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Template

This first page is intended to be a short Exec Summary of the Chapter and should be no more than 1-2 sides

Introduction

This Profile aims to provide an insight into the needs and preferences of vulnerable people in daily living as independently as possible in the city through personalised care, support and daily living solutions tailored to individual needs, preferences and expectations. Problems in daily living might include: personal care; getting out and about the home; being able to access health, leisure, work and social or cultural opportunities available to all citizens.

The city and its agencies are committed to support a range of vulnerable people in daily living. Those adults most likely to need help from others, including from family, friends or neighbours (informal carers) and/or the private, Third and/or public sectors are those with physical support needs because of a life-limiting condition and/or frailty; those with learning or other disabilities; and those with mental health problems. Informal carers of these individuals often need support in continuing in their carer role, and in having a life outside of these responsibilities.

The city's strategy, based on national policy direction, is to support vulnerable people to make their own choices about how to meet their needs as early as possible, so that they can continue to live at home for as long as possible.

It is vital that consideration is given to social inclusion opportunities alongside enabling people to live independent. Enabling someone to live at home for longer with support may not prevent them from becoming socially isolated and lonely, this is particularly relevant to our more vulnerable households. Therefore, it is important that when considering how to support independence at home that social needs are also given key consideration to meet the needs of the individual, to include carers of all ages.

Key issues and gaps

There are a number of vulnerable groups across the City who require help from others in daily living, this includes those with a life-limiting condition and/or frailty, those with learning disabilities and those with mental health problems. The Supported Accommodation profile and the Council's Enabling Independence Strategy provides key quantitative and qualitative data to support key issues in this section.

Social Isolation

The outcomes of the Older Persons Needs and Aspirations Study undertaken in 2010 showed that the ageing population were experiencing social isolation, loneliness from poor social support, often alongside or contributed by disability or ill health, and often amongst those in an informal caring role. A key aspiration generally expressed by many older people is to retain control over the extent of their social participation and retain the independence that is integral to 'who I am'. Research is demonstrating that isolation can be detrimental to health and well-being. This can be experienced in residential care homes / nursing homes and in people's own homes.

In 2012 a total of 11,295 people over 75 lived alone – 7,684 of those people had a limiting long term condition. This is projected to increase to 12,673 by 2020 with 8,725 of those people having a limiting long term condition.

To enable people to remain independent at home for longer support services must consider and provide social, health and wellbeing opportunities for the individual to ensure that social isolation is significantly reduced within our communities. Community and voluntary organisations must be supported to enable them to do more to reach these households and prevent ongoing social isolation situations.

Aids and Adaptations

The 2012 household survey provides evidence of need for particular adaptations. The three most frequently mentioned adaptations relate particularly to improving heating (and energy efficiency). Physical adaptations to bathrooms were mentioned by around 10% of households, with handrails, downstairs toilet and wheelchair adaptations also being mentioned. Gardening cleaning and home maintenance were also items mentioned during the survey as support required by households at home.

Support at Home

The Enabling Independence Strategy outlines support at home issues identified by households across the City and Wards in which issues are most prevalent. See www.sunderland.gov.uk/extracare. Key points for households over 55 include:-

Property maintenance and household cleaning remains a high support need for households

Respondents advised that they have difficulty getting up and downstairs, getting around outside of the home and require help with bathing and or using the toilet.

Households identifying support as an issue were mainly from St Chads; Hetton; Houghton; Millfield; Pallion; Fulwell and Copt Hill.

Illness/disability

Across Sunderland, there are around 60,100 residents (Household Reference Person plus another person in household) with an illness or disability, equating to around 26.6% the total number of

household reference people and the next person in household. Around 9.7% (22,730) have a long-standing illness or health condition and 7.7% (17,965) have a physical/mobility impairment, 4.5% (10,474) have a hearing impairment; 3.6% (8,363) have a mental health condition; 2.2% (5,169) have visual impairment and 1.1% (2,675) have a learning disability.

Source 2012 Household Survey.

Falls

Falls are a major cause of ill health (morbidity) amongst older people, and the rate of falls is higher in Sunderland than for Gateshead and South Tyneside, and higher still than the national average. A projected number of 7,613 people aged 65 and over are expected to have a fall during 2012, with 1,019 expected to be admitted into hospital as a result of a fall. This is projected to increase to 10,567 by 2030 with 1,457 projected to require admission into hospital. Source: www.poppi.org.uk. While aids and adaptations in people's homes can prevent falls; the extra care housing programme provides individuals with level access accommodation and walk in shower rooms to proactively prevent trip and fall hazards. It is anticipated that incidents of falls in the home will reduce as the extra care programme continues and the supply of mixed tenure accommodation increases to meet demand.

Limiting Long Term Condition

A projected number of 28,760 people aged 65 and over have a limiting long term condition in Sunderland. This is projected to increase to 39,045 by 2030. This is a higher projection than neighbouring Gateshead and South Tyneside.

As mentioned earlier there is a significant number of households aged 75+ with a limiting long term condition who are living at home alone. Source: www.poppi.org.uk

The extra care housing programme provides purpose designed accommodation for older households alongside care and support service who are located on site and will deliver care to those with a limiting long term condition. Access to on site health and social opportunities may also support wellbeing within individuals.

Increased Older Population leading to greater levels of functional dependencies (i.e. ill health & frailty)

The proportion of our ageing population who are experiencing problems with aspects of daily living is set to increase over the next 15 years, even if there is an improvement in the health status of this population. However, those people who will have more significant functional dependencies, who are those most likely to need ongoing adult social care intervention, including those at risk of admission to residential/nursing care, are also set to rise.

The Office for National Statistics (ONS) estimated that in 2010 there were 15,505 people over the age of 65 living in the city unable to manage at least one self-care activity on their own. Such activities include: bathing, showering or washing all over, dressing and undressing, washing their face and hands, feeding, cutting their toenails and taking medicines. By 2030 this is projected to increase to 23,432 with 4,746 of those households being from the 85+ age group.

It is anticipated that the access to extra care and sheltered housing will enable older households to make a choice about how they want to live and how they want to be supported to live at home for longer. There is an emphasis in the city to reduce the number of people being placed into residential and nursing care unnecessarily and by providing models of accommodation such as extra care housing, this enables people to receive daily living support from both the on-site care team, but also from visiting health therapists and practitioners such as District Nurses; chiropodists; opticians; dentists; beauty therapy for manicures and pedicures etc.,

Dementia

Using our current caseload and Adult in Need figures, as at Feb 2013 we know there are an estimated 665 people aged 65+ in residential / nursing care with dementia. This is an increase of 110 people from figures provided in 2010/11 and does not include Continuing Health Care or self funders.

The proportion of older people with dementia is projected to increase over the next 15 years.

Population with Dementia	Year			
	2012	2015	2020	2025
Population aged 85+	1,286	1,447	1,756	2,152
Total population of Older People 65+	3,222	3,464	3,903	4,479

Older People predicted to have Dementia projected to 2025 - Source www.poppi.org.uk

The number of secondary care bed days used by patients with dementia in 2008/09 amounted to 6,265 people. Figures also suggest that people with dementia are staying in hospital for longer than the general population in Sunderland.

With the introduction of the Memory Assessment Clinics and specialist housing for people with dementia it is anticipated that communities and individuals are becoming more aware of the condition. To support people to live at home independently with a dementia diagnosis requires different solutions for different people. Extra care housing is generally enabling a number of people who move in with dementia; or who develop dementia to be supported to maintain their independence for as long as reasonably possible, many to end of life. Specialist extra care for people with a dementia diagnosis are in development. These schemes will provide purpose designed accommodation specifically to meet the requirements of dementia based upon good practice information. Models of shared living are being considered as a real alternative to residential and nursing care.

Spouse partners caring for someone with dementia must be considered to ensure that they can maintain their identity; receive support for their own disabilities and do not become socially isolated due to their caring role. Support for the carer must be taken into account within each care assessment. The extra care housing model provides the opportunity for couples to move together into a two bedroom apartment and stay living together with access to the on-site health, social and wellbeing services.

Carers

Carers of people with complex needs, who often have an onerous caring responsibility, may eventually feel unable to support the individual they care for any further. This significantly heightens the risk of admission to care.

In 2012 a total of 5,331 people aged 65 and over are projected to be providing unpaid care to a partner, family member or other person, 156 of those people are aged 85 and over. By 2030 this is projected to increase to 6,931. 284 people are estimated to be 85 and over. www.poppi.org.uk
However, national predictions in the Wanless Review of Good Outcomes for Older People highlight the concern that there will be more informal carers by 2025 (because of the greater proportion of people who need care), but that they themselves will be older and/or less able to undertake the caring role due to socio-demographic changes. Lack of support and respite often aggravates the isolation which carers of older people experience and can contribute to their social exclusion.

The role of carers in supporting people to live independently;

- Within the City, there are estimated to be 35,000 carers of adults, with problems with daily living, 16% of all adults in the city;
- 38% of these carers identified they were supporting an individual for 20+ hours per week (an increase from 2008). Indicating that, it is informal carers who take on most of the caring burden within the City;
- Particularly vulnerable groups of carers, include young carers and older carers who may themselves experience some problems in daily living;
- There are additional risk factors which increase the likelihood of all of these groups needing help which include: a combination of 2+ problems in daily living and/or medical conditions; social isolation; absence of informal carers' support or "carer fatigue"; low self-confidence and motivation; other life and environmental circumstances, such as unsuitable housing or income deprivation;
- Although not all vulnerable individuals will need others' help, the analysis suggests there are significant psychological and practical pressures in daily living for vulnerable individuals and their carers/families; as well as public and Third Sector services;

When considering how the City meets the needs of those individuals, a number of challenges have been identified:

- Providing sufficiently early prevention and intervention to support an individual and their carer(s) in their current circumstances, with intervention often happening at a later point, often a time of crisis in which an individual's choices are/can feel more limited - over 40% of older people with significant care needs admitted to residential/nursing care had no previous care packages at home 2 months prior to admission;
- Qualitative research suggests the majority of vulnerable people and their carers would prefer an informed choice in how best to meet their needs and day-to-day control over the resulting solutions, but would often appreciate advice and information in helping to make their initial choices from a trusted source. This includes engaging with carers as experts in the care of those for whom they care, but also who have their own needs;
- National research suggests a strong correlation between vulnerable people being able to exercise choice and control and satisfaction with their resulting outcomes. Local evidence suggests this is the case in Sunderland, with people with disabilities having higher levels of satisfaction if care planning is person-centred;
- Sunderland Council has an increasing level of self-directed support (>30% of its customer-base have Personal Budgets or Direct Payments). There are some groups for whom the principles of self-directed support, e.g. those with disabilities, are well embedded however, comparatively there is a lower take-up of direct payments amongst older people. Analysis suggests this may be due to both lack of information about these solutions (i.e. the market) and concerns about the perceived complexity of the administration of these budgets;

Learning Disabilities

The ever increasing emphasis on choice and greater inclusion for people with learning disabilities, and a recognition that choice and location of accommodation is crucial to people's health, wellbeing and quality of life.

People with a learning disability want, expect and are entitled to the same opportunities as the rest of the population. There will need to be increased support provided to people with learning disabilities in their own homes within supported living, possibly with the support of assistive technology, as people to take up personal budgets and self-directed support.

Research suggests that the incidence of people with learning disabilities is not increasing, but people are living longer. The prevalence level of 2.5% of the overall population with learning disabilities is unlikely to change over the next 15 years, but this will mean an overall reduction in the number of people with this form of disability will decline as the population also declines.

People with learning disabilities are living longer and fuller lives and many can expect to live to normal retirement age and beyond. One consequence of this is that more people with a learning disability are becoming home owners. Across the country 3 out of 4 people now retiring are owner occupiers and half of all adults with a learning disability live at home. This means that for about 37% of all adults with a learning disability inheriting the family home and continuing to live there is a possibility to consider. It is likely that more people with a learning disability will inherit property wealth through a parent or other relative.

Supported living solutions are available across the city for people with learning disabilities in both supported living and group home arrangements. There is an emphasis upon the provision of self-contained apartments to enable people to hold their own tenancies and the opportunity for housing providers to commission their own care service to deliver care and support to their tenants.

Population Data

There is a projected number of 25,448 people aged 65 and over living in the City with a moderate or severe learning disability. This is projected to increase to 29,436 by 2020.

It is projected that within the age group 18 – 64 that 945 people have a moderate or severe learning disability. This is projected to increase to 949 by 2020.

The amount of over 65s with moderate or severe learning disabilities is significant and shows a considerable projected increase in comparison to those aged 18 – 64.

At any one time there is an estimated 78 people aged between 18–64 presenting with challenging behaviour. This figure is expected to remain static over future years. The most prevalent general form of challenging behaviour is 'other difficult/disruptive behaviour', with non-compliance being the most prevalent challenging behaviour.

Down's Syndrome

Within the 65 and over age group it is projected that there are 326 people living in the City in 2012 with Down's Syndrome. This number is expected to increase to 382 by 2020. It is anticipated that alongside Down's Syndrome, people may also have other disabilities including dementia. The majority of people with Down's Syndrome tend to remain in the family home with their parents. More research with families must be undertaken to identify future housing options as people with Down's Syndrome are living longer. Many people may outlive their parents - parents who may have been the only support provider known to that person.

Autism

Information sourced via NHS South of Tyne and Wear has enabled us to identify that as at December 2011 there were approximately 909 children and adults recorded with GP practices in Sunderland as having autism or aspergers. There were 611 children and young people aged 0-19

registered with GP practices in Sunderland and 298 adults aged 20+. As at December 2011, 63% of those registered at GP practices in Sunderland were recorded as having autism and 37% were recorded as having aspergers.
Source: NHS South of Tyne and Wear (SoTW): VSMR Quarterly Practice Collections

More information relating to Autism is included within the draft ASD Needs Assessment 2012. However, it does outline the following in relation to independent living:-

As at end January 2013, 62% of adults with ASD known to Sunderland City Council adult social services were in settled accommodation. Settled accommodation ranges from mainstream housing with family / friends to supported accommodation to adult placement schemes. Information included in the consultation and interviews included feedback as to whether the adults with ASD, who currently live at home, could live independently in the future; in many cases parent carers felt that the person cared for could potentially live independently in the future with the right support however concerns were raised that, due to the current financial climate, this may prove more difficult than previously.

As part of the 2012 'living with ASD in Sunderland' consultation older parents expressed concern and worry about what would happen to the person they care for when they were no longer around (no families spoken to had received any longer term support with planning for the future).

Supporting People with Severe Mental Illness in the Community
There are currently 259 people of the Care Programme Approach for those with severe mental illness, and these individuals are one of the groups that may need support from adult social care. Of these individuals, 102 have a social care co-ordinator. The total number of people aged 18 to 64 with Mental health issues supported through ongoing care equating to 575 at the end of March 2010, of which 5% (29) were in Council supported residential/nursing care.

In many respects, the accommodation pressures associated with people with severe mental illness are broadly similar to those with learning disabilities, but the solutions need to be better developed. In particular, the greatest pressure on admissions to residential/nursing care (or its appropriate alternatives) is from re-settlement of people from inpatient facilities in the MH Trust. For example, the proportion of Council-supported residential/nursing care placements decreased by 17% between 2007/08 and 2009/10, largely as a result of this resettlement, with the majority aged 65 and over.

Recommendations for Commissioning

- Develop universal services and social care services so that all people have the information and advice needed to make decisions which work for them, regardless of who is paying for their care;
- Identify local assets including accommodation and services to enable people to have access to services; advice and information which will enable them to live at home independently for longer – whether this be their existing home or access to a new home which better meets their needs
- Gain a wider understanding of community and voluntary services and ensure that there is adequate signposting available across localities to enable people to easily identify and access

services which will support them with daily living

- Provision of information and advice in easily accessible formats, including plain English and picture supported documents to enable more people to 'self-serve'
- Open up the Access to Housing Gateway to ensure that people requiring accommodation have a clear and supportive route to gain accommodation which meets their needs
- Clear person centred planning around individual's housing needs are carried out by social workers and used to inform the Commissioning Intentions List managed by the Integrated Commissioning Team. Housing requirements are made available for inclusion into the Enabling Independence Strategy to ensure that supported living solutions are planned in a proactive way within the city.
- Enable housing providers to commission their own care and support services to meet the needs of the people living in their accommodation in a flexible and tailored way
- Gain qualitative data from vulnerable people, their families, carers, health and social care professionals to support the planning of services to be available to people to enable them to remain in their own home for longer.
- Gain views from partners; service users; families, carers, community based services and volunteers to identify innovative and creative solutions to issues facing vulnerable people which prevent them from living at home independently.
- Work with lettings agents; managing agents; private landlords and estate agents to better advertise suitable accommodation and to make tenancy agreements accessible to enable more people with disabilities to access this form of tenure.
- Review current living arrangements with adults with disabilities in shared living to understand their future needs and aspirations for independent living and respond to their requirements with the provision of self-contained independent living as appropriate
- Discuss the quality of care provision across existing supported living and domiciliary care arrangements to gain an understanding of what is working well within the City and what needs to be reviewed
- Enable housing providers to commission their own regulated care service – which in turn enables the resident to micro commission their care using their personal budgets providing them with choice and control
- Co-ordinate, expand and explore alternative delivery models for care and support at home
- Gain an improved understanding of the role and experiences of carers and provide supportive solutions to assist people in the caring role to prevent fatigue; isolation and disengagement
- Gain an improved understanding of the requirement for reablement and intermediate care provision in the City and review how well current arrangements are currently working for individuals; carers and their families
- Continue to develop the extra care housing programme for people aged 55 + and supported housing provision for adults with disabilities
- Continue to deliver housing solutions for people with dementia to enable them, where appropriate, to remain living in their own home to end of life
- Provision of flexible care and support services which deliver customer requirements;
- Development of greater levels of support at home e.g. for those with dementia; Downs; Autism, including support for family carers
- Gain an improved understanding of people with learning disabilities and mental health who are living at home with elderly carers. Work with families to better understand the housing requirements of the individual in the event that they may end up living on their own – and ensure that plans are in place to safeguard that person proactively by resolving their accommodation situation.
- Actively promote alternative forms of housing with care to enable people to live independently and in turn reduce the number of people being moved into residential care

- Review the Customer Service Network signposting and advice delivery to vulnerable people to identify whether the service is working well and where improvements may be recommended
- Ensure that those people eligible for ongoing social care funding receive this via a personal budget allowing them to exercise the same amount of choice and control as those who pay for their own care and support;
- Develop the Wellbeing service to widen access and reduce health inequalities;
- Improved working with people and their carers to enable the people that lack capacity to still use their resources to meet their preferred lifestyle choices;
- Provide information in plain English and in an accessible way to enable more people to self-serve
- The Access to Housing Gateway to provide information to vulnerable people to enable them to find housing solutions to meet their short / long term needs, enabling them to live independently at home for longer.
- Further development of Telecare and Telehealth as an option for management of long term conditions in conjunction with housing and health partners;
- Develop responsive social care support via integrated working with Sunderland Pathfinder Clinical Commissioning Group and the primary care clusters across the city.

There is a need to recognise and acknowledge the role of carers in supporting people to live independently, more targeting of carers break opportunities, may help to reduce likelihood of carer fatigue in situations where this is a significant risk.

1) Who's at risk and why?

As outlined in earlier sections.

The fact individuals have problems with daily living does not automatically mean they need support from the public sector; many people are able to self-manage their own dependencies and/or have adequate support from a range of informal carers. The number of people with these disabilities increases with age due to frailties and co-morbidities. As a generalisation, the likelihood of individuals needing care and support provided by others increases with the severity of their disabilities. In particular, those with "significant" & "severe" disabilities are those most likely to need public-sector care and support, with individuals with severe disabilities, those most likely to need intensive support in daily living. National research consistently suggests those people who have 2+ types of problems in daily living and those without any carers' support are most likely to need some formal care and support in daily living (e.g. in the Wanless Report, see Evidence of What Works).

As they become older, many people develop disabilities as a result of a health condition. Those who had significant changes in their condition – sometimes associated with an emergency admission – may need support to help regain their independence (reablement) or alternatively be supported to compensate for their disability. The majority of referrals of new older adult social care Council customers arise from primary or secondary health care referrals. A group with significant needs in daily living are those, often older, people with dementia, e.g. 75% of people admitted to Council-funded residential/nursing care in 2010/11 had dementia.

People with Learning Disabilities
Not all of individuals with learning disabilities will need significant help in daily living, and a large proportion, including those with severe learning disabilities, will have significant levels of daily support through family and friends. Those with more significant disabilities, around 0.4% of Sunderland's population, are those likely to need support.

Research suggests there are a range of contributory factors that increase the risk of people needing care, support and assistance in daily living. These include socio-economic factors such as deprivation as well as any other health-related conditions; and their circumstances, e.g. whether the individual has an informal carer (particularly living with them), communication difficulties, opportunities (or otherwise) to develop social networks and relationships; and employment opportunities.

People with Mental health needs (see Mental Health Profile)
Mental health problems are extremely common – up to 1 in 4 people will experience mental health problems at some point in their lives. Mental health issues arise from a biological, social and environmental factors of varying intensity that adversely affect an individual's sense of mental well-being. It is estimated that 17% of the adult population experience some form of neurotic disorder, of which 70% experience anxiety or depression at any given time, with 4.4% - 5.8% of the population present with some form of "personality disorders".

As a generalisation, people with more severe mental health needs – and those with psychotic disorders – are more likely to need support with daily living. A particularly vulnerable group are those long-term patients, particularly older people, discharged from secondary mental health wards in the city, who often have additional complicating factors, such as physical frailty and illness.

Carers of People with Problems in Daily Living
Carers are providers of the majority of care to people with long-term illnesses, disabilities and substance misuse, in Sunderland. It is estimated 11% of the population are carers, with 3% of the population providing 50+ hours of care per week. The cost of replacing this care is estimated at £700 million per annum. National research suggests carers are more likely to be in poorer health and suffer social isolation and financial hardship than non-carers. This is partly due to their socio-economic characteristics – around 24% of carers

in Sunderland are aged 60+ years – but also due to their impact of their caring role.

Local qualitative research suggests breakdown in – predominantly family - carers' ability to support people in daily living is an issue in Sunderland, particularly for those carers with intensive caring responsibilities or those who may themselves be vulnerable e.g. have a life-limiting condition because of their age or are young carers

2) The level of need in the population

As outlined in earlier sections.

A number of key groups, such as older people and those with disabilities, are more likely to need messages on promoting independence, through more traditional channels, such as newspapers and face-to-face (Mosaic analysis, 2011). Particularly vulnerable people, particularly people with mental health needs, including dementia, and those with learning disabilities who may have communication difficulties, may need specialist advocacy support to help them express their views about their options in care, support and daily living solutions. Where this is available, this opportunity is highly valued by both customers and professionals, but the evidence suggests that take-up needs to improve (CQC Inspection).

Personalisation: Support options tailored to, and self-directed by, the individual
Nationally, the vast majority of vulnerable people reported they wanted greater choice and control over their care, support and daily living options. Similarly, qualitative research with vulnerable people suggests most Sunderland residents reported they wanted to make their own decisions about their care, support and daily living solutions should they need it, but would value advice from a trusted source, such as family, friends or care professionals, including social workers, to help them make these decisions. There is evidence satisfaction amongst customers increases if this is achieved (e.g. satisfaction with support is notably higher amongst people with learning disabilities if they have experienced Person-Centred Planning (Care Management Research, 2010).

Helping People Stay at Home for as long as possible
Overwhelmingly (>95%), the majority of vulnerable older residents told the Council they wanted help to live in their own homes currently and/or in the future rather than be admitted to residential or nursing care. Qualitative local research indicates the main reason for admissions to residential/nursing care in 80% of cases is "carer breakdown", and a contributory factor to this is reported to be relatively late involvement with adult social care, i.e. carers had been under pressure to cope for some time without any Third Sector and/or statutory assistance;

National research suggests that the ability to provide help and support promptly in a time of crisis is important mechanism to provide reassurance and support at a time of crisis. This is generally reported to be a positive in the city, with consistently good customer feedback, for example, about Tele-care Service's and Third Sector out-of-hour helpline for those with MH problems and carers, with 95+% of callers reporting this led to significant immediate & longer-term benefits.

A range of options exist across health/social care to ensure support is provided in people's home (see Current Services), but as a general principle there's a need for the Third Sector and particularly statutory sector support to offer intervention in many cases at a much earlier stage. In particular, social care professionals report that engagement with key health professionals such as GPs and PCT varies across the city, citing examples of effective, multi-agency "case conferencing" with health professionals in some GP surgeries in Coalfield and Washington, but also areas where such joint working is less consistent.

<u>Improving Quality of Life (see Improving Well-Being)</u>
Low-Level Prevention
The city aims to assure people with disabilities and/or vulnerabilities are enabled to access universal services, such as retail, leisure and cultural facilities, as part of the development of a supportive model and environment for people with life-limiting conditions. However, many vulnerable people and their carers report

access to such services is mixed in the city. Qualitative research with vulnerable people, their carers and professionals identified a number of positive improvements (e.g. development of Changing Places for people with learning disabilities across the city; or better physical access to buildings for wheelchairs), but 4 main barriers were often cited:

- Lack of meaningful information and advice available to them and/or professionals working with them about these opportunities;
- Practical issues, or perceptions of barriers, relating to access to these services. This includes physical, economic, social and/or cultural access to services or these locations despite the improvements made to citywide services to make them more "disability friendly";
- Lack of individuals' self-confidence or self-motivation in accessing these services, which increased their social isolation, linked to concerns about stigma about disabilities or mental health needs, which may relate to issues associated with community safety;
- Carers reported their sometimes intensive caring responsibilities could make them "time-poor" in pursuing their own cultural, social and leisure interests, which can make them socially isolated, affecting the mental well-being in continuing their carer role.

3) Current services in relation to need

A range of services provided by a combination of public-, private- and Third Sectors exist to help people in their daily living. A review of localised services and assets must be undertaken to provide a clear view of what is available within our communities; what is being delivered and the quality of those services. Future work must include an outline of all services within the City providing services which support our most vulnerable residents alongside clear respondent feedback around those services and the positive outputs from services provided / received.

4) Projected service use and outcomes in 3-5 years and 5-10 years

As outlined above, there are a number of known groups likely to require support to enable them to live independently at home. However, more qualitative and quantitative research is required to gain a clearer understanding of new trends and emerging needs for varying groups of vulnerable households and their carers. External factors, including the housing market, welfare reform and the economy, will also have an impact, but qualitative data from our communities is required to enable us to understand the actual impact and not the assumed impact.

The Access to Housing Strategy is required to provide up to date and robust evidence of need relating to people who are homeless; threatened homeless; roofless; rough sleeping and using hostels – this strategy will then provide required actions relating to signposting and advice provision for those proceeding though the homelessness route. Robust consultation with service providers and service users, victims and perpetrators is required to gain a quality of information which will identify services available, services required to support them with finding and keeping accommodation and any inequalities within the overall service offer.

Evidence from the Council's Access to Housing Gateway and Customer Services Network will be collated once it starts to manage the housing referrals to include adults with disabilities. This information will be outlined within the Access to Housing Strategy; Tenancy Strategy and Enabling Independence Strategy. This will include training and information sharing undertaken with housing providers including private landlords; lettings and management agents and estate agents to improve the 'housing offer' to vulnerable people within our communities, enabling them to live independently at home for longer.

The Council's Supported Housing Forum managed by the Council's Integrated Commissioning Team will clearly highlight supported accommodation needs for adults with disabilities (to include learning disabilities; mental health; long term conditions; acquired brain injury and physical disabilities) and children in transition into adulthood. This information, when provided, will highlight the requirement for supported accommodation

in a planned way over future years. Consideration must be given around the type of signposting information required by individuals and carers; the format and accessibility of the information required to support people to self serve. This should be undertaken in conjunction with the Access to Housing Team and Customer Services Network. Information provided via this forum should include feedback from housing providers; care providers; social workers; service users; families; carers and health and wellbeing boards. Only then can we truly understand and plan for the provision of services and information to enable people to live at home independently for longer.

5) Evidence of what works

The extra care housing programme is delivering independent living for people aged 55 and over including those with a dementia diagnosis, mental health and learning disabilities. The extra care schemes provide a real alternative to residential care enabling people to live at home independently for longer, with the aim to provide end of life care in each scheme. Qualitative data collected from people who have moved into the extra care schemes has clearly demonstrated how extra care housing is working to enable people to live at home independently for longer. More work is required with housing providers; care providers and families to better understand where improvements can be made – and how we can better integrate community based services and volunteering into the extra care housing schemes. Future schemes intend to provide via Housing 21, an Options Centre, which will provide signposting information to people living in the extra care scheme and those outside of the scheme to support them with independent living.

Provision of supported living for adults with learning disabilities and mental health is proving successful with people having their own self-contained apartment, with access to on site care and support services tailored around each individual's needs. People are able to access the care and support services they choose and accessible tenancy / licence agreements have been developed to support people to understand their responsibilities within the accommodation.

6) User Views

Consultation has been undertaken with a range of vulnerable individuals and their carers over several years about their care and support needs and preferences in daily living. These findings need to be reviewed to establish whether the picture remains the same or has changed. The requirement to undertake this piece of work is reflected within the commissioning requirements and needs to include a review of care services received; access to and understanding of financial assessments and financial information; advice received via Customer Services Network; ease of understanding information received, how accessible it is and whether people are more able to self-serve. Quality of advice and information must be considered, alongside access to signposting opportunities.

7) Equality Impact Assessments

Equality Impact Assessments have been completed for a number of services listed in the Services section.

The Enabling Independence Strategy highlights the requirement to undertake more work with our Black and Minority Ethnic communities and our Lesbian, Gay, Bisexual and Transgender Communities across all age groups in relation to information requirements; access to information and signposting; access to accommodation and provision of care and support which meets their cultural; religious and personal beliefs.

8) Unmet needs and service gaps

See earlier information

9) Recommendations for Commissioning

Supporting people to live independently in their own homes is one of the key objectives in the Corporate Outcomes Framework. To progress this effectively, there is a need to ensure that there are a range of preventative solutions in place as early as possible for individuals to prevent the need for increasing complex

solutions later and to help reduce the burden on carers and family. These preventative interventions range from advice, information and signposting, including a “little bit of help” for individuals, through to enabling independent living for people with more complex needs such as Extra Care housing accommodation, all of which need to be tailored to individuals’ needs and preferences. The commissioning intentions set out earlier in this profile will help to achieve this objective.

10) Recommendations for needs assessment work

The Enabling Independence Strategy is reviewed annually with the last update being undertaken in April 2013. This Strategy contains needs information specific to older households; people with dementia and people with learning disabilities and mental health. The collation of key information and data will continue to be required to ensure that this strategy is reviewed annually to demonstrate our Market Position Statement for the city.

A Strategic Housing Market Assessment was undertaken in 2013 which has provided significant information relating to the requirement of supported accommodation within the City. This information has been included within the Enabling Independence strategy. A stock condition survey is to be undertaken during 2013 and any relevant information will be used to inform strategic housing documents including the housing strategy and the Enabling Independence Strategy.

More information is needed on the housing requirements of people with mental health; children leaving care ,and people with a long term condition including acquired brain injury and physical disabilities to include signposting and advice information alongside any accessibility and self-serve issues.

Needs assessments are required with our BME communities and out LGBT communities to ensure that we are providing services to individuals and communities which meet their housing and support needs.

A clearer understanding is required which outlines those that require support to live independently in their own home against those who require purpose built accommodation to meet their specific needs.

Additional information is required relating to those living in existing supported living arrangements to better understand their future housing needs to enable us to plan to support them into alternative housing provision as required to meet their future needs and choices.

The Council does need an Access to Housing Strategy to better identify, quantify and update strategic needs of people who are homeless / threatened homeless and their supported accommodation needs including the needs of children leaving care; teenage parents; domestic violence; rough sleeping.

The Council’s Hostel Strategy needs to be finalised to enable the needs of those who have had transient lifestyles to be understood and planned relating to the provision of supported accommodation provision.

The needs of veterans / ex-service community will be updated within the Council’s Veterans Strategy.

More consultation outcomes from health services is required to enable services to be better planned to meet emerging needs, particularly for people in hospital who may need to return home but are waiting for aids and adaptations to be fitted, or to move temporarily into reablement accommodation and for people with a dementia diagnosis to support both families and the individual with access to better housing and support services to better meet their needs.

As outlined throughout this profile, more qualitative data is required from a range of individuals; communities; organisations to better understand local assets; available services; outputs and outcomes with the potential for pooling of funding; agreeing joint priorities and local solutions within innovative and creative models, while integrating community based services and volunteering as appropriate. It would be useful to pool all available information provided across all sectors and work with service users and carers to identify what works well; where there is duplication; what is accessible; what is helping people to self-serve and where there are gaps in information and service provision.

Key contacts

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