers around continuous improvement in leadership and management, the care home sector-led [Registered Managers' Forum](#) has been re-established and meets regularly; facilitated by Skills for Care and supported by the Council. In addition, Coventry has recently been successful for additional resource to introduce the [My Home Life](#) initiative that promotes quality of life and positive change in care home leadership and practice.

A number of care home improvement campaigns are being implemented across health and social care in Coventry, including 'React to Red' skin pressure/ulcer prevention and treatment accreditation and 'Say No to Infection', a programme which accredits homes for infection prevention and control. React-to-Red' has 24 care homes accredited along with 'Say No to Infection' that has nine care homes accredited. All accredited homes have been avoidable pressure ulcer free since accreditation.

## 4. Key Market Messages

Drawing on the information and data presented within this statement the following messages aim to highlight the main priorities for commissioning future community health and social care provision in Coventry.

1. With an aging population in Coventry the overall demand for social care services is expected to continue rising. During 2017-18 the Council funded care services for 9,389 people; a year-on-year 4.5% increase in demand since 2015-16. New requests for social care and support also increased by 6% over the same time.
2. Health and social care will continue to prioritise short-term enablement and prevention services to support people to live well for longer in their own homes and communities, and manage the demand for acute treatment and long-term social care. The Council has seen a positive impact of investment in short-term support to maximise independence during 2017-18 with the total number of long-term care packages reducing by 4%.
3. It is expected that in future years a growing proportion of demand and need will be met through:
  - Short-term services that enable people to leave hospital and quickly recover from periods of ill-health or access support from the community to regain the skills needed to remain independent and prevent repeat hospital admission.
  - Greater access to flexible community-based care models including Home Support and Housing with Care (extra care housing) for all adults with care and support needs
  - Services that maximise the availability of assistive technology and equipment to meet the care needs of both younger and older adults in flexible ways that enable them to live safe and well in the community and their own home for longer.
  - Personalised options for people and carers to purchase care and meet their own needs using a mixture of Direct Payments and Individual Service Funds
  - Individual and community-based assets, resources and support networks such as carers, families and friends.
4. Overall supply of care home services in Coventry is predominantly from the independent/private market with some supply from the voluntary sector, Council owned and operated services. The mix varies depending on the area of provision. Future commissioning activity will reflect:
  - That while Coventry has an adequate supply of residential and nursing care provision for older people a proportion of the supply is made up of converted residential properties that are likely to require modernisation or replacement in the near future.

- An emerging gap in the market for residential and nursing care provision to better meet the care needs of people with challenging behaviours associated with mental ill-health, including complex cognitive impairment and dementia, and long-term alcohol or substance misuse.
  - A need to reduce the amount of out-of-city residential care provision for people with learning disabilities.
5. Commissioning activity will continue to reflect the strategic direction for health and social care that focuses on promoting wellbeing and independence to prevent, reduce or delay the need for long term care along with enabling care needs to be met from within the community as the first option. In this context Adult Social Care will:
- Focus on shaping the development of care models and services for the future through greater dialogue, engagement and coproduction with the market to increase independence and wellbeing outcomes for adults, promote technological innovation and underpin market sustainability through the delivery of cost effective and flexible care and support.
  - Continue to collaborate around the design and commissioning of integrated health and social care service models.
  - Encourage both community and accommodation-based providers to increasingly adopt enabling models of care that enhance personal independence and improve individual outcomes.
  - Expect regulated providers to reach and maintain a CQC rating of at least 'Good' for all services commissioned by the Council. Services that are not regulated will be expected to operate to similar quality standards.

## 5. Adult Social Care Spend

The total gross revenue outturn of Adult Social Care services during 2017-18 was £108.2m, an increase of 2.7% on the previous year spend of £105.4m.

The total spend on Adult Social Care packages during 2017-18 was £85.3m. This was a 2.3% increase on the previous year spend of £83.4m. Approximately 40% of this was spent on residential and nursing care, with approximately 36% spent on home care.

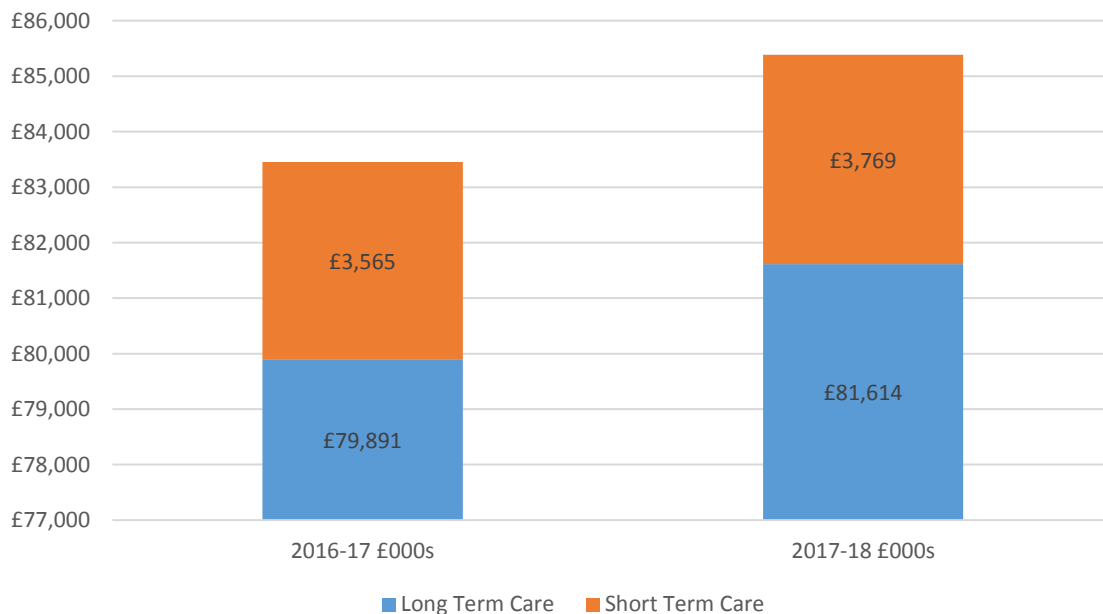


Figure 3: ASC gross expenditure, Adult Social Care Finance Return 2015/16 and 2017-18

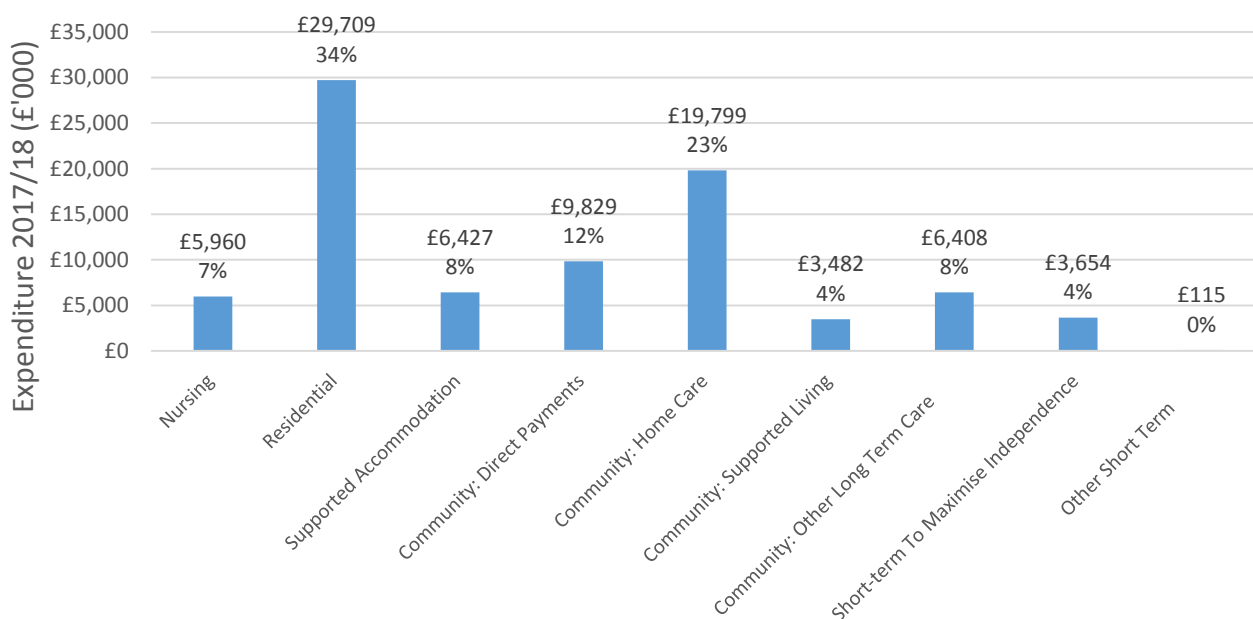


Figure 4: Breakdown of gross expenditure on long and short term care services, Adult Social Care Finance Return 2017-18

## Overall Context of the Council's Financial Position

The Budget Report 2018/19, approved by Council in February 2018, incorporates anticipated reductions in funding over the next three years. The position is particularly uncertain for financial year 2020/21 which could be subject to the combination of a new national Spending Review, a revised resource allocation model within the local government sector and a new Business Rates model. As a result, there is huge uncertainty around local government funding which makes it impossible to provide a robust financial forecast at this stage. Nevertheless, initial assumptions and existing trends are sufficiently firm to indicate that there is likely to be a gap for 2020-21 in the region of £21m. This demonstrates the need for the Council to continue to exercise robust financial disciplines and to take a medium term approach to budget setting. It will remain key for the Council to deliver the savings proposals that have been assumed within the budget and to continue to seek efficient delivery of services into the future.



## 6. Coventry Population Profile

The Council continues to develop the [Joint Strategic Needs Assessment](#) (JSNA) as the evidence-based on current and future health and care needs of the local community. It is intended to inform and guide the planning and commissioning of health, wellbeing and social care services within the local area and consider factors that impact on the health and wellbeing of the local community.

### Whole Population

Coventry is the seventh fastest growing local authority area with an estimated population in 2017 of 360,149. It is estimated that the population in Coventry increased by 6,900 from mid-2016. Coventry's population growth rate since the year 2000 is higher than the national average; over the 10 years from 2007, when Coventry's population started to grow significantly Coventry's population has grown by a fifth, nearly 60,000 additional residents. This is the second fastest 10-year growth rate of all local authority areas outside of London.

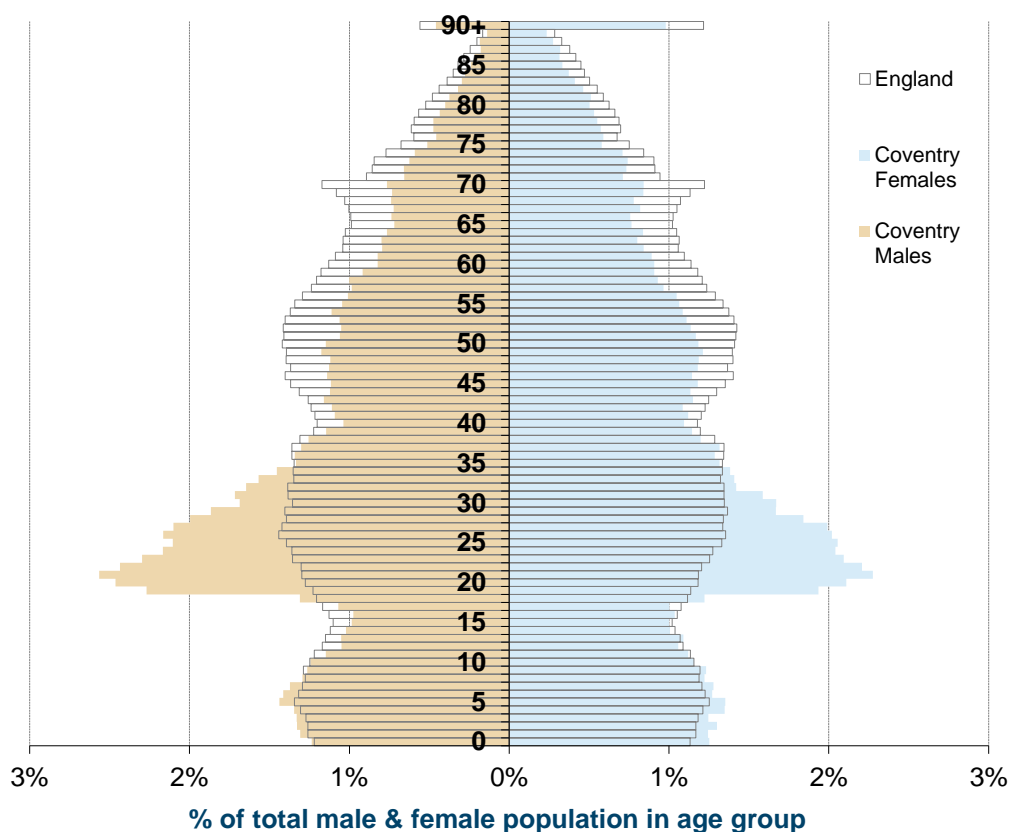


Figure 5: Coventry City's population by age, ONS, Mid-2017 Population Estimates revised

The main cause of population growth in Coventry between mid-2016 and mid-2017, as in recent years, was net international immigration; there are more people moving to Coventry from overseas

than moving abroad from Coventry. Around 6,300 of the population increase was a result of net international immigration; 8,700 people inward and 2,400 outward. This is partly a result of increases in the number of overseas students studying at local universities but also a significant proportion of international migration to Coventry was by people aged 22-34. As a result, Coventry's population has a much younger age profile than England in general – the average age of Coventry's residents is 32.3 years, notably lower than the England average of 39.8 years.

There are positives to this growth and it is, in many ways, a by-product of the city's ambitious programme of regeneration and employment, and the growing profile of the city on the national stage through successes such as City of Culture 2021.

Office of National Statistics (ONS) projections over the next 10 years to 2028 show that Coventry's population as a whole is predicted to grow by 13% to 414,847 and by 24% to 453,390 in 2038.

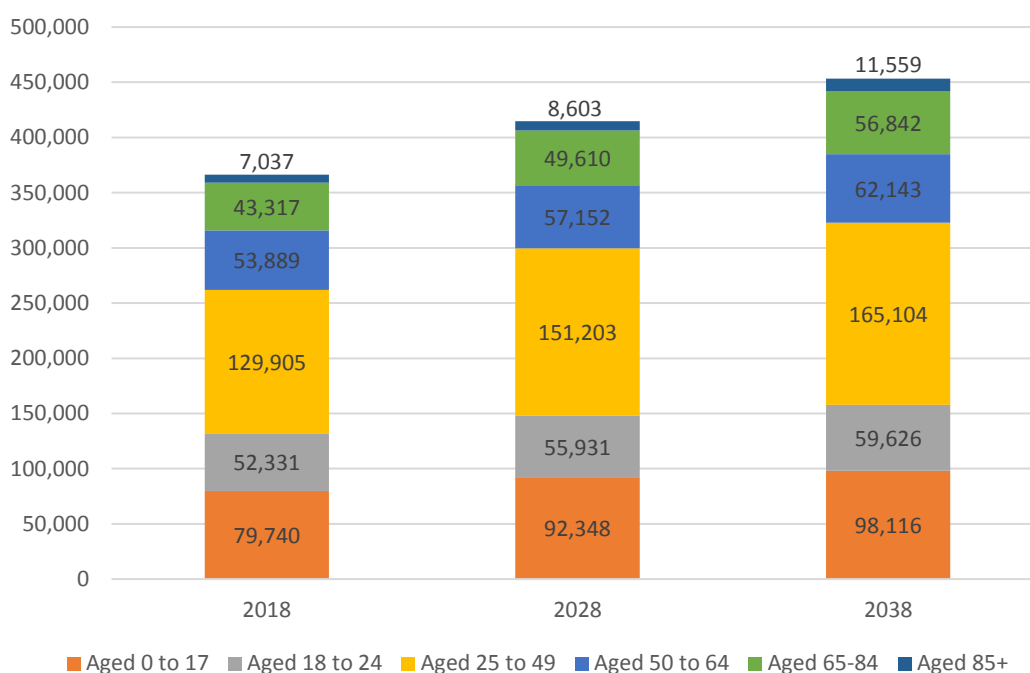


Figure 6: Coventry City population projections 2018-2038 - all age groups

## Aging Population

The level of growth will present challenges in respect of expanding public service infrastructure to support a larger population. Importantly for Adult Social Care the key challenge will be in meeting the care needs of an older population that is expected to grow at a faster rate than any other working age group; placing greater demand on care and support services.

During 2018 and 2028 the population of older people aged 65-84 is estimated to rise to 49,610, an increase of 15% (6,293). In addition, over the same period the number of older people aged 85 is

projected to rise to 8,603, an increase of 22% (1,566). Looking ahead 20 years toward 2038 projections show a greater challenge with the number of older people aged 65-84 expected to increase to 56,842 (13,525; 31%) along with those aged 85 and over increasing to 11,559 (4,522; 64%).

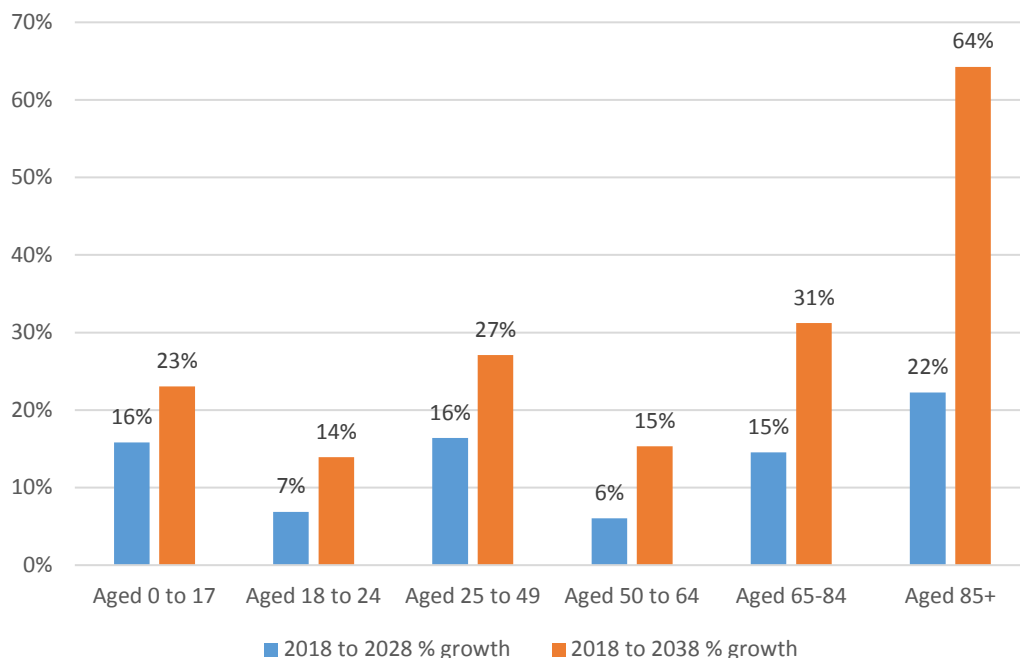


Figure 7: Coventry City population projections 2018-2038 – all age group growth proportions

Refer to [2017 population estimates](#) within Coventry’s Joint Strategic Needs Assessment for further information on Coventry’s whole population.

## Population Health

The health of the population continues to be a challenge for all partners within the city. Dependant on which area of the city someone lives in, the difference in life expectancy can be as much as 8.7 years for females and 9.4 years for males. This compares to national figures of 9.2 and 7.0 respectively.

Alongside this statistic is the fact that healthy life expectancy for females is 62.9 years compared with a life expectancy of 82.4 years. For males, healthy life expectancy is 62.2 years and life expectancy 78.5 years. Therefore, a significant period of people’s lives is being spent in declining health

**Table 1: Life Expectancy and Healthy Life Expectancy**

2014 - 2016	Healthy life expectancy at birth		Life expectancy at birth	
	Male	Female	Male	Female
Coventry	62.2	62.9	78.5	82.4
West Midlands	62.6	63.2	78.8	82.7
England	63.3	63.9	79.5	83.1

Figure 8: Coventry's life expectancy and healthy life expectancy

Disability-free life expectancy is the age at which an average person in a population can live without any limiting disabilities. In Coventry it is 60.5 years amongst men and 62.1 years amongst women. This means men can expect to live 18 years and women can expect to live 20.3 years with a disability. For men, Coventry's figures are significantly lower than the national average.

Refer to [life expectancy](#) information within Coventry's Joint Strategic Needs Assessment for further details on health inequalities.

## 7. Changing Needs

Understanding the future needs of local people including the prevalence of conditions that may require a social care response supports both Council commissioning activities and intentions alongside broader market understanding to plan future service development and care delivery models.

### Older people

A growing older population also translates into prevalence projections for conditions that may require a social care response. Projecting Older People Population Information (POPPI) data indicates that in 2017 the population of people aged 65 and over with a limiting long-term illness whose daily activities are limited a lot was 13,721, with the number projected to rise to 17,629 (11.3%, 3,908) by 2030.

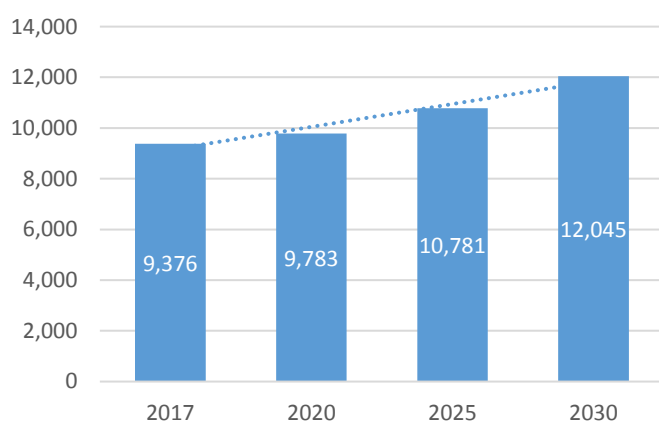


Figure 9: People aged 65 and over unable to manage at least one mobility activity on their own, POPPI

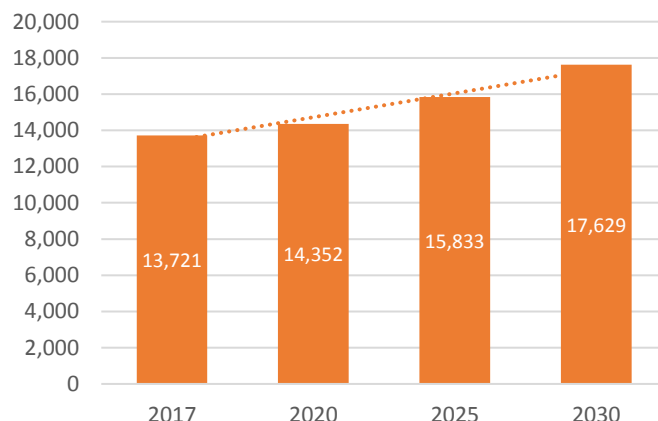


Figure 10: People aged 65 and over with a limiting long-term illness, POPPI

This projection of demand is also mirrored in the number of people aged 65 and over that will be unable to manage at least one mobility activity on their own; defined in terms of going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. Here the population of 9,376 is projected to increase to 12,045 by 2030 (11.7%, 2,669).

While just under a third of households in Coventry were reported in 2011 to be single-person households, there are also projected increases in people aged 65 years and older who are living alone. This may indicate a potential increase in possible levels of social isolation; however the number of people aged over 65 years living alone can only be considered to be a proxy measure. Nevertheless, it may be relevant to consider how this could impact the provision of future services.

In 2017, 6,720 of the population of Coventry aged 65-74 years were projected to live alone and this is projected to increase to 6,930 (3.6%) by 2025 and to 7,810 (12.7%) by 2030. For the proportion of the population aged 75 years and older, the number of people living alone is projected to increase from 11,696 to 14,173 in 2025, an increase of 12.9%

Along with projected increases in Coventry’s population aged over 65 years old, it is also projected that there will be an increase in the population who will live in residential care. In 2015, it was projected that 1,324 people will reside in a care home with or without nursing provision and in 2020 this number is projected to increase to 1,454; a 10% increase. It should be recognised that this includes people who self-fund their care as well as those accessing local authority support. The Adult Social Care Outcomes Framework notes there are 768 permanent admissions to residential and nursing care homes per 100,000 of the population aged 65 years and older.

### Adults living with dementia

One in three people over the age of 65 will develop dementia. There are 800,000 people in the UK diagnosed with dementia, with 665,000 of this number in England (Alzheimer’s Society 2013). With an aging population it is predicted the number of people with dementia in the UK over the next 30 years will double to 1.4million and predicted costs likely to treble to over £50 billion. This will place an heavy burden on patients, carers and health and social care resources over the long term.

In August 2018 there were 2,950 older people aged 65 and over living in Coventry and Rugby with a diagnosis of dementia from an estimated population of 4,950 people living with dementia. This highlights a noticeable gap in diagnosis rates. The figure 11 shows a slight increase of 1% in the estimates of older people aged 65 and over living with dementia during the last year to August 2018.

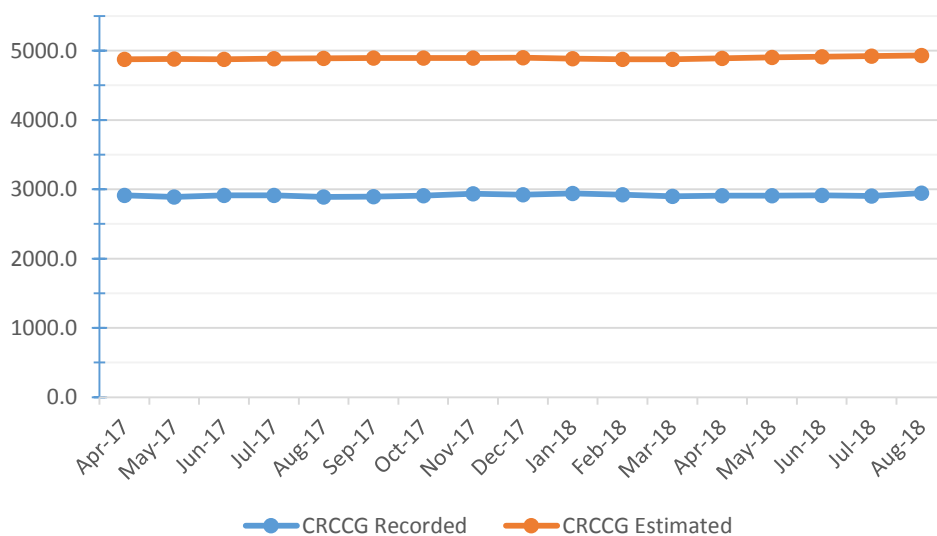


Figure 11: Number of people with a recorded diagnosis of dementia against the estimated number of people living with dementia across Coventry and Rugby

Services need to be adapted to support the increasing levels of dementia utilising innovative care models including Individual Service Funds (ISFs) and the greater use of assistive technology to support people living within the community for as long as possible.

Coventry's [Dementia Strategy](#) lays out Coventry's view in supporting people living with dementia in the city. The strategy has links with the Prime Minister's Challenge on Dementia 2020 and is based upon the principles of the NHS well pathways for dementia which are:

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

The Coventry Strategy contains an action plan, currently being updated for 2018/19, to improve the well pathways for people living with dementia in the city, meaning people have access to, and are supported by, services throughout their journey of living with dementia. The strategy has ties with the Carers Strategy and ensures carers are also supported to be able to care for a person living with dementia.

### **Adults with disabilities**

The vision for disability services is to improve the quality of life for adults with learning and physical disabilities, autism and mental ill-health through:

- A seamless service and support throughout their whole life course
- A better integrated and multi-disciplinary support across sectors
- Promoting independence and empowerment and increasing the opportunities for people to stay local or to return to local connections.

Our approach will be focused on improving people's lives; focused on breaking down barriers for people between agencies and services along with making sure people's happiness, aspirations and achievements are never limited due to a disability. Through a person-centred approach we will ensure people have experiences they value: developing relationships, making choices, contributing, having valued roles and sharing ordinary places.

Figure 12 shows the projected increase in the proportion of adults aged 18-64 with learning disabilities in Coventry through to 2025 and 2030.

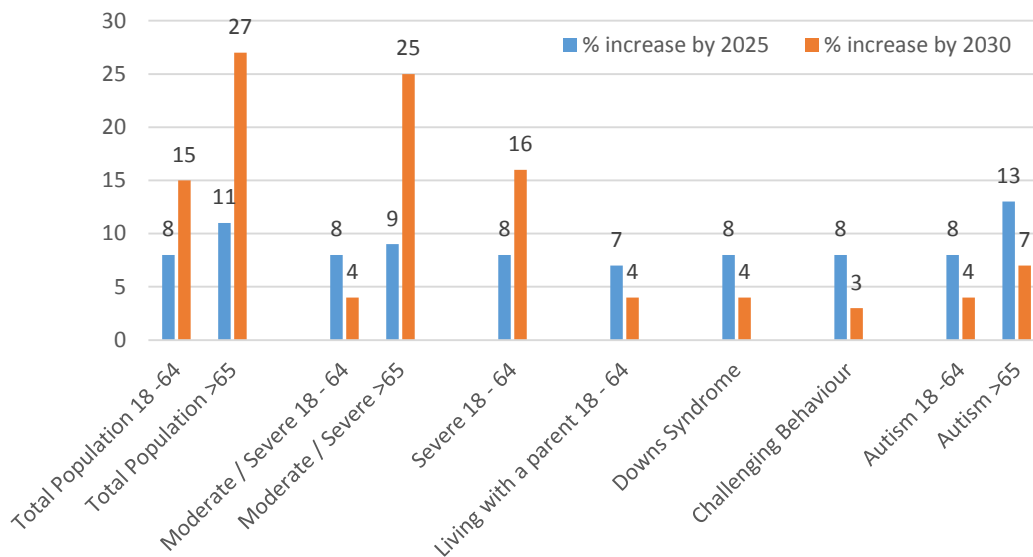


Figure 12: Projected increases in people predicted to have a learning disability in Coventry, PANSI

- By 2030, it is estimated that one in four of the projected adult population will have some form of disability or limiting long-term illness. An increase of 16% for Coventry to 56,733
- In Coventry 5% of the population (17,270) are unemployed. Of these 10% are likely to have a disability
- In Coventry 61.8% of people with a long-term condition feel supported to manage their condition, this is slightly lower than the England figure of 65.1%
- The number of planned transitions from Children's Social Care continues to increase with 59 young adults transitioning in 2017/18, of which 23 were eligible for social care compared to 55 in 2016/17, of which nine were eligible for social care.

Over recent years greater scrutiny of the health inequalities experienced by people with a learning disability has been applied in order to improve individual outcomes through a co-ordinated approach across professionals and commissioned services. A National Overview of Learning Disabilities General Health shows us that:

- In 2016-17, one in 218 people were recorded as having a learning disability.
- Over 57% of patients registered at General Practices in England were included in this data, an increase from 51% in 2014-15.
- On average, females with learning disabilities had around an 18 year shorter life expectancy than the general population, and males had around a 14 year shorter life expectancy than the general population.
- Almost 80% of eligible patients with a learning disability aged 60-69 received screening for colorectal cancer, an increase from 69% in 2014-15.



- Overall, almost 50% of patients with a learning disability received an annual learning disability health check in 2016-17. This is an increase from 43% in 2014-15.
- Around 42% of patients with a learning disability received a seasonal influenza immunisation in 2016-17 compared to 41% in 2014-15.
- The overall rate of constipation identified in patients with a learning disability was just over 13% in 2016-17. This is an increase from under 2% in 2014-15. 3% of patients with a learning disability also had a diagnosis of dysphagia, with the highest prevalence recorded in patients aged 75 and over.

## Carers

The 2011 census identified 32,102 people within Coventry providing unpaid care. 24.7% of those identified as providing care are providing 50 or more hours a week of unpaid care. The Council estimates that one in ten people are likely to be providing care so this figure is comparable to National Statistics. The Valuing Care 2015 report equated the value of this care within Coventry to be worth £680 million to the health and social care economy.

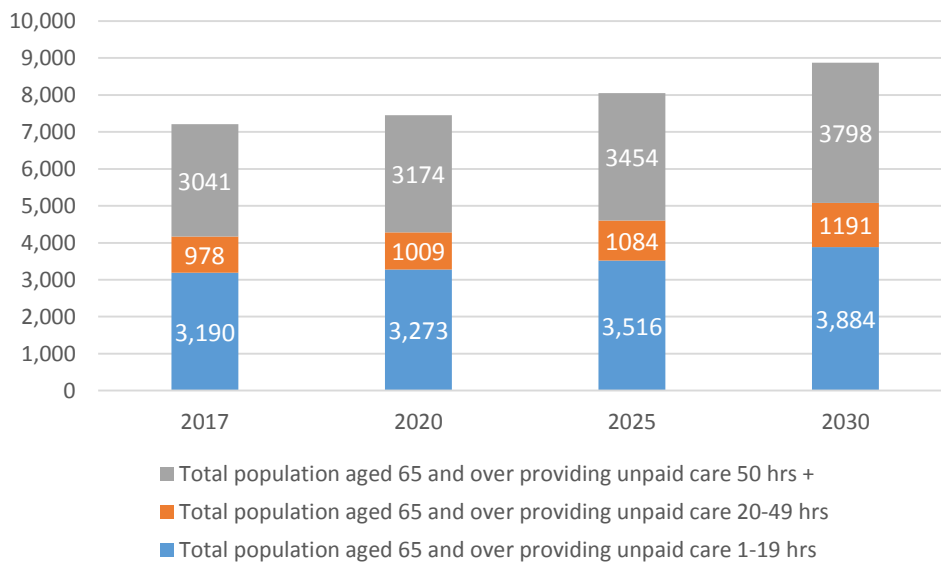


Figure 13: Projections of people aged 65 and over providing unpaid care, POPPI

Estimates suggest 541 adults in Coventry with a severe level of learning disability are residing with their parents (PANSI), which again is a key indicator of unpaid care.

2017 estimates suggest that 7,208 of carers are identified as being over the age of 65 of which 3,041 will be providing care for 50 hours plus. Most people taking on a caring role are within the age range of 50-64 due so for a parent usually living at a separate address. The second most likely caring scenario is a spousal caring relationship.

Recent data analysis from the Social Market Foundation (SMF) suggests that the amount of people providing unpaid care has increased rapidly in the last decade. However, the most notable trend in caring is the amount of time a carer is providing care that has increased significantly (SMF, 2018). National trends indicate that caring is getting more complex, with many carers managing additional responsibilities such as raising children and sustaining employment, mutual caring relationships (both caring for one another) and caring for people with more complex needs.

**Adults with mental ill-health**

At least one in four British adults will experience some form of mental ill-health problem in any given year. Those who live in more deprived areas are twice as likely to be affected by mental ill-health. There are many factors that can cause, or be a consequence of, mental ill-health problems such as unemployment, deprived income, substance and alcohol misuse, and crime and violence. The estimated annual cost of tackling mental ill-health in the UK, including spending in health and social care, is now over £20 billion.

Projecting Adult Needs and Service Information (PANSI) data for 2017 estimates that one in nine adults aged 18-64 (36,413) in Coventry were affected by a common mental ill-health condition at any one time. Common mental ill-health disorders include conditions such as depression, anxiety, phobias, obsessive-compulsive disorder (OCD), eating disorders and post-traumatic stress disorder (PTSD). Based on population estimates common conditions are projected to increase by 4.4% to 41,050 during the period to 2030.

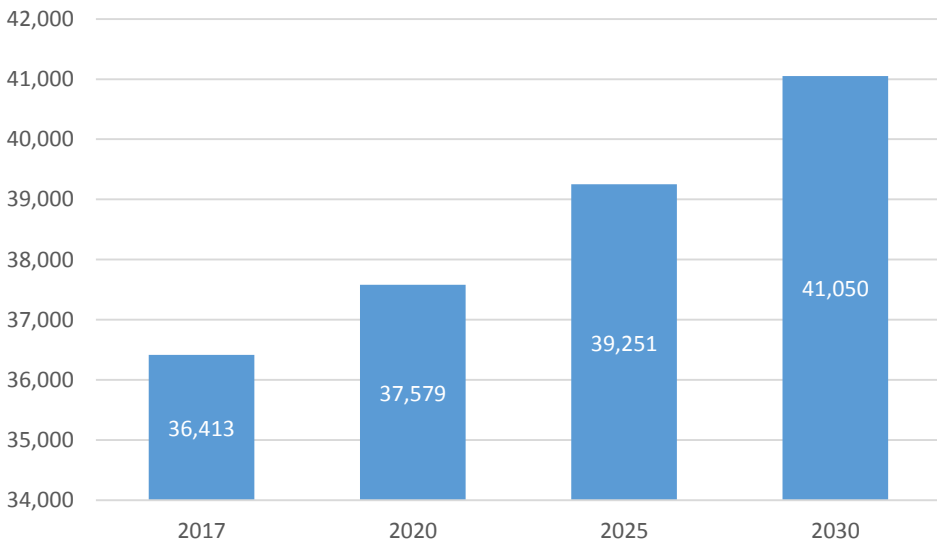


Figure 14: People aged 18-64 predicted to have a common mental health disorder, PANSI

Given that a proportion of mental ill-health problems are not formally diagnosed and that not all people will actively seek or engage with services, these figures are likely to be an underestimation.

The King's Fund estimates that 35% of those with depression and 51% of those with anxiety disorders do not seek support from services.

Refer to the [Mental Health and Wellbeing](#) information within Coventry's Joint Strategic Needs Assessment for further details.

## 8. Care Demand

Understanding the overall demand for social care services is essential to inform what is required to meet the changing needs of our population, including the future supply and configuration of services and support.

### Overall demand

The demand for Adult Social Care continues to increase, represented by a year-on-year 4.5% raise in the total number of people receiving any form of support; an increase of 401 people in 2017-18. This overall increase in social care demand consists of all services, including short term support services, equipment and adaptations and telecare services.

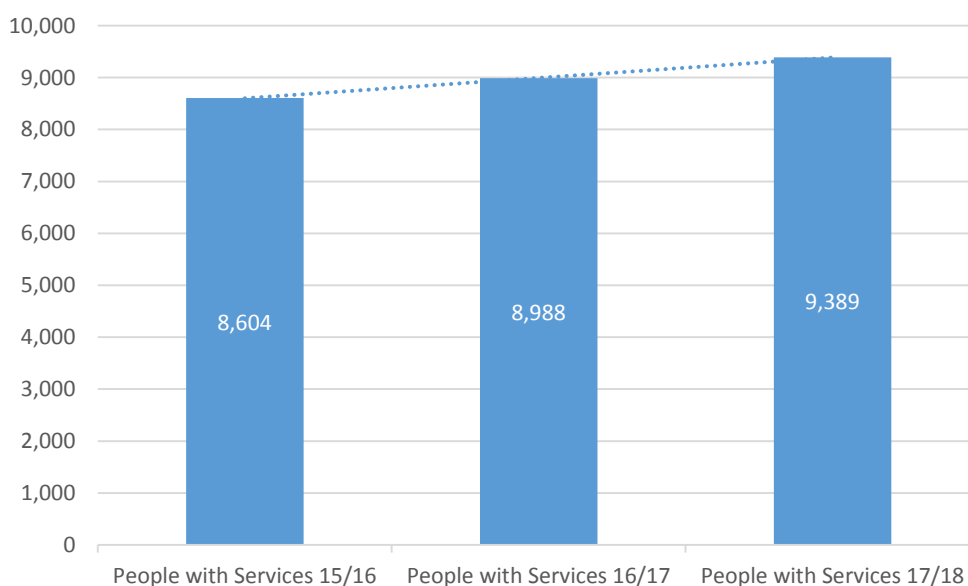


Figure 15: Total number of people supported by adult social care across all services in Coventry

In addition, the Council continues to experience an increase in demand from people making new requests for social care and support, demonstrated by a 6% (599) increase during last year; from 9,691 in 2016/17 to 10,330 in 2017/18. Over the three years from 2015-16 the increase in demand for new requests is 11% (994).

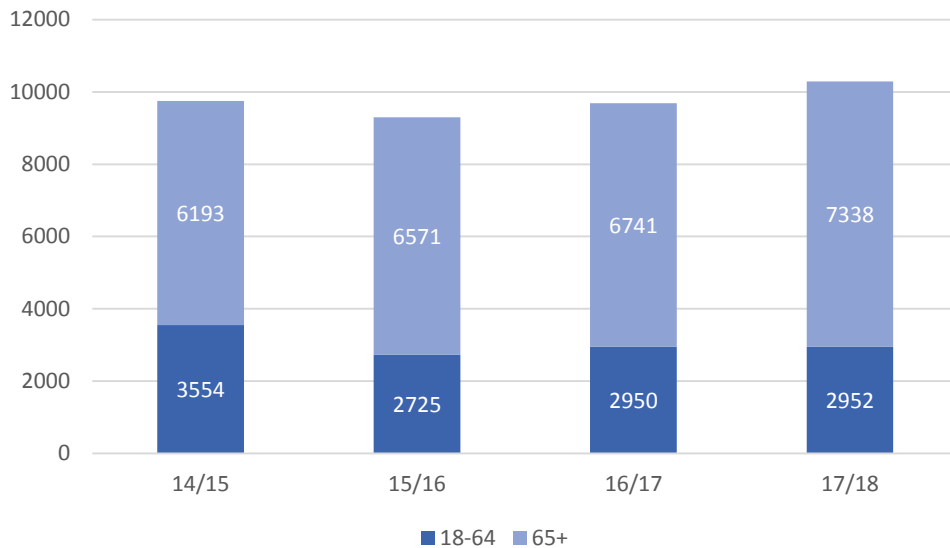


Figure 16: Total new requests for adult social care in Coventry, all people aged 18+ by financial year

The majority of the demand growth is from older people aged 65 and over (77%) with adults aged 18-64 accounting for (23%). While this reflects the wider picture of increasing demand for care and support from a growing older population, the Council’s vision and strategy for social care means more people are being supported at a lower level or for a short period rather than with a long-term care package.

In 2017-18 the Council has seen a 4% (188) reduction in the total number of people receiving long-term social care and support during the year; down from 4,531 to 4,343. This reflects a picture of a continued fall in the number of people receiving long-term care, with a reduction also seen in 2016-17 of 7.3% (-358).

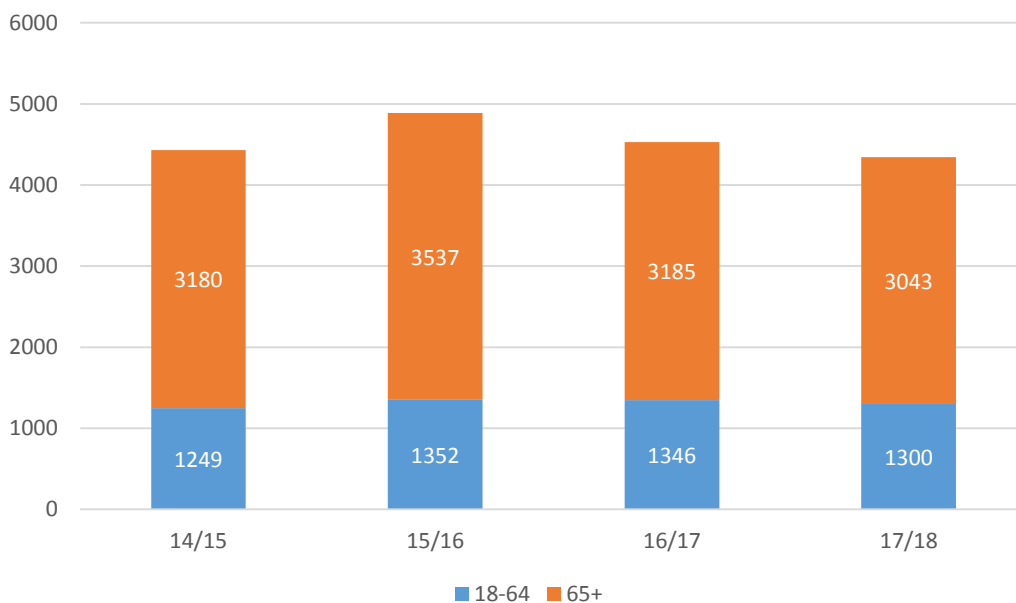


Figure 17: Total number of people receiving long-term adult social care in Coventry by financial year

The difference between an overall demand and declining number of people receiving long-term care is explained by a combination of factors; while there may be increased demand from public awareness of how to seek Adult Social Care, in part driven by changes taking effect from the implementation of the Care Act 2014, the Council's approach to working with people to plan their need for care and meeting eligible needs in enabling and preventative ways is managing demand pressures.

### Short-term services

Health and social care investment in short-term support to maximise independence is recognised as central in achieving a reduction in the demand for acute healthcare and long-term social care.

#### Pathway 1: Short-term home support

The service enables people to return and remain at home with regular support to build recovery from illness, build strength and confidence, and regain skills that are vital for maintaining independence. Care is typically provided over a six-week period by a home care agency with additional support from other professionals such as physiotherapists or occupational therapists if specialist help is needed. The pathway is further complemented by a specialist service that enables people with dementia to live independent and well in the community and return home following a stay in hospital.

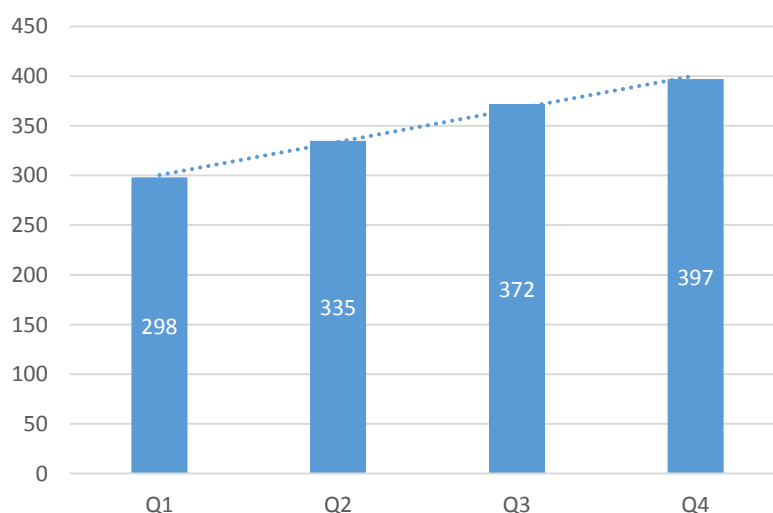


Figure 18: Pathway 1 short-term home support service starts 2017-18 by each quarter

During 2017-18 a total of 1,402 people (predominantly older people) were supported to leave hospital and regain their independence through short-term home support. Within this overall demand, there has been a 33% (99) in-year increase in the number of people receiving short-term home support when comparing demand within quarters 1 and 4. As a snapshot of demand, an average of 21 people were discharged from hospital into short-term home support each week between April and September 2018.

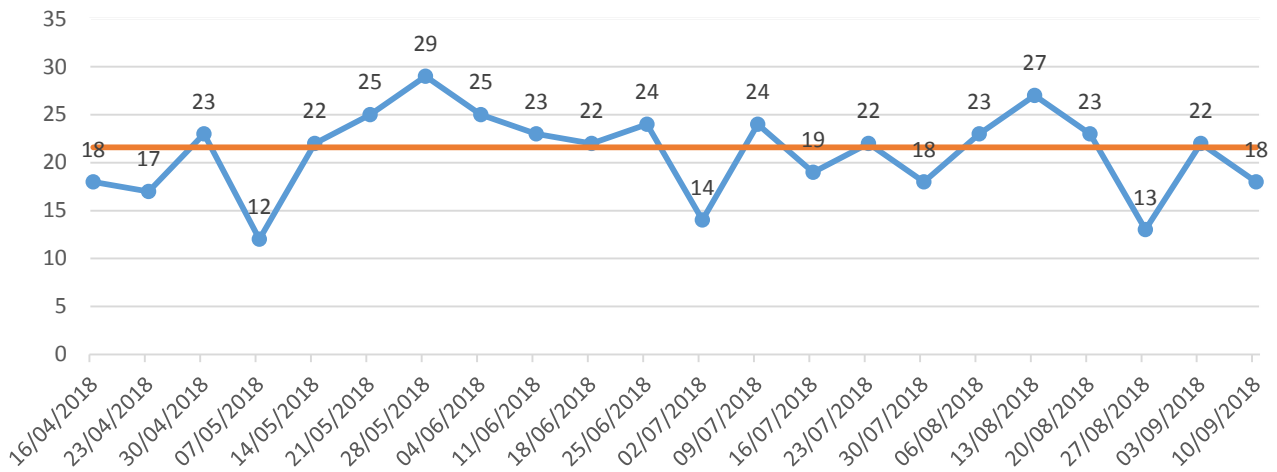


Figure 19: Hospital discharges into pathway 1 short-term home support – April – September 2018

### Pathway 2: Short-term accommodation-based care

The service offers a range of both residential and Housing with Care (HwC) placements that aims to provide a period of short-term support to maximise a person’s independence, if they are unable to safely return home at the point of hospital discharge with a reasonable outcome expectation that they will return home and remain independent in the long-term. People have access to either their own self-contained flat or room with care provided by on-site care staff, along with additional support from therapists depending on the circumstances and individual needs.

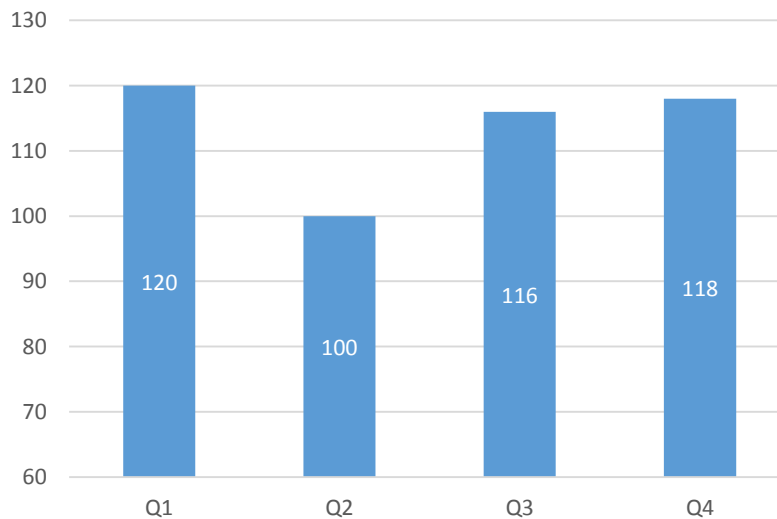


Figure 20: Pathway 2 short-term residential and HwC service starts 2017-18 by each quarter

In 2017-18 there were 454 new service starts into short-term accommodation-based service beds, 67% of which were residential and 33% housing with care. On average there were 114 new service starts per quarter and, based on a snapshot between April and September 2018, an approximate average of nine hospital discharges per week into the service. On average people spend 6.4 weeks

regaining their skills and independence in a short-term service bed. Housing with Care services had a 16% higher average length of service at 7.6 weeks with a maximum of 9.4 weeks.

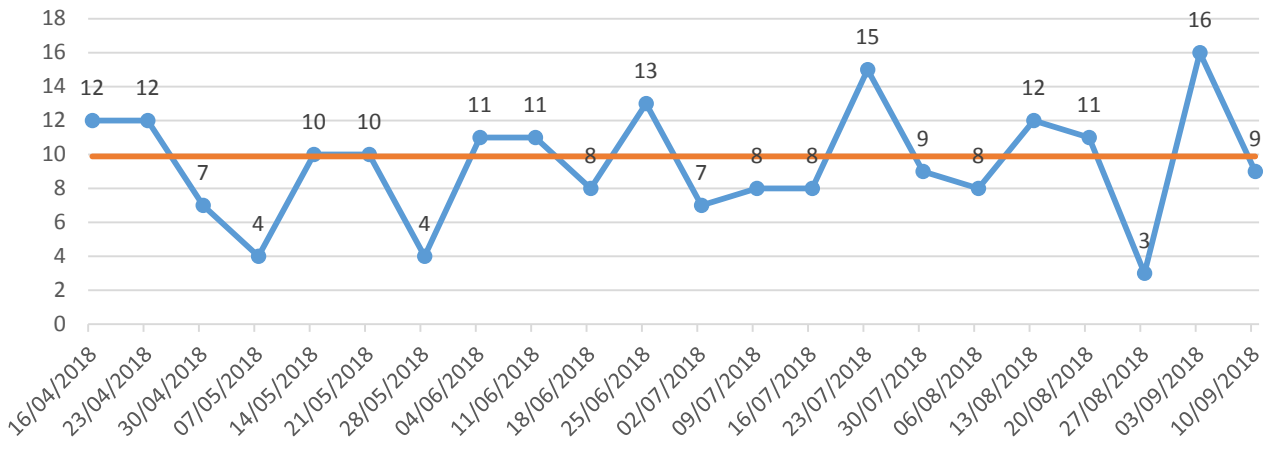


Figure 21: Pathway 2 short-term residential and HwC discharges from hospital – April to September 2018

Coventry Better Care Plan data metrics can be used to show how demand for social care is being managed through the use of short-term reablement services. Adult Social Care Outcomes Framework (ASCOF) 2b and 2d indicate that through a combination of short-term home support and accommodation-based services a high proportion of people are able to regain their independence without the need for ongoing care and support; 81% of people discharged from hospital into a short-term service were still living independently 91 days later and 75% were prevented from requiring long-term care services.

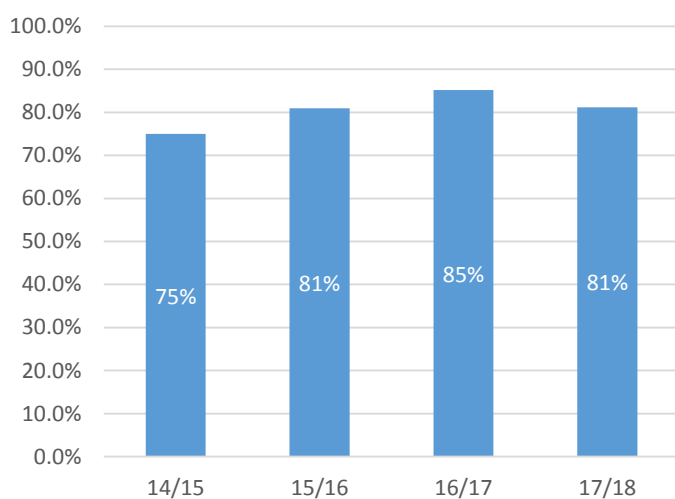


Figure 23: Proportion of people discharged from hospital into short-term services that are at home 91 days later, ASCOF 2b

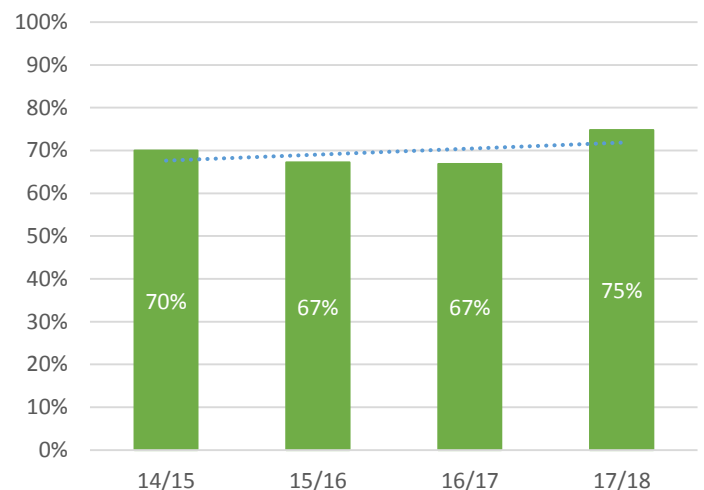


Figure 22: Proportion of people receiving a short-term service where the outcome is no long-term care, ASCOF 2d



### Pathway 3: short-term discharge to assessment

In addition to short-term enablement services that reduce demand for acute healthcare and long-term social care through independence maximisation, the assessment service aims to provide people that are medically fit and well but likely to need long-term care with a short period stay in a residential or nursing care setting to fully assess and determine how and where the needs can be best met. The assessment will often be carried out by a range of health and social care professionals.

As a snapshot of demand between April and September 2018 a total of 256 people were discharged from hospital and had their needs assessed in either a residential or nursing care setting before moving into a long-term accommodation-based care service. This represents an average of 12 service starts per week.

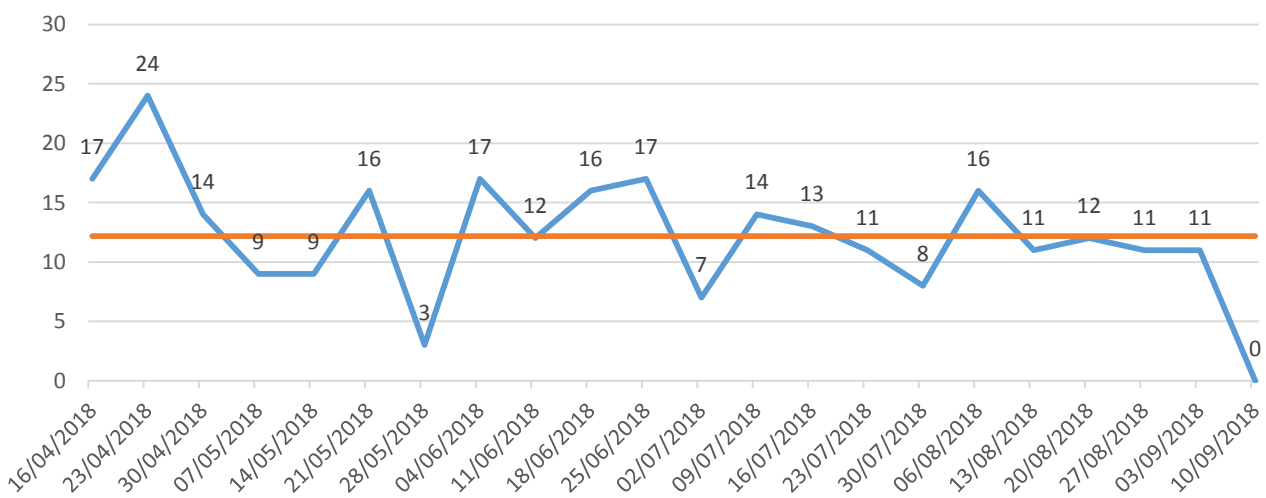


Figure 24: Pathway 3 short-term residential discharges from hospital – April to September 2018.

There are positive indications that the combination of all short-term support to maximise independence pathways are contributing to a continued decrease in DTOC. Delays due to social care and jointly attributable to health and social care has also decreased over the past 12 months. The average length of delay has remained fairly consistent at around 7.5 days delayed per person. As at May 2018 Coventry was ranked 29<sup>th</sup> for social care delays and 105<sup>th</sup> for all delays.

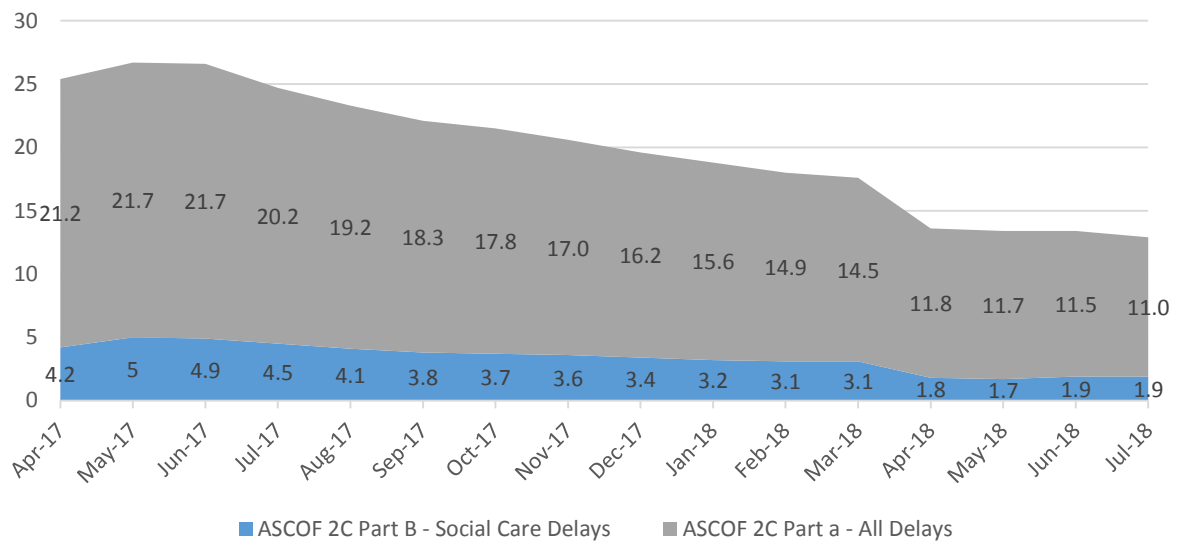


Figure 25: Patients delayed from leaving hospital per 100,000 Population April 17 - July 18

## Community-based services

### Home support – Long-term

The number of people receiving ongoing home support at any one time is approximately 950 to 970. This equates to 12,500 care hours per week, of which 20 are arranged as an Individual Service Fund (ISF). Overall, the total number of people receiving ongoing home support in 2017-18, covering new and existing packages of care, was 1,330, with a peak of 1,440 during the last three years.

It is anticipated that up to 30 new packages of care are needed per month to meet demand; ranging from a few hours to those over 10 hours per week. This equates to 2,100 hours of new packages per year correlating with attenuation of hours due to natural package ends. In addition, CRCCG require between 3,800 – 4,500 home support hours to meet demand for non-complex Continuing Health Care (CHC) support.

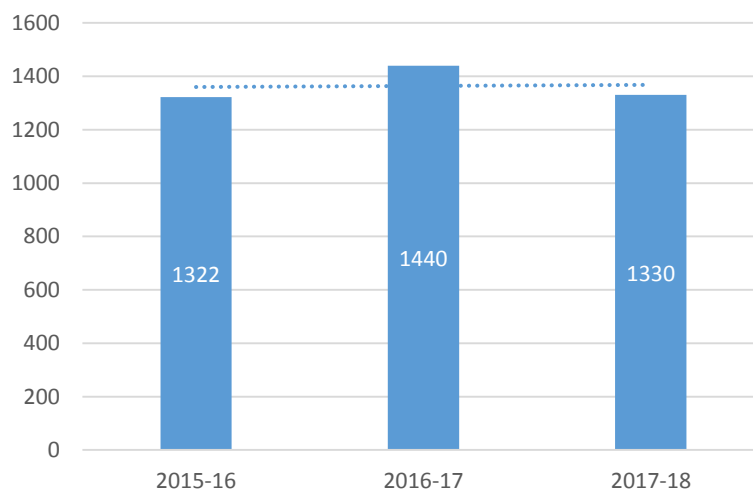
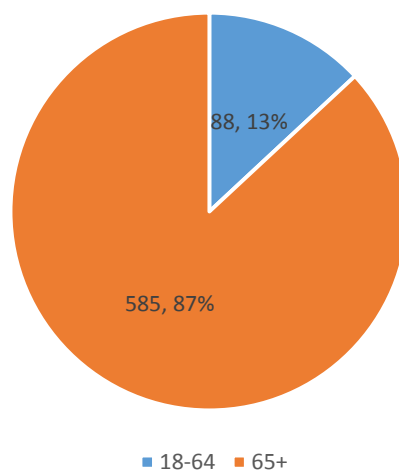


Figure 26: Number of people receiving home support each year

### Housing with Care (extra care housing)

Housing with Care (HwC) enables the changing population of Coventry to live an independent life within their self-contained flat through care and support made available on-site; providing an alternative to either home support or residential care. In 2017-18 the Council funded social care placements into HwC for a total of 673 people; 87% older people aged 65 and over and, 13% adults aged 18-64. On average, people living in an HwC scheme that are eligible for funded social care receive 12.5 hours of care per week. This indicates a broad demand for the Council of 5,555 hours per week, of which 900 hours are delivered by the Council through Internal Provider Services.



*Figure 27: The total number of people funded by the Council within HwC in 2017-18, by client age group*

Coventry's population continues to change and is home to a wide range of new communities with a range of needs. As such people choosing to access HwC have a mixture of needs that are represented in terms of no and lower care hours through to complex health conditions and assessed care needs. The average age of people living in HwC that the Council funds is 79 years across both placements within internal and external commissioned schemes, of which:

- 63% being elderly and frail, whereby schemes support these individuals to maintain independence by supporting them with a number of tasks, for example, medication management
- 24% have mental ill-health issues where care helps to reduce isolation through on-site activities
- 17% have progressive dementia that require wider carer support to live healthy and well
- 9% have learning disabilities requiring greater input in maintaining their home environment

In recent years the Council has noticed a change in the number of people accessing HwC as an option for meeting their assessed and eligible care needs. In 2017-18 the number of Council placements into HwC fell by 81 (11%) from a total of 754 placements in 2016-17. Further work is being undertaken to understand this change by considering the following factors:

- The reduction in the supply of HwC available to the Council through housing nominations agreements largely as the result of the Council closing internally operated HwC schemes in 2016-17
- The reasons why people who meet the criteria and profile for HwC decide to stay in their own home and access home support
- How current HwC delivery models, including care services, may be creating barriers for people to consider and access HwC, particularly those with higher-level/complex care needs and couples looking to continue living together

### Day services

A total of 465 separate day service packages were provided to all adults funded by the Council in 2017-18. This represents a reduction in overall demand of around 2.5% (12) from delivery in 2015-16, which is characterised by a fall in the number of services provided to older people aged 65 and over. Services provided to adults aged 18-64 that use day services have remained broadly level.

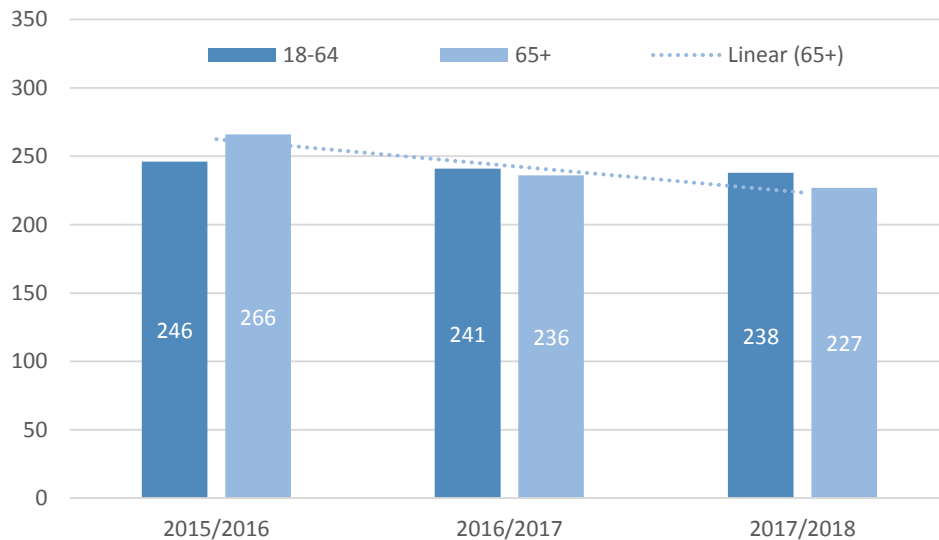


Figure 28: Number of day services provided by age group each year

In 2017-18 the Council funded day services for a total of 227 older people, of which the majority (179) were supported at centres that are operated internally by the Council, with the remaining (48) through standard contracted provision. For adults with disabilities, the Council funded day services for a total of 239 people, of which 78 were through externally contracted provision. Across all day opportunities there were 107 new starts in 2017 and 70% of all demand is managed through the Council's internally provided services.

### Supported living & shared lives

The Council currently provides care and support to 402 adults with a learning disability who live in a supported living environment with their own tenancy. The number of planned transitions from

children’s social care continues to increase, with 59 young adults transitioning in 2017/18, of which 23 were eligible for Adult Social Care compared to 55 in 2016/17, where nine were eligible for social care. The graph below shows the number of transitions over recent years and the range of variability associated with those who continue to be eligible for social care support. There are currently 37 people with learning disabilities accessing the Council’s shared lives scheme.

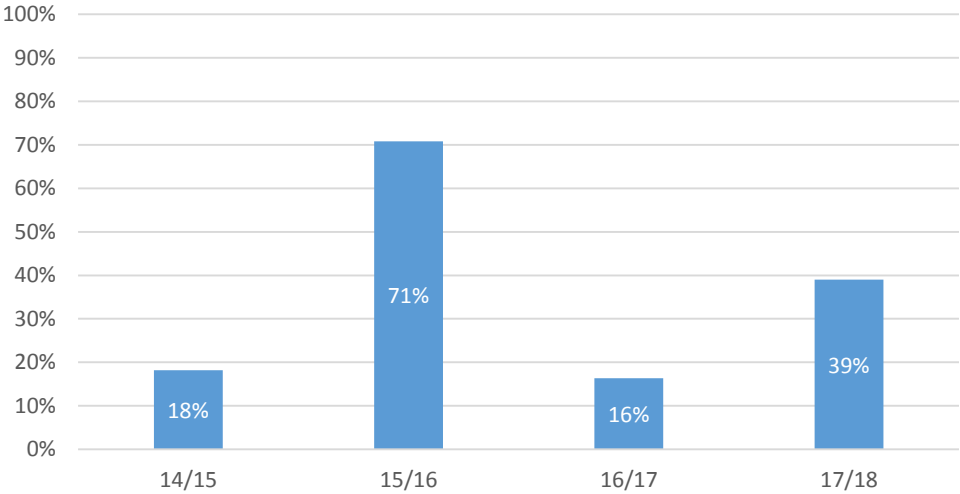


Figure 29: Proportion of transitions resulting in social care funded services

As part of the TCP programme to improve community services for people with a learning disability, extensive work has taken place to understand the needs and potential requirements of 41 young people and adults currently placed in hospital settings commissioned and funded by NHS England specialised commissioning. Work has also taken place to understand the needs and future requirements of the 18 adults placed in hospital provision funded by local CCGs.

**Accommodation-based services**

In 2017-18 the Council funded a total of 1,063 long-term residential and nursing care home placements for older adults aged 65 and over. Of these, 294 accounted for new placements, which was below the target of 310 set by ASCOF 2a, which measures the number of permanent care home placements per 100,000 population. Avoiding permanent placements in residential and nursing care is a good measure of delaying care dependency.

Overall, the demand trend for older people aged 65 over is both a decline in the number receiving any form of long-term care, including community care services, and the number of placements into residential and nursing care. This can be attributed to the increasing number of older people supported to access short-term support to maximise independence service (pathways 1 and 2).

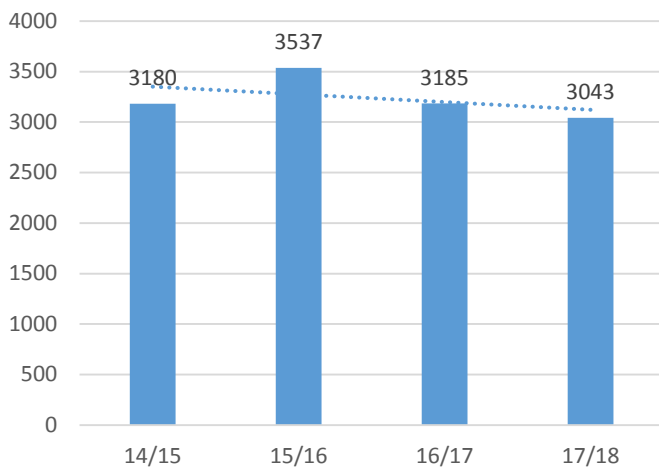


Figure 31: Total residential and nursing care placements for older people 65+ by year

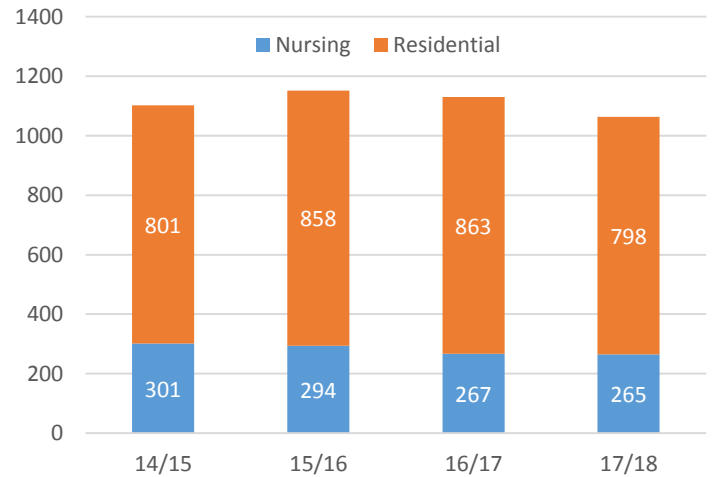


Figure 30: Total number of older people 65+ receiving long-term support by year

There is increasing demand to support more complex needs, including requirements to support people with enhanced needs and challenging behaviour. In these cases the Council and CCG are seeing a rise in providers reluctant to support people with these complex needs due to the higher-level of skills and staffing levels required to meet these fluctuating needs. There also appears to be a shortage of clinical skills within nursing provision to support specific type of needs i.e. Topical Parental Nutrition (TPN), brace and spinal injuries.

Whilst the total number of adults with disabilities aged 18-64 receiving any form of long-term care, including community care services, remains broadly level over the last four years to 2017-18 there is a downward trend in demand for residential care with a 15% decline in placements over the same four-year period.

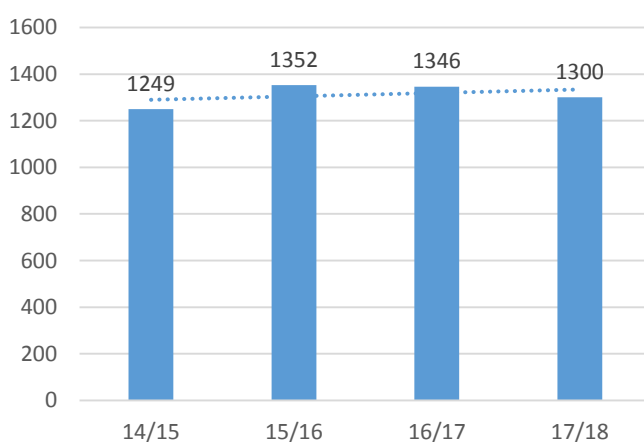


Figure 32: Total number of adults 18-64 receiving long-term support

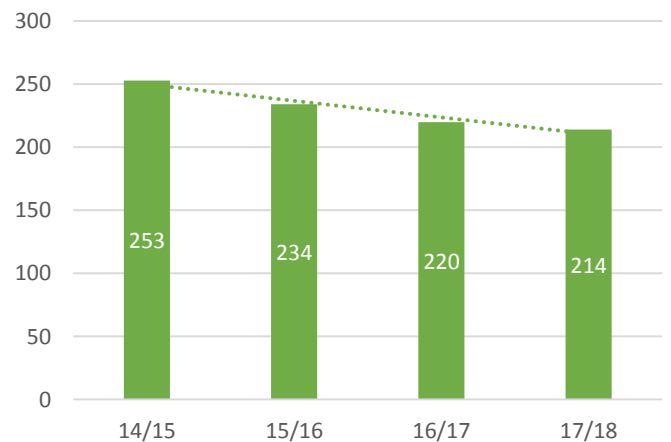


Figure 33: Total residential care placements for adults 18-64 by year

The number of residential care placements for people aged 18-64 in-city is 106, the number of placements made out-of-city are 91. For people with a disability over the age of 65 we have seven placed in-city and four placed out-of-city.

The number of new placements into residential and nursing care for adults with a disability aged 18-64 during 2017-18 has increased by 36% compared to 2014/15; rising from 28 to 38. In contrast the first quarter of 2018-19 is showing signs of demand falling with a slight drop in new placements. Of new placements made in 2017-18 there has been an increase of 17% in the number of people placed out-of-city because of the lack of specialist challenging behaviour / autism resources available

Figures 34 and 35 show that in 2017-18 there was a noticeable increase in the number of nursing placements for adults aged 18-64 compared with previous years. This is attributable to an increase in the number of placements needed to support people in relation to mental ill-health and physical disabilities. The Council continues to monitor this for longer-term demand trends.

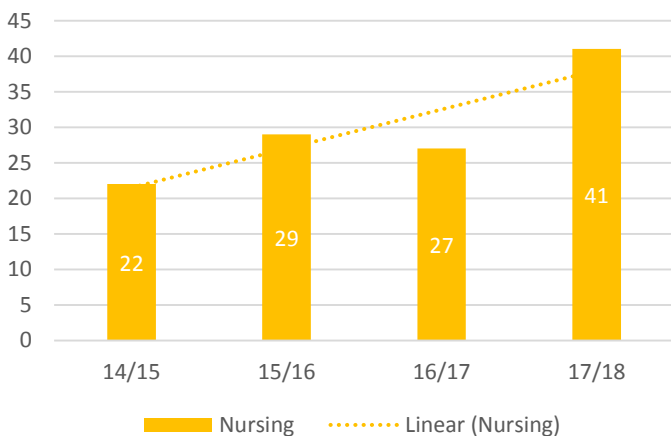


Figure 35: Total nursing care placements for adults 18-64 by year

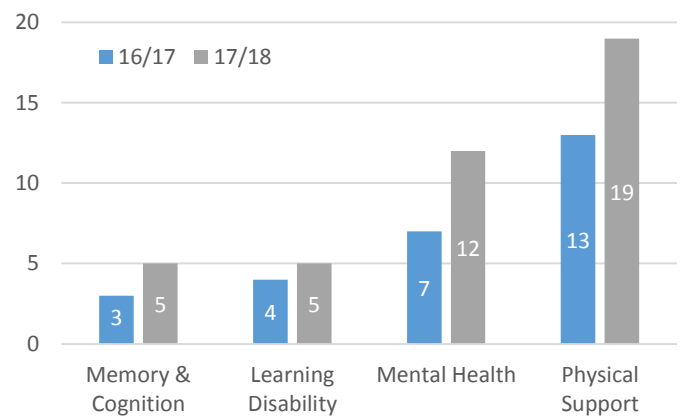


Figure 34: Nursing placements 2016-17 and 2017-18 by primary support reason

## 9. Care Supply

The Care Act (2014) places a duty on local authorities to oversee the local care market; ensuring that the supply of care services and other resources is sufficient, sustainable and of good-quality to meet the care and support needs of adults and carers.

### Short-term services

#### Pathway 1: Short-term home support

Short-term home support, which is typically provided for up to six weeks and primarily prevents hospital admission or supports hospital discharge, is commissioned and managed through a framework of three providers delivering up to 665 hours each per week across three zones, with a lead provider in each zone. The framework was implemented in February 2017 and will run until 2021 to enable the next commissioning cycle.

#### Dementia Community Promoting Independence

In addition to the short-term home support framework the Council has commissioned a specific support service designed to enable people living with dementia and mild cognitive impairments to go directly home following hospital discharge and prevent acute hospital admission or a premature need for long-term social care following diagnosis of dementia. This service was commissioned following a successful pilot and new contracts commenced in April 2018 for the duration of up to five years with two providers, which are contracted to deliver occupational therapy and home support alongside a dedicated dementia specialist that identifies practical adjustments to enable people to live at home safe and well.

The service is estimated to deliver between 237-242 hours per week (12,300-12,600 per year) of which there are estimated to be 25-30 night hours per week (1,300-1,560 per year). The providers, people in receipt of support and their carer work together to determine the number of hours required during the six week service, allowing flexibility to ensure people are enabled to regain their independence and wellbeing. The principle of the service is to reduce support hours each week until the person has reached their individual potential to be independent.

#### Pathway 2: Short-term accommodation-based care

The service has a supply of 84 beds across a mixture of residential care homes and HwC schemes, which are accessed through block or spot-purchased commissioned arrangements and Council Internal Provider Services. The supply is made up of 26 residential and 23 residential dementia beds along with 35 HwC units, of which the majority (30) is provided by the Council internal schemes. Since



March 2018 HwC units have been operating at an average utilisation of 73% with residential and residential dementia beds operating at an average utilisation of 91% and 72% respectively.

## **Community-based services**

### Home support – Long-term

Coventry has a buoyant and varied home support market, with approximately 105 CQC registered care agencies located and active within the city. The service has a wellbeing and prevention ethos and is centred on enabling people to remain as independent as possible alongside reducing the whole life cost of care by supporting people to acquire or maintain skills.

The supply of long-term home support is commissioned and managed through a framework of seven providers, each assigned to a defined cluster within the city, which forms a mixture of national, regional and local private or voluntary sector care agencies. Two of the cluster providers have additional city-wide responsibilities for supporting people with mental ill-health and learning disabilities. The framework commenced in June 2017 with a delivery span until 2022 with an option to extend to 2024. In addition, to the framework the Council maintains contracts with five home support providers that deliver long-term packages of care on a legacy basis following implementation of the framework.

The Council will continue to develop the supply of home support within an approach that:

- Reduces demand through investing in preventative services
- Focuses on outcomes enabling increased choice, control and flexibility for individuals through Individual Service Funds
- Promotes models that achieve savings through achieving health and wellbeing goals
- Uses resources effectively to ensure value for money
- Keeps people in their own homes avoiding residential admission

### Housing with care

Coventry has a substantial supply of Housing with Care (HwC) provision across the city with 939 units across 18 different schemes. Of this the Council is able to access 56% (524 units) of supply through six schemes delivered by Council Internal Provider Services that includes on-site care (181 units, 19%) and holds housing nomination rights, under a range of contracts that also includes the delivery of on-site care, for 343 units (37%) of the independent/private market supply. The independence supply includes a block of 120 units made available to the Council through three Private Finance Initiative (PFI) schemes.

The last five years have seen some change for HwC supply, principally with the closure of six internally provided HwC schemes (200 units). While the Council has commissioned two new modern, purpose-built schemes providing a total of 295 units, this change has resulted in a reduction of supply available to the Council through housing nominations of around 115 units.

Importantly the change has enabled innovation demonstrated through a specialist HwC scheme specifically for people either living with dementia or cognitive impairments. The scheme consists of 33 self-contained flats offering a modern living space, kitchen and bedroom with en-suite facilities. The scheme also has communal living facilities to enable social interaction underpinned by the [‘Eden Alternative’ care model](#), which moves away from traditional HwC models of support and provides a more personalised approach to enable people living with dementia to live independently in a safe environment. There is a very limited number of such schemes across England adopting this approach, putting Coventry at the forefront of innovative services for people living with dementia.

### Supported living

The Council operates a Dynamic Purchasing System (DPS) to approve and source the supply of accommodation and specialist supported living services, through either private, approved or Registered Social Landlords (RSL’s), which deliver both care and access to community activities for adults with learning disabilities. The DPS has been in operation since November 2014 and is due to expire in May 2019.

There are currently 36 providers registered on the DPS and all purchasing requirements are advertised through the Council’s procurement web portal with costs negotiated using a care fund calculator and spot purchased thereafter. The Council currently purchases 191 units through the framework, which is structured across four lots; specialist support (all providers), specialist support for adults with Autism, specialist support for challenging behaviours and specialist support with Autism and challenging behaviour.

In recent years there has been a broad development in supported living services across the city, approximately 40 in total, which range from a single unit in the community to a larger core and cluster model comprising 10-15 units. The most recent scheme in the city has seen a further development in terms of incorporating smart, hardwired assisted technology infra-structure that enable adults to live more independently within a community setting.

The Council works with a number of RSL’s to provide supported living through its own Internal Provider Services (Promoting Independence Living Service) comprising 48 units across 13 locations in the city. It is not envisaged that there will be any changes in the scale or volume of this provision and vacancies are prioritised and managed through Adult Social Care brokerage.

Coventry has a small supply of specific mental ill-health supported living schemes within the city with market capacity of circa 24 units across two schemes. Some people with mental ill-health also reside within other accommodation-based services such as residential care homes and HwC.

### Shared lives

Shared Lives is an established service delivered by the City Council's Internal Provider Services across Coventry and Warwickshire through a network of carers who share their home, family and social networks with the person they support. More shared lives carers are being recruited to the service and the Council are looking to offer this opportunity to people who present with more complex care needs.

### Technology Enabled Care

Adult Social Care has an ambition to increase the availability and use of technology to improve the care offered to people within the community. We will realise this ambition by exploring the options to proactively introduce different technologies into the care planning process. The Council wants to work with providers to explore creative and innovative ways of improving outcomes for people, whilst reducing the costs of more traditional models of care, through the introduction of technology into the care arena. There are many effective and demonstrable benefits to introducing technology into care plans. Examples of how the Council is currently utilising technology include:

**Telecare mobile responder service** – Enabling people, especially older and more vulnerable people, to live securely and independently in their own home for longer is central to Adult Social Care strategy. The service achieve this by incorporating hardwired and remote personal and environmental sensors within the home along with 24-hour monitoring to ensure that should an incident occur, such as a fall, there is an immediate response supported by appropriate carer or emergency resources. Telecare devices include pendent alarms, falls detectors, medication dispensers, movement detectors, carbon monoxide detectors, epilepsy sensors and extreme temperature sensors. There are approximately 300 people registered with the Telecare responder service at any one time in Coventry.

**'Brain in Hand' pilot** - Living with autism, a mental ill-health condition, a learning difficulty or a brain injury can lead to difficulties making decisions, controlling emotions and choosing appropriate behaviour. Brain in Hand compensates for the impairment in executive function that goes alongside these conditions. The APP for mobile devices provides people with personalised activities and coping strategies which they can access anywhere, anytime, and also monitors their anxiety levels.

**'Just Checking' activity monitoring** – The Council is working to enable greater insight into behaviours and changing care needs for people with learning disabilities. Just Checking is an in-home movement monitoring system, backed by a professional support service, which brings insights,

transparency and peace of mind to person-centred care planning. It helps deliver more accurate assessments and professionally tailored information about how individuals are coping at home, without the use of cameras or microphones.

### Community Preventative support

In April 2018 social care and health partners jointly commissioned a new set of coproduced and grant-funded voluntary and third sector preventative support arrangements for adults and older people in most need living in Coventry. A total of 12 locally-based organisations deliver a range of 11 different support models that enable four main groups of people to maintain their independence and wellbeing in the community; carers, people with physical impairments or dementia, people with mental ill-health and adults with learning disabilities. Support arrangements work closely with Council services to identify and provide timely help as shown in the support offer for people with sensory impairments that provides targeted help for people to build independent living skills alongside internally delivered visual and hearing impairment assessment, advice and equipment support. Grant agreements are for a period of five years until April 2023; enabling flexibility for organisations to adapt the support provided as needs change along with stability to inform, shape and support other system-wide prevention strategies.

### Carers support

The Council commissions Carers Trust Heart of England to deliver the Carers Wellbeing Service. Approximately 6,000 carers are known or registered with the service, of which 1,290 carers are registered with the Carers Emergency Response Service (CRESS); a contingency service that enables carers to plan for an emergency. The Carers Wellbeing Service is a one-stop-shop for carer related support that provides information & advice, training and peer support. The service also delivers carers short breaks that offers flexible replacement care in the home as needed. In addition, Carers Trust Heart of England also hold a delegated responsibility to undertake statutory carers' assessments on behalf of the Council.

The Council provide a range of statutory services following the identification of eligible needs, which enable carers to take a break from their caring role. Figure 36 shows the breakdown of the services provided in 2017-18. When the Care Act 2014 was introduced the Council noticed a gradual decline in the number of carers utilising replacement care largely because financial charging was introduced. Due to the need for replacement care to be delivered flexibly many recipients arrange their care through a Direct Payment, and the Council recognises that in the future personalised options including individual service funds are pivotal to the on-going delivery of replacement care.

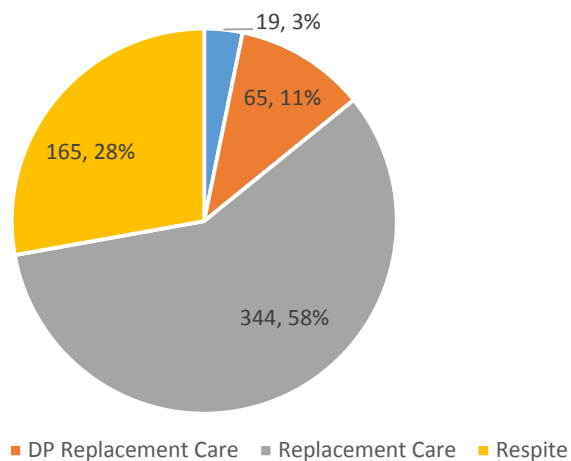


Figure 36: Carers support services delivered in 2017-18

Within Coventry a range of residential respite options are available, particularly required for families who have life-long caring responsibilities. Carers of adults with learning disabilities are most likely to be accessing regular respite provision and the Council has commissioned two learning disability providers to deliver respite for adults aged 18-64. There is a potential gap in respite provision for adults with complex needs and challenging behaviour where the need for a carer to have a break can be crucial for the sustainability of their long term living arrangements. For older adults, adults with physical health needs and adults with a mental a health condition a wide range of existing residential care home provision is utilised for replacement care.

### Day Services – older people & adults with disabilities

The majority of day services for older people are delivered through the supply of Council Internal Provider Services at the Gilbert Richards and Maymourn day centres. The Council does have an occasional requirement for spot-purchased specialist dementia day services.

Day services for adults with learning disabilities still adopt a traditional delivery with a centre-based approach. The service is focused on promoting independence and utilising community assets; ensuring that individual outcomes are met with the aim of adults living varied, vibrant lifestyles that enhance their wellbeing. The supply of services enable adults to manage a range of daily life situations including shopping, being involved in leisure and social interests, accessing centre-based and community-based activities and developing the skills to travel independently that open up more social opportunities and where possible access employment.

Supply of commissioned day services for adults with learning disabilities is purchased through a tiered call-off framework, with providers ranked on cost and quality, delivering spot funded services across different lots based on staff to people ratios and certain specialist areas of support. There are nine providers within the framework offering day services from 11 locations across the city. In addition,

Council Internal Provider Services deliver day services to adults with learning disabilities across five locations:

- Brandon Wood Farm – specialist day support and activities for adults with Autism
- Wilfred Spencer and The Zone – support for adults with mild to moderate learning disabilities from a city-based centre
- Jenner 8 – an innovative day service that enables adults to meet and get involved in social activities within the community
- Gosford Hub – a centre-based service supporting adults with profound and multiple learning disabilities

### Advocacy

Within Coventry the Council provides statutory advocacy, which is offered across the following:

- Care Act Advocacy - eligible individuals who are entitled to advocacy services under the Care Act 2014 to enable them to fully participate in their assessment, care and support planning, adult safeguarding and reviewing enquiry process,
- Independent Mental Capacity Advocacy - legal safeguard for people who lack the capacity to make specific important decisions including about where they live and serious medical treatment options (Mental Capacity Act 2005),
- Independent Mental Capacity Advocacy – for patients being treated in local hospitals
- Community Independent Mental Capacity Advocacy – accessing local NHS community based provision (Non-statutory funded through Coventry and Rugby Clinical Commissioning Group)

### **Accommodation-based services**

#### Older people (65+)

Coventry has a good supply of older people residential provision within the city, with capacity of circa 1,250 placements across 38 homes. The Council owns and operates one dementia care home (43 places) and is currently 11 years through a 25-year Private Finance Initiative (PFI) block contract with two external dementia care homes (80 places). Coventry equally has a good supply of older people nursing provision with 12 registered nursing homes delivering circa 500 beds spaces, which includes a new nursing care home that opened in July 2017. The four main types of care home is shown in the table below along with details of registered bed spaces; some homes provide a mix of beds across the different types of care.

Type of care	Number of care homes	Number of bed spaces
Residential Care	20	652
Residential Dementia	18	597
Nursing Care	5	315
Dementia Nursing	7	217
<b>Total</b>	<b>50</b>	<b>1,781</b>

Figure 37: Older People's residential and nursing care homes by bed space - excludes mental health homes

During 2017-18 the Council externally spot purchased 683 residential and 265 nursing care home placements for older people aged 65 and over; this excludes Council owned, block funded and specialist mental ill-health placements. There is a 70/30 split of residential and nursing capacity in city with approximately 33% of older people placements funded by the Council or joint funded with local health partners with the remaining 67% of people either being funded fully by health, other local authorities or self-funding their own care.

Residential nursing care homes for older people in Coventry deliver a range of diverse services with good quality person-centred care. There is a good mix of small independent, medium-sized regional and larger national providers working within the city, offering a range of elderly frail, mental ill-health, challenging behaviour and acquired brain injury services. While local authorities are not required to maintain a specific market composition across nursing and residential supply, the Council aims to ensure a balanced representation of providers across all sized homes to safeguard sustainability and exposure to risk in relation to provider failure; enabling different risks associated with an over reliance on any one part of the market to be managed.

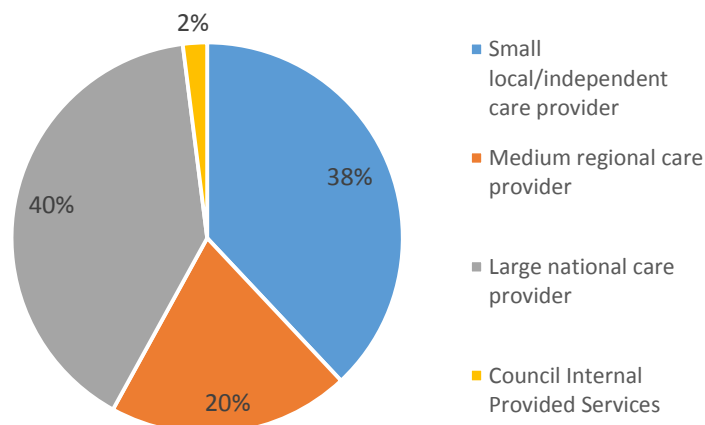


Figure 38: Market composition of older people's residential and nursing care homes in Coventry, 2018

Accommodation standards vary across the provision, with a mixture of converted or extended houses, large Victorian houses or purpose-built homes. There is approximately a third of provision in the current condition that can be characterised as small rooms with a lack of en-suite and inappropriate physical layouts with limited scope for adaptability and use of equipment.

Figure 39 shows that the size profile of residential and nursing care homes for older people across the city ranges from 12 to 107 beds; with 27 care homes sized between 20 and 39 beds. Additionally, figure 40 outlines capacity levels across older people’s residential and nursing provision within the city. Over the last 12 months, capacity for residential beds has reduced with average vacancies at around 4%. Nursing vacancies have been increasing over the same period with the average at around 6%.

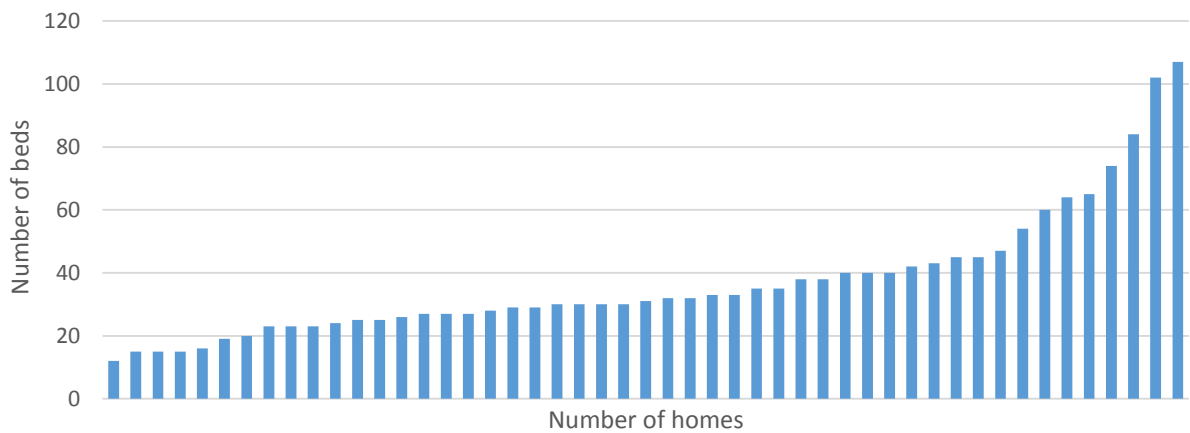


Figure 39: Size profile of older people’s residential and nursing care homes in Coventry, 2018

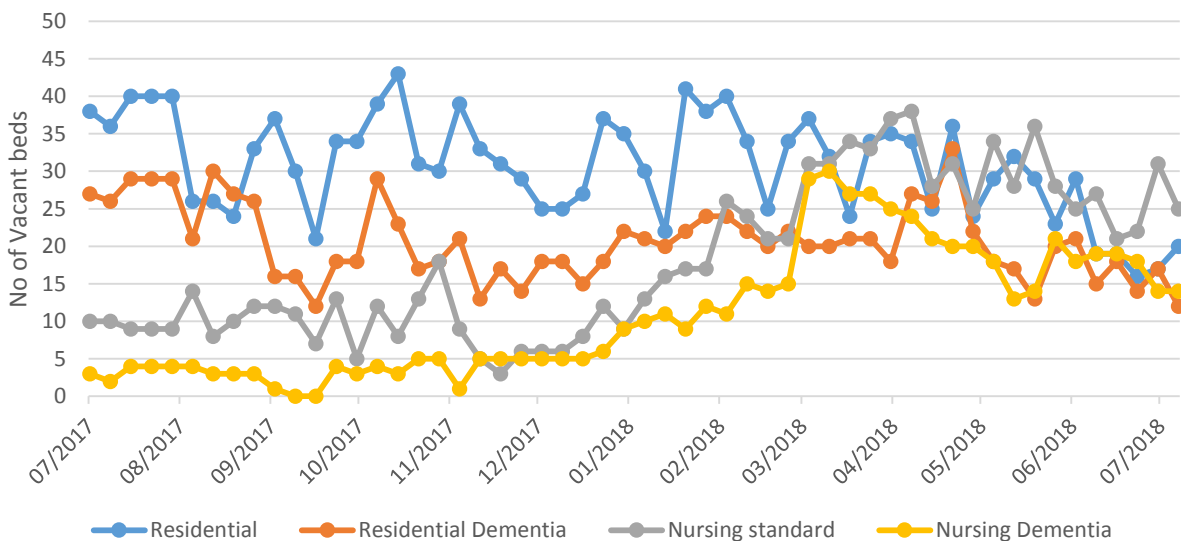


Figure 40: Older People’s residential and nursing care home vacancies - July 2017 to July 2018



There are endeavours to improve the system-wide approach to enhance health and wellbeing in care homes for older people through joined-up health and care services. For example, an initiative to align community nurse teams and GP practices with each care home is helping to reduce unnecessary admissions to hospital as well as improve the hospital discharge process. In Coventry the recruitment and retention of good quality care staff remains a challenge, as per the national trend, particularly for qualified nurses. This along with other cost factors in relation to funding care home provision will continue to present challenges and the Council awaits the Government Green Paper on Adult Social Care in respect of a long-term funding framework.

### Adults with Mental ill-health

Coventry City has a reasonable supply of residential and nursing care home provision that supports people with mental ill-health conditions, with market capacity of circa 116 beds across six homes. The majority of beds are joint funded between the Council and CRCCG due to the complexity of conditions. Of the six care homes, three (87 units) are predominantly utilised for older people aged 65 and over with the other three homes (29 units) predominantly used for adults aged 18-64.

### Adults with Disabilities

The care home market for adult with disabilities, including learning disabilities, is growing in Coventry, although there remain difficulties in specific areas of specialist provision, including challenging behaviour, autism and complex learning disabilities. This results in a higher number of people being placed outside of Coventry. Within the city we have 18 residential care providers offering 93 beds. Coventry's care home provision for adult with learning disabilities is made up of a healthy mix of small independent providers, medium and national organisations that offer a range of provision covering moderate, severe, challenging behaviour and autism that enables diversity and good quality person-centred care.

There are currently nine residential care home vacancies across the city for people primarily with moderate learning disability needs. The Council continues to maintain a higher number of out-of-city placements, 91 in total, which represents ongoing challenges in terms of gaps in local provision. Principal areas for the further supply of care home placements for adults aged 18-64 are learning disabilities, challenging behaviour and autism.

An examination of residential and nursing costs against a Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group shows that Coventry has the highest unit cost per individual ranked out of 17 local authorities for residential care placements for adults with a learning disability aged 18-64. The financial differential between the highest and lowest cost is £663 per care package, per week. Our high cost packages are primarily sourced out of city and are usually at a point of emergency. Market development activity going forward will focus on developing more financially

sustainable care homes services locally to reduce over-reliance on high-cost out-of-city placements alongside an on-going programme of fees negotiation in respect of all high-cost placements.

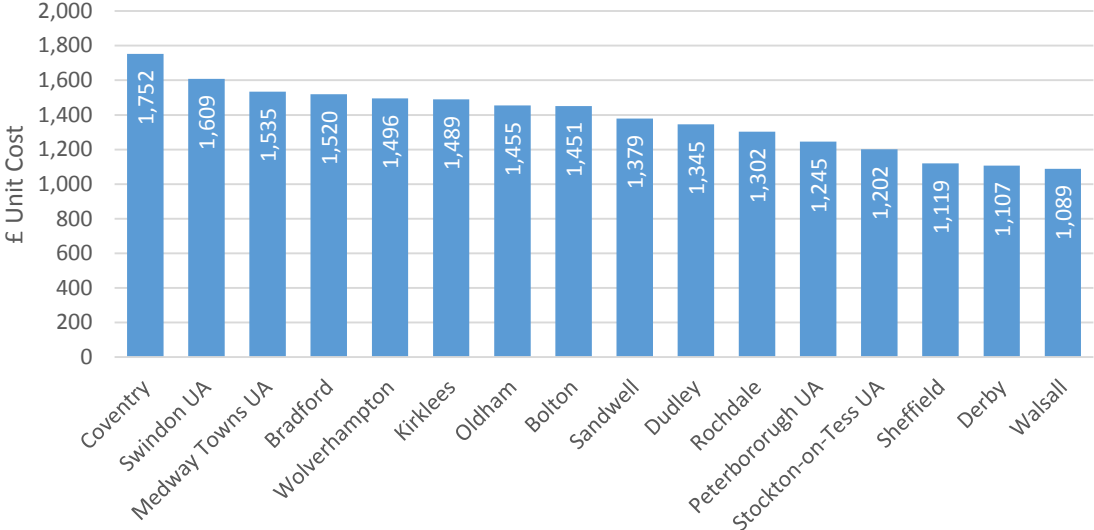


Figure 41: Residential and nursing care unit costs for adults 18-64 with learning disabilities, NHS Digital

## 10. Commissioning Intentions

The Council sets out its future commissioning intentions for social care as statements highlighting priorities for shaping the local care market to meet need and demand alongside the opportunities that are likely to be available for both existing and prospective providers. The commissioning intentions below are an outline of planned activity during 2018-2020.

### Short-term services

- The Council will seek to explore ways in which the growing demand for social care can be met through further development of Pathway 1 short-term home support services so that the number of adults and older people requiring long-term packages of care continues to reduce alongside the gross cost of meeting demand.
- The Council and Coventry and Rugby Clinical Commissioning Group will review delivery of Pathway 2 short-term accommodation-based (residential and HwC) care to examine the overall effectiveness of delivery including outcomes, as measured against Adult Social Care Outcomes Framework (ASCOF) indicators, provision supply, utilisation and spend, and the approach to contract management to enable improved commissioning and provider relationships. The review will inform and shape the commissioning of new contracts ready for April 2020.
- During 2018 and 2019 the Council and Coventry and Rugby Clinical Commissioning Group (CRCCG) will explore a service delivery review of Pathway 3 short-term discharge to assessment services with the aim of reshaping the design and configuration of provision to enable integrated commissioning and consistent delivery across health and social care including bed supply, placement process and utilisation, contract arrangements and outcome monitoring.
- The Council and CRCCG will continue to jointly monitor the delivery of community preventative support and build close working relationships with grant-funded organisations to evolve and adapt support to meet changing needs, gather evidence of outcomes, and assess/benchmark the overall impact of support arrangements.

### Community-based services

- There is a strong intention to strengthen relationships with home support providers to develop innovative approaches to improve wellbeing and prevention outcomes, and manage the increasing cost of home support. The Council is going through financially difficult times and has commissioned fewer providers since 2017 to stimulate economies of scale. However, it needs to use funding to stimulate new forms of home support rather than wholly fund home support services. Key provision shaping and development drivers include:

- Continuing the shift away from 'Time and task' approaches within the long-term framework to enable better outcomes for people including the ability to do more for themselves and become more independent over time with improved health and wellbeing.
  - Enabling greater use of Direct Payments and of Individual Service Funds alongside directly commissioned home support packages for adults and older people to improve choice, control and flexibility of care along with flexibility in arrangements that can indirectly support close family and carers.
  - Facilitating recruitment and retention of the home support workforce to support a strong local market and opportunities for local people to seek and develop a career and rewarding roles within Coventry.
  - Ensuring that there is more comparative data to drive and develop good-quality home support, including performance and standards, and enabling informed choice for self-funders.
  - Supporting the continued delivery of good-quality care and support through the introduction of existing improvement campaigns for the home support market
- The Council will seek to re-commission the supply and delivery of a range of care and support services for adults aged 18-64 with learning disabilities, including autism, challenging behaviours and mental ill-health through a Dynamic Purchasing System (DPS). The scope of provision will cover community support arrangements, supported living accommodation and day services. The DPS will be advertised during 2018-2019.
  - The Council continues to upscale alternative forms of care and support provision for adults with disabilities aged 18-64, including an expansion of the shared lives carers network, to enable an ongoing reduction in commissioning and contracting long-term accommodation-based care and support services.
  - The Council intends to meet future need and demand for older people's day services through the supply of centres and hubs that are operated by the Council's internally provided services. There are no intentions to commission day services for older people beyond this supply and it is anticipated that additional specialist requirements will be fulfilled through spot-purchased arrangements.
  - The Council is undertaking a review of Housing with Care (HwC) to evaluate how current service provision supply, configuration/alignment of housing and care delivery models, contract arrangements and fee rates is enabling the Council to meet demand for social care within the community as an alternative to ongoing home support services and residential care. The review is inviting further dialogue, engagement and collaboration with the market to inform the Council's long-term commissioning strategy for HwC. This will focus on developing and sustaining vibrant

schemes that enable diverse communities of people, including those with higher-level care needs i.e. people living with dementia, mental ill-health conditions and challenging behaviours associated with long-term alcohol or substance misuse, to delay and reduce their care needs through flexible care arrangements, social participation, independence and resilience.

### **Accommodation-based services**

- During the next 12-18 months the Council, in partnership with CRCCG, intends to take forward a range of key development areas for older persons' care homes in order to strengthen the contractual framework and ensure sustainable, affordable and good quality residential and nursing provision in Coventry. The Council will aim to align contracts with CRCCG and work towards procuring care home placements jointly that are person-centred and Care Act compliant. In conjunction with this the Council and CRCCG will aim to make these contracts affordable whilst setting appropriate fees that are sustainable within the care home market. Key provision shaping and development drivers include:
  - Opportunities for integrated commissioning and contract arrangements for care home provision across health and social care, with a single delivery specification and performance requirements that are person-centred and outcome-focused.
  - Improvements for care home delivery practice and standards to better support local ambitions to continue the reduction of DTOC from hospital and premature placements for long-term social care.
  - Activity to undertake a comprehensive needs analysis to review the service challenges and demands, which will support the design and delivery of care home services in the future.
  - A programme of engagement with the market and local providers to ascertain the impact of improving accommodation and built environment standards within care homes fit for the 21<sup>st</sup> century.
- Alongside the commissioning intentions to strengthen the contractual framework for care home services for older people, the Council aims to explore the options for the long-term development and re-provision of residential and nursing care services so that market supply enables older people to live in modern purpose-built environments that enhance individual health and wellbeing, including those with complex cognitive impairments, dementia and challenging behaviours associated with long-term alcohol or substance misuse.
- While the Council has a supply of dedicated accommodation-based services for people with mental ill-health, including residential and nursing care, a proportion of need is still met within older people's residential and nursing care homes. Therefore, the Council has a long-term intention to review the provision of mental ill-health accommodation-based services and explore the options for shaping future provision for people aged 25-50 years old.

- During 2018 and 2019 the Council will be undertaking a programme to review accommodation-based care placements, both in-city and out-of-city, for adults with learning disabilities. To enable the first stage of this programme Adult Social Care has established an innovation group with learning disability providers in the light of high comparative unit costs for long-term services. The group will work to co-produce innovative solutions, including new models of delivery, cost structures, investment strategies and revenue streams, which aim to improve individual outcomes and independence, and achieve greater affordability and sustainability for the Council and the local market.
- There are no current plans to reduce the scope of accommodation-based services delivered directly by the Council through its Internal Provider Services.

## 11. Glossary

The following provides an explanation of some definitions and terms that appear throughout this Market Position Statement.

Delayed Transfers of Care (DTCOC)	A Delayed Transfer of Care refers to a situation when a patient is ready to leave hospital but is still occupying a bed.
Better Care Fund (BCF)	The Better Care Fund is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
Short-term support to maximise independence	Support that is intended to be time limited, with the aim of maximising the independence of the individual and reducing or eliminating their need for ongoing support by the Council. At the end of the time limited support package a review or assessment for ongoing future need will take place to determine what will follow.
Ongoing Support and Care	Any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which has been allocated on the basis of national eligibility criteria and policies (i.e. an assessment of need has taken place) and is subject to annual review.
Direct payments (DP's)	A Direct Payment is the sum of money that a person (or someone acting on their behalf) receives on a regular basis from the local authority to directly arrange care and support services instead receiving Council arranged services.
Individual Service Funds (ISF's)	An ISF is an internal system of accounting within a service provider that makes the personal budget transparent to the individual or family.
Personal Health Budgets (PHB's)	A personal health budget is an amount of money to support the identified healthcare and wellbeing needs of an individual, which is planned and agreed between the individual, or their representative, and the local clinical commissioning group
Joint Strategic Needs Assessment (JSNA)	The Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of the local community. It is intended to inform and guide the planning and commissioning of health, wellbeing and social care services within a local area.
Care Quality Commission (CQC)	This is the independent regulator of all health and social care services in England.
Transforming Care	A national programme aimed at supporting people with learning disabilities, autism and behaviours that challenge who are either in hospital or a risk of admission by developing community services and prevent unnecessary admissions to hospital settings.
Coventry and Rugby Clinical Commissioning Group	The clinically-led statutory NHS Body responsible for the planning and commissioning of hospital and community health care services in the local area.
Think Local Act Personal (TLAP)	A national partnership transforming health and social care through personalisation and community based support
Promoting Independence Service	A service which works with people for a time-limited period to maximise their independence with everyday living skills.
Housing with Care (HwC)	The term used to describe extra care housing schemes, which can provide the varying levels of care and support that people may need whilst living within their own tenancy.
Adult Social Care Outcomes	ASCOF measures how well care and support services achieve the outcomes that matter most to people. The framework supports councils

Framework (ASCOF)	to improve the quality of care and support services they provide and gives a national overview of adult social care outcomes.
Skills for Care	An organisation which supports workforce development in Adult Social Care.
React to Red	A campaign, raising awareness of pressure sores, how to prevent them and how to identify those most at risk of developing them by delivering training and support to those involved in care.
Say No to Infection	A campaign that aims to reduce and prevent infections within care home and domiciliary care settings by providing training and educational assistance for anyone involved in care.



## 12. Table of Figures

Figure 1: Coventry City Council adult social care vision.....	4
Figure 2: CQC provider ratings across Coventry’s local authority comparator group - June 2018.....	12
Figure 3: ASC gross expenditure, Adult Social Care Finance Return 2015/16 and 2017-18.....	15
Figure 4: Breakdown of gross expenditure on long and short term care services, Adult Social Care Finance Return 2017-18 .....	15
Figure 5: Coventry City’s population by age, ONS, Mid-2017 Population Estimates revised .....	17
Figure 6: Coventry City population projections 2018-2038 - all age groups .....	18
Figure 7: Coventry City population projections 2018-2038 – all age group growth proportions.....	19
Figure 8: Coventry’s life expectancy and healthy life expectancy .....	20
Figure 9: People aged 65 and over unable to manage at least one mobility activity on their own, POPPI .....	21
Figure 10: People aged 65 and over with a limiting long-term illness, POPPI .....	21
Figure 11: Number of people with a recorded diagnosis of dementia against the estimated number of people living with dementia across Coventry and Rugby .....	22
Figure 12: Projected increases in people predicted to have a learning disability in Coventry, PANSI .....	24
Figure 13: Projections of people aged 65 and over providing unpaid care, POPPI .....	25
Figure 14: People aged 18-64 predicted to have a common mental health disorder, PANSI .....	26
Figure 15: Total number of people supported by adult social care across all services in Coventry .....	28
Figure 16: Total new requests for adult social care in Coventry, all people aged 18+ by financial year .....	29
Figure 17: Total number of people receiving long-term adult social care in Coventry by financial year .....	29
Figure 18: Pathway 1 short-term home support service starts 2017-18 by each quarter .....	30
Figure 19: Hospital discharges into pathway 1 short-term home support – April – September 2018.....	31
Figure 20: Pathway 2 short-term residential and HwC service starts 2017-18 by each quarter .....	31
Figure 21: Pathway 2 short-term residential and HwC discharges from hospital – April to September 2018.....	32
Figure 22: Proportion of people receiving a short-term service where the outcome is no long-term care, ASCOF 2d .....	32
Figure 23: Proportion of people discharged from hospital into short-term services that are at home 91 days later, ASCOF 2b .....	32
Figure 24: Pathway 3 short-term residential discharges from hospital – April to September 2018. ....	33
Figure 25: Patients delayed from leaving hospital per 100,000 Population April 17 - July 18 .....	34
Figure 26: Number of people receiving home support each year .....	34
Figure 27: The total number of people funded by the Council within HwC in 2017-18, by client age group .....	35
Figure 28: Number of day services provided by age group each year.....	36
Figure 29: Proportion of transitions resulting in social care funded services.....	37
Figure 30: Total number of older people 65+ receiving long-term support by year .....	38
Figure 31: Total residential and nursing care placements for older people 65+ by year .....	38
Figure 32: Total number of adults 18-64 receiving long-term support .....	38
Figure 33: Total residential care placements for adults 18-64 by year .....	38
Figure 34: Nursing placements 2016-17 and 2017-18 by primary support reason .....	39
Figure 35: Total nursing care placements for adults 18-64 by year .....	39
Figure 36: Carers support services delivered in 2017-18.....	45
Figure 37: Older People’s residential and nursing care homes by bed space - excludes mental health homes..	47
Figure 38: Market composition of older people’s residential and nursing care homes in Coventry, 2018 .....	47
Figure 39: Size profile of older people’s residential and nursing care homes in Coventry, 2018 .....	48
Figure 40: Older People’s residential and nursing care home vacancies - July 2017 to July 2018 .....	48
Figure 41: Residential and nursing care unit costs for adults 18-64 with learning disabilities, NHS Digital.....	50

## **Contact us**

You can contact Adult Strategic Commissioning about the Market Position Statement and related commissioning and service development opportunities at:

[SocialCareCommissioning@coventry.gov.uk](mailto:SocialCareCommissioning@coventry.gov.uk)

More information about Adult Social Care can be found at:

[www.coventry.gov.uk/adultsocialcare](http://www.coventry.gov.uk/adultsocialcare)