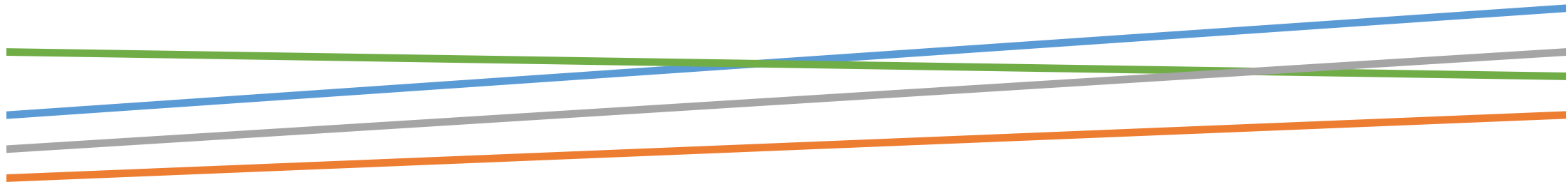


Kirklees

Adult Social Care

Market Position Statement

November 2022



Summary

This statement marks the next step in the ongoing and open dialogue between commissioners, providers and citizens, with the shared ambition of developing a thriving care and support market in Kirklees.

We will update and modify this statement as new intelligence and market information becomes available. These are the key headlines from each of the care groups covered in this statement:

Older People

- Older people want a wider more culturally diverse care and support offer that reflects personal needs.
- Technology and domestic adaptations are going to continue to impact how the market supports older people.
- There are workforce sustainability issues across older people provision.
- There is demand for specialist and dementia home and nursing care, but the sector is still in a state of change caused by the pandemic, we do not expect growth in care home provision.
- Preventing, reducing and delaying the need for care are growing areas of activity.

People living with Dementia

- The Dementia market is likely to grow significantly.

- People with Dementia want a tailored care and support offer that reflects theirs and their carers personal needs, preferences, hopes and aspirations.
- Technology is going to continue to impact how the market supports those with Dementia.
- There is increasing demand for specialist Dementia care and nursing care.
- There is increasing demand for post diagnostic community-based interventions/therapeutic activities, which support people with Dementia of all ages and in particular people with younger onset Dementia and in BAME communities.
- Preventing, reducing and delaying the need for specialist Dementia care are growing areas of activity locally.

Carers

- There is likely to be a growth in the number of carers locally and carers who live outside Kirklees that support people locally.
- The ongoing shift from health and care being provided in large institutions such as hospitals and care facilities to care provided in people's homes increases the need for, and places a greater emphasis on, the care provided by carers. This shift will continue and has accelerated in recent years due to the Covid-19 Pandemic.
- Carers report that the Covid-19 Pandemic has increased the feelings of isolation and loneliness many carers experience

- Carers themselves have a range of support needs that impact on them, and their wellbeing.
- Developing a better range of culturally appropriate carer support is a priority locally.
- The number of carers likely to access support through direct payments is likely to grow.

Older People living in specialist care accommodation

- A broader range of accommodation options is needed; organisations also need to offer a wider range of ownership and financing options.
- There is demand for specialist and dementia home and nursing care, but the sector is still in a state of change caused by the pandemic, we do not expect growth in care home provision.
- Sheltered and Housing with Care schemes offer business opportunities. Demand is likely to increase if ownership options, as well as a wider range of locations, become available and are communicated effectively to target groups.

People living with learning disabilities

- We expect gradual growth in the learning-disabled population seeking support, with increased growth in the number of people with multiple complex needs, and those with behaviours that challenge.

- People with learning disabilities want to live in their own home, be independent and socially active, be part of their communities, working and engaging when they can.
- There is growth in the number of people who want to live independently of their parents and services.
- There are significant workforce issues around the shortage of highly skilled social care staff who are able to meet the care and support needs of the most complex and challenging people with a learning disability.

People living with mental health issues

- There is a need for supported living accommodation in community settings for people with mental health conditions.
- There are still significant issues of stigma around people with mental health conditions living in the community.
- There are gaps in prevention and crisis intervention support available locally.
- There are gaps in the range of forensic mental health support available in Kirklees, this is leading to higher than expected admissions locally.

People living with autism

- There is likely to be gradual growth in the number of people aged 18-64 living with autistic spectrum conditions.
- The number of people over 65 living with autism is expected to grow by around a fifth over the next decade.

- There are opportunities to support people to be more independent, and support that allows people to be more involved in society.

People living with physical disability, sensory impairment, or stroke

- There is likely to be gradual growth in the number of people experiencing disability or impairment.
- The number of people over 75 with a long-term condition caused by stroke is predicted to more than double by 2030.
- There are opportunities to support people to be more independent, and support that allows people to be more involved in society.
- Younger people with a physical disability are developing greater expectations regarding where they live and are increasingly looking at supported living options.

Contents

1.	Introduction and Purpose	8
2.	The impact of the pandemic on care.....	9
2.1	People accessing or looking for care and support	9
2.2	Providers of care and support.....	9
2.3	The future shape of care locally	9
3.	Our vision for Adult Social Care.....	11
4.	Our Values.....	11
5.	What matters to people in Kirklees?	12
5.1	Supporting people to stay safe	12
5.2	Creating resilient and caring communities	12
5.3	Maximise independence	12
5.4	Delay or Minimise the need for support.....	13
5.5	Work with people to meet their care needs.....	13
6.	The national social care picture	14
6.1	Social Care Reforms.....	14
7.	The local picture in Kirklees.....	16
7.1	Self-Funders.....	17
7.2	Current spending and Activity	18
7.3	Spending trends in key service areas.....	19
7.4	How we as commissioners will shape the Kirklees care market.....	20
7.5	Local Authority Procurements.....	22
7.6	The impact of smart technology.....	22
7.7	Live well Kirklees.....	23
7.8	Equipment.....	24
7.9	Adaptations.....	24
7.10	Workforce and skills - now and in the future.....	26
7.11	Quality in the local market	27
7.12	Risks in current market and this statement.....	28
	Older People	29
8.	Headline market issues.....	29
9.	Learning from current and potential consumers.....	29
9.1	Who are they?	30
9.2	What do people want from their support?	30
10.	Assessing the market	33
10.1	Transitions and service boundaries.....	35
	People living with dementia	36
11.	Headline market issues.....	36
12.	Learning from current and potential consumers.....	36
12.1	Who are they?	39
12.2	Where are they?.....	40
12.3	Current and Predicted Dementia Prevalence in Kirklees....	40
12.4	What do people want from their support?	41
13.	Assessing the market	43
	Carers	47
14.	Headline Market Issues	47
15.	Learning from current and potential consumers.....	47

15.1	Who are they?	48	24.	Learning from current and potential consumers.....	69
15.2	Where are they?	48	24.1	Who are they?	70
15.3	What do people want from their support?.....	48	24.2	Where are they?.....	70
16.	Assessing the market.....	50	24.3	What do people want from their support?	70
Older People living in specialist care accommodation		52	25.	Assessing the market	72
17.	Headline market issues	52	People living with autism		75
18.	Learning from current and potential consumers	52	26.	Headline market issues.....	75
18.1	Who are they?.....	53	27.	Learning from current and potential consumers.....	75
18.2	Where are they?	53	27.1	What do people want from their support?	76
18.3	What do people want from their support?.....	54	28.	Assessing the market	77
19.	Assessing the market.....	56	People living with physical disability, sensory impairment or stroke		78
19.1	Mix of the market now and in the future – Who is buying? 59		29.	Headline market issues.....	78
19.2	Transitions and service boundaries.....	59	30.	Learning from current and potential consumers.....	78
People living with learning disabilities		60	30.1	What do people want from their support?	80
20.	Headline market issues	60	31.	Assessing the market	82
21.	Learning from current and potential consumers	60	32.	General Background Information.....	85
21.1	Who are they?.....	60	33.	Useful Contacts	85
21.2	Where are they?	62			
21.3	What do people want from their support?.....	62			
22.	Assessing the market.....	64			
22.1	Transitions and service boundaries.....	68			
People living with mental health issues		69			
23.	Headline market issues	69			

1. Introduction and Purpose

Welcome to this Market Position Statement (MPS). This statement has been designed with end consumers and providers to give an overview of the key prospects in each element of our care market, and where we believe business and investment opportunities exist.

This statement is aimed at providers of care and support in Kirklees. These include independent and private, voluntary and community organisations, as well as organisations wishing to enter the care market for the first time.

Kirklees is a great place to invest and develop, the Kirklees care sector although presented with challenges is also a great place to invest. As our population ages, and adults live longer with multiple conditions and disabilities there is going to be a growth in consumers wishing to access support and care, from preventative and community based support at home, to more specialist support delivered as close to home as possible.

The approaches developed with our acute hospital partners means there are more people being discharged with complex care needs that would have historically remained in hospital for longer. This specialist area of the care market has grown over the past few years, and we expect it grow further.

We are also excited about the growing role technology and digital solutions is playing across care, from technology that is keeping

people independent and safe, to technology that is making providers role more about care and the technology is able to better handle the recording and monitoring of support.

A further reason to invest in social care in Kirklees is the workforce, a range of programmes have developed to inspire people to enter the care workforce, and clearer career pathways so people remain working in care longer and are able to progress and develop.

There are of course challenges across social care and health, but as we work more closely across the wider health and social care market, we are seeing greater levels of collaboration, engagement and co-production.

How to use this statement:

You might be looking to grow you existing provision in a new area or with a new client group, you might be looking to enter a new geographic area and support a different consumer group, or you may be looking to develop a new range of services.

This statement breaks down different consumer groups, outlines where people live, what outcomes and support they might be looking for, and then explains how current elements of that market are operating and where some of the gaps in provision might be.

You may use this to understand the opportunity, as the basis for you own market testing or as part of an exploratory discussion with us.

2. The impact of the pandemic on care

2.1 People accessing or looking for care and support

The coronavirus (COVID-19) pandemic has had a profound impact on people receiving social care. Nationally by July 2020, there had been over 30,500 more deaths among care home residents in England than we would normally expect. A further 4,500 excess deaths have been reported among people receiving domiciliary social care¹.

The move to deliver personalised more care in people's own homes supported through increased collaboration, and the use of technology and equipment solutions, has meant that people who historically may have gone into care homes are being supported in the community.

2.2 Providers of care and support

The care market in Kirklees has been through a period of immense challenge during the 2020 COVID19 pandemic. The sector has been hit with large demand fluctuations, increased death rates and increased business costs such as PPE and supporting shielding staff.

There was a more personal and direct impact on the care workforce, social care workers were among the occupational groups at highest risk of COVID-19 mortality.

The impact of COVID-19 saw an acceleration in the health and social care system working to support admission avoidance and rapid discharges and this presented an opportunity to the sector. However, the infection prevention and control issues around COVID-19 positive residents being discharged was an issue in a number of settings.

The care market has been significantly impacted by COVID-19 and what was a fragile market in some areas is continuing to suffer from reduced volumes of new entrants or respite cases and the impact of a higher number of deaths.

2.3 The future shape of care locally

The impact of COVID19 exacerbated issues that were already affecting how the market operates. COVID19 has made estimates of future demand harder to calculate because current care home occupancy and demand for some types of care has been reduced by COVID-19.

¹ . Hodgson H, Grimm F, Vestesson E, Brine R, Deeny S. Briefing: Adult social care and COVID-19. Assessing the impact on social care users and staff in England so far. Health Foundation; 2020 (<https://doi.org/10.37829/HF-2020-Q16>)

The impact of COVID-19 on physical and psychological deconditioning, particularly in older people, will affect demand for support in the coming years.²

In Kirklees:

- 13,600 older people are less steady on their feet since the start of the pandemic.
- An additional 3,600 older people are no longer able to manage basic daily living or personal care tasks in the way that they previously could
- 16,000 older carers were less confident letting paid professionals into their home since the start of the pandemic.
- 12,000 carers cannot walk as far or are feeling more pain since the start of the pandemic.

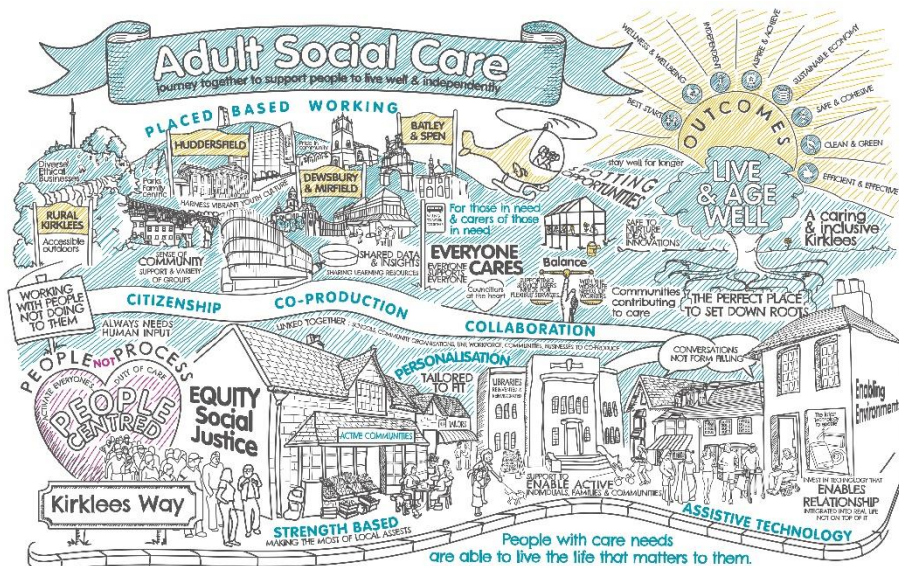
There are likely to be continued changes in care as the sector moves towards a 'future normal' state in the coming months and years, and there is significant effort required to make this shift as successful as possible for the long-term.

² Age UK. *Impact of Covid-19 on older people's mental and physical health: one year on. 2021*

3. Our vision for Adult Social Care

This statement has been developed alongside our vision for adult social care:

We want every person in Kirklees who needs social care to be able to live the life that matters to them – with the people they value, in the places and communities they call home, and with an equal voice in co-ordinating their care.



4. Our Values

The following values and principles are key to the vision for social care in Kirklees; they define who we are, how we will work and what people should expect from Adult Social Care in Kirklees.

Optimism – We will be optimistic, embrace change and take positive risks in supporting people to live better lives, build personal resilience and promote independence.

Communication – We will communicate openly and effectively, working in partnership to make the most of the contributions of people and partners in order to respond flexibly to changing circumstances.

Respect – We will promote inclusiveness, embrace equality of opportunity, cultural respect, and diversity to ensure meaningful engagement with individuals and their advocates.

Empowerment – We will work to give people freedom of choice, control, and confidence to make informed decisions for themselves without the constraints of bureaucracy.

Compassion – We will listen and respond with humanity and kindness to each person’s need, recognising the powerful potential of kindness in building relationships, supporting wellbeing, and encouraging resilience.

Dignity – We will value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.

Quality – We will continually insist on quality and strive to get the basics right through safe, effective services that are shaped through the experience of people using those services. We welcome feedback, learn from our mistakes, and build on our successes.

Integrity – We will be honest, transparent, and fair in everything we do. We will always do the right thing and will seek to co-produce with partners and people to ensure we deliver on our promises

Inclusion – We will ensure that people who have care and support needs, as well as their carer's, have an equal voice in what their social care should be, and how it reflects their individual needs. Their views are considered the same as everyone else involved in their care, and their interests and experience are valued as the most important factor in meeting their needs through a diverse care offer.

5. What matters to people in Kirklees?

5.1 Supporting people to stay safe

I am treated with respect and dignity.

I feel safe and I am supported to understand and manage any risks.

I am seen for who I am.

I feel welcome and safe in my local community and in places across Kirklees.

5.2 Creating resilient and caring communities

I can get information and advice that is accurate, up to date and provided in a way that I can understand, this helps me plan my life.

I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.

I have people in my life who care about me - family, friends and people in my community.

I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities.

5.3 Maximise independence

I can get information and advice about my health and how I can be as well as possible - physically, mentally and emotionally.

I have opportunities to learn, volunteer or work and can do things that match my interests, skills and abilities.

I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity and culture.

I am supported to plan ahead for important changes in life that I can anticipate.

5.4 Delay or minimise the need for support

I have a co-produced personal plan that sets out how I can be as active as possible.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.

I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.

5.5 Work with people to meet their care needs

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

I have care and support that is co-ordinated, where everyone works well together and with me.

I know how much money is available to meet my care and support needs. I can decide how it's used - whether it's my own money, a health or social care personal budget, or a budget managed on my behalf.

I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.

Our values have been coproduced and informed through the contributions of many staff, people who use our services, carers, partners, voluntary organisations. If our vision describes what we want to achieve and by when, then our shared values help to describe who we want to be, our shared identity, in order to achieve our Vision for Kirklees.

6. The national social care picture

A great deal is changing in health and social care and there are significant challenges ahead. Budget reductions, demographic pressures, technological change, and changing expectations of consumers have resulted in a need to re-think the way care markets operate.

The UK population is growing in size and more people are living longer. The demand for adult care services is, therefore rising, as more adults with long-term and multiple health conditions and disabilities are living longer.

The advances over recent decades in medical science, diagnosis, and treatment of progressive disabling conditions, has meant that there are increasing numbers of people with complex support requirements who are living much longer in our communities. Successfully meeting this demand will mean changes to health and care systems and support from unpaid carers.

For a number of years public policy has encouraged greater personalisation and the integration of health and social care support for adults and carers. This dual policy drive has fundamentally reformed the law on adult social care, placing a stronger emphasis

on integration, prevention and wellbeing, information and choice, support for carers, and market oversight.

6.1 Social Care Reforms³

The Government announced in December 2021, its White Paper around reforming adult social care over the next decade. This came shortly before the assent of the Health and Care Act 2022 which changes some NHS organisations locally, it also places duties on to all partners in health and social care to work more effectively together.

At the centre of the reforms are changes to ensure that people and carers have fair access and greater choice, control and support to live independent lives, they can access personalised advice about adult social care, they can also then access outstanding quality and tailored care and support. This will build on local work to ensure there is genuine choice and control about how personalised care and support can enhance quality of life and promote independence in a way that matters to consumers and carers. We have been working closely with current and potential providers to shape our local care and support market, high quality, personalised care and support can only be achieved where there is a vibrant, responsive provider market. This MPS is a key tool in outlining aspirations and the starting point for market developing and market diversification activities.

³ People at the Heart of Care

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#empowering-those-who-draw-on-care-unpaid-carers-and-families>

How care and support is paid for is also set to change, people contribute towards the costs of care if they are able to, there is a more generous safety net for those who are unable to pay. From 2025, no one arranging support (such as home care or residential care) will have to pay more than £86,000 over their lifetime in care costs. Individuals with assets of less than £20,000 will not have to pay anything towards their care from their assets. And those with assets under £100,000 will be eligible for some state support, up from £23,250.

There are also changes for people who self-fund their care, through part of the existing Care Act 2014 consumers that pay in full for their care and support can access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, while ensuring local authorities move towards paying a fair cost of care to providers. Fees that providers of care and support charge will also become more transparent to allow people to make informed decisions.

The services that are developed locally will also change, we have developed specific housing for those living with care and support needs, in the future we will better integrate wider housing activities into local health and care strategies, with a focus on increasing the range of new supported housing options locally.

As demand has continued to increase over the past few years and as we continue to see recruitment challenges across the care workforce providers and consumers will see increasingly that digital tools and

technology that can support independent living and improve the quality of care are deployed where they add the most value locally.

Not only are people and their carer's at the centre of care, but there is also an entire workforce of 11,500 people locally working across care and support services. There are plans to develop this workforce and provide clear skills and career paths and progression opportunities across the sector. As described above paying fair salaries to people working in care is a key step and work already underway will help increase pay locally.

All this activity needs to be effective at a local level, therefore, local authorities will be assessed by CQC to ensure they are fulfilling their duties and are delivering against the areas briefly described above.

What this means for the care market:

There will be a large amount of change in how local authorities fund care and support. Over the next 18 – 24 months new ways of working will need to be developed along with providers to ensure the local market is able to respond and reflect the desired care and support outcomes of the people of Kirklees, and people can access sufficient information and advice to decide what direction and form their support should take.

7. The local picture in Kirklees

In Kirklees we are seeing the same issues as other areas of the country, our population is changing. There were around 443,000 people in Kirklees in 2021. If the predicted population growth is correct by 2030 there will be 452,400 people in Kirklees.

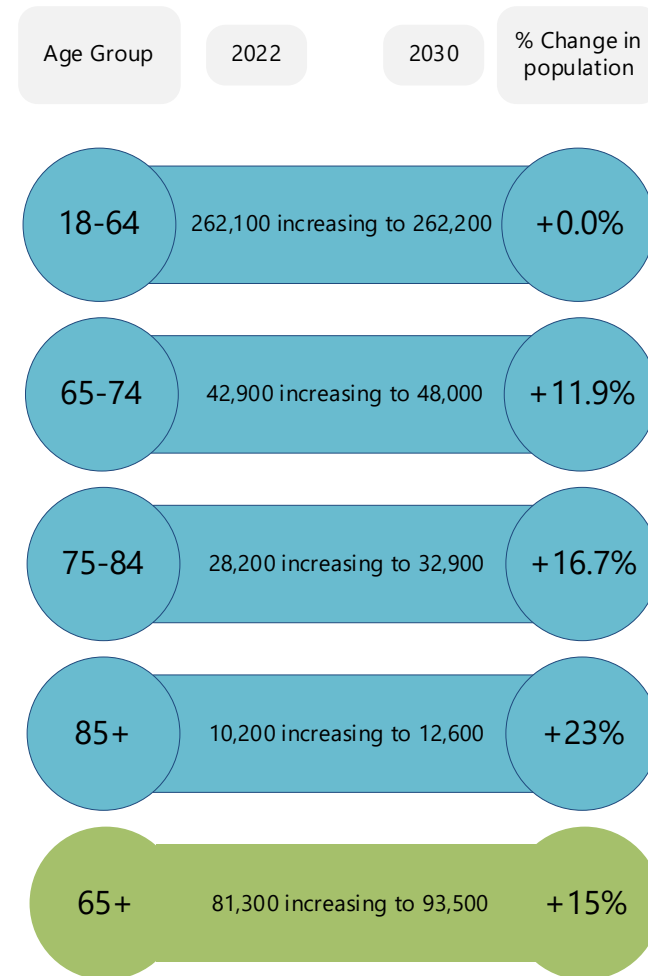
What this means for the care market:

The population and the care market need to be ready for a smaller and more concentrated publicly funded care offer.

Care organisations need to engage consumers directly to understand the sorts of outcomes people want to achieve.

The growth in the number of people who may need support is a business opportunity. Care and support organisations should move towards engaging with consumers earlier, stay with them for longer and fulfil a broader range of outcomes.

Change in population by age group 2022 – 2030⁴



⁴ POPPI & PANSI Data, 2022

7.1 Self-Funders

A self-funder is someone who pays for all of their care or support from their own resources (including social security benefits such as state pension or attendance allowance), or someone that tops up their local authority care funding with private spending.

Estimated potential size of older people self-funder market⁵

Care home for older people or those living with Dementia				
	National	Yorkshire & Humber	West Yorkshire	Kirklees
	Funding all their care	Funding all their care	Funding all their care	Funding all their care
Rate	39.1%	36.2%	35.3%	36.2%
Number	118,203	11,104	3,842	714

There are variations across the country and sub-regionally around the proportion of people who wholly fund their own care. This is affected

⁵ ONS Self Funder data
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/datasets/carehomesandestimatingtheselffundingpopulationengland>

by local deprivation and other factors. The data above shows the proportion of people living in care homes that fund their own care. More work is required to understand the community based self-funder market and those topping up state funded care and support.

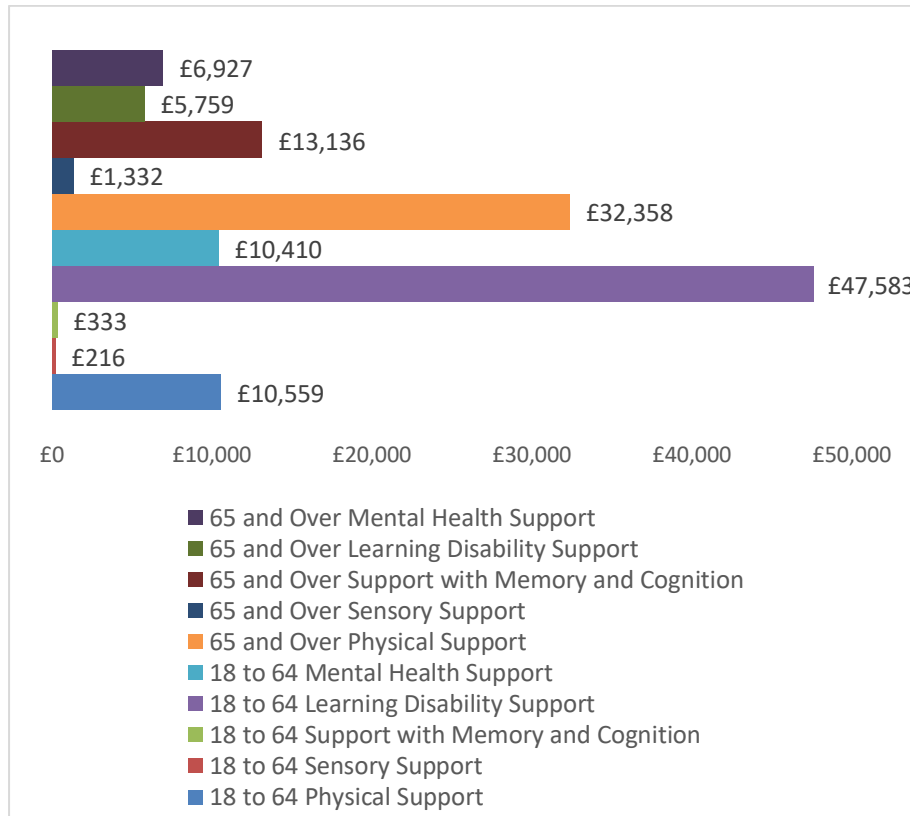
The impact of the care reforms outlined above will impact the proportion and volume of those funding all or part of their care.

What this means for the care market:

There will be business opportunities in both the wholly self-funding and top up consumer groups, care organisations should be testing the market to see what sort of outcomes these groups want support to achieve.

7.2 Current spending and Activity

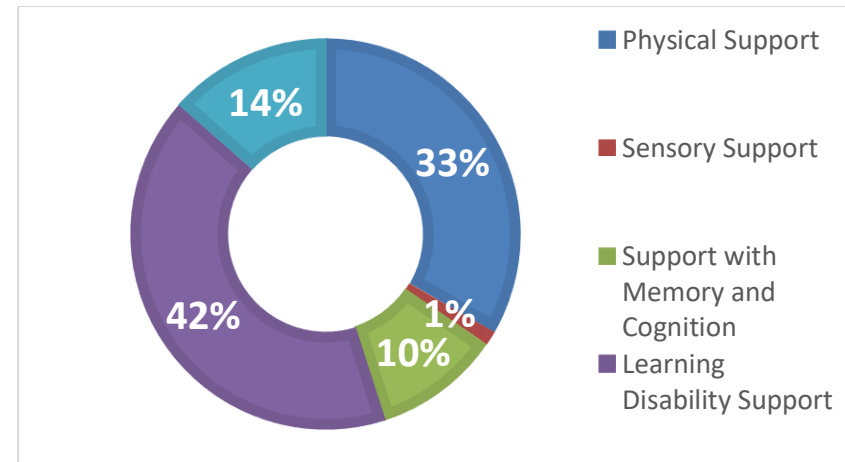
Local authority gross spend (000's) by age group and support type (2021/2022) (Provisional Adult Social Care Activity and Finance Report – 2021/22)



We, as a local authority, alongside our NHS partners recognise that we remain dominant direct purchasers in the care market. This will continue to shift with the increased use of direct payments and personal budgets; where individuals are given funds to purchase their

own care and support. Currently around 10% of public funded care comes from these payments; we expect this to grow over the coming years.

What support is money spent on across all age groups:



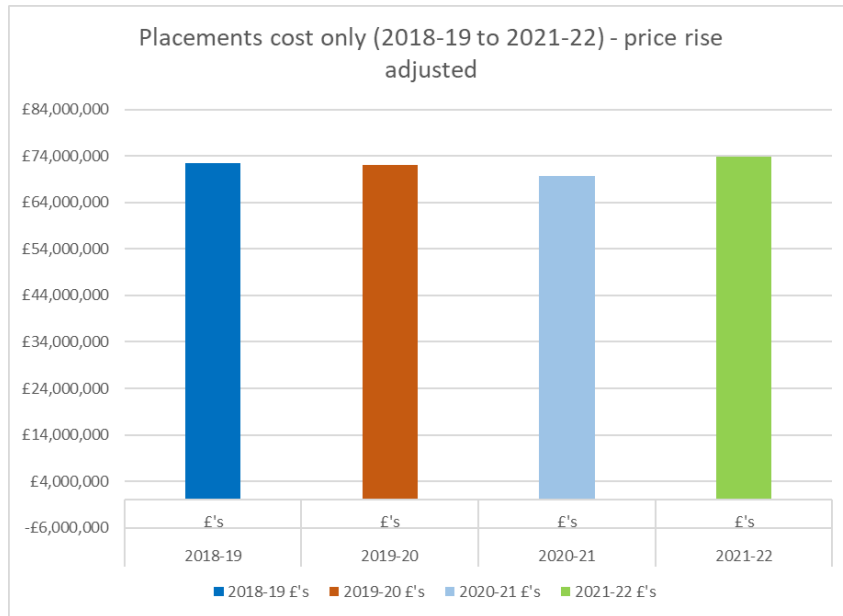
(Provisional Adult Social Care Activity and Finance Report, England – 2021/22)

What this means for the care market:

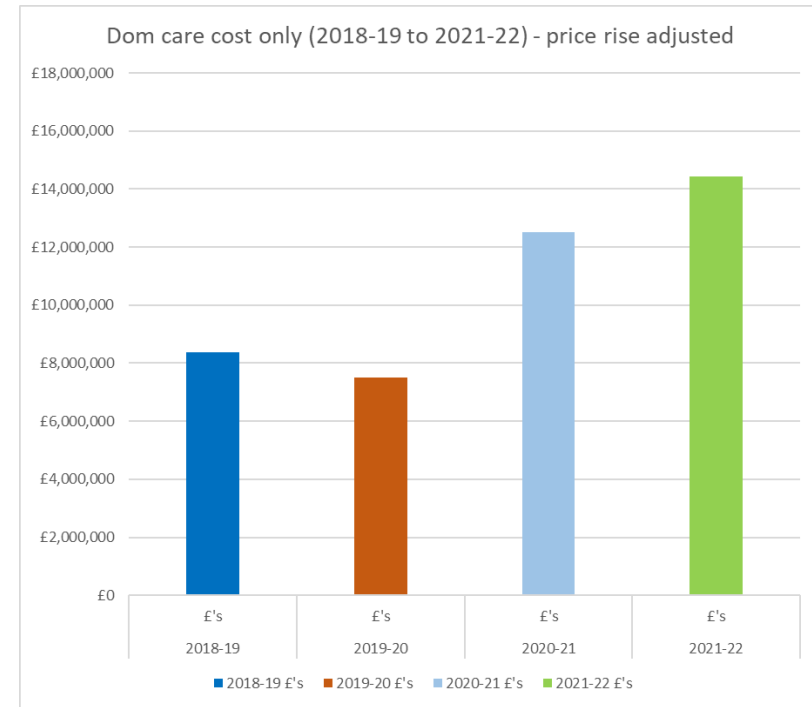
The growth in consumers with direct payments and personal budgets presents a business opportunity. These consumers want to engage directly with provision that meets the specific outcomes they have shaped for themselves.

7.3 Spending trends in key service areas

In care homes placement numbers have reduced over the period, but costs have remained the same or fewer people have a higher average care cost.



In home (domiciliary) care prices have increased even after adjustments, this is partly because of effective market management decisions to increase to the hourly rate paid, it is also an impact of increase demand for home care support and intensive home care support – a cohort who may previously have ended up in a care home.



There have also been increases in the numbers of people accessing self-directed support, and confidence to take larger elements of support packages through self-directed support has meant a higher year on year spend in this area.

7.4 How we as commissioners will shape the Kirklees care market

We want to see a care market in Kirklees.....

1. Where personal choice is not compromised in order to fit a service model

We will encourage a range of different types of service provider organisations to ensure consumers have a genuine choice of different types of support to deliver their outcomes, not just multiple suppliers offering the same service. This will include independent, private providers, third sector, voluntary place level and community-based organisations, user-led organisations, mutual and small businesses.

2. Where people are easily able to purchase additional support

We want well informed consumers who can easily find out what support is available and have genuine choice by having easy access to information about the quality, flexibility, safety and cost of different services and support.

We will work with providers so they can proactively market their services and help people access flexible, personalised support. Providers should be ready to work with consumers or small groups who increasingly want to commission bespoke packages through direct payments or their own funds.

3. Where there is a recognition of the importance of preventative support

We want to see a range of support that promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This should maximise consumer capabilities and the contribution they can make within their communities, preventing, delaying or reducing the need for services, and protecting all from abuse and neglect.

Service providers will need to demonstrate expertise in the design and implementation of behaviour change and other preventative or support services, to ensure people avoid or delay the need to engage with intensive, high-cost support.

4. Where investing in a new or existing care organisation working in Kirklees is encouraged

We want to understand the business planning cycles and sustainability needs of providers, and work to identify and address barriers to market entry for new or diversifying providers. We will work to unblock barriers to care infrastructure and building development locally.

We will review tendering and procurement processes and how our contracting activities impact providers, exploring how improvements can be made that will help the market in its widest sense and also help consumer's micro commission with our support.

We will work with organisations in or entering the care market to explore alternative funding models, such as social impact bonds. We also want to understand what support we can offer organisations to confidently seek external investment.

5. Where there is a positive and person-centred approach to risk that keeps people safe whilst enabling choice and control

A positive, credible approach to safeguarding and risk management will help good providers stand out from the crowd and provide the reassurances consumers, their relatives, the local authority and wider public expect. We will also be clear with consumers how they can mitigate their own risks when commissioning their own services.

6. Where constant creativity and innovation is seen as the best way to deliver the range of outcomes desired by consumers

The adult social care sector has been fluid and dynamic over recent years, changing as new types of provision develop that enable more people to live at home for longer. We want to encourage providers to work creatively to meet the needs of the consumers they are working with.

We intend to move increasingly towards outcome-based commissioning across public funded provision, we will also encourage direct payment users and self-funders to think and commission in the same terms. We recognise that the ongoing move from “what you get” to “what you need” will take some time for both

consumers and providers, a clear set of macro-outcomes and a range of creative and measurable outcomes for people to adapt to meet their own needs and requirements will facilitate this change effectively.

7. Where quality of the interaction takes precedent over the completion of a care task

We want care to be person-centred and focus on the outcomes that people say matter most. We want people to have choice and control in their lives, and over their care and support. We recognise the importance of the interaction and relationship between care giver and recipient and expect to see increased emphasis put upon the value of these interactions.

8. Where the breadth of career opportunities in the care sector are known about and aspired to

The care workforce is crucial to success within the market. It is only with diverse backgrounds, the right skills, attitudes and outlook amongst staff that will deliver the right outcomes for our consumers. We want roles in the care market to be an attractive choice for workers.

We will also work with the sector to understand skills shortages within organisations and use wider economic influences to assist recruitment and retention where possible.

7.5 Local Authority Procurements

There are a number of procurement that the local authority will be publishing over the next 24 months. Some of the procurements involve a move to develop dynamic purchasing systems.

We advertise contract opportunities through the Council's electronic Tendering system website www.yortender.co.uk which provides contract information referring to future opportunities, current opportunities, awarded contracts and pre-procurement engagement with the market.

What is an Electronic Marketplace?

A Dynamic Purchasing System otherwise known as a DPS, is a procurement tool for works, services and goods. A DPS is similar to an electronic framework agreement, but new suppliers can apply to join at any time. Dynamic Purchasing Systems are run as an entirely electronic process and using the restricted procedure. All contracting authorities, including central government purchasing bodies, can set up a DPS.

Using a DPS can help speed up and streamline procurement for suppliers and buyers and the award of tenders can be quicker than some other procurement procedures.

7.6 The impact of smart technology

Connectivity and the ability to use technology, remain safe at home, access services, travel easily and socialise – will be particularly important as the population ages. Levels of connectivity can determine work, education, health and care outcomes. Beyond the ability to physically travel, new technologies and digital tools have an increasingly important effect on a person's ability to independently interact with the world around them. Barriers to physical and virtual connectivity create issues for individuals and society. Technology will play an increasingly important role in providing care and support.

While technologies that assist in health and social care could be significant contributors to the growth in expenditures in the short term, they could potentially reduce costs significantly in the medium and long term. Over recent years we have seen the costs of previously expensive technology coming down in price. We expect this to be a growth area, particularly as people who have grown up with technology require care and support.

Whilst embracing technology is encouraged, the value of physical contact and emotional stimulus must not be lost. Loneliness and isolation are at risk of increasing in a world where technology is relied upon to mitigate risks and monitor the safety of individuals.

The local authority has an in-house technology offer that supports publicly funded and self-funders locally. We see increasingly creative uses of technology for monitoring conditions, lifestyle improvement

and the delivery of care, allowing people to live more independently. We see this increased use of technology as part of a blended care package that delivers better outcomes.

What this means for the care market:

There are opportunities for technology to be provided that fulfil monitoring processes.

Organisations need to better integrate technology and systems, simpler user interfaces and opportunities to bolt on technology to meet changing needs without intrusive home visits will improve the consumer experience.

Improving the marketing of technology will improve take up, using platforms such as Live Well Kirklees will build business for providers.

7.7 Live well Kirklees

E-marketplaces allow people with personal budget and self-funded adult social care users to search for and purchase products and services, using an Amazon or eBay-style websites. They are also used to rate and review provision; this helps others make choices about what support may be best suited to their own needs. They are increasingly being used by social workers and other care advisors to source services and equipment for those with care needs.

In Kirklees we have established a localised version of [Ask Sara](#). Ask Sara is a self-help guide website that allows people to identify areas of their daily living where they may benefit from equipment to meet their needs. The site generates an individualised report, guiding the user to items of equipment that they can purchase from a variety of online retailers. This service is provided in conjunction with the Council's commissioned Community Equipment Provider, however, uses a wider range of equipment retailers to provide choice and value for money for the end user.

We are also in the process of developing Age Smart Kirklees which offers advice, activity and other support suggestions following an online assessment.

What this means for the care market:

We see this area growing substantially to enable people's independence, and to support prevention and early intervention strategies prior people having to rely on formal council services.

We also want to see more user commissioning allowing people themselves to purchase tailored packages of support from providers, and to pool their resources and budgets to micro commission services as small groups of consumers with similar outcome requirements.

7.8 Equipment

Kirklees Council and Kirklees Health and Care Partnership jointly commission Kirklees Integrated Community Equipment Service (KICES). During 2021/22 just under 38,000 items of equipment were provided into the community to around 7,300 service users.

The number of equipment requests is increasing as people are coming out of hospital more dependent and with increasingly deconditioned. Equipment is being used to promote rehabilitation for those who previously would have had a period of recovery in hospital, this is impacting on the size of care package that they need in place to be discharged, and the subsequent impact on the asks on care providers.

Although an increasing number of people are obtaining items of daily living equipment directly from retailers without coming through the Council, we still expect the volume of equipment loans to continue to increase as more people are supported in their community away from acute inpatient settings.

What this means for the care market:

There are opportunities to provide simple items of daily living equipment to people with a sensory impairment.

⁶ Powell, J et al. The role of home adaptations in improving later life. The Centre for Better Ageing. 2017

There are opportunities for providers to help people to obtain their own equipment.

There are opportunities for providers to better display and demonstrate items of equipment and allow prospective consumers and their carers to “try before you buy”.

7.9 Adaptations

The majority of people in Kirklees live in mainstream housing, but that housing often has small room sizes, steep internal stairs, baths rather than showers and steps outside. As people get older or live with increasing long-term conditions and disabilities impacting on day-to-day activities managing at home can become increasingly difficult.

Adapting the home can increase the usability of the home environment and enable the majority of people to maintain their independence for as long as possible. This could potentially reduce the risk of falls and other accidents, relieve pressures on accident and emergency services, social care and reduce the need for longer term care.

There is strong evidence⁶ that minor adaptations are particularly effective at improving outcomes and reducing risk when they are combined with other necessary repairs and improvements, such as

improving lighting and removing trip and fall hazards. Overall, practical adaptable housing that supports independent living at home is an opportunity to ensure that housing is embedded in social care and health practice and service planning.

We need to understand more about how owners and renters recognise the need for adaptations and the factors that encourage or hold them back from making those changes. We are also looking for ways to develop more creative approaches to using adaptations to support those who may need support to remain at home.

We will also be reviewing and updating local strategies around assistive technology, aids to daily living and adaptations over the next few months.

What this means for the care market:

We see this area growing substantially to enable people's independence, and to support prevention and early intervention strategies prior people having to rely on formal care.

There are opportunities to engage and support people to around choices to adapt their existing homes to better meet their outcomes. There is also likely to be opportunities to work with larger social landlord organisations to offer adaptations services where required.

Providers should look to connect and deliver outcomes using assistive technology, aids to daily living and adaptations.

7.10 Workforce and skills - now and in the future

The care workforce is crucial to success within the market. It is only with diverse backgrounds, the right skills, attitudes and outlook amongst staff that will deliver the right outcomes for our consumers. We want roles in the care market to be an attractive choice for workers. We will encourage co-operative and other employment initiatives, which promote joint responsibility for the delivery of high-quality services and maximises employee benefits.

There are around 9,200 people working in the independent care sector. In addition, we have also seen increasing numbers of people using direct payments to recruit their own staff; we see continuing to grow.

- The adult social care workforce remains one where females make up over 84% of the workforce.
- Skills for Care estimate that the turnover rate of directly employed staff working in the local authority, private and voluntary sectors is 24%.⁷
- Registered nurses play a vital role within the overall adult social care workforce. Nursing homes are having particular problems recruiting and retaining nursing staff.

⁷<https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-authority-information/My-local-authority-area.aspx>

We will continue to work with colleagues and organisations across the West Yorkshire footprint to strategically boost recruitment, retention and skills development work.

Our local In2Care offer (<https://www.in2care.co.uk/>) will continue to develop and support providers across the sector with engagement, recruitment and retention work and initiatives.

We will continue to work with the sector to understand staff turnover, and skills shortages within organisations using wider economic influences to assist recruitment where possible. We will also work with the sector to develop the apprenticeship offer locally; we see this as a growth area. We will also work to develop progression routes and qualifications within the sector to stimulate recruitment and retention.

Organisations coming together to offer benefit packages to their collective staff would be a positive move for the sector, supporting employees with independent financial advice, childcare, discount schemes, wellbeing programmes, housing and other advice will enhance the recruitment and retention of staff in the sector. The remuneration in the care sector have often been set by hourly rate or contract value. There could be opportunities to develop non care related services for individuals that attract additional income for care organisations.

7.11 Quality in the local market

The quality of adult social care matters. It matters because people who use services should be able to expect person centred care that is safe, effective, caring and responsive. In order to understand this at a market level we have used CQC⁸ data to describe the local market.

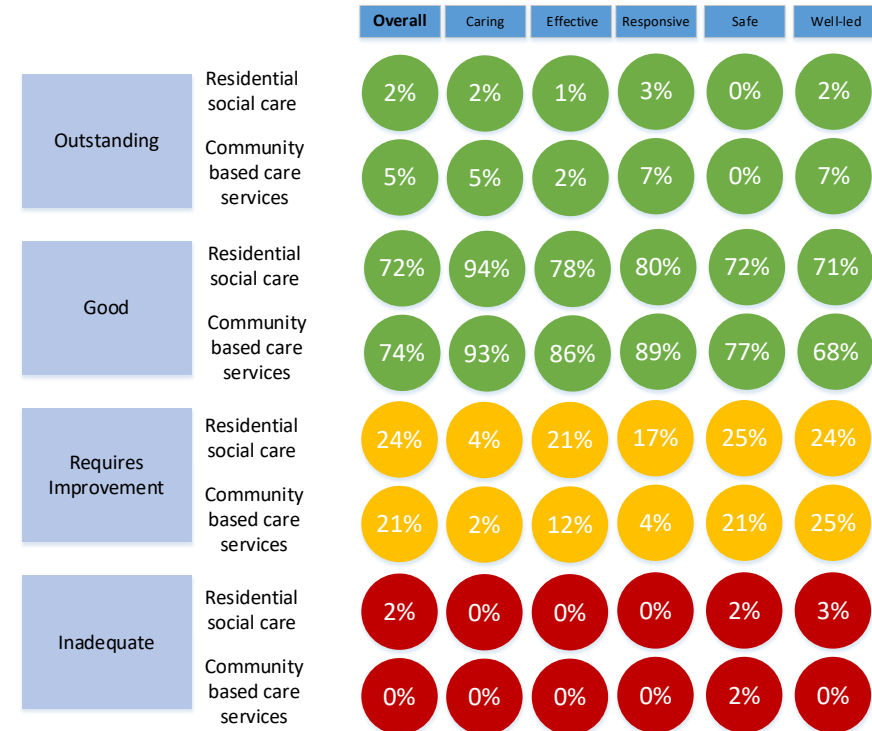
3 in 4 providers are judged as outstanding or good. It is important to note this is a whole market view and not just those the local authority contracts with. Historically quality has always been higher in community services, but the picture is improving across all sectors. It is of concern that a small proportion of providers active locally are judged as inadequate, we work closely with CQC to understand the support the local authority can offer these providers in conjunction with our partners. There are also a set of providers requiring improvement particularly in the residential sector, we are in the process of updating the support we offer to care homes to improve quality across all domains but particularly in safety and leadership where locally we have the largest proportion of issues.

What this means for the care market:

There are opportunities for quality improvement peer support across the sector, particularly in domains such as effectiveness, safety and leadership.

⁸ <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

Our quality improvement support for the sector should be seen as part of range of tools locally to support provider improvement across all provision, not just those judged as requiring support by regulators.



Figures may not sum due to rounding

7.12 Risks in current market and this statement

Market risk – what are the gaps in certainty about the market shape and its workforce?

Establishing a clear long-term view of any market is difficult, what is clear in relation to the care market in Kirklees is that it will grow, and demand for more bespoke care and support will be seen. We have tried to outline in this statement where we think the opportunities exist to support this change, however we cannot control the choices people make about the style and makeup of the care and support that they receive.

We have outlined above our workforce approach, but the ability for individual organisations to attract and retain the best employees remains a risk in the whole market. The national workforce strategy around social care as it emerges will also help build stability in the workforce.

Cost risk – Consumer willingness to meet current pricing in the market, foreseeable operational cost increases.

Public sector funding is likely to be under increasing pressure over the coming years, with more moves towards integration and joint commissioning being one way of mitigating its impact.

The impact of changes in the national living wage and the potential need for employers to increase wages to retain the best staff will have obvious implications for pricing. The national fair cost of care work

will help build a local picture of cost, but the funds to fill that identified gap nationally are estimated to be less than are required.

Demand risk – Future demand confidence, impact of technological and other innovations on demand.

We have been clear where we can about the potential demand in the market, and the opportunities in top up and self-funder support.

The increased use of direct payment and micro commissioning will be a shift for the sector. The likelihood of people funding part or all of their care and support, will potentially impact larger scale organisations unable to adapt to the needs of this consumer group.

Compliance Risk – legislative and policy changes that may change compliance requirements in the market.

We have seen a number of national high-profile failings in health and care settings, further such events will have ramifications across the sector, and by their very nature we are not clear what part of the sector might be affected or the degree of additional regulation that maybe put in place.

Older People

8. Headline market issues

There are just over 81,000 older people in Kirklees, 1 in 4⁹ (22,200) need some level of support to stay at home.

Older people want a wider care and support offer that reflects personal needs.

Technology is going to continue to impact how the market supports older people.

There are workforce sustainability issues across older people provision.

There is some demand for specialist and dementia home and nursing care, but the sector is still in a state of change caused by the pandemic, we do not expect growth in care home provision.

Preventing, reducing and delaying the need for care are growing areas of activity locally.

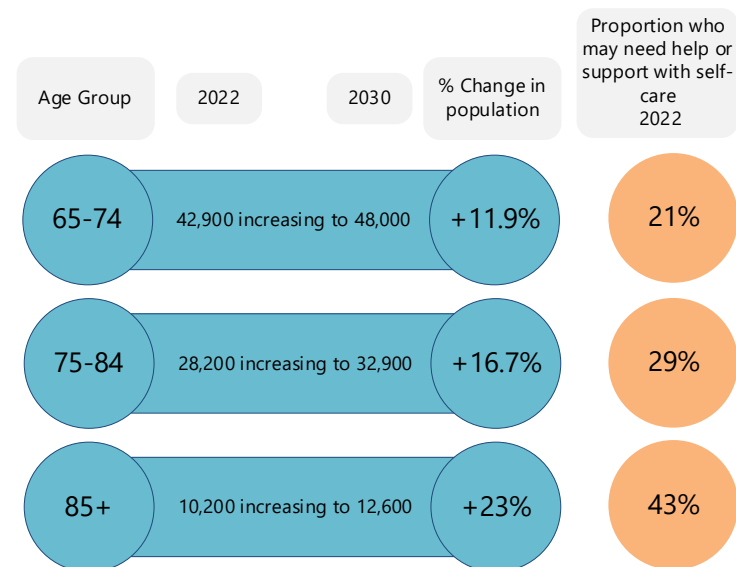
N.B – You will find details of older people in specialist accommodation and those with Dementia later in this statement.

⁹ CLIK 2016 & POPPI data 2022

9. Learning from current and potential consumers

In an ageing population individual support needs will continue to grow, for some this will be a gradual increase but for others there will be sudden life changes or illnesses that require intense support.¹⁰

Estimated older people population change³ and likely support needs:



¹⁰ POPPI Data 2022

9.1 Who are they?

The proportion of older people in our population will continue to grow steadily over the coming years. As with every group in society there is no simple grouping for older people; some have significant assets and support networks for their social and everyday needs. Others have little money but excellent support, and others lack either money or support networks.

Those aged over 50 account for a third of the population and control an estimated 80% of its wealth. However, there are 62% of older people, whose only income is a state pension, and around 1 in 5 older people are in poverty locally.⁹

In Kirklees, many older people are homeowners: 76.9% of people aged 65-74 own their own home, 64.7% of people aged 75-84 own their own home, 54.8% of people aged over 85 own their own home. There is evidence that a growing number of older people are asset rich, but money is tied up in property so cannot be used to support everyday needs.¹¹

The current population¹²:

- Today's older people are living happier, healthier and longer lives. At age 65 men can expect to live another 17 years and

women 17.5 years, but only 8.1 of these years for men and 9.5 for women will be "disability free".

- The key health challenges for older people are disability, frailty, falls, pain, continence issues, dementia, depression and obesity along with poor diet and inactivity.
- Older people are independent but 1 in 3 of those aged 75 need help or support to continue living in their own home.
- 1 in 5 (20%) men and 1 in 3 (29%) women aged 65 to 74 live alone. This increases with age with 1 in 3 men and half of women aged over 75 living alone.
- There are increasing volumes of people different ethnic minority groups who are living alone in older age.
- 1 in 6 older people experience some level of social isolation.
- 1 in 9 people (12%) aged 65 and over have some form of caring responsibility for another person, and 4 out of 5 of these looks after another person or a child.

9.2 What do people want from their support?

Older people desire support that reflects their own needs; is adaptable and delivered by a skilled and approachable workforce. There is a growing desire for all social care provision to be coproduced where users and professionals work together to design and deliver services in equal partnership to deliver the best outcomes.

¹¹ <https://www.kirklees.gov.uk/beta/planning-policy/pdf/strategic-housing-market-assessment.pdf>

¹² <http://observatory.kirklees.gov.uk/jsna>

We have made some progress to understand the sort of support that older people in Kirklees want. We have used general sources about the sorts of activities people tell us they want support with. We have also been able to model national direct payment information to give a picture of the desired outcomes from direct payment recipients locally.

The outcomes older consumers want in the Kirklees care market¹³:

- I want to be active
- I want to be healthy
- I want to put something back into the community
- I want the right help when I need it from people I trust
- I want to live at home for longer
- I want to be able to get around easily
- I want to feel safe
- I want to live in a home that is easy to maintain
- I want to reduce my bills and maintenance costs
- I want to have relationships and not be lonely
- I want to have dignity at the end of my life

¹³ Kirklees Older People Vision

¹⁴ Kirklees CLIK 2016

What consumers tell us they want support with?¹⁴

Care and support theme	Potential Consumers	Rate
Personal care	8,312	46.2%
Dressing	5,271	29.3%
Cleaning/housework	13,583	75.5%
Eating	3,166	17.6%
Cooking and preparing food	7,718	42.9%
Shopping	12,306	68.4%
Getting around outside their home	10,363	57.6%
Getting around inside their home	4,480	24.9%

What older people in receipt of direct payments tend to spend their funding to support?¹⁵

Activity	Direct Payment Spending
Socialising	54%
Meeting new people	48%
Help going out	43%
Help staying at home	39%
Art and culture	25%

¹⁵ Direct Payments: A National Survey of Direct Payments Policy and Practice (<http://www.pssru.ac.uk/pdf/dprla.pdf>)

What this means for the care market:

The number of older people staying at home for longer presents a growing opportunity for care and support organisations.

The increase in people needing some form of support to stay at home is a growing business opportunity; this could be practical support, non-care support as well as traditional forms of care in the home.

The numbers of older consumers will grow across Kirklees; the complexity of support required is also likely to increase as the mean age of this cohort increases.

Older people are articulating the sort of support they want, how they want it designed and the role of their own carers in shaping their care.

Care and support organisations need to articulate their offer to older people who are new entrants to the care market, this is particularly important to those entering the market after sudden changes in health.

The number of older people and older carers who receive a direct payment is likely to increase. Care organisations that are effective at engaging directly with these consumers direct will see a growth in opportunity.

10. Assessing the market

Prevention and Wellbeing					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

Preventing a need arising in the first place is the aim of much of public policy. For older people this typically means support that allows them to stay at home, feeling safe and confident managing their own daily routines and activities.

Connected to day care there are a number of opportunities to provide a greater range of preventative equipment. There is a need for physical activity and intellectually challenging activities that prevent, reduce or delay conditions associated with old age.

What this means for the care market:

- There are opportunities to develop evidence based preventative activities.
- There are opportunities to offer equipment and adaptations directly to older people and the self-funder market.
- There are opportunities to develop classes, activities and opportunities specifically aimed at older people. These would support the delivery of multiple outcomes and social interactions.

Home Care					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
1,300 Users	£9.9m	Insufficient	Increasing	Decreasing	Stable

Overview

The authority currently commissions 79% of older people's home care, which is around 18,000 hours of care per week from around 50 home care providers. The authority combines this with home care support for adults with physical disabilities.

The demand for complex home care is increasing.

There are gaps in the coverage of home care, some areas of Kirklees are only served by small number of providers, and this limits the choice that is available to older people.

The increase in dementia has led to increased demand for dementia focussed home care.

There are viability problems with some home care businesses; we are working to understand this better.

The local authority in house provision will continue to focus on short term, support which aim to restore as much of a person's independence, functioning and quality of life as it can.

There is a growth in the number of people with direct payments buying their own home care.

What this means for the care market:

- The move to discharge people from hospital as soon as clinically appropriate will mean there will be more older people in the community who need greater levels of intensive care in their own homes.
- There are opportunities to develop a home care offer in rural and semi-rural areas of Kirklees; this may include expansion into self-funder home care.
- Business models need to be better structured to build stability within providers of home care; there could be opportunities for building based care providers to expand into this market.

Direct Payments					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
450 Users	£2.4m	Insufficient	Increasing	Increasing	Stable

Overview

Take up of direct payments is relatively low amongst older people at present; we will support more people to choose direct payments.

There are issues with the number of personal assistants available locally.

What this means for the care market:

- There is scope for providers to develop direct relationships with the direct payment population, being clear with them what their offer is, and simple transparent payment and billing will increase take up.
- Platforms such as Live Well Kirklees will build business for providers; this is a source used by those choosing care for themselves or professionals and families seeking support.

Day Care					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
700 Users	£2m	Insufficient	Increasing	Increasing	Increasing

Overview

Day care services were affected significantly by the pandemic with support moving to one to one and online support for the existing consumer base. The future is expected to see a return to consumers wishing to access day care, but the range and flexibility will need to increase.

What this means for the care market:

- There is scope for additional day opportunities; older people are seeking a broader range of opportunities that meet a very mixed range of outcomes.
- There is significant scope for providers to offer enhanced or top up day services that direct payment users and self-funders can purchase.

10.1 Transitions and service boundaries

The older care population tends to fall into two key groups; those with progressive care needs who have increasing levels of support as their needs become more complex, and secondly those who enter

the care market after a sudden change, this could be a fall, a stroke or other sudden change in health.

Simply knowing what is available from the care market is a challenge for professionals, both of the groups above have very different needs when it comes to understanding how they might interact with the care market. The sudden entrants are likely to have a view or a more traditional care market, and a “get what you’re given” attitude. Getting communications right for each of these groups is important for the whole sector; the local authority will work with care organisations to improve this. The national reform plans around information will improve this for day care and across care and support.

People living with dementia

11. Headline market issues

The dementia market is likely to grow significantly.

People with dementia will want a wider care and support offer that is tailored to reflect the personal needs and preferences of themselves and their carers.

Technology is going to continue to impact how the market supports those with dementia and their carers.

There is increasing demand for specialist complex dementia care whether that be at home, short break or residential/nursing home.

There is increasing demand for post diagnostic community-based interventions/therapeutic activities, which support people with dementia of all ages.

There is likely to be an increase in specialist dementia accommodation and new housing developments should consider the design and adaptability of homes in meeting the needs of those living with dementia.¹⁶

¹⁶ [APPG Inquiry: Housing for those living with Dementia - Dementia - Topics - Resources - Housing LIN](#)

Preventing, reducing and delaying the need for dementia care are growing areas of activity locally.

12. Learning from current and potential consumers

Dementia currently represents one of the greatest challenges to our health and social care landscape. With no known cure and with limited treatments available, dementia is redefining our individual and collective experience of ageing, irrevocably changing the lives of citizens and their families across Kirklees. Dementia is not restricted to age, gender or ethnicity.

The term 'Dementia' is used to describes a set of symptoms which cause the ongoing decline of the brain. Dementia is progressive, meaning symptoms will get worse over time. People will find it difficult coping with everyday tasks. Symptoms include decline of functions such as memory, processing skills, orientation, understanding, judgement, calculation, learning, language and thinking.

There are several diseases that cause dementia, Alzheimer's disease is the most common form, accounting for around 60% of all cases, followed by cerebrovascular disease (vascular dementia), and dementia with Lewy bodies which together account for 15-20% of cases. In young-onset dementia (under 65yrs), frontal-temporal dementia is the most common disease, followed by Alzheimer's. The rarer forms of dementia are more likely in the under 65 age group and account for some of the more challenging behaviours. Less common diseases that may also cause dementia include Parkinson's and Huntington's, HIV and AIDS, Korsakoff's syndrome, Creutzfeldt-Jakob disease, multiple sclerosis, and motor neurone disease, amongst others. There are also mixed cases of dementia such as Alzheimer's and Dementia with Lewy bodies.

There are a number of potential pharmacological (e.g., antipsychotic drugs), and non-pharmacological (e.g., cognitive behavioural therapy) interventions that focus on treating the symptoms of some dementias, but they are not suitable for everyone. Nevertheless, people with dementia are at an increased risk of physical health problems and become increasingly dependent on health and social care services and on other people i.e., friends and family.

Generally, only 1 in 3 people nationally with Dementia ever receive a formal diagnosis or have contact with specialist services at any time

¹⁷ Living Life to the Full, Living with Dementia in Kirklees, 2016 (<http://www.kirklees.gov.uk/beta/health-and-well-being/pdf/living-with-dementia.pdf>)

in their illness. However, diagnosis rates are improving in Kirklees due to the commissioned Kirklees Dementia Information and Advice Service and now almost 2 in 3 people predicted to have Dementia have a diagnosis and are known to services.¹⁷ It is estimated that there are over 120 people locally with young onset dementia i.e., aged under 65 years. The more work which is done to raise awareness of Dementia in Kirklees, the more diagnosis rates will rise.

Up to half of all people with Dementia also have depression. People with both Dementia and depression have higher rates of disability and higher rates of hospital admission than people with Dementia alone.¹⁸ People with Dementia are also at greater risk of social isolation, particularly as the condition increases in severity.

Dying with Dementia¹⁹

Only 8% of people who die with dementia pass away at home, compared to 21% of the general population aged 65+. They are less likely to die at home than people dying with cancer, circulatory or respiratory diseases.

Nearly a third (32%) of people who die with a mention of dementia die at a hospital, a lower proportion than in the general population (49%) or amongst those dying with cancer, circulatory or respiratory

¹⁸ Dementia - A state of the nation report on dementia care and support in England, Department of Health, 2013

¹⁹ Kirklees Dementia Needs Assessment 2016

diseases. Only 1% of deaths with dementia happen in a hospice, compared with 5% of deaths in the general population aged 65+. People with dementia are less likely to die in a hospice than people dying of cancer.

People who die with dementia are more likely to die younger if they reside in more deprived areas. The proportion difference is small but significant and is more pronounced for people with vascular dementia.

All people living with dementia should have the opportunity to discuss advance care plans at every stage of the pathway. Planning for end of life is important for anyone with a life-limiting condition. For a person with Dementia, it is important to have these conversations early and as often as possible, while they can make decisions for themselves.²⁰

²⁰ <https://www.alzheimers.org.uk/get-support/help-dementia-care/end-life-care-dementia>

12.1 Who are they?

Gender²¹

There are variances between women and men when it comes to dementia. The most robust way of looking at this is by understanding how many cases of dementia there are in every 1000 people in the population.

Age Group	Male dementia prevalence per 1000 population	Female dementia prevalence per 1000 population
65-69	15	18
70-74	31	30
75-79	53	66
80-84	103	117
85-89	151	202
90+	226	330

It can be seen that dementia is actually more prevalent in men until they reach 75-79. Then it becomes 20-30% more common in women until the 90+ age group when it is more prevalent in women. We know that women on average live longer than men, but they also live longer in ill health or with a disability than men.

²¹ POPPI Data, 2022

Ethnicity

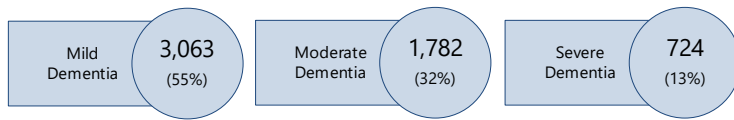
There are increasing indications that the prevalence of dementia in Black African- Caribbean and South Asian UK populations is greater than the white UK population and that the age of onset is lower for Black African-Caribbean groups than the white UK population. Since these groups are also more likely to experience high blood pressure, it is suggested that the increased risk of vascular dementia contributes to this increased prevalence.

Currently 1 in 20 (5%) of older people are from an Asian or Asian British background. In the 0-17 age group of the population, this grows to 1 in 4 (25%). As this cohort and the mixed/multiple ethnic background group grows older, they will account for around 1 in 3 of all older people. If current data and thinking is correct, we could see increasing incidence of vascular dementia in proportion to Alzheimer's disease.

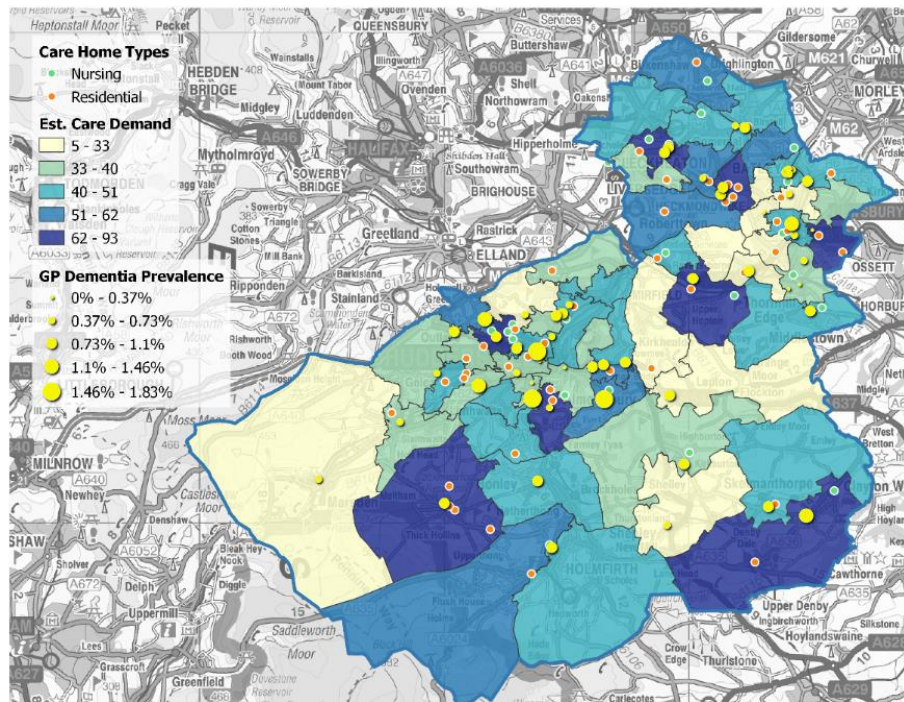
Severity²¹

In the over 65's age group, it is estimated that around 3,063 (55%) of dementia incidence locally is mild, 1,782 (32%) fall within the moderate category and 724 (13%) or 1 in 8 cases are severe.

65+ Estimated Case Prevalence Severity (Kirklees) 2022



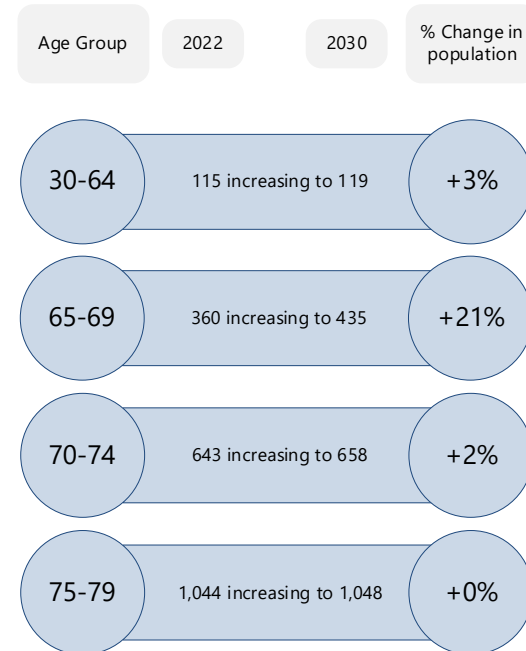
12.2 Where are they?



Dementia Prevalence by GP Practice²²

²² QOF 2020, NHS Fingertips

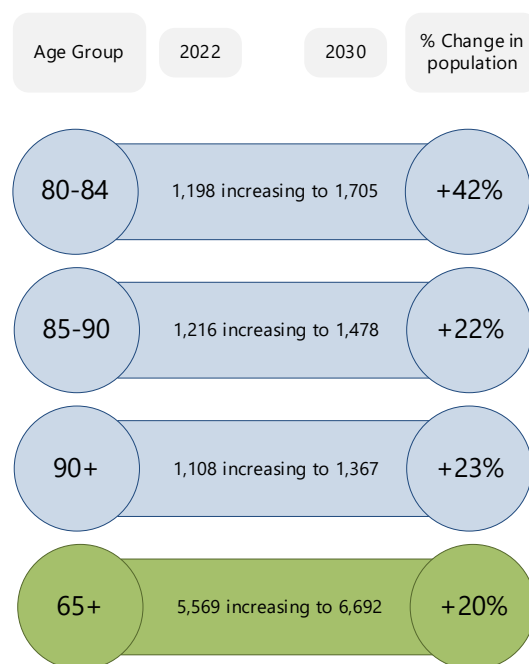
12.3 Current and Predicted Dementia Prevalence in Kirklees²³



The numbers of people with Dementia are increasing. Early diagnosis, early intervention and prevention are vital to reducing/delaying progression of the disease whilst maximising a person's independence. These are vital in helping people with dementia to live well, delay premature admission to long term care whilst preventing crisis and carer breakdown. Providing high quality

²³ POPPI & PANSI Data 2022

support to people with dementia from a workforce trained to at least Tier 2 of the Health Education England Dementia Training Standards Framework will become an increasing focus. We will be looking to ensure all commissioning activities for older people are 'Dementia aware' and looking towards providers who can demonstrate they are able to support people with Dementia as part of their ongoing service offer.



12.4 What do people want from their support?

Our vision is for all people with Dementia and their carers to continue to 'live life to the full' from diagnosis to end of life. To do this, we will create an environment where people:¹⁷

- Are confident to seek help early and have access to a timely diagnosis.
- Know where to go for help and what services to expect.
- Have timely access to the care and support that they would benefit from and the quality of this care to be high.
- Can access services which are safe.
- Know that the public and professionals are well informed and where the fear and stigma associated with dementia has decreased.
- Are able to access care closer to home.
- Receive care which meets their physical health, mental health, social care and accommodation/housing needs through an integrated, joined-up approach.
- Are able to participate in Dementia research and in local involvement groups.
- Live in Dementia-Friendly communities.

What is important to people with dementia living at home?

- Continuing good relationships with people important to me.
- Being able to communicate with others.
- Feeling valued and respected by others.
- Being able to do things that I enjoy and want to keep doing.
- Keeping interested in things I like.

- Being aware of my surroundings indoors and outdoors.
- Being able to find my way around a familiar place.
- Being as clean and comfortable as I would like.
- Not falling at home or when out and about.
- Being able to see, hear and understand.
- Feeling able to keep my identity.
- Feeling able to have a laugh with other people.²⁴

²⁴ Reilly, Siobhan T et al. What is important to people with dementia living at home? A set of core outcome items for use in the evaluation of non-pharmacological community-based health and social care interventions. February 2020. Age and Ageing. <https://doi.org/10.1093/ageing/afaa015>

13. Assessing the market

Accommodation					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Growing	Increasing	Insufficient	Increasing	Increasing	Increasing

There is a growing need for Dementia nursing home provision locally, whilst we endeavour to support people for as long as possible in their own homes, or specialist extra care, there will always be a cohort of people living with dementia who require nursing support.

It is estimated that up to 90% of people in care homes have dementia, and Care Quality Commission studies show that people with Dementia in care homes are more likely to go into hospital with avoidable conditions such as dehydration and delirium than people without Dementia.

Improvements to the provision of intermediate care and rehabilitation to reduce unnecessary or prolonged hospitalisation would also be a positive achievement.

It will also be beneficial to engage with housing providers and third sector providers to deliver lower-level support to maximise independence and maintain skills for as long as possible.

Housing providers can utilise the Alzheimer’s Society tool: Dementia Friendly Housing Charter: [https://www.alzheimers.org.uk/get-](https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/organisations/housing-charter)

[involved/dementia-friendly-communities/organisations/housing-charter](https://www.alzheimers.org.uk/get-involved/dementia-friendly-communities/organisations/housing-charter)

End of life choices for people with Dementia and their carers need to be considered alongside accommodation and other support arrangements.

What this means for the care market:

- Differing severities of dementia require different types of accommodation, which are dementia friendly designed, fully accessible, inclusive and culturally appropriate and which negate the need to move home as the condition progresses.
- There is scope for Dementia appropriate extra care developments/close care models across Kirklees,
- There are opportunities to develop quality care and nursing homes offering a broad range of support.
- There are opportunities to utilise the Kirklees Dementia Friendly Design Tool, which has been produced in collaboration with Stirling University’s Dementia Services Development Centre. The design guide can be used to design a variety of environments used by people living with dementia to improve outcomes.

Prevention					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Growing	Stable	Insufficient	Increasing	Increasing	Stable

Overview

Raising public awareness, reducing stigma and fear, educating people on the modifiable risk factors associated with Dementia as well as promoting adopting a healthier lifestyle, encouraging people to seek help and obtain a diagnosis are all important. Our general lifestyle – poor diet, lack of exercise and excessive alcohol/drug consumption can all increase the chances of developing the disease. Keeping vascular risk factors under control is always going to be worthwhile. Keeping mentally active and retaining social networks is also good. Focusing on prevention and encouraging or enabling people to behave in ways which will improve their health outcomes (for example, relating to heart disease and stroke which increase the risk of vascular dementia) to reduce those risk factors associated with some Dementias.

What this means for the care market:

The numbers of people with Dementia are increasing. It is essential to educate people at a much earlier stage about the risk factors of developing some dementias and promote healthy living. In particular, this includes promoting physical activity as a protective factor.

- Regular physical activity can reduce the risk of dementia by 20-30%. It also includes reducing the total amount of alcohol consumed by individuals and across the population and reducing the number of people presenting with early onset dementia caused by heavy drinking (Korsakoff's psychosis and Wernicke's disease).
- We will be looking for providers who are able to engage with community groups and increase understanding of the potentially modifiable factors that help prevent and/or mitigate Dementia.
- There are opportunities to offer appropriate equipment and adaptations directly to older people and the self-funder market.

Advice					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Stable	Insufficient	Increasing	Decreasing	Stable

Overview

When a diagnosis of Dementia is given, it is often the start of the journey for many people. They may have some early symptoms but some of the long-term impacts may not have materialised yet. Early discussions about longer term care and end of life wishes and how to have those discussions are also important for providers to address.

What this means for the care market:

- There is scope to provide a wide range of high-quality, post diagnostic support services and activities for those people with dementia/MCI/memory problems and/or their carers so they are able to plan and take greater control over their own lives to maintain a good quality of life for longer and in their own homes. This should include awareness of appropriate coping strategies for carers. We will be looking for providers to be 'dementia aware', to use the Kirklees Dementia Friendly Toolkit and to link into the Kirklees Dementia Friendly Communities Steering Group and the Kirklees Dementia Practitioner's Forum.

Assistive Technology					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Growing	Stable	Insufficient	Increasing	Increasing	Increasing

Overview

The use of technology to support people to stay in their own homes and communities also needs to be embraced, the costs of technology have dropped over the past decade, and this should be utilised locally.

What this means for the care market:

- There are opportunities for technology to be provided that fulfil monitoring processes.
- Organisations need to better integrate technology and systems, simpler user interfaces and opportunities to bolt on technology to meet changing needs without intrusive home visits will improve the user experience.
- Improving the marketing of technology will improve take up, using platforms such as Live Well Kirklees will build business for providers.
- The new Kirklees Living Well Centre, when developed, will provide opportunities to showcase good practice in Dementia home design, appropriate assistive technologies and smart home technology devices.

Therapeutic Interventions					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Growing	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

There is increasing demand for post diagnostic community-based Dementia-specific non-pharmacological interventions/activities, which support people with Dementia of all ages. These interventions aim to delay deterioration, enhance coping mechanisms, maximise independence and improve quality of life. Interventions/therapies can include cognitive stimulation therapy, reminiscence, environmental approaches, support and activity groups as well as behavioural mapping to address unmet need.

People with Dementia need access to enabling and rehabilitation services to maximise independence, some people with Dementia have rehabilitation potential and some skills can be relearned or new skills developed to compensate.

What this means for the care market:

- There is scope to develop a broad range of therapies that support those with Dementia.
- There is scope to develop life skills relearning and rehabilitation programmes that support those with Dementia and their carers to cope with the changes that Dementia may bring.

Carers

14. Headline Market Issues

There is likely to be a growth in the number of carers locally and carer's who live outside Kirklees that support people locally.

The ongoing shift from health and care being provided in large institutions such as hospitals and care facilities to care provided in people's homes increases the need for and places a greater emphasis on the care provided by carers. This shift will continue and has accelerated in recent years due to the Covid-19 Pandemic.

Carers report that the Covid-19 Pandemic has increased the feelings of isolation and loneliness many carers experience

Carers themselves have a range of support needs that impact on them, and their wellbeing.

Developing a better range of culturally appropriate carer support is a priority locally.

The number of carers likely to access support through direct payment is likely to grow.

15. Learning from current and potential consumers

A carer is a person of any age - adult or child - who provides unpaid support to a partner, child, relative or friend who could not manage to live independently, or whose health or wellbeing would deteriorate without help. Those receiving this care may need help due to frailty, disability or a health condition, mental ill-health or substance misuse.

Carers are a valuable asset within our communities, providing not just voluntary, unpaid care to assist the person they care for to remain independent, but also love, friendship, reassurance and connection. Carers have good knowledge of the person they care for and their health issues, often co-ordinating and managing their care. The Care Act recognises carers in law, carers who are over 18 are entitled to an assessment of their support needs.

- 3 in 5 people will be a carer at some point in their life.
- 1 in 6 (17%) of the adult population in Kirklees are carers. ²⁵
- By 2030, the number of carers is set to rise by 30%, to almost 80,000 locally.
- 1 in 7 (14%) 14-year-olds are carers.
- In Kirklees there are around 10,000 carers providing more than 50 hours care a week.

15.1 Who are they? ²⁵

Carers span all ages, gender, geographic localities, ethnicities, and social and economic groups. Carers are more likely to be female and the peak age for caring is 45 to 64. The ethnic makeup of carers roughly matches the general population of Kirklees.²⁶ Since 2001, the Kirklees carer population has grown by 13.8%; vastly outstripping the growth of the general population during this same period (6.2%).²⁷

Carers tend to be slightly behind non carers when it comes to life satisfaction and feeling happy. 1 in 2 (52%) carers are likely to have their own mental or physical condition.

Carers are more likely to suffer from sleep problems all or most of the time, with 1 in 5 (22%) non-carers suffering from sleep, this increased to 1 in 4 (28%) for carers.

Carers report similar results as non-carers when it comes to physical activity, healthy eating, alcohol consumption and smoking. They also report similarly to non-carers when it comes to loneliness, satisfaction with their local area and tenure.

Carers are more likely to volunteer, 1 in 3 (39%) of carer formally or informally volunteer compared to 1 in 4 (28%) of the non- carer population.

²⁵ Kirklees CLiK Survey 2016

²⁶ Kirklees CLiK Survey 2016

²⁷ [Carers UK: Valuing Carers 2015](#)

Carers are less likely to be in full time employment with 1 in 4 (28%) compared to 1 in 3 (36%) of non-carers. Part time working was slightly more common in carers.

Carers report having money worries all or most of the time more than non-carers, with 1 in 5 (20%) against 1 in 4 (26%) non-carers. Carers were twice as likely to be in poverty as non-carers 1 in 4 versus 1 in 9 non-carers.

15.2 Where are they? ²⁸

Carers are located across Kirklees, there are concentrations, but this matches the locations of the broad population.

15.3 What do people want from their support?

The Kirklees Carers Strategy²⁹ tells us the outcomes that are most important to carers:

- Achieving a balanced relationship with the cared for person.
- Advocacy, support to challenge decisions, and support for carers to know their rights.
- Communities having a better understanding of carers and the pressures they face.
- Continuity of staff and support from social care and health providers.

²⁸ Kirklees CLiK 2016

²⁹ Kirklees Carers Strategy 2016

- Emotional support, including help with feelings of a loss of self, a loss of a former life, and isolation.
- For everyone to correctly use the term carer.
- Getting a break from the caring role (with and without the cared for person).
- Having appropriate cultural support which understands different people's needs.
- Help and support with finances.
- Help with looking after ourselves.
- Help when moving between 'age brackets' as smooth as possible.
- Help with reducing stress.
- Peer and mutual support.
- Planning for the cared-for person moving on.
- Planning for when the carer is no-longer there.
- Support after caring has ended, including support to help carers recover.
- Support for sibling responsibility and the impact caregiving can have on siblings.
- Support in a crisis and contingency plans, for example support for when a carer is ill.
- Support to be an employer, particularly regarding the logistics of care.

- Support when the cared for person does not meet social care criteria.
- The right information and advice in the right place at the right time.

NHS carer outcomes:³⁰

- Recognise and respect me as a carer
- Ensure information is shared with me and other professionals
- Signpost information for me and help link professionals together
- Flexible care, available to suit me and the person I care for
- Think about the whole family, including young carers and young adult carers
- Recognise that I also may need help both in my caring role and in maintaining my own health and well-being
- Respect, involve and treat me as expert in care
- Treat me with dignity and compassion

³⁰ <https://www.england.nhs.uk/commissioning/comm-carers/carers-want/>

16. Assessing the market

Pre-Bookable Respite					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Increasing	Insufficient	Increasing	Increasing	Increasing

Overview

Supporting carers to plan the support of the person they care for is very important.

There is limited pre-bookable short and longer respite care of a few days to a week or more in Kirklees. These stays allow the carer time to look after their own physical, emotional, and social needs.

What this means for the care market:

- We want to see more options for people to be able to book short and longer stay accommodation longer into the future.
- There are opportunities to develop planned short and longer stay accommodation especially where carers can book months in advance, allowing them time to arrange work and other commitments, and to book their own activities during this time. We will support the communication of any offer so that occupancy levels in short stay remains high.

Carer Breaks					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
475 Users	Stable	Insufficient	Increasing	Stable	Stable

Overview

Giving carers a break is an important part of our strategy to support carers in Kirklees. There is an undersupply of carer breaks support locally; we see this support as critical to preventing carer breakdown.

This can be short breaks of a few hours a week. Some organisations do offer support, but this is oversubscribed.

What this means for the care market:

- There are opportunities to develop carer breaks across Kirklees.
- This presents a business opportunity for care organisations, some of whom will already be supporting the cared for individual.
- There is a likelihood that carers may choose to use Direct Payments and / or private funding to purchase more breaks services.
- Carers as consumers will choose organisations which are simple to work with, which communicate well with the carer, and which offer good quality, reliable, and trustworthy support to the person they care for.

Information, Advocacy & Guidance					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Stable	Insufficient	Increasing	Stable	Stable

Overview

Providing information, advice, and advocacy to carers is important. This includes advice about being a carer, about the cared-for person, about maintaining good health, and about local health and care services. There is a range of both generic and specialist provision existing in Kirklees.

What this means for the care market:

- There are limited opportunities to provide additional services. Organisations are able to tender for contracts as they are due to be re-tendered. Carers are unlikely to pay privately for information, advice, or advocacy.

Young Carer Support					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Stable	Insufficient	Increasing	Stable	Stable

Overview

Providing support to children and young people who are carers is very important locally. We want to see a wider range of options available to young carers, and more accessible mainstream activities that take into account the needs of young carers.

What this means for the care market:

- There are opportunities to develop support and inclusive provision for young carers.

Older People living in specialist care accommodation

17. Headline market issues

Suitable housing can significantly improve people's lives, while unsuitable housing can be the source of multiple problems and costs.

Appropriately designed housing, that can adapt to people's changing needs as they age, has a number of benefits. These benefits include reducing demand on care services and enabling individuals to live independently and more flexibly in our communities.

There is demand for specialist and dementia home and nursing care, but the sector is still in a state of change caused by the pandemic, we do not expect growth in care home provision.

Sheltered (housing with support) and Housing with care schemes offer business opportunities and demand is likely to increase if ownership options and a wider range of locations become available.

18. Learning from current and potential consumers

In order to understand this sector, it is important to be clear what sort of accommodation we are talking about. It is important to remember that these groupings are not necessarily separate developments, and multiple groups could be living within a single development.

Group A – Older people living in their own homes (rented or owned), they may have occasional care and support needs, but it is likely to be of a low level and the majority of support comes from informal care.

Group B – Older people living in their own home (rented or owned), who have adapted or modified their homes to better meet their needs; they may have received public funding to do this or may have funded it themselves.

Group C – Age Exclusive, Sheltered or Retirement housing for older people some locations have communal facilities and onsite non care support. They are linked remotely to support through pull cords and other assistive technology; home care maybe supporting people in this setting.

Group D – Housing with Care (Extra Care) for older people with extra facilities and services such as personal care, meals and overnight care support.

Group E - A care home with or without nursing, intensive onsite care and support, within this group there are care settings that specialise in the care of those with dementia.

This part of the statement will cover Groups C, D and E.

18.1 Who are they?

There are just under 4,000 older people living in the different types of specialist accommodation locally. The current supply of accommodation for older people has its roots in historic models of care where care homes were dominant. We have seen small growth in housing with care, however because this has emerged as a care option over the past 5-10 years or so, it is still only a small part of the market. We see housing with care growing in market share moving forward because it offers improved outcomes for people.³¹

Some of the people in this group have entered a care setting for a short period of time, in order to recover from a change to health or mobility or as part of planned respite support; others are permanently resident because their needs cannot be supported at home.

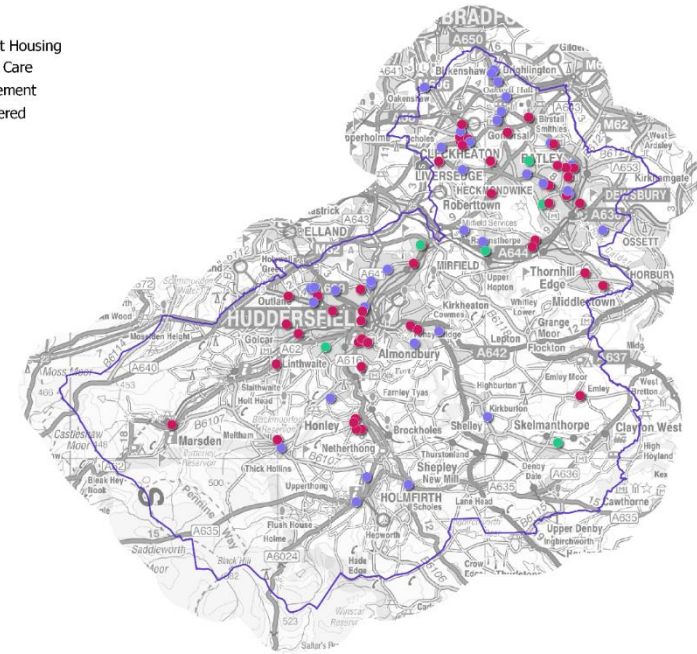
18.2 Where are they?

In order to quantify accommodation, we have used data from EAC and CQC to show the maximum size of the current market. This will contain homes and services that are registered with CQC to deliver services, but not currently open or contracted to deliver any local authority care and support.³²

³¹ POPPI & PANSI Data

Legend

- Retirement Housing
- Extra Care
- Retirement
- Sheltered



Current shape of specialist accommodation market in Kirklees

	Batley and Spennings	Dewsbury and Mirfield	Huddersfield	Slaitwaite
Care Homes	34	22	49	27
%	26%	17%	37%	20%
Care Home Beds	898	633	1246	787
%	25%	18%	35%	22%

³² <http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data#directory>

18.3 What do people want from their support?

Older people typically want the same kinds of things in specialist accommodation that they have enjoyed all their lives; the opportunity to discover new activities and skills, a sense of belonging and feeling useful, good relationships, not feeling restricted in what they can do, and plenty of opportunities to enjoy life.

Older People from Ethnic Minorities in Kirklees: Housing Needs and Preferences Study

The Older People from Ethnic Minorities (OPEM) in Kirklees: Housing Needs and Preferences Study was commissioned to better understand how preferences in the ageing ethnic minority population affects housing (and housing related support) needs.

A cultural shift in family structure – more older people from ethnic minorities are now living alone, and this will be more prevalent in the next 10-15 years. This could be through choice, where an older relative wants to live independently from their family, but also in some cases it is a necessity, for example where the family are working/live far away and are not able to look after an older relative.

The majority want to stay where they are but there was a significant proportion of older people from ethnic minorities that were seeking to move to alternative accommodation.

Many older people from ethnic minorities are living in properties that will not be suitable for later life because the homes are not accessible or easily adaptable and lead to some people being socially isolated or lonely.

Older people are seeking a range of housing options and homes that will be suitable throughout their life course. This is about being able to adapt existing properties as well as designing new builds that are 'future proof'.

Both 'downsizing' and 'rightsizing' are important. Whilst some older people from ethnic minorities want to move to smaller, more manageable properties as they get older, others prefer a larger home where they can live with family or have family to stay for later life.

There are several barriers that prevent older people from ethnic minorities moving to 'housing for older people'. For example, existing stock is not culturally and/or religiously situated, there is stigma within some communities, it is associated with a care home, or there is a lack of information and advice.

Older people from ethnic minorities are seeking 'housing for older people' and services that are culturally and/or religiously competent.

Whether living at home or in specialist housing, more high quality, culturally and/or religiously competent provision and support/care is needed.

The outcomes likely to be desired by consumers in specialist accommodation care market:³³

- **Choice**, about all aspects of my life, including: - moving into a home; where it is; what my room looks like and looks out on; how I live my life; how my care is delivered; how I spend my time; the food I eat, where and when I eat it; who visits me and when; when / if I go out and where; how / if I worship/pray; who I interact and spend my time with; when I get up and go to bed; who I have relationships with; where and how I die
- **To live an interesting life** – continuing with my hobbies, having a choice of activities and having interesting people to talk to
- **Not to be lonely** – but to be alone when I choose to be
- **To be in control and as independent as possible** - I want to make my own decisions about everything that affects me – the little things and the big things
- **To be treated with dignity, respect and compassion** by everyone I come into contact with
- **To have my needs met** –my wellbeing, my social care needs and my health needs
- **To be in a nice environment** – that helps me to be independent and find my own way around
- **To feel safe** and to take risks if I choose to
- **To be able to stay here for as long as I want**

- When my time comes, **to have a good death**

What this means for the care market:

Demand is likely to grow for housing with care (extra care) and housing with support (sheltered accommodation) if the ranges of ownership and finance options are made available.

We will work with care organisations and developers to establish design principles and support the development of appropriate sites.

People are used to expressing greater choice and control over the services they use and will expect more from their care. This will mean increased demand for personalised services that respond to people's changing needs and aspirations.

³³ Kirklees - A Joint Strategy for Residential and Nursing Care Homes

19. Assessing the market

Age Exclusive, Sheltered & Retirement					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
2,300 Users		Insufficient	Increasing	Increasing	Increasing

Overview

People are living longer, and the population is ageing across all groups in society, this presents significant challenges for the country but also opening up substantial opportunities for the property sector.

It is estimated that older people are sitting on over £1 trillion worth of housing equity in the UK, often in homes that are bigger than they need. Large numbers of people are interested in down-sizing, yet the existing market fails to meet this demand.

Developers have begun to recognise these opportunities but more innovation by them and others will boost the supply and mix of homes for this growing market. The retirement sector offers an opportunity to increase supply and improve standards and develop homes for life that can meet the changing needs and lifestyle of the population.

The wider housing market will benefit from some of the larger properties becoming available across Kirklees.

What this means for the care market:

- There are opportunities to develop retirement living across Kirklees, using a variety of ownership and financing options.
- Protecting inheritance is important to those in later life, financial planning needs to be sensitive to this, and offer a range of funding options to older people.
- Developing blended retirement living locations with onsite extra care would mean providers could keep the older person on a single site longer.
- Older people still share many of the same ambitions as the rest of the population when it comes to where and how they want to live, organisations that make this a reality will grow.

Housing with Care (Extra Care)					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
240 Users		Insufficient	Increasing	Increasing	Increasing

Overview

Extra Care is a viable alternative to care homes, with the potential to provide more personalisation and better outcomes for people. The current capacity of the market in the area is just over 240 places, we see this as a growth area for Kirklees.

We would like to see more intermediate extra care supporting people leaving hospital.

There are 3 local authority extra care schemes locally, we would like to see more private and non-profit sector organisations developing extra care facilities in Kirklees. The schemes that operate now are at capacity and have waiting lists.

We would like to see a range of financing and ownership options in the extra care sector. There is scope to develop a mixed pricing model of privately funded and shared ownership extra care alongside rented options. We believe the increase in options will drive the market forward and benefit providers.

We will be clear with potential developers where appropriate sites are, and how they might be developed.

We will work with providers to embed clear design principles.

What this means for the care market:

- There is scope for extra care development across Kirklees.
- Differential ownership models will potentially bring capital into schemes which can strengthen any financial case.
- Extra care could be part of a blended care offer with single providers offering extra care, sheltered housing, and outreach home care services from a single site.
- Communicating the extra care offer to the self-funder and direct payment population will stimulate growth.

Care Homes					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
1,700 Users		Under Occupied	Increasing	Stable	Stable

Overview

Kirklees has a large and established market for residential and nursing homes for older people. There are currently 67 registered care homes in Kirklees, providing around 1,700 places. The local authority and ICP's currently purchase around 60% of these beds on behalf of Kirklees residents. The average size of an older adult home in Kirklees is around 41 beds.

In common with local authorities across England, care homes in Kirklees are facing high vacancy levels. Whilst Covid-19 has worsened the situation, demand for care home beds has been falling across England for many years, as a response to the improving health of older people, changed commissioning priorities away from care homes, and changing customer attitudes.

Demand forecasting suggests that there is currently an over-supply of care home beds in Kirklees that will persist until at least 2025/26. If occupancy levels are to return to 90%, then this means that the number of care home beds available in Kirklees needs to reduce. Furthermore, demand for future care home places is likely to be from people with complex needs, requiring specialist support in

environments suitable for people with reduced mobility or with advanced dementia.

What this means for the care market:

- There are opportunities to develop quality care and nursing homes offering complex.
- The outcomes described above suggest that being closer to family and other natural support networks is a key factor when older people are deciding which home they go into. Some older people will want to move away from where they currently live, others will wish to stay locally.
- The same aspiration to move to nice area of the borough also still exists, irrespective of whether older people will be able to engage in their local community. This should also be considered when siting care homes in the future.

19.1 Mix of the market now and in the future – Who is buying?

The local authority and ICP's have been dominant in purchasing care home places, however with a shift towards direct payments more people will be making their own choices about the degree of support they want. The evidence suggests that the extra care sector could be the way more people with support needs wish to live.

There are number of people who make their own retirement home purchases and rentals without any support from the local authority, we want this group to have the right information available so they can continue to make good decisions, we would also like more people to feel confident to make this move themselves with a proactive view of their future accommodation needs.

19.2 Transitions and service boundaries

How older people enter specialist accommodation varies; this could be planned over time, or they may enter suddenly through a change in health condition. The sector needs to get better at handling these shifts in need, having better inter-organisation and inter-service relationships will help this transition. The acute sector needs to be a part of this move, the work of BCF should help with improving these transitions.

As described above the sector and the local authority need to get better at supporting people to plan for their long-term care needs.

The general older population knowing what the options are outside the traditional care home will boost other parts of the market. This will improve further if a wider range of ownership and financing options are available.

People living with learning disabilities

20. Headline market issues

We expect gradual growth in the learning-disabled population seeking support, with increased growth in the number of people with multiple complex needs, and those with behaviours that challenge. We also expect growth in the number of older people living with learning disabilities.

People with learning disabilities want to live in their own home, in smaller, community integrated and non-institutional style housing, be independent and socially active, and be part of their communities, working and engaging when they can.

There is growth in the number of people who want to live independently of their parents and services. There has been a change in the expectations of parents no longer is their caring role a full-time lifelong commitment, their disabled relative will move out of the family home.

There are significant workforce issues around the shortage of highly skilled social care staff who are able to meet the care and support needs of the most complex and challenging people with a learning

disability. We are supporting the national Core Capabilities Framework for Learning disability and Autism from Skills for Health.

21. Learning from current and potential consumers

There are around 8,000 adults thought to have some level of learning disability locally, around 1 in 8 of these are in receipt to intensive support from the public sector.³⁴

21.1 Who are they?

It is estimated that only 23% of adults with learning disabilities in England are identified as such on GP registers, the most comprehensive identification source within health or social services in England. The remaining 77% have been referred to as the 'hidden majority' of adults with learning disabilities who typically remain invisible in data collections.

³⁴ PANSI & Service Data

A note on disabled children

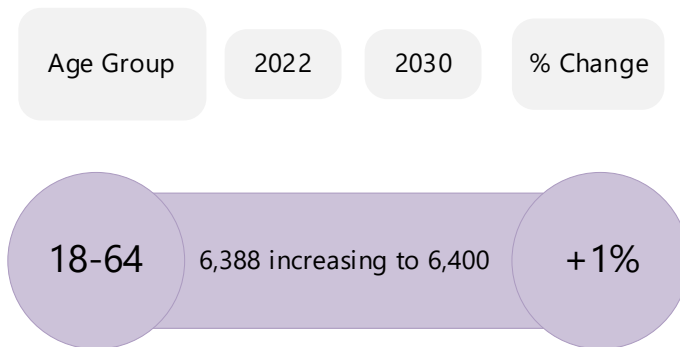
The disabled child population is increasing as are those with complex needs.

Infant mortality is reducing but, in some cases, this means children with complex needs are living much longer than in previous years.

Around 3,400 children and young people have an Education, Health and Care Plan (EHCP), there are periodic peaks that will increase pressure on adult support providers.

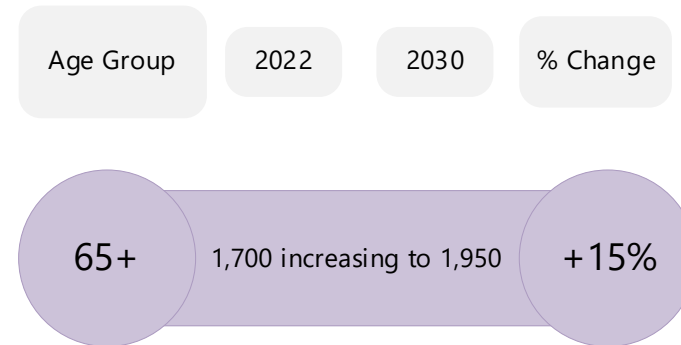
For more detail about people living with learning disabilities in Kirklees please visit the [KJSA](#).

Learning Disability Overall Prevalence:³⁵



Data suggests there will be small increases in the 18-64 age group in overall numbers. We do however expect significant increases in the 65+ group in the learning disability population. This is expected to

growth steadily over the next ten years and increase overall numbers by 15%.



We expect to see gradual growth in the number of adults under 65 with learning disabilities. However, we are seeing increasingly complex learning disability cases in the community. This will be particularly felt by organisations that support people who have a complex learning disability alongside behaviours that challenge.

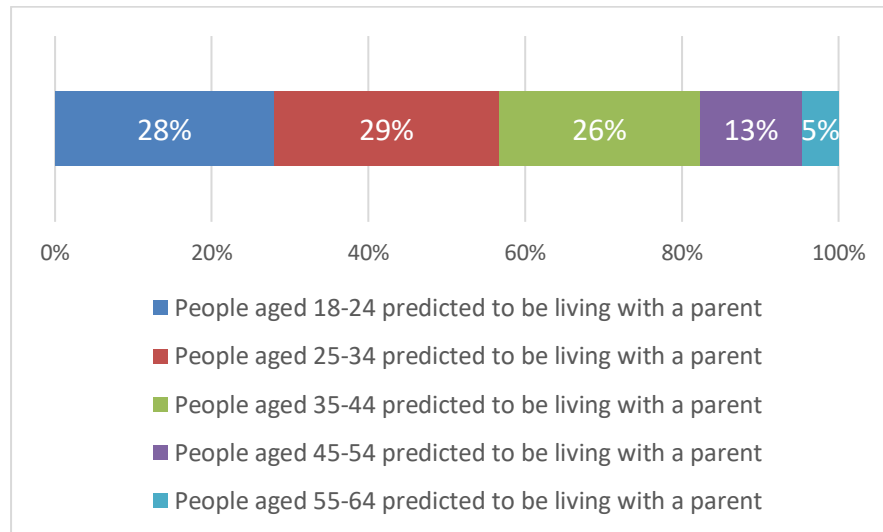
These numbers seem high, but they reflect the predicted growth in the general older population, older people with learning disability have differing needs, they are also likely to experience increased health inequalities and mortality when compared to the overall older population.

³⁵ PANSI & Service Data

Severe Learning Disability Prevalence

We expect to see a small growth in the number of adults with severe learning disabilities, particularly in the 65+ age group.

Adults with learning disability predicted to be living with their parents



There are around 550 people supported by the local authority with a learning disability that are living with a parent, we expect this to grow relatively slowly, but we are aware of a number of carers who reach a point when caring for a person with learning disabilities becomes overwhelming, or older carers are no longer able to continue as the main carer.

³⁶ Kirklees Learning Disability Partnership Board Vision

We are also seeing a change in the expectation of parents and younger people who no longer wish to stay at home and want to live independently.

21.2 Where are they?

The learning-disabled population broadly follows the overall population shape locally. This means that over half of those with a learning disability live in North Kirklees with the other dominant location being the town of Huddersfield.

21.3 What do people want from their support?

People living with learning disabilities want support that reflects their own needs, is adaptable and delivered by a skilled and approachable workforce. Many of the outcomes desired by those living with learning disabilities match those of the general population. There is a growing desire for all social care provision to be coproduced where people with a learning disability and professionals work together to design and deliver services in equal partnership, encouraging people who use services, people who provide services and people who commission services to work to deliver the best outcomes.

The outcomes likely to be desired by consumers in the learning disability care market:³⁶

- I want to be active

- I want to be heard and my wishes and views be taken seriously
- I want to be healthy
- I want to put something back into the community and feel part of my community
- I want to feel useful, working if I can
- I want the right help when I need it from people I trust
- I want to live as independently as I can
- I want to be able to understand my money
- I want to be able to get around easily
- I want to feel safe
- I want to have relationships and not be lonely
- I want to feel emotionally well

We have been able to model national direct payment information to give a picture of the outcomes from direct payment recipients locally.

What people in receipt of direct payments tend to spend their funding to support?³⁷

Activity	Proportion of Direct Payment Spending
Socialising and meeting new people	88%
Help going out	66%
Arts and creative activities	58%
Helping to find a job	42%
sport and exercise	38%

³⁷ Direct Payments: A National Survey of Direct Payments Policy and Practice (<http://www.pssru.ac.uk/pdf/dprla.pdf>)

What this means for the care market:

We expect to see increasing numbers of older people with learning disabilities requiring support locally, this could require a change in care and support models in older people services and increasing learning disability provision to support the ageing population.

People with learning disabilities taking support as a direct payment are the fastest growing group.

There are real opportunities for organisations to work with people to deliver the outcomes they want on a very personal level. This includes working across need areas to deliver blended packages of support from a single provider organisation.

There are opportunities for providers to work more with micro-commissioning groups of people living with learning disabilities. We will work with consumers and providers to build these connections.

22. Assessing the market

Home Care					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
50 Users	Stable	Insufficient	Increasing	Decreasing	Stable

Overview

Although people with learning disabilities make up only a small part of the overall home care market the support is essential to enable parent to continue in their caring role. We see small amounts of growth in the home care market as more complex cases are being supported in the community, and as the learning disabled population ages.

What this means for the care market:

- There is a shortage of specialist home care providers for people with learning disabilities.
- There are opportunities to develop a home care offer in rural and semi-rural areas of Kirklees; this may include expansion into direct payment funded home care.
- Business models need to be better structured to build stability within providers of home care. There could be opportunities for existing buildings based care providers to expand into this market.

Day Care					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Stable	£6m	Insufficient	Increasing	Decreasing	Stable

Overview

The local authority has traditionally delivered a significant number of services and commissioned a limited range of day opportunities. Significant growth over the last few years has been via direct payments direct with service providers. People with learning disabilities tell us they want a broader range of day opportunities; some of which help people with learning disabilities move closer to employment.

The growth in direct payments has grown the appetite of consumers to have things to do in the daytime that met their own specific outcomes. We want to see day opportunities that enable people to take risk, feel more independent and engage more in the life of their communities.

What this means for the care market:

- There is scope for new day opportunities; people living with learning disabilities are seeking a broader range of opportunities that meet a very mixed range of outcomes. There is significant scope for providers to offer day services that direct payment users can purchase.

Respite & Short Breaks					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
30 Beds	£4m	Insufficient	Increasing	Increasing	Increasing

Overview

Respite care and short breaks are an important part of current provision. This provision can help support carers in their role and enable them to continue in a caring role for longer. The demand for a broader range of short breaks and respite is likely to increase.

People with direct payments are choosing to purchase their own respite care. Moving away from traditional buildings based respite/ short breaks, to holiday type short breaks.

What this means for the care market:

- There is scope for the development of alternative, more responsive and tailored respite support. There is scope for the development of pre-bookable short stay and respite provision, to allow carers to plan their breaks over longer periods of time.
- Business models need to be better structured to build stability within providers of home care. There could be opportunities for existing buildings based care providers to expand into this market.

Direct Payments					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
330 users	£3.2m	Insufficient	Increasing	Increasing	Increasing

Overview

Around 1 in 4 people with learning disabilities who are known to services receive their support through a direct payment; we expect this to continue to grow. There are issues with the number of personal assistants available locally.

What this means for the care market:

- There is scope for providers to develop direct relationships with the direct payment population. Providers being clear with them what their offer is and simple, transparent payment and billing will further increase take up?
- Using platforms such as Live Well Kirklees will build business for providers, this is the primary source used by those choosing or arranging care for themselves or professionals and families seeking support.
- We expect to see growth in the development of micro commissioning where individuals tell providers what they want, rather than providers tell individual what they have to offer.
- There is scope for the development of personal assistant services in the learning disability sector locally.

Care Homes					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Reducing	£14.7m	Over Supply	Decreasing	Decreasing	Stable

Overview

Periodically people with learning disabilities may need access to short term residential care to provide a safe environment. There are a small number of LD nursing places which we expect to remain fairly static.

The local authority's intention is to reduce the numbers of care home beds we purchase. The demand will be for specialist developments in supported living clustered accommodation this will support reduced reliance on care homes.

What this means for the care market:

- There are opportunities to develop more personalised care in people's own homes.
- There may be opportunities to develop time limited residential support that supports those with complex needs or that prepares people to move into independent accommodation.

Transforming Care					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	£9.9m	Insufficient	Increasing	Decreasing	N/A

Overview

Transforming Care is a national programme to transform community services to reduce the number of people who access treatment and assessment units or secure hospitals.

What this means for the care market:

- As part of our local Transforming Care plan; there will be development opportunities for providers to develop high specification specialist community based complex needs accommodation comprising of Care Homes and supported living.
- One of the biggest challenges to deliver this ambitious programme will be the development and retention of a highly skilled workforce to meet the needs of the Transforming Care cohort in a community setting.

Supported Living					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
345 Users	£7m	Insufficient	Increasing	Increasing	Increasing

Overview

Increasing numbers of people with learning disabilities want to live independently. There will be a need for onsite support in many cases; we will develop design and accessibility principles to assure quality of developments locally.

We are monitoring the potential impact of changes to supported living policy; nationally the government are consulting on standardising local housing allowance across all housing benefit eligible properties.

Learning disabled people with complex and challenging behaviour need to be supported in community settings. We recognise this will require additional resource and will develop premiums to offset additional care and support costs. Whenever possible this accommodation should provide long term assured tenancies and enable therapeutic care and support. Accommodation arrangements and care and support will be kept separate whenever possible to give people greater choice and control.

We will support people to ensure they are matched appropriately to the other people that will be living in any development.

We want to see smaller individual developments in the community, the key to their success will be co-produced planning with people with a learning disability and their families and other stakeholders. We will support the market to develop appropriate supported living accommodation.

What this means for the care market:

- There will be increasing demand for smaller, community integrated and non-institutional style housing.
- Right support, right care, right culture guidance from CQC will impact providers of specialist accommodation, namely:
 - There is a clear need for the service, and it has been agreed by commissioners.
 - The size, setting and design of the service meet people's expectation and align with best practice.
 - People have access to the community.
 - The model of care, policies and procedures are in line with best practice.
- The majority of supported living care and support will be provided through the Specialist Community Support and Supported Living framework agreement.
- The local authority will lead on developments to ensure accommodation and care is managed separately, giving people greater choice of how their support needs are met.
- There are opportunities to develop additional age appropriate accommodation to support older and younger adults living with learning disabilities.

22.1 Transitions and service boundaries

The transition from children's services to adults' services is often very challenging for young people with a learning disability and their families: it combines a change of services and professionals at the very time when they are also negotiating wider changes to their lives.

Preparing young people for adulthood involves education, health and social care professionals working together to manage a potentially complex pattern of activities to plan and support a young person into adulthood, in line with the requirements of the Care Act and Children and Families Act (Part 3).

Our approach to transitions has been disjointed in the past; we have now developed an All-Age Disability model. Specialist transition support is provided in a timely manner to allow discussions, planning and choices to be made much earlier than they were in the past. This approach will further develop when our all-age disability service becomes more developed, this will support people of any age with a focus on lifelong planning and support. The sector should be prepared to support a wider range of ages and desired outcomes within commissioned provision.

People living with mental health issues

23. Headline market issues

There is a need for supported living accommodation in community settings for people living with mental health conditions.

There are still significant issues of stigma around people with mental health conditions living in the community.

There are gaps in prevention and crisis intervention support available locally.

There are gaps in the range of forensic mental health support available in Kirklees, this is leading to higher than expected admissions locally.

24. Learning from current and potential consumers

Key facts about the current mental health population: ³⁸

- Around 1 in 6 of people aged 18 -64 have a low level mental health problem; many are supported by their GP or low level community support.

- 1 in 8 men and 1 in 5 five women have a low level mental health problem.
- There are a group of around 3,100 adults who will need more intensive support and treatment to manage their mental health condition.
- We know from work carried out by the DAAT that there are some 2,400 people misusing heroin and crack cocaine in Kirklees and that some 15,000 people are drinking to harmful and hazardous levels. Severe mental illness is frequently associated with substance misuse.
- Approximately 31,900 people benefit from GP prescribing and/or psychological therapies for mental health problems.

³⁸ <http://observatory.kirklees.gov.uk/jsna>

24.1 Who are they?

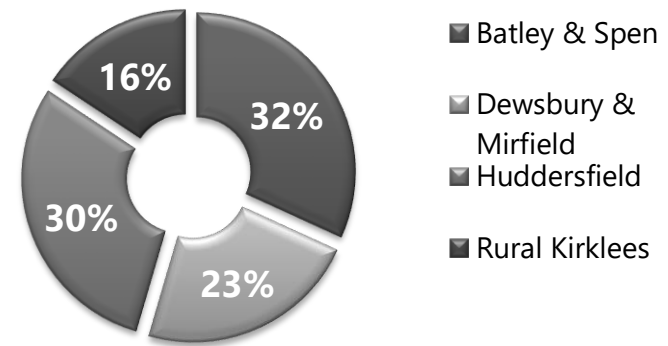
We expect to see slight growth in the number of adults with mental health conditions. This is in line with expected overall population growth. We are however seeing increasingly complex cases in the community.³⁹

	Estimated Case Prevalence in 2022	Estimated Case Prevalence in 2030
Common mental disorder	49,478	49,602
Borderline personality disorder	6,283	6,300
Antisocial personality disorder	8,781	8,790
Psychotic disorder	1,833	1,837
Two or more psychiatric disorders	18,885	18,893

³⁹ PANSI Data 2022

24.2 Where are they?

Adults with mental health conditions broadly follows the overall population shape locally; this means that over half of those with a condition live in north Kirklees with the other dominant location being the town of Huddersfield.



24.3 What do people want from their support?

The outcomes likely to be desired by people with mental health conditions in Kirklees⁴⁰:

- I want to co-productively design my own care and support
- I want support as early as possible to avoid problems getting worse
- I want suitable and safe accommodation

⁴⁰ No health without mental health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215811/dh_124057.pdf

- I want supportive social relationships
- I want valued day time activity and out of hours support
- I want paid work and access to advice about self-employment
- I want support to stay in paid work
- I want access to creative therapies
- I want access to physical activity
- I want advice about practical day to day living
- I want independent advice about support options
- I want informed and evidence-based treatment
- I want a realistic view about recovery
- I want access to advocacy
- I want access to crisis support
- I want to avoid isolation and loneliness
- I want to see reduced stigma and discrimination
- I want opportunities to contribute positively to my community

There is a growing desire for all social care provision to be coproduced where users and professionals work together to design and deliver services in equal partnership to deliver the best outcomes.

What this means for the care market:

People with mental health conditions want to take control over their own lives and to minimise the need for support. There are small but growing numbers of people with mental health conditions taking their support as a direct payment.

There are real opportunities for organisations to work with people to deliver the outcomes they want on a very personal level. We will work with consumers and providers to build these connections.

What people in receipt of direct payments tend to spend their funding to support?

Activity	Proportion Direct Payment Spending
Socialising	54%
Help going out and meeting new people	46%
Art and music classes	34%
Staying at home	31%

25. Assessing the market

Accommodation					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

There is a broad range of provision but capacity and flexibility is a problem. We are experiencing an increasing demand for flexible supported accommodation across the complexity spectrum.

There is a need for some intensively supported accommodation provision involving 24 hour support; people with forensic history may need this support. This would be a step between regular accommodation and hospital or care home settings, the best model would most likely be small group accommodation.

There are viability issues in some residential provision; we will work with providers to understand this issue.

By providing increased specialist supported accommodation we hope to improve the local accommodation offer, however we recognise that there will still be some people who require more specialist support in a residential setting and will continue to ensure adequate supply is developed in the future.

We would like to see the development of supported living and extra care styles of accommodation developed in Kirklees offering a choice of ownership options.

We will support providers to identify appropriate sites for development.

What this means for the care market:

- There are opportunities to develop a number of smaller supported living properties across Kirklees.
- There will be periodic opportunities to develop residential accommodation for those on the edge of forensic services.

Day Opportunities					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
1,800 Users	£1.2m	Insufficient	Increasing	Stable	Stable

Overview

We recognise that community led projects bring added value in many ways, through alternative skills, local resources, peer approach, all with the relevance of local focus. There are waiting lists for some voluntary sector services.

We would like to see the development of more choice and new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect people to use direct payments to purchase these services.

There is a lack of a broad range of leisure activities, part days, evening and weekend services and more flexible 1:1 support.

There is a need for additional day opportunities that offer a wide range of skills developments particularly skills that enable people to integrate better in society.

Some areas of Kirklees have a lack of choice of provision of all types of support, particularly in the rural areas.

What this means for the care market:

- There are opportunities to develop community-based day activity and therapy support.
- There are opportunities to connect with those using direct payments to fund their own support.
- There is a need for services to be accessible across all areas of Kirklees.

Employment					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

We know that of the 5,600 people subject to Care Programme Approach that around 5% are in paid work. There is a lack of capacity for employment support and job retention.

We would like to see increases in volunteering and employment opportunities from organisations working with people with mental health issues. We see this as a way of bringing people closer to employment in a gradual and supportive way.

We will continue to work with employers locally to champion mental health issues and reduce the barriers to employment for those with mental health conditions.

What this means for the care market:

- There is scope to develop user led care provider organisations that offer care and support, but also offer opportunities for employment.

Direct Payments					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
95 Users	£535k	Insufficient	Increasing	Increasing	Increasing

Overview

The numbers of people with mental health issues using direct payments are small but numbers are growing.

There are issues with the quality and skill levels amongst personal assistants locally; we want to see additional support for agencies or individuals employing personal assistants.

What this means for the care market:

- There is scope for providers to develop direct relationships with the direct payment population; being clear with them what their offer is, and simple, transparent payment and billing will further increase take up.
- Using platforms such as Live Well Kirklees will build business for providers, this is the primary source used by those choosing or arranging care for themselves or professionals and families seeking support.
- There is scope for the development of good quality personal assistant services in the mental health sector.

People living with autism

26. Headline market issues

There is likely to be gradual growth in the number of people aged 18-64 living with autistic spectrum conditions.

The number of people over 65 living with autism is expected to grow by around a fifth over the next decade.

There are opportunities to support people to be more independent, and support that allows people to be more involved in society.

Younger adults living with autism are developing greater expectations regarding where they live and are increasingly looking at supported living options.

27. Learning from current and potential consumers

People on the autism spectrum tend to experience three main areas of difficulty, known as the triad of impairments.

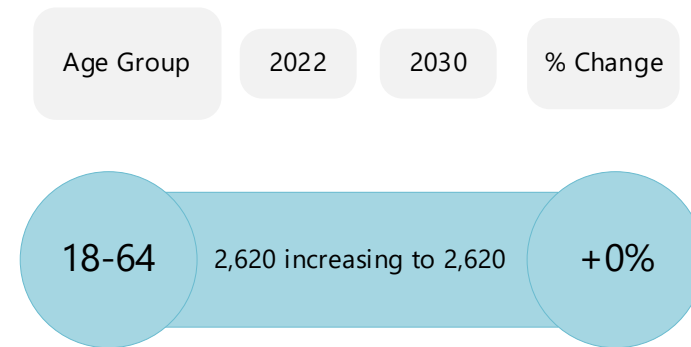
- Social interaction – difficulty in social relationships, for example appearing aloof and indifferent to others.
- Social communication – difficulty with verbal and non-verbal communication, for example not fully understanding the

meaning of common gestures, facial expressions or tone of voice.

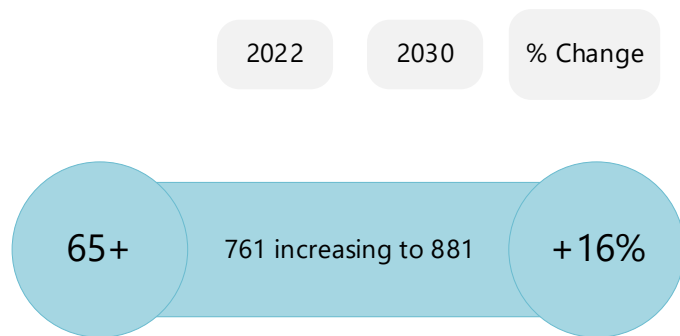
- Social imagination – difficulty in the area of imagination and flexibility of thought, for example being interested in a limited range of activities which may be copied or pursued rigidly; difficulty with understanding what others think and feel.

In addition to the triad, people with an ASD may show a resistance to change and experience sensory sensitivity.

Autistic Spectrum Disorder Prevalence



As with other groups in the population we expect to see increases in the number of older adults with Autistic Spectrum Disorder locally.



27.1 What do people want from their support?⁴¹

The outcomes thought to be desired by autistic consumers in Kirklees:

A Healthy Life - Autistic people are able to enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services.

Choice and Control - Autistic people are treated with dignity and respect and services are able to identify their needs and are responsive to meet those needs.

Independence - Autistic people are able to live independently in the community with equal access to all aspects of society. Services have the capacity and awareness to ensure that people are met with recognition and understanding.

⁴¹ Scottish Strategy for Autism: outcomes and priorities 2018-2021

Active Citizenship - Autistic people are able to participate in all aspects of community and society by successfully transitioning from school into meaningful educational or employment opportunities.

What this means for the care market:

There are real opportunities for organisations to work with people to deliver the outcomes they want on a very personal level. We will work with consumers and providers to build these connections.

28. Assessing the market

Advice, Guidance & Communication Support					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

We know that locally that numbers of people with Autism are increasing and that across the spectrum people experience differing individual issues which may impact on their lives. There are also many people who live within Kirklees who lead a good life - are employed, have families, enjoy activities and will not need support.

The new national autism strategy will guide us in our future developments, but we will also need to recognise and understand the specific local needs of our population.

We recognise that within Kirklees we need to improve our offer across the area and develop appropriate community, housing and employment solutions amongst many others in conjunction with individual's, carers and families as well as with the wider organisations and businesses within Kirklees.

What this means for the care market:

- There is potential to develop differing support options for people with Autism and their carers.
- The development of suitable 'autism friendly' employment options will support people to meet not only their employment needs but also financial, family and social needs.
- Accommodation options for people with Autism is an area where future development may be required.

People living with physical disability, sensory impairment or stroke

29. Headline market issues

There is likely to be gradual growth in the number of people experiencing disability or impairment.

The number of people over 75 with a long standing condition caused by stroke is predicted to more than double by 2030.

There are opportunities to support people to be more independent, and support that allows people to be more involved in society.

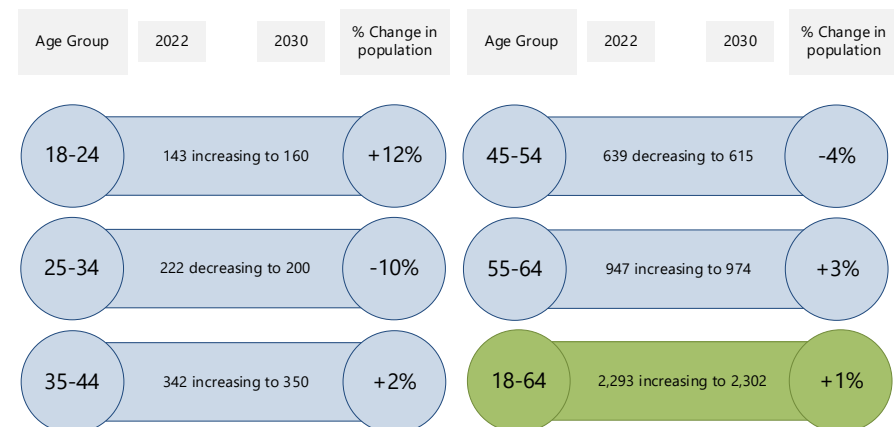
Younger people with a physical disability are developing greater expectations regarding where they live and are increasingly looking at supported living options.

30. Learning from current and potential consumers

Physical Disability

In 2021 there were around 2,300 people aged 18-64 years with a physical disability.

People predicted to have a serious physical disability⁴²



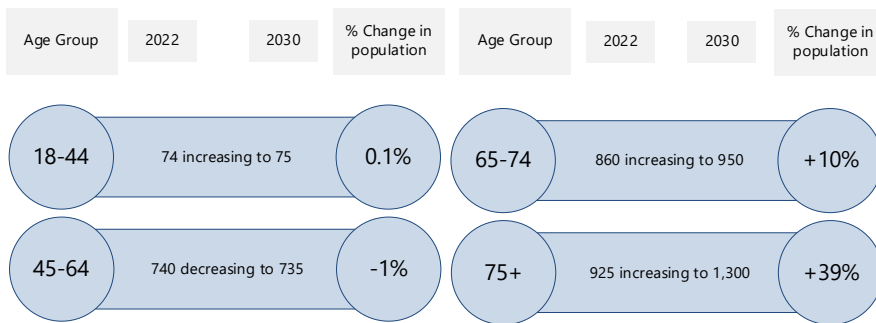
⁴² PANSI 2019

Stroke

People often think that stroke is only a disease of old age, and although many people with stroke are older, a proportion is in younger adults. Following stroke, more than a third of people require help with activities of daily living such as washing and dressing when they left hospital. Whilst 4 in 5 of these people received help from paid carers, 1 in 5 only received help from informal carers (often relatives).

In 2020/21 there were 672 admissions for people suspected of having a stroke.⁴³

People in Kirklees predicted to have a longstanding condition caused by a stroke⁴⁴



⁴³ PHE Cardiovascular disease profile – stroke April 2021

⁴⁴ POPPI & PANSI Data 2022

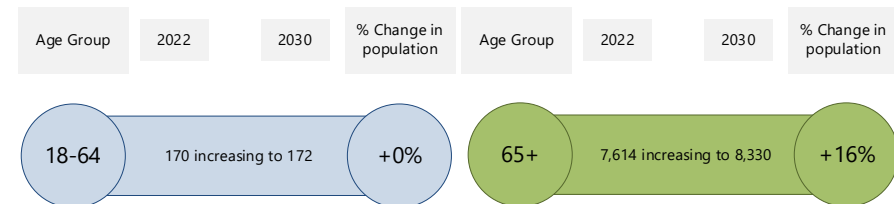
⁴⁵(<http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>)

Visual Impairment

In 2021 there were over 4,000 people registered locally as severely sight impaired (blind) or sight impaired (partially sighted).

The RNIB sight loss tool estimates that there are over 13,600 people in Kirklees living with some degree of sight loss. Of these over 11,800 have partial sight loss; and over 1,700 have severe sight loss.⁴⁵

People predicted to have a moderate or severe visual impairment⁴⁶



Deaf blindness

Deaf blindness is a combination of sight and hearing loss that affects a person's ability to communicate, to access all kinds of information and to get around.⁴⁷ The extent and impact of deaf blindness varies

⁴⁶ PANSI Data 2022

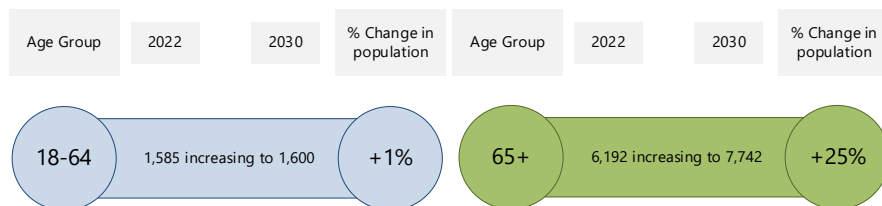
⁴⁷ Sense <https://www.sense.org.uk/content/about-deafblindness>

from person to person. Most people have some residual sight and hearing, however some do not.

In 2022 there were approximately 4,300 people known to the local authority with both a visual and hearing impairment. As we are more likely to experience sight and hearing loss as we get older the majority of these are aged over 65.

Hearing Impairment

People predicted to have a severe hearing impairment



30.1 What do people want from their support?

The outcomes likely to be desired by physically disabled consumers in Kirklees:

- I want to remain as healthy and active as possible.
- I want to be able to manage my own health and wellbeing effectively.

- I want the right help when I need it from people I trust.
- I want to be able to afford my life and understand my options.
- I want to be able to get around easily.
- I want to feel safe.
- I want to have relationships and not be lonely.
- I want to see reduced stigma and discrimination.
- I want opportunities to contribute positively to my community.
- I want to live in a home and location of my choosing.
- I want to receive accessible, timely information to help me make decisions.

What physically disabled people in receipt of direct payments tend to spend their funding to support?⁴⁸

Activity	Direct Payment Spending
Socialising & meeting new people	45%
Help going out	38%
Help staying at home	29%
Art and culture	22%
Skills development and classes	17

⁴⁸ Direct Payments: A National Survey of Direct Payments Policy and Practice (<http://www.pssru.ac.uk/pdf/dprla.pdf>)

The outcomes likely to be desired by visually impaired consumers in the Kirklees care market:⁴⁹

- That I understand my eye condition and the registration process.
- That I have someone to talk to.
- That I can look after myself, my health, my home and my family.
- That I can receive statutory benefits, information and support that I need.
- That I can make best use of the sight I have.
- That I can access information and make the most of technology.
- That I can get out and about.
- That I have the tools, skills and confidence to communicate.
- That I have equal access to education and life-long learning.
- That I can work or volunteer.

⁴⁹ <http://www.mib.org.uk/about-mib-what-we-do-uk-vision-strategy/seeing-it-my-way>

31. Assessing the market

Direct Payments					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Growing	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

Increasingly, people are being encouraged to use direct payments to buy their own services. As more people choose this arrangement, providers will increasingly be selling directly to individuals. We see platforms such as Live Well Kirklees being the source used by those choosing care for themselves or professionals and families seeking support.

What this means for the care market:

- There are opportunities for providers to support people to manage their direct payment for example: peer brokerage; micro commissioning; and supporting people to think differently and for example pool resources with others.
- There are opportunities to support people with a physical/sensory impairment to use their direct payment to access the leisure activities of their choice.
- There are opportunities for providers to attract customers who will purchase their service/s directly from them.

Supported Living					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
50 Users	Increasing	Insufficient	Increasing	Increasing	Stable

Overview

Enabling people to live in their own homes promotes greater choice and control, maximises people's independence and supports better outcomes.

There remains a lack of local supported living options for people with a physical disability; some younger adults are living in residential care when they would rather be living independently in the community.

What this means for the care market:

- Younger people with a physical disability are developing greater expectations regarding where they live and are increasingly looking at supported living as an option.
- Not all people want to live alone; some people with a physical disability would prefer to live in extra care type accommodation.
- The biggest area of demand is supported living accommodation with onsite 24/7 care.

Care Homes					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
80 Users	Stable	Insufficient	Increasing	Decreasing	Stable

Overview

Around 80 people with a physical disability live in a care home in and out of area. Around 35 of these people are in residential care and 45 are in nursing care. There are three main independent care homes specifically for people with a physical disability operating in Kirklees.

Some people are living in a specialist care home outside of Kirklees – for example people with Huntington’s disease, people with acquired brain injury and people with challenging behaviour.

What this means for the care market:

- The increasing number of people wanting to live in supported living with on-site care raises the question of the long term viability of residential care homes for people with a physical disability in Kirklees.
- There is scope to develop specialist care provision locally so that local people do not have to move out of area.

Advice, Guidance & Communication Support					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Stable	Insufficient	Increasing	Stable	Stable

Overview

A number of specific contracts, jointly funded between health and social care, provide specialist information and advice across Kirklees: There is a stroke Information and Advice service that provides support to people, and carers of people, who have had a stroke.

For people with aphasia or other communication difficulties as a result of a stroke, Kirklees Council contract communication support from the Stroke Association to help people develop everyday communication skills.

Some local voluntary and community organisations provide information and support to help people with a visual impairment use and purchase communication technology.

What this means for the care market:

- There is scope to provide further specialist information and advice for people with a physical/sensory impairment or long term condition.
- There is scope to develop support that overcomes communication barriers, supports people to make informed

decisions, and reaches people as early as possible in their diagnosis.

- There are opportunities for providers to support people with a sensory impairment to overcome communication barriers including for example reading and explaining written communication.

Short Breaks					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
Limited	Increasing	Insufficient	Increasing	Increasing	Increasing

Overview

People with a physical and/or sensory impairment primarily receive a direct payment for their short break as this enables them to 'tailor' their own breaks. Some people go out of area for more specialist breaks for example people with Huntington's disease.

What this means for the care market:

- There is scope to provide local specialist break provision.
- There are opportunities to support people to be more creative and, for example, join together with others to collectively purchase breaks.

Reablement & Rehabilitation					
Current Market	Current LA/ NHS Spend	Current Supply	Future Demand	Future LA/ NHS Spend	Future Individual Spend
300 Users	Increasing	Insufficient	Increasing	Decreasing	Stable

Overview

Kirklees Council commission a rehabilitation service for people with a visual impairment to provide equipment, orientation and mobility training, for example learning how to navigate road crossings and using public transport, and daily living skills training to help approximately 300 visually impaired people a year regain and maintain their independence.

Rehabilitation support after a stroke helps people to build confidence and get back on their feet and is highly valued by the people who use them

What this means for the care market:

- There are opportunities to provide wider rehabilitation activities for people with a visual impairment to develop confidence, and independence and to put into practice what they have learnt in their mobility /orientation training.
- Local consultation has identified that following rehabilitation people who have had a stroke often need extra support to put it into practice in the community.

32. General Background Information

Kirklees - Partners and professionals' information

<http://www.kirklees.gov.uk/beta/partners-professionals.aspx>

Kirklees Joint Strategic Assessment

<http://observatory.kirklees.gov.uk/jsna>

Kirklees Joint Health and Wellbeing Plan

<https://www.kirklees.gov.uk/beta/delivering-services/pdf/kirklees-health-and-wellbeing-plan-on-a-page.pdf>

33. Useful Contacts

Simon Baker - Head of Commissioning Partnerships and Market Development

Simon.baker@kirklees.gov.uk