

Market Position Statement and Commissioning Intentions for Adult Social Care 2024/2027

Table of Contents

Section	Page No.
Purpose	3
Vision and Key Aims	4
Our Commissioning Principles	4
Commissioning Priorities 23/26	8
Population Profile	10
Current Adult Social Care Market Overview	12
Adult Social Care Workforce in Slough	16
Financial Context	18
What we are doing to support the market	21
Prevention Services – Helping People to Help Themselves	24
Supporting People to maximise their independence.	26
Helping People When they need it.	32
Procurement Forward Plan	43
Tell Us What You Think	44
MPS Survey	45

Purpose

Welcome to Slough Borough Council's Market Position Statement (MPS) 2024/2027, which aims to encourage commissioners, people who use services, carers, and providers to work together to explain what care services and support are needed in Slough and why.

We have considered a range of factors including population projections, market intelligence, needs analysis, and finance to identify trends and predict future adult social care needs in Slough.

The MPS considers our role as part of a wider health and social care system and aims to describe some of those joint priorities (often funded through the Better Care Fund) through key signals to the market.

The MPS aims to describe our priorities through key messages for the market. Importantly this will enable providers and partners currently operating in Slough, and those who may wish to in the future, to understand the range of services currently delivered and our requirements to collectively shape and develop a vibrant diverse market for current and future generations.

The Council's Strategic Plan [Corporate Plan 2023-27 – Slough Borough Council](#) highlights our priorities and underpins this Market Position Statement.

The Covid-19 pandemic response and moving into recovery has allowed us to review what is important for Slough. We have seen great community spirit, people helping people, businesses helping businesses, and service providers and our staff and partners going the extra mile under unprecedented circumstances, including cost of living crises, changes from national policy and continued pressures on workforce.

We want to build on the changes we have seen in the last year, underpinned by our approach to prevention, delaying and reducing the need for traditional longer-term care and reducing the need for people to enter more acute settings.¹

The MPS is a dynamic document and will be regularly updated to take account of any changes in legislation, movements within the adult social care market and further engagement with our partners, stakeholders, providers, and people who access or receive adult social care.

More detailed commissioning plans and strategies are being published on the Council's website alongside the Market Position Statement, as they secure approval through the Council's governance processes.²

¹ [Preventative Services for Adults in Slough – Slough Borough Council](#)

² [Adult social care strategies, plans and policies – Slough Borough Council](#)

Vision and Key Aims

We adopt a “tiered preventative approach” towards the delivery of adult social care. The key elements of the approach are to:

- Enable people to manage their health and wellbeing.
- Prevent the need for the take up of adult social care.
- Provide access to the right level of support at the right time.
- Enable people to manage their own care and support needs.
- Safeguard our vulnerable population.
- Progress integration between health and social care
- Embed Co-production at the heart of care and support.

To enable this approach, we want to work with a range of partners to collectively reimagine how support can be provided in Slough, expanding our thinking from traditional task orientated care and support models to consider how people can access support and assets in their local community at the right time.

We aim to enable more people to live in their own home, information, advice, prevention, and early intervention services will be available to help people to help themselves and reduce the need for long term reliance on care services to lead fulfilled and healthy lives.

Our Commissioning Principles

Our commissioning principles which underpin our vision are:

1. Services will be co-produced, we will recognise and embrace the strength, expertise, and diversity within the community, and:
 - Design, plan and deliver services from a resident-led perspective.
 - Promote early involvement of people using services, carers, partners, and providers in helping find shared solutions.
 - Adhere to the approach outlined in Slough’s Resident Engagement Tool Kit
2. We will focus upon the delivery of person-centred outcomes, service outcomes and strategic outcomes for our population, and:
 - Ensure services are aligned with system, place and neighbourhood strategies and the delivery of strategic outcomes.
 - Ensure that services are focussed upon delivering outcomes for individuals.
 - Ensure that delivery of outcomes is built into the design, specification, procurement, and contract management of services.
3. We will adopt a consistent approach towards planning, designing, and evaluating services that is needs led and evidence based:
 - Adherence to the strategic commissioning framework, contract procedure rules, co-production toolkit etc.
 - Make use of local and national qualitative data and local perspective of residents and providers.

4. We will maximise social value and build community capacity through our commissioning practice, and:
 - Promote, enhance, and draw upon community assets as part of our commissioning practice.
 - Identify resources within the community and voluntary sector to enable them to help find shared solutions to meet the diverse needs of the community.
 - Factor social value requirements into our procurement processes.
 - Take a 'one council' approach towards maximising opportunities for accessing corporate social responsibility initiatives locally.

5. Our relationship management with providers will be effective and robust and focused upon the delivery of individual, service, and strategic outcomes:
 - Ensuring open channels of communication between commissioners, procurement, contract managers and providers to help identify opportunities to achieve the best value from contracts.
 - Ensuring clear and robust service specifications are in place – particularly with a view to promoting early intervention and maximising independence.
 - Work with providers to ensure robust workforce plans are in place to support current demand and future innovation.
 - Communicating our approach to quality management through having a clear framework in place.
 - Proactively working with providers to find innovative solutions and supporting value adding activity.
 - Publishing up to date market position statements and commissioning plans to ensure that the market is well informed about our commissioning intentions.
 - Meeting regularly with the market to convey individual and council requirements and to continuously improve quality and responsiveness.
 - Holding 'meet the buyer events.'

6. We will seek to develop a resilient work force (council and providers)
 - Being aware of workforce risks for our internal and external marketplaces.
 - Establishing approaches to address these risks, including encouraging values-based recruitment.
 - Specifying minimal requirements through procurement processes.
 - Maximising shared opportunities for training and staff development – drawing upon systems initiatives as appropriate.

7. We will facilitate strong partnerships and collaborations that deliver efficiencies and help improve outcomes for local residents:
 - Establish a collaborative working culture with our strategic commissioning partners on matters of health and social care integration, to establish a shared a vision and best value approach to the delivery of our Section 75 and other agreements.
 - Ensuring preventative approaches are in place.
 - Developing innovative solutions to complex problems
 - Co-producing services and developing a virtual "enter and view approach" during the pandemic.
 - Working cross-functionally across the council to identify opportunities for delivering more coherent and efficient provision.

8. Continuous improvement – ensuring that the appropriate commissioning architecture in place, through having clear and robust governance processes in place in a range of areas including those listed below.
- Care Governance Board (CGB).
 - Commissioning, Purchasing and Market Management Board (CPMM Board)
 - Procurement Review Board (PRB).
 - Maintaining an up-to-date commissioning forward plan
 - Maintaining up-to-date contracts register.
 - Maintaining an up-to-date programme of planned/responsive quality assurance visits.

Co Production

Central to all of our strategic commissioning is Co Production, which is not just a word, not just a concept, it is a meeting of minds coming together to find shared solutions.

We have a flourishing Co Production Network made up of professional stakeholders, local residents, carers and people who draw upon social care services. The Co Production Network was established in 2019 and is actively engaged in a wide range of activities, including service and strategy development, procurement, recruitment and involvement in key Partnership boards such as the ASC Transformation Board and Commissioning Transformation Board.³

When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power, and have influence over decisions made.

During 23/24 we were able to review our strategic direction for Adults with commissioning strategies developed to support People with Learning Disabilities, Autism, Older People and Carers.

These Strategies were co-produced with people who use services and carers with contributions from the local Co-Production Network and views from local care home residents, staff, and families.

All of the contributions are included in an appendix of each of the Strategies and each strategy has its own Action Plan identifying the strategic priorities for the next 3 years.

A new set of Steering Groups have been established to act as a champion which will be made up of Slough Borough Council officers, partners, carers, and people who use services to hold us to account for the actions set out in the Action Plans.

The Steering Groups will enable people to come together, share experiences, opportunities, and knowledge, offer mutual support, and discuss issues that are important to them. They encourage people who use services and carers to have their voice heard and to support the delivery of the changes and actions set out in the Strategies

The Steering Groups will meet on a quarterly basis, with an Annual General Meeting to undertake several actions:

³ [Co-production in Slough – Slough Borough Council](#)

- Agree and elect Co Chairs (every 3 years)
- Review the progress with the Action Plan
- Review the Strategy (every 3 years unless major changes in statute)
- Review Terms of Reference
- Present the annual report from the Co-Chairs to Cabinet.

Commissioning Priorities for 2024/27

Priorities will focus firstly on helping people to find the support they need within their communities and to avoid dependency on adult social care funded services in the long term.

Where people have an eligible need, the emphasis will initially be on intensive, short-term 'reablement' which restores maximum independence.

Where an assessment identifies that people need a longer-term service, the focus will remain on models that promote independence and ensure that people are able to make full use of community resources. This will mean:

- Focusing on the outcomes that the person wants to improve upon, the level of response required and monitoring of whether their life is improved as a result.
- Helping individuals to make informed choices about what to buy and from whom.
- Rebalancing the profile of spend away from institutional settings to support in the community, reinforced by a wider range of accommodation options.
- Continuing the shift to more flexible arrangements that encourage responsiveness to the needs and choices of people based on affordability, choice, quality, and accountability in service provision
- Focusing on the needs of individual and purchasing highly specialist services where needed.
- Emphasising co-production with communities, with eligible people and their carers, and with providers.

This will require:

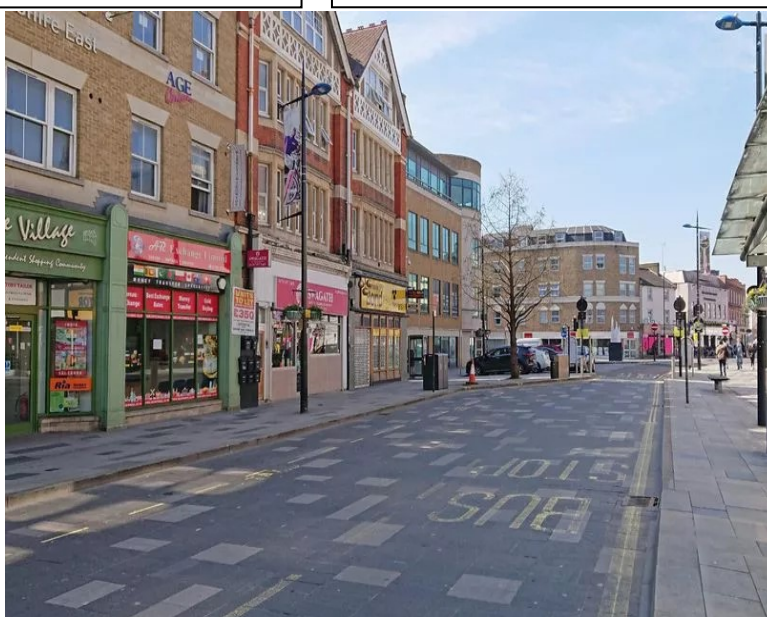
- A robust Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) infrastructure that can reliably deliver services and other opportunities.
- A firmer evidence base, informed by more effective monitoring of outcomes and feedback from individuals to shape future commissioning intentions.
- A close relationship with current and future providers which continues to share market intelligence to further the understanding of any potential gaps in provision and clarification of respective roles in responding to need.
- An increasing emphasis on the provider's ability to demonstrate innovation, impact, productivity, cost effectiveness and value-for-money

Priority Area	Commissioning Activity	Provider opportunities and anticipated outcomes
Prevention Services Helping People to Help Themselves	Stroke services	We are exploring options to commission an integrated stroke service across the ICS with NHS Frimley ICB or a pan -East Berkshire service.
Supporting People to maximise their independence	Day Opportunities	As part of implementation of our commissioning strategies we will be developing a new daytime activities strategy
Supporting People to maximise their independence	Sensory needs	We are exploring the most effective way to ensure that residents with sensory needs are supported.
Supporting People to maximise their independence	Assistive Technology	We are developing innovative technology solutions to support carers and the individuals they care for to remain well and independent at home.
Supporting People to maximise their independence	Carers Respite	We are developing the respite offer to ensure that people have the ability to access the right level of support at the right time as their needs change.
Helping People when they Need it	Home Care	We will continue to work with a range of stakeholders locally to review and redesign the model of home care, including the introduction of a Trusted Assessor model.
Helping People when they Need it	Reablement	We will review the current model of reablement aligned to the review of homecare.
Helping People when they Need it	Extra Care Housing	We will be developing an Extra Care Housing strategy to increase the number of units of accommodation available across Slough and reduce reliance on residential care.
Helping People when they Need it	Housing with Support (Mental Health)	We will be undertaking a joint and comprehensive review of provision and developing a mental health commissioning strategy which will include Housing with Support.
Helping People when they Need it	Housing with Support (Learning Disability)	As part of the implementation of the Learning Disability Commissioning Strategy we will ensure existing models of provision are appropriate and utilised fully in parallel with a strategic commissioning review.
Helping People when they Need it	Housing with Support (Homelessness accommodation)	People will be supported with independent living skills with the long-term goal that they live in the community without the need for additional support.
Helping People when they Need it	Care Homes 65+	We will be undertaking a strategic commissioning review of the market Joint programme with ICB.

Population Profile

Slough has very high levels of deprivation and is ranked 117th in the 2022 indices of deprivation out of 151 Local Authorities.

Slough is the third most densely populated of the South East's 64 local authority areas, with around 35 people living on each football pitch-sized area of land



Slough's population was 158, 500 with 80, 000 women and 78, 500 men.

Older people aged 65 and over comprised 10% of the population, with 67% within the 15-64 category and 24% of the population aged under 15.

The numbers of older people (aged 65+) are forecast to increase by 16.5% from 2019 to 2025, and 33.2% from 2019 to 2030.

The population of Slough is diverse with 36% of the population White, 47% Asian and 8% Black with the remainder of the population being made up of people of other

Life expectancy is significantly below the national average and women on average can expect to live the last 24 years of their life in poor health (compared to 20 years on average in England),

Men can expect to live

Key Trends

Growing population of people with a diagnosis of autism

Growing population of people with behaviour that challenges

There are 12,626 carers in Slough and 2.5% of those provided at least 50 hours of weekly unpaid care

Key health and wellbeing challenges for adults include, smoking, physical inactivity, diabetes, TB, mental health issues and early deaths from cardiovascular disease

Deprived areas of Slough have poorer health and wellbeing outcomes.

People with more complex needs are being supported in the community rather than in hospitals.

Further information relating to population and population health can be found in [Slough's Joint Strategic Needs Assessment \(JSNA\) – Slough Borough Council](#).

Current Adult Social Care Market Overview

Market Overview

Transformation of services and the continuous development and shaping of the local care market will be key to providing high quality services across Slough in the future, including developing new and innovative solutions with and for people across the borough.

We offer a wide range of local social care services, either by directly providing services, offering information, advice, and guidance about local services so people can arrange care and support themselves or through commissioned services with the care market, independent sector and voluntary, community and social enterprise providers.

We provide care and support to people with an eligible need under the Care Act, including older people, people with learning disabilities, mental health conditions, physical disabilities, sensory impairment, those with substance misuse problems and also offer care and support to people's carers.

We have also recognised that there is a need to review the contractual terms and service outcomes of our adult social care services in Slough to both respond to care market pressures and challenges, as well as improve outcomes for people living in Slough.

We are working with care providers to move service delivery towards more personalised and integrated care models. This may include existing models, but also emerging methods of care planning, delivery and payment linked to individual or community scale outcomes.

From 1 July 2022, Integrated Care Boards became responsible for the local commissioning of health services. Integrated Care Boards are a new type of organisation, governed by partners and focused on collaboration as a means of driving improved outcomes for local people, created from the new Health and Care Act 2022.

Integrated Care Boards will have a broad scope and pick up the functions of clinical commissioning groups. They will lead on some functions that previously sat in National Health Service England, Health Education England and elsewhere.

Integrated care systems are about giving people the support they need, joined up across local councils, the National Health Service, and other partners including care providers, the voluntary, community, social enterprise sector and charities. It involves partnerships of organisations coming together to plan and deliver seamless health and care services to improve the lives of people in their area.

We work with NHS Frimley Integrated Care Board through the Health and Social Care Partnership and Slough Wellbeing Board to develop more integrated working arrangements between health and adult services in order to prevent and reduce unnecessary hospital and long-term residential care admissions and improve hospital discharge in line with the home first approach.

Demand

For the period 1 April 2022 to 31 March 2023, we provided services to 1,727 people, which was a decrease of -13 per cent from the previous year⁴. A total of 1,031 of these people were aged over 65 years.

Referrals increased from 1,724 in 2021/22 to 1,952 in 2022/23.

At the end of the last financial year, 31 March 2023, we were providing adult social care services to 1,375 people; of those people, 740 (54 per cent) were aged over 65 years.

A total of 333 people (24 per cent) overall, had learning disability as their primary support reason.

Within the 18-64 age group, there are 301 (47 per cent) people who have a learning disability.

A total of 191 people (14 per cent) overall, had mental health support listed as their primary support reason.

The following table shows the number of people receiving services by service type:

Care Category	2021/22	31/03/2022	22/23	% change	31/03/2023	% change	01/11/2023
Residential 18-64	69	56	63	-6	56	0	58
Residential 65+	133	97	165	32	108	11	107
Nursing 18-64	24	17	25	1	17	0	16
Nursing 65+	188	118	208	20	128	10	126
Home Care 18-64	212	155	208	-4	133	-22	166
Home Care 65+	655	416	668	13	430	14	484
Direct Payments 18-64	255	218	264	9	224	6	230
Direct payments 65+	135	111	138	3	103	-8	95
Carers DP 18-64	300	141	262	-38	141	0	181
Cares DP 65+	131	55	136	5	81	26	80
Day services 18-64	84	40	47	-37	38	-2	45
Day Services 65+	26	19	20	-6	18	-1	17
Supported living 18-64	203	179	209	6	193	14	198

⁴ Source: The number of people accessing long term support during the year to 31st March; LTS001a, SALT 2021/2 and 2022/23.

Care Category	2021/22	31/03/2022	22/23	% change	31/03/2023	% change	01/11/2023
Supported living 65+	38	32	32	-6	30	-2	28
Total Individual	2178	1581	2205	-	1643	-	1778

Capacity

As demand has continued to increase, in particular for Home First pathways, capacity for home-based support services has been exacerbated by the workforce and recruitment challenges faced across social care. Sufficiency is currently not a major challenge and waiting times for sourcing home support are minimal.

According to the NHS Capacity Tracker, as at November 2023 there were the following beds available in Slough although this is skewed by placement suspensions across two nursing homes with some “vacant beds” where admission is not possible:

The above availability within care homes, however, does not always reflect the local position in terms of identifying a suitable placement for a person, particularly where people have more complex needs. There are particular challenges around the provision of specialist dementia care.

November 2023

Type of care	Maximum Capacity	Occupied	Vacancies	Percentage Occupancy
Dementia Nursing	110	68	42	62%
Dementia Residential	140	102	38	73%
General Nursing	104	95	9	91%
General Residential	48	40	8	83%
LD Residential	46	40	6	87%
	448	345	103	77%

Quality

Overall, the quality of care is good in Slough, and we have invested in the Quality Assurance Team to provide practical support to providers and registered managers delivering care in our borough.

All services registered in Slough perform better than the national average regarding ‘Inadequate’ ratings. Nationally 1% of residential, nursing and home care have this rating, whereas none do in Slough

We have almost as many ‘Good’ residential homes as the national average and fewer rated Requires Improvement, performing better than average overall for those 2 categories, although we do not yet have any rated Outstanding

There are currently 2 residential and nursing homes across Slough with a full placement suspension.

Self-Funders

A self-funder is someone who pays for their own care. Slough's Adult Social Care offer includes providing advice and guidance, signposting to available resources and assessing care and support needs.

Market Shaping activities take into consideration the wider care market and will continue to encourage the provision of high-quality, cost-effective services for self-funders and people using a direct payment.

The Market Sustainability Plan published in March 2023⁵, indicates that there is sufficient supply in the market for Older People who may require residential or nursing care even with the projected growth in numbers of self-funders who currently form around 25% of the local care home market.

Similarly, there is sufficient supply of home care provision with the ability to flex and increase supply should we need it through refresh of the DPS. 82% of referrals for Home Care are sourced by Brokers within one day of receipt of the referral.

Whilst in Slough the proportion of self-funders is not as significant as other Local Authority areas, this still makes up a significant part of the care market and will increase to around 35% of the care market by 2025/26.

⁵ [Adult Social Care Market Sustainability Plan – Slough Borough Council](#)

The Adult Social Care Workforce in Slough

Skills for Care estimate the total number of posts in Slough was around 2,900 filled posts in 2022/23; staff turnover rate was 31.1%, which was similar to the regional average of 33.4% and similar to England, at 30.0%.

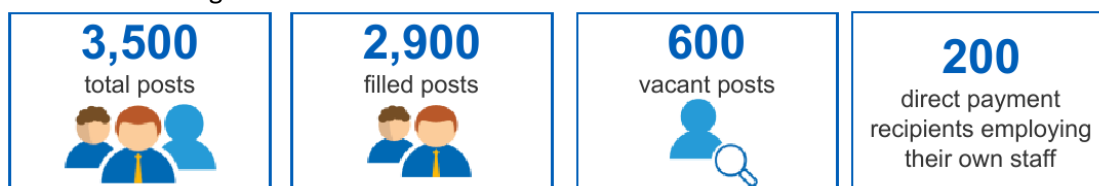
Not all turnover results in workers leaving the sector, many starters are recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Workers in Slough had on average 7.3 years of experience in the sector and 73% of the workforce had been working in the sector for at least three years. Around a third (36%) of the workforce in Slough were on zero-hours contracts. Over half (57%) of the workforce usually worked full-time hours and 43% were part-time.

Skills for Care estimates show that 32% of the direct care providing workforce in Slough hold a relevant adult social care qualification (42% in South East and 46% in England).

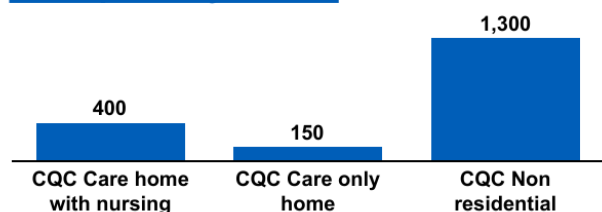
Key findings 2022/2023 for Slough

This summary of the adult social care workforce in Slough includes data from the whole adult social care sector: local authorities, the independent sector, posts working for direct payment recipients and those working in the NHS



Please note that the data below and other pages refer to filled posts in the local authority and independent sectors only.

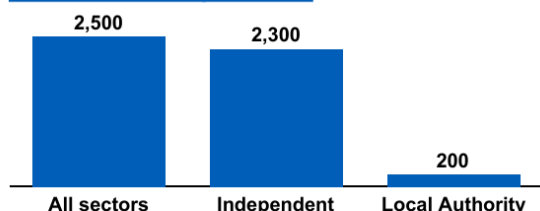
Filled posts by service



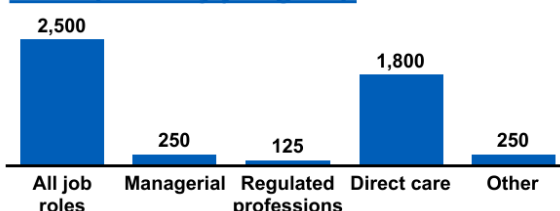
CQC-regulated establishments



Filled posts by sector



Filled posts by job group



Raw data from the ASC-WDS showed, of those workers without a relevant adult social care qualification recorded, 41% had five or more years of experience in the adult social care sector, 71% had engaged with the Care Certificate and 38% had completed training.

The development of a strategy for the future adult social care workforce in Slough is a key priority for the Council. Slough is facing the same challenges as everywhere in the UK, including growing demand and difficulties in recruiting and retaining staff.

We need to work together as partners from across adults' social care, including the independent, public, and voluntary sector to develop a more resilient care sector that enables more effective recruitment and retention in adults' social care, based on person-centred and innovative ways of working.

Key Messages for Providers

Attract younger people and a more diverse workforce including people with learning disabilities and people with health and social care needs into the sector.

Focus on recruiting people with the values, qualifications, skills, knowledge, and attitudes to fit your organisation, adopting best practice approaches to recruitment to optimise retention.

Providers should consider what terms and conditions they can offer to staff such as attractive rates of pay, pensions, and other benefits to attract and retain staff within the sector. Incentivise and retain experienced staff with a focus on career development and ongoing training, including specialist skills training to ensure there is a developing skill base within social care.

Recognise that the nature of social care work is changing, as people are living longer with more complex conditions and expect more personalised support, choice, and control.

There continues to be a shortfall of care workers with the right skills to support people with complex conditions and behaviours which challenges services.

Older people's services must ensure that staff are specifically trained in dementia.

All services to provide basic mental health awareness and wider diversity training to staff in all services to enable all groups to be supported appropriately.

All providers must ensure staff complete Learning Disability and Autism training appropriate to their role.

Financial Context

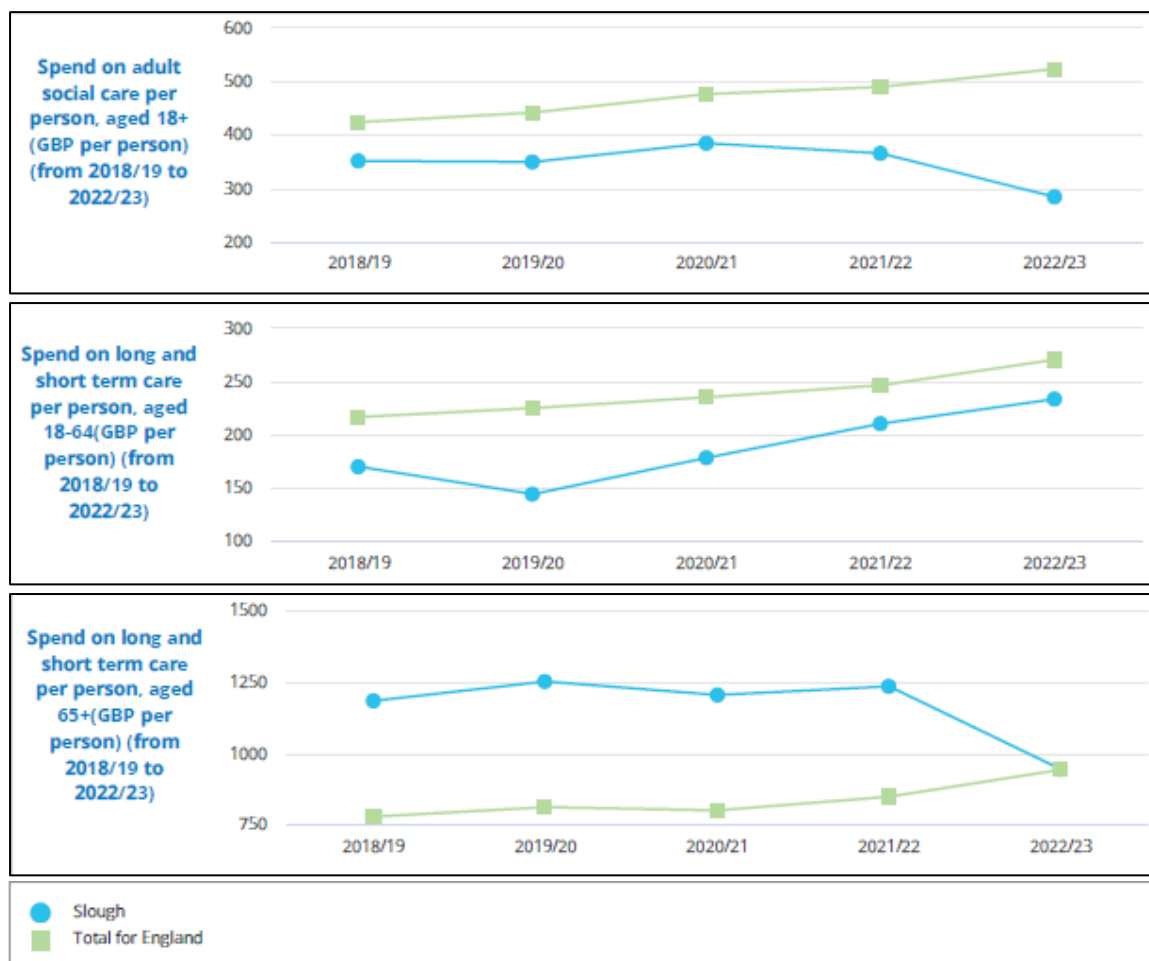
Use of Resources data indicates that Slough spends less on adult social care than any other local authority in England - £284 for every adult living in the Borough. This is less than half the England average of £524 per adult.

This is linked in part to the very low numbers of older people and the fact that Slough is less deprived overall than the average England authority.

Slough is a below average spender on younger adults – spending £234 per younger adult living in Slough compared to the national average of £271.

Our relatively low spending on younger adults is because we support a relatively low proportion of younger adults in long term care: 0.70% of the younger adult population compared with the national average of 0.85%. This would indicate we have found ways of supporting younger adults so that they do not end up in long term care.

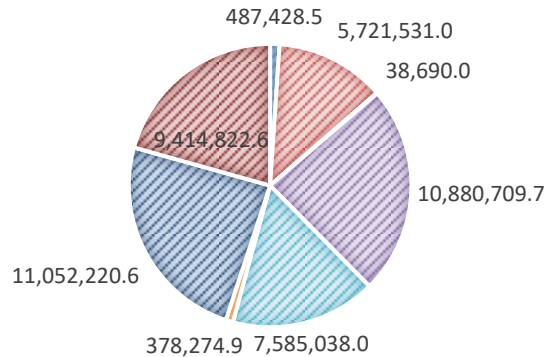
Spending per person 2018/19 to 2022/23 for Slough compared with England



In 23/24 the forecast gross spend for adult social care commissioned services is just over £45.5m.

FORECAST GROSS SPEND 23/24

■ Daycare
 ■ Direct Payment
 ■ Equipment
 ■ Homecare
■ Nursing
 ■ Other Services
 ■ Residential
 ■ Supported Living



Our biggest spends in 23/24 are:

- 12.5% Direct Payments (primarily paid to recipients to employ Personal Assistants)
- 23.8% Homecare
- 40.8% Nursing and Residential Care
- 20.8% Supported Living

Income

As well as recovering income from individuals as contributions to the costs of their care, the Council receives external funding through a number of specific grants including:

- Market Sustainability and Improvement intended to be used to increase fees paid to providers, improve social care workforce capacity, and reduce adult social care waiting times. The grant was worth £1.207m in 2023/24 and is estimated to be worth £1.815m in 2024/25.
- Social Care Grant, which has no specific ring fence and was worth £7.76m in 2023/24 and is estimated to be worth £8.887m in 2024/25.
- The Better Care Fund (BCF) is a pooled budget which funds a range of services some of which are commissioned by the Council, some by NHS Frimley Integrated Care Board (ICB). The NHS contribution to adult social care through the BCF is expected to increase by 5.67% in 2024/25.
- The Improved Better Care Fund (iBCF) is expected to stay at its 2023/24 level, or £3.989m for Slough.
- The Discharge Fund is to support Councils to build additional adult social care and community based reablement capacity to reduce hospital discharge delays. The grant was £0.559m in 2023/24 for Slough and an anticipated £0.932m in 2024/25.
- The Services Grant is provided to all tiers of local government in recognition of the vital services delivered by Councils. As such there is no ring-fence or condition applied to this grant. Slough's share is £1.225m and is expected to remain unchanged in 2024/25.

The future commissioning models in particular for Housing with Support and Housing with Care inevitably link with the Market Position Statement, and it is the Market Position Statement that will provide the basis for targeted funding for the next 3 to 5 years and the associated commissioning.

Any changes, and the associated financial implications, will need to be the subject of separate reports.

Financial information will be updated as part of the Market Position Statement Annual Review to include the most up to date published financial information using the Council's Adult Social Care Finance Return (ASC-FR).

The implications of the Market Position Statement must be factored into the budget setting process as they become known so as not to create a pressure on the General Fund in 2024/25 or future years.

Any use of resources arising from decisions linked to the Market Position Statement must be economic, drive efficiency and deliver effective outcomes for residents of Slough.

Providing clear messages to the market through the publication of our Market Position Statement will support more efficient and effective delivery of services and support the council's finances over time.

What we are doing to support the market

We work in partnership to directly commission services to meet the needs of those receiving social care but also to have oversight of the wider market, ensuring quality services are available for self-funders and those using a direct payment. We support providers by:

- Engaging with the market relating to specific upcoming tenders or soft market testing to inform tender development.
- Facilitating regular provider forums, “Care Connected”, electronic newsletters and emails.
- Supporting existing providers to improve quality and develop strong provider relations encouraging shared problem solving.
- Meeting with providers thinking of developing new services to advise on need and how they may access the market.

Procurement

When procuring services, as a ‘Best Value’ authority, we are under a duty to “make arrangements to secure continuous improvement in the way in which functions are exercised, having regard to a combination of economy, efficiency and effectiveness”.

When undertaking a procurement this involves challenging how services are provided, consulting with individuals, comparing the performance of suppliers, and using fair and open competition wherever possible to secure efficient and effective services.

We advertise contract opportunities over a certain contract value through Central Government’s repository ‘Contracts Finder’ which provides contract information referring to future opportunities, current opportunities, awarded contracts and pre-procurement engagement with the market.

Our existing contracts can be viewed on the Council’s Contracts Register.⁶

Our quality offer

We have a dedicated Provider Quality Assurance Team who work with our Contracts Management Team to ensure agreed quality is delivered, which includes a focus on the delivery of outcomes and best practice in delivering person-centred care.

Our Quality Assurance Framework ensures we use a number of approaches when monitoring quality performance:

- Drive up the quality of provider services across Slough and ensure that there is a wide range of high-quality providers locally whose services will ensure local residents are able to maintain a good quality life.
- Support safe commissioning of ASC services
- Monitor and respond to intelligence that may indicate that there is a problem with service delivery in Slough
- Undertake planned proactive and reactive quality assurance visits and monitor the progress of provider action plans.

⁶ [Corporate contracts register – Slough Borough Council](#)

- Offer challenge, support, information, and guidance to providers to improve the quality of services being delivered in Slough and consistently deliver effective outcomes which meet the needs of people who use services.
- Work closely with colleagues across Adult Social Care Service, Health and external agencies including the Care Quality Commission to share information about the quality of local care services.
- Share good practice and create networking opportunities through regular provider forums.

We believe high performing; good quality services should balance three core components:

- The individual experience of people receiving care and support and the achievement of outcomes important to them
- Services which keep people safe through regulatory standards, safeguards and the adoption of good practice
- The recognised processes that ensure the effectiveness of services including their value for money

Overall, we need to understand the experiences of people receiving help and support, and how well a service meets quality standards against local frameworks and that the service can demonstrate that it performs well, delivering effective support.

We have an escalation framework which is linked to our Care Governance Board, and which clearly sets out our response to quality concerns supported by multi-disciplinary working across Health and Social Care to share appropriate information to identify areas of improvement.

Where providers cannot achieve the right standards, we will work pro-actively with the provider to ensure that the services are transferred to an alternative qualified provider in a co-ordinated and timely manner, always ensuring the least disruption for people receiving support.

Key Messages for the Market

Think about how you can meet the gaps in services highlighted in this document.

Ensure that you understand how to tender for any work.

Attend provider and stakeholder meetings and forums with SBC to find out about any developments in the market and share your views with us.

Come and talk to us before developing a new service, especially if planning approval or CQC approval is required, or you are hoping to attract Council funded business.

Have you ever thought about becoming a Personal Assistant? you can find out more information on [Social care personal assistant jobs - Slough Borough Council](#)

Prevention Services – Helping People to Help Themselves

Self-care and management of long-term conditions is a key element of all services. It is applicable to us all; it describes all the of the things we do which maintain our physical and mental health and emotional wellbeing.

We have re-designed the “Adult Social Care Front Door” to ensure effective signposting to alternative support for people who do not meet the threshold for statutory care.

VCS Support

The Voluntary and Community Sector has a key role to play in prevention, and we have recently recommissioned Slough CVS to provide infrastructure support to local voluntary and community sector organisations, including a volunteer service, jointly commissioned with the ICB, and funded through the Better Care Fund.

The work with the Slough CVS is essential to our ability to reach diverse communities, addressing inequalities and promoting health and wellbeing, particularly in areas of deprivation which are significantly higher in Slough than in other areas of the Frimley system.

In addition, the Council facilitates an annual grants programme to support voluntary and community sector groups who can meet identified demand for non-statutory services using data collected at the “Front Door”. Opportunities to bid for funds are advertised on the Council website, on the Slough CVS website and in various local media.

Wellbeing Service

We also commission several services which either promote health and wellbeing or which help address unhealthy lifestyle behaviours.

The Integrated Wellbeing Service (IWS) funded through the Public Health Grant, operates a single point of access to smoking cessation, falls prevention, cardio-vascular disease, weight management, health checks and brief alcohol intervention services.

The IWS is due to be recommissioned in 2024 which will likely be for a minimum period of three years - potentially with greater alignment in some areas with services operated by other East Berkshire authorities and Frimley ICS.

Falls

The Falls Free 4 Life service funded through the Better Care Fund (BCF) takes both self-referrals and professional referrals, completes comprehensive falls risk assessment, and deliver strength and balance classes to improve postural stability.

The service also includes home safety assessments to reduce the risk of falls, and there is also an ICB forum with a wide group of stakeholders sharing best practice and reviewing pathways ensuring falls prevention as part of integrated support offer to people living with frailty in local place areas.

Within the forum there is a focus on 'upstream' primary prevention as part of the 'Live Longer Better' programme approach promoting healthier lifestyles and activity that will maintain wellness and independence in the longer term.

Stroke Services

The Stroke support services, funded through BCF, continue to provide essential support to stroke survivors, and their families. A particular strength of the service has been to support people to maintain or return to employment and/or access to benefits which promote mental health and wellbeing, thus mitigating the impact of stroke on their lives.

Substance Misuse

We have recently commissioned an Integrated Substance Misuse Service to progress the government's 10 Years Drugs Strategy – From Harm to Hope; A 10-year drugs plan to cut crime and save lives.

Partnerships arrangements to progress the delivery of the broader strategy are facilitated through the Safe in Slough Partnership Board as part of the overarching strategic plan.

Supporting People to maximise their independence.

We are keen to promote independence and enable individuals with support needs and/or with long term conditions to live at home for as long as possible, and a range of services have been commissioned to provide practical help and support to enable people to remain as independent as possible.

Reablement

Reablement is the term used to describe care and support which is intended to promote people's independence and reduce the need for long term care and support.

Most people who use this short-term service usually reach their independence goals within a couple of weeks. The service is time limited for a maximum of 6 weeks, although you will only ever receive the service for the time you require it.

Reablement involves a team of workers supporting you which might include:

- care workers
- occupational therapists
- physio therapists
- social care workers

Collectively, and with your involvement, a plan is agreed with goals to be achieved. Reviews of your progress are undertaken with you. In addition, the Reablement service can also access equipment, aids and technology to help you gain, or remain, independent.

At the end of the service, you will receive an assessment to determine if you have eligible care and support needs, and the service will agree with you what the next steps are.

This service is currently provided by Slough Borough Council directly through a CQC registered service, remodelled in 2022. This review helped to re-focus the work of the team on reablement and maintaining/maximising independence.

This has significantly increased the reablement offer to both community ('step-up' support) and hospital discharge ('step down') providing a universal offer to help people regain skills, maintain, and maximise independence and continuing to live at home.

Services are provided free of charge for up to a six-week period and the focus is upon minimising any long-term need for adult social care. The service also takes referrals from the community to prevent hospital admission.

Home First and Discharge to Assess

Home First is a short-term rapid response service for people who need social care support to remain at home and is jointly commissioned through the Better Care Fund and the Adult Social Care Discharge Fund.

Short-term, interim care supports an early transition out of hospital for recovery and assessment in the community, preferably at home, or in an interim care bed. This maximises

people's potential to return and remain at home for longer term and avoids the need for a permanent placement in care home wherever possible.

The service is mainly used for people over the age of 65 but can be for younger adults if required. It provides short-term support, through a reablement approach which builds on people's strengths and supports them to retain and regain independence.

The service supports people get home from hospital quickly using the national "Discharge to Assess" model, with people returning home as soon as they are medically safe to do so and be supported to settle back in – up to 4 weeks where they are new to care services or there has been an increase in care needs. If needed, a period of reablement will be provided. Longer term ongoing health and care needs will be assessed during this period.

Urgent Care Response Service

The Urgent Care Response service was established in April 2022 and has been delivered as part of the Ageing Well programme across the Frimley ICB along with Anticipatory Care Planning and Enhanced Healthcare in Care Homes.

A community-based crisis response service is provided by a multi-skilled team to people in their own homes, including care homes, who have an urgent care need and involves an assessment and short-term intervention.

The two-hour response is designed to reduce preventable hospital admissions and the team will visit for an assessment to determine what intervention may be needed which may include relevant equipment, short-term support (for people in their own homes), or medical intervention.

The service has demonstrated significant success in keeping people at home through its rapid integrated response and in avoiding admissions to hospital, particularly through the 'call before you convey' campaign, working in partnership with the South-Central Ambulance Trust.

Community Equipment

The Integrated Community Equipment Service (ICES) offers a range of loan equipment to support the care needs and promote the independence and reablement of people living in Slough and enables timely discharge from hospital.

The equipment that is available to people includes: grab rails, walking aids, beds, seating and bathing equipment

We are currently recommissioning our Integrated Community Equipment Service with six other Local Authorities and two Integrated Care Systems across Berkshire; this is funded through the Better Care Fund.

The rapid access to a wide range of aids and equipment is essential in helping people to be supported to remain as independent as possible and remain in their own home, reducing or avoiding higher levels, and associated costs, of direct care provision.

Key Messages for the Market

Providers are encouraged to consider the community equipment services when supporting people, which may include supporting access to equipment, provide guidance on how to use it properly, working proactively to support people to develop and maximise their independence.

Providers and people are encouraged to return equipment once it is no longer needed to ensure resources are placed where needed.

Assistive Technology

As part of our Transformation Programme and to contribute to our goal of striving for independence for residents we are promoting the use a technology first approach to develop innovative opportunities to deliver better outcomes for local people.

This in turn will help us to ensure people's well-being, as well as demonstrate our fundamental principle of delivering services that are efficient and value for money.

We have a number of pilots planned that will identify small groups of individuals to trial new technology in order to achieve better outcomes and financial efficiencies and help us to develop some case studies to demonstrate the different types of technology that can be used to achieve a variety of outcomes.

Key Messages for the Market

We want to work with providers to ensure that the opportunities presented by the analogue to digital telephone switchover are utilised to improve efficiencies and deliver improved outcomes for people receiving social care.

We expect providers to utilise TEC within their service offer to maximise service flexibility and accessibility.

We will actively support providers to work with people who use their service to identify how TEC can be best implemented to maximise service flexibility and accessibility to enable person centred approaches.

We want to see that people are at the heart of the care they receive, and that TEC is used to facilitate this wherever appropriate.

Disabled Facilities Grant (DFGs),

Disabled Facilities Grant Disabled Facilities Grants (DFGs), which support the provision of adaptations for people with long term conditions and disabilities, are funded by central government via the Better Care Fund (BCF).

We have been able to provide a range of adaptations to disabled individuals' properties, enabling them to maintain independence in their own homes.

A new Housing Assistance policy was implemented in November 2022 and incorporated updated guidance on DFG released in the same year, which further informed our approach to DFG delivery.

The new policy granted us additional powers, such as discretionary grants and reduced administrative processes, including financial assessments. It also enabled the funding of additional staff and increased the service's capacity.

The DFG capital grant allocation from the Government for Slough in 2023/24 is £1,140,680, and this investment is expected to be maintained and potentially increased in the future.

The Independent Living Team has now been integrated into Adult Social Care from Housing. This integration has provided ASC with significant opportunities to implement changes more efficiently, resulting in improved delivery processes. Consequently, the new policy, team structures, and processes have been implemented, with the desired outcome of better integration between social care and adaptation services and reduced overall delivery costs.

The service has already begun reaping the benefits of these changes, as evidenced by our stairlift implementation timeline. Previously, the average waiting period following referral to the ILT team was one year, whereas our new KPIs aim for a 30-day turnaround post-referral to our stairlift provider.

Key Messages for the Market

We would like to grow the number of contractors and providers that can provide major adaptations work

We would be interested in receiving enquiries from building contractors who have experience in major adaptations for the disabled, to join a local Approved Contractor list for such works.

Existing building contractors might also consider expanding their operations

Advocacy

Independent advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice: addressing barriers and imbalances of power, and ensuring that an individual's human rights are recognised, respected, and secured.

Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.

Typically, the person instructs the advocate themselves. However, if the person lacks capacity around a particular decision and/or process, an advocate can also be appointed in the person's best interest.

There are various advocacy provisions depending on the issue:

- Care Act Advocacy
- Non-Statutory Advocacy (Generic)

- Independent Mental Health Advocacy (IMHA)
- Independent Mental Capacity Advocacy (IMCA)
- Deprivation of Liberty Safeguards (DOLS) and Relevant Person's Representatives (RPR)
- Litigation Friend
- Statutory National Health Service Complaints Advocacy (NHS – Complaints)

Carers

Carers play an important role in supporting individuals to remain independent at home. We have recently developed a Carers Strategy which provides information on the future for carers services in Slough, which has been developed with members of the Co-production Network including carers.

This strategy sets out how Slough Borough Council, [Slough Carers Strategy 2023 - 2026](#), working with partners, will support and encourage carers to manage their own health and wellbeing and, together with partners build carer resilience and make the right interventions when carers are most in need.

Unpaid family and friend carers are often the ones holding families and communities together, and giving the right support at the right time during a person's caring journey can make a huge difference to their lives. We aim to achieve improve the lives of carers by enabling them to make informed choices as well as exercise choice and control about the care and support they receive through the provision of accessible information and advice for them and the person they care for, including benefits and employment rights.

We are committed to ensuring that carers have access to a range of services that minimise the negative impacts of caring upon their health and well-being, prevent carer breakdown, and help prevent or delay them from developing a need for care and support themselves.

Feedback received from unpaid carers during the development of the strategy confirmed the negative impact of caring on physical health and mental health (including loneliness and isolation) including support for carers and suitable respite becoming more critical.

Carers fed back that access to respite, short breaks and sitting services were important to ensure that they get a break from their caring responsibilities as these prevent carer breakdown and can prevent unnecessary hospital admissions.

The Carers Strategy Action Plan includes a commitment to review the existing offer and any opportunities for developing this going forward.

The importance of seeing carers as individuals with their own lives, separate from the cared for person is an important part of the approach and is also key to receiving the right support, at the right time.

From 1st April -30 November 2023, 182 carers received a one-off Direct Payment for services that would help them to continue with their caring role.

Key Messages for the Market

We are keen to see providers identify carers across Slough in a timely way so that their needs are met, and they are supported in their caring role.

We want to see providers developing strong local partnerships, involving carers in the broader carers' health and wellbeing agenda.

Providers should consider the needs of carers, including the role of coproduction and engagement, at all levels of service development.

There is an expectation all service providers must consider the needs of carers within their approaches, working to embed the principles of our carers strategy to ensure a whole family approach to support.

We are keen to see a range of innovative approaches to offering respite and breaks for carers.

Helping People When they need it.

Personal Budgets and Direct Payments

A Personal Budget is the amount of money the Council allocates to an individual based on its assessment of their needs. People can take all their personal budget as a Direct Payment (DP) or use a mix of a Direct Payment and a managed service. (arranged and purchased by the Council).

Direct Payments are the Council's preferred mechanism for personalised care and support. They provide independence, choice, and control by enabling people to commission their own care and support in order to meet their eligible needs.

Between the 1st of April 2023 and the 30th of November 2023, 550 people (368 individuals and 182 Carers) had used a Direct Payment to arrange their care and support.

People who choose to receive a Direct Payment are required to either open a separate bank account from which transactions relating to the use of the Direct Payment must be made or receive their payments and spend the monies through a Pre-Paid Debit Card account which also has an on-line app to allow payments to be managed. The service also has a telephone support helpdesk.

Account information can be accessed remotely by the Council, meaning that account holders do not need to provide regular statements to the Council for audit and monitoring purposes.

In October 2023, over 50% of individuals receiving a Direct Payment were using a Pre-paid Debit Card Account, and it predicted that there will be a steady increase in their use.

Up to 58% of people use their Direct Payment to employ a Personal Assistant (PA) to provide care and support. The Council is actively promoting the use of PAs because of the benefits that this can deliver in terms of increasing independence, choice, control, and dignity.

Key Messages for the Market

We are looking for creative, person centred approaches to meeting people's needs.

Personal Assistants should register on the PA Register

We are keen to increase the range of different services available for people in receipt of a Direct Payment.

Anyone interested in becoming a Personal Assistant can find out more information [Social care personal assistant jobs - Slough Borough Council.](#)

Micro Enterprise

Micro-providers are businesses that have ten or less paid or unpaid workers and provide a variety of services. The Council can offer support to micro-providers to enable local people to develop business ideas that will help individuals within their local community to be more independent and to meet their needs.

Key Messages for the Market

We need providers to work in partnership with us.

Think about how you can meet the gaps in services highlighted in this document.

Ensure that you understand how to tender for any work e.g., dynamic purchasing system.

Advertise/share your services and resources.

Attend provider and stakeholder meetings and forums to find out about any developments in the market and share your views with us.

Come and talk to us before developing a new service, especially if planning or CQC approval is required, or you are hoping to attract council funded business.

Home Based Care and Support Services

These services address the needs of people who require longer term or ongoing social care and support at home or in their local communities.

We commission Home Based Care Services from external provider organisations. These services are provided to people who have been assessed as eligible for social care and support, and for whom the Council has a responsibility to contribute towards the cost of the care.

Home based care and support is part of a system of services to enable people to remain living at home. Other parts of the system include short-term reablement, urgent care response, virtual wards, carer support, assistive technology, and Housing with Care.

Services are based on an ethos of reablement and promoting independence. They encourage people to retain and regain their confidence and independent living skills and over a longer period to reduce their dependency on care services.

Support varies according to individual need but includes help with all aspects of daily living, such as personal and domestic care, accessing the community and social networks and regular and planned respite for informal carers where this is part of an on-going package of care.

At times support may extend to include basic health care tasks with the appropriate training and oversight from health clinicians.

We currently commission 39 providers to deliver home care in Slough; as at November 2023, 24 of these providers are rated good or outstanding by the Care Quality Commission.

4 providers are rated as Requires Improvement and 11 have not yet been inspected by the CQC. The average weighted hourly rate is £18.85 per hour.

In 22/23 we commissioned 357,236 hours of home care for people aged 65 and over and 92,616 hours of home care for working aged adults aged 18-64.

Our approach is to periodically undertake mini competition rounds through a Dynamic Purchasing System (DPS) to refresh supply and ensure a sufficiency of supply within the borough to meet demand.

People who are eligible for home care either have the council arrange this for them or they can purchase their own care through a direct payment or managed account. Slough currently has the 2nd highest proportion of direct payments across the Southeast.⁷

Key Messages for the Market

We need homebased care providers who are flexible, person-centred and use an enabling approach.

Providers must work in partnership to be outcome focused and charge realistic rates to create a sustainable service.

Home care providers are encouraged to join the homebased care dynamic purchasing system in order to apply for contracts for services that may be advertised in the future.

We welcome the opportunity to work in partnership with home care providers to explore and test concepts and innovations such as Technology Enabled Care, to improve the outcomes which can be achieved for people.

Housing with Care (also known as Extra Care)

We currently commission 126 Housing with Care units across Slough predominantly for older people. This provision is based in 2 Housing with Care schemes which have varied tenure arrangements.

We have nomination rights for 99 flats across the 2 schemes and have more recently recommissioned the care and support service within the extra care housing schemes.

We recognise that the approach to access and delivery of housing with care must change, and our key aims:

- Responsible, flexible, and integrated commissioning of services to respond to current and future need.
- More extra care housing, exploring the opportunities to develop increasing numbers of mixed tenure models.
- A reduction in the reliance on care home settings both in and out of borough
- A greater focus on preventative services designed to enable people to remain at home living independently longer.
- A commitment to avoid social isolation and ensure integration within a community
- Innovative design and technology ready accommodation
- Partnership working and delivery of accommodation solutions.

Using the figures on the local population projections below and the Housing LIN formula

⁷ ASCOF returns.

shows that to meet that standard we should have 320 units now, increasing to 495 units of Extra Care by 2040.

Slough population aged 65 and over, projected to 2040

Age group	2023	2025	2030	2035	2040
People aged 65-69	5,400	5,500	6,200	6,500	6,800
People aged 70-74	4,100	4,300	4,600	5,200	5,600
People aged 75-79	3,000	3,300	3,700	4,100	4,600
People aged 80-84	2,100	2,100	2,600	3,000	3,300
People aged 85-89	1,200	1,300	1,400	1,700	1,900
People aged 90 and over	800	800	900	1,000	1,200
Total population 65 and over	16,600	17,300	19,400	21,500	23,400

Rate per 1,000 population over 75	Demand 2023	Actual 2023	Demand 2025	Demand 2030	Demand 2035	Demand 2040
45	320	126	338	387	441	495

In order to increase the number of Housing with Care places available we aim to co-produce and develop different and flexible models of Housing with Care within different housing arrangements including mixed tenure schemes.

Some of this provision may be refocussing home care currently delivered in sheltered housing schemes and/or repurposing sheltered accommodation. The focus of these services will continue to be on independent living, using technology.

Care Providers will be required to develop services that demonstrate effective outcomes for residents with dementia and other specialist needs as the population lives longer with more complex needs.

Additionally, we wish to explore mixed models of housing with care to ensure a balance of needs which support a vibrant community. This will involve the inclusion of some younger adults with low level support needs.

We want to ensure strong partnership working across housing and care providers and our operational teams to deliver good quality, joined up care and support with a focus on enablement and maintaining and promoting independence, including genuinely encouraging the development of social groups and activities run by the tenants for the tenant.

One of the priorities in the Older People’s Strategy is “**to have a range of housing options to suit me in later life.**”, with opportunities for Older People to secure advice and access to a range of accommodation tailored to the needs of Older People.

This is best achieved through a Housing Strategy developed with partners with particular attention to intergenerational families.

Key Messages for the Market

We invite providers of Housing with Care (Extra Care) to approach the Council as part of on-going market engagement.

We would encourage developers to approach us in relation to any new schemes.

Housing with Support (also known as Supported Living)

Living with a disability or long-term condition should not be a barrier to living a full independent successful life, including the choice to live independently in suitable, well-located accommodation.

Where you live significantly impacts, positively or negatively, on wellbeing, but it takes time to increase the range of housing options available for local people, so they can retain their independence for as long as possible.

Our aspiration is for adults with social care needs to live as independently as possible in their own home, and we want to take a 'whole life approach' to support individuals, working to ensure that:

- there is the right support at the right time in the right place, for all Slough residents who have an eligible assessed need.
- those with care and support needs have access to the right kind of housing to enable maximum independence.
- people are supported to live and be part of their local community, in a place they can call home.

We use the term 'Housing with Support' as a broad term which covers a variety of different types of supported housing options that the Council has a duty to provide. These include

- providing support and care in an individual's own home
- providing housing as part of the care and support solution.

Care and Support providers are commissioned to deliver responsive, flexible, and creative services that are capable of actively supporting people to participate within their local community and access relevant services and support.

The aim of these services is to promote independence and ensure the support is person centred and meets the needs of an individual, or group of individuals in supported living settings. Accommodation may vary and can include self-contained or single person services, and shared provision including core and cluster or shared houses and flats with shared support.

We currently commission support for 320 individuals living in supported accommodation from 21 care and support providers across Slough at various locations; almost all locations have been rated Good by the CQC although 5 have been recently assessed as Inadequate.

If we are unable to secure a local solution including use of any vacancies, we will undertake a "mini competition" through the DPS which includes a person-centred description of the individual's needs, goals, outcomes sought, interests and activities, alongside a description of the support required from the service.

This range of services now also includes a shared lives service, which is a regulated form of social care delivered by Shared Lives Carers who are approved by the Care Quality Commission (CQC) registered scheme. The aim of Shared Lives is to offer people aged 18 years and older an alternative and highly flexible form of accommodation and support.

Individuals who need support, and choose Shared Lives, are matched with compatible Shared Lives Carers who support and include the person in their Family and community life

which provides working age adults with a learning disability or Mental Health need with the opportunity to live in a supportive and caring family environment with trained and approved Shared Lives care staff.

To reduce the reliance on residential care services, including those placements out of borough will only be achieved by increasing the number of alternative housing options which will include tech enabled care, general needs housing, supported living and supported living plus services.

We are currently finalising the assessment of need for both specialist accommodation and housing with support which is based on:

- Identification and analysis of the current supply of supported/specialist accommodation.
- Intelligence from local stakeholders, internal and external.
- Intelligence about potential new supply and factors that are driving demand for specialist accommodation locally.
- Improving the forward planning of young people who are transitioning to adult services and could be best supported by a supported living service.

Currently the assessment of supply and future need indicates that additional specialist and supported accommodation is required in Slough to meet identified need.

We need to ensure that we have a more strategic approach and have a continuum or pathway which will include moving people out of traditional residential care into more independent forms of housing with support as well as people stepping down from housing with support to general needs housing.

There is an established workstream in the Adult Social Care Transformation Programme taking forward an evidence-based approach to our local need for a range of accommodation with different models of provision.

Whilst placements are currently undertaken by BHFT we will be undertaking a joint and comprehensive review of provision and developing a mental health commissioning strategy, which will include an accommodation pathway:

- Floating support
- Intensive supported housing – with Intensive support available on-site 24/7
- Transitional supported housing – a bridge between more intensive services and independent living.
- Long-term supported housing – designed for people who will not be able to make the transition to independent living. On-site support with on call service element

Key Messages for the Market

We intend to work with partners to develop new housing accommodation to meet existing and future needs including the potential for developing council owned or purchased sites.

We want to encourage private development and mixed tenure schemes and look at exploring sites owned or purchased by developers.

We want to consider developing a Dynamic Purchasing System (DPS) or other type of 'framework' for supported housing providers alongside the DPS for care and support to stimulate the local market.

Day Opportunities

Day Opportunities are one of a range of community services available to people with care and support needs and are used by a range of people including adults over 65, people with physical disabilities, people with learning disabilities, autism and mental ill health.

A daytime support offer continues the journey away from traditional, 'one-size fits all', often building-based, day services to provision that focuses on what people want to achieve and what they are good at while accessing resources within their local communities.

Wherever possible this will have an employment focus, but always with the aim of providing support that helps people to find friendship groups and get involved in activities beneficial to their health and well-being, part and parcel of a personalised approach to all aspects of support using person-centred practices, based on building strong strength-based communities where individuals enjoy their rights as valued and connected members of that community.

A relatively low number of people access these services, people who are eligible for social care are assessed by the Council and services are currently spot purchased at a fixed price per session (a session is defined as a half day).

As part of the action planning linked to the implementation of our commissioning strategies we will be developing a new daytime activities strategy during 2024/25 to ensure we are able to offer people who use services a wider range of opportunities including learning new skills, taking up hobbies and sports, socialising in their local communities, going into higher education, volunteering or getting paid employment.

Key Messages for the Market

More day opportunities should be provided in the community, rather than be building based (where appropriate)

More day opportunities should be provided in the evenings and weekends as well as during the daytime

Day opportunities should not automatically be viewed as a service for life but as a stepping stone to greater independence, where appropriate

Care Homes – Over 65s

We want to ensure the development of an efficient market of care and support and increasingly we will emphasise the development of a sustainable market that prioritises a Home First approach, and the use of residential care for people as either interim step up/step down provision, or where the complexities of an individual’s long-term health and care needs are such that they can only be met in a residential setting.

The further development of Extra Care Housing and improved usage of existing extra care facilities will require existing residential providers to review their business models and consider increasing the enhanced residential bed complement rather than a focus on standard residential care.

As of November 2023, there are eight care homes operating across the borough, with 200 residential beds and 202 nursing beds. We hold a block contract for 90 beds with one large nursing provider with individual placements being made with providers both within Slough and out of borough. Some “out of borough” placements are made nearby and can be as a result of family choice – Bracknell Forest, East Berkshire and Windsor and Maidenhead.

Three of the homes have been assessed as Good by the Care Quality Commission, four are Requires Improvement and one home has not yet been inspected.

The Market Sustainability Plan March 2023 identified a total demand for beds by 2025/26 of 270 beds based on demographic growth, which includes projected demand for self-funders.

While the number of beds in the market currently would be sufficient to meet projected demand, including the projected increase in self-funders (who will make up just under 35% of the current bed usage), the forecasts don’t consider care home placements commissioned by other local authorities, which impact the capacity required to meet demand.

Recruitment and retention issues are significant in care homes, and the nursing workforce is a particular challenge across the health and care sector making the viability of registered nursing homes difficult to sustain and a new innovative model of delivering nursing home provision is required. In addition, as acuity increases, we are likely to need more nursing beds to support older people with more complex needs and challenging behaviors.

Overall, we need to enable and support a more diverse market that is resilient, reducing risk and reliance on a small number of providers, ensuring the quality of services delivered is high and effectively meets the needs of Slough residents.

Key Messages for the Market

We want to work with the market to reprofile existing beds in Slough.

We want to talk to developers about potential new provision and an increase in nursing supply.

As the number of people living with dementia is growing, we expect all care homes to have staff trained to meet the needs of people who have dementia.

Care Homes – Under 65s

There are currently 6 residential care homes providing 35 residential beds for people aged 18 – 64. All six homes have been assessed as Good by the Care Quality Commission, and there is currently sufficient supply within the borough to meet the outcomes for people with low to moderate need, people with more complex needs including acquired brain injury might need to access specialist provision outside of the borough.

More people are placed outside of the borough, but most of these placements are historic and most people have lived in these homes for many years. These placements have all been reviewed and the option for people to return to Slough to live in a supported living setting has been explored with the individuals and their families.

The only circumstances in which out of area residential places are considered are in exceptional circumstances where the person requires highly specialist support that is not available locally. An example would be for people who are deafblind and have complex disabilities.

As such we anticipate we will meet future accommodation-based needs within housing with support and housing with care developments, and on this basis, we do not identify a strategic need to increase the number of residential care services in Slough.

We are keen to contract with providers who deliver reablement and active support. The aim is for people to be supported to gain skills and achieve greater independence, enabling them to take more control of their lives. We will work with providers that promote individual skills, confidence, and independent connections to reduce dependency, and who can reduce reliance on dedicated 1:1 support in the least restrictive environment.

The Council uses its Dynamic Purchasing System to commission individual person-centred provision where a placement cannot be identified. The Council is currently undertaking a review of demand for these services and will advertise any tender opportunities via the In-Tend SE Shared Portal as and when they arise.

Key Messages for the Market

We want to reduce our reliance on residential care and will explore alternative types of accommodation-based support, which may include general needs housing, supported living and housing with care.

We would also welcome discussion with existing service providers who can offer:

- Cost effective short breaks
- Unplanned/emergency care beds

Procurement Forward Plan

Number	Contract Title	Description, including deliverables and outcomes	Indicative Value	Procurement start date	Intended start date of contract
1	Stroke Support Services	The East Berkshire Specialist Stroke Service provides high quality information, advice and support to stroke survivors and families.	Total value of contract across East Berkshire is £824,000	April 2024	April 2025
2	Floating support (Homelessness recommissioning)	Short term tenancy sustainment support to enable people to maintain their accommodation and reduce risk of homelessness.	Annual contract value of £117,000	April 2024	April 2025
3	LD Supported Living and Mental Health Supported Living	Multiple Supplier contracts to deliver Accommodation with care or support.		December 2024	September 2025
4	Mental Health Accommodation based care and support	Provide care and support to 16 people with complex and high mental health support needs	£209,651 per annum		June 2025
5	Mental health Accommodation based care and support	Provide care and support to 10 people with complex and high mental health support needs	£368,705 per annum		June 2025
6	Carers respite	Range of respite including bed-based options		September 24	March 2025
11	Technology equipment to support people with Learning Disabilities	Technology equipment to enable people with Learning Disabilities to live independently and reduce care and support costs	£500k	June 2024	September 2024

Tell Us What You Think

To discuss any of the areas within this Market Position Statement further or give feedback please complete the questionnaire below or send us a general email to:

ASC.ContractsManagement@slough.gov.uk

Market Position Statement Survey (MPS)

We would like your views on the content and format of the MPS which we will be updating on a regular basis.

Your feedback is anonymous and confidential. Please tick all the answers that apply.

1. Are you currently a provider of social care within Slough?

Yes No Not applicable.

If No, what would encourage/enable you to offer a service within Slough in the future?

If you are not a current provider, what was the purpose of reading the MPS?

2. As a current provider, what type of service are you?

- Care home
- Housing with Care (Extra Care)
- Housing with Support (Supported Living)
- Home care
- Day service
- Voluntary and Community Sector
- Other (please specify)

3. How would you rate your experience of working with Slough Borough Council?

Very good Good Ok Poor

If poor, please provide suggestions of what could be done to improve this?

4. How would you rate the Market Position Statement?

Topic	Very Good	Good	OK	Poor
Relevant to your service				
Easy to read				
Content				
Does it tell me what I want to know?				

Please provide suggestions of what could be done to improve the MPS or any additional comments below

5. Is there anything else you would like to see in future editions of the Market Position Statement?

Thank you for completing the survey. Please email to:

ASC.ContractsManagement@slough.gov.uk