

# **Market Position Statement - supporting people aged 18 – 64 with physical disabilities, sensory impairments and long term conditions**

**February 2024**

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# Who is this document for

This document is aimed at existing and potential providers of adult social care and support who are focused on supporting people aged 18 – 64 with physical disabilities, sensory impairments and long term conditions. It represents the start of a dialogue, amongst the Council, people who use services, carers, providers and others about the vision for the future of local social care markets. We are committed to stimulating a diverse, active market where innovation and energy are encouraged and rewarded and where poor practice is actively discouraged. This document is about working with providers to maximise value for money in a climate of shrinking resources. It is not about new money but about finding the best way to spend available resources.

A market position statement sets out a local authority's ambitions for working with care providers to encourage the development of a diverse range of care options. It can include statements about local demand for different care and support options, the local authority's vision for care and support, and commissioning policies and practices.

## Definitions and scope

There is no single definition of the word “disability” and the strategy adopts the definition from the Disability Discrimination Act 1995:

'A physical or mental impairment that has a substantial and long-term impact on the ability of a person to carry out normal day to day activities'

For the purpose of this document, 'disabled people' refers to people who have one or more physical impairment, sensory impairment or long-term condition which may be congenital or acquired at any age and, as acknowledged by the Disability Discrimination Act, may be temporary or longer-term, stable or fluctuating.

The term can be understood to refer to people who are:

- physically disabled, for example those who have impairment of the muscular-skeletal system
- visually impaired, those with impaired vision including the blind
- hearing impaired, people who are hard of hearing and may use hearing aids; people who are deaf and people who self-define as belonging to the deaf community
- Deafblind - those with a degree of vision and hearing loss significantly affecting daily living, communication and mobility
- people with acquired brain injuries - these may be acquired through exacerbations of existing conditions, through acute episodes such as strokes or through trauma to the head
- people living with one or more long-term conditions and consider themselves disabled – for example, cardio-vascular conditions, diabetes, chronic respiratory illness, multiple sclerosis, musculo-skeletal conditions causing chronic pain (for example back pain)

Although this market position statement focuses on 'working age' adults aged 18-64, disability does not correspond with age. Our approach is therefore flexible and

includes services - for example equipment, stroke care and sensory impairment - which serve many people aged 65 and over. It recognises the increasing prevalence of physical disabilities, sensory needs and long-term conditions in late middle age and older age.

This Market Position Statement seeks to support and develop a market that is concerned with managing such conditions well; where possible to the extent that people might not consider themselves 'disabled'.

Historically the emphasis of much service provision in both social care and the NHS is upon a model of 'deficit and dependency' rather than 'wellbeing and independence', in addition to an established culture of supply-led rather than outcomes-driven provision. The Care Act 2014 ensures that people's wellbeing, and the outcomes which matter to them are at the heart of every decision that is made. It brings a universal obligation for the Council towards all local people, to enable them to prevent and postpone the need for care and support. It puts people in control of their lives so they can pursue opportunities to realise their potential, with the support, where possible, of their family, friends and community.

## Our commissioning plans

In September 2023, Adult Social Care (ASC) published the Adult Social Care Strategy for people with Physical Disability and Sensory Impairment (PDSI) 2022 to 2027

This outlines our plans to support people with disabilities to better exercise their choices and life opportunities. It refers to the work we seek to do with partners at a neighbourhood level, our direct commissioning of services and our development of the infrastructure to support delivery of the strategy. The areas list below require greater investment, greater improvement, or are considered to have greater importance if we are to support people to reach their full potential. These are set out below.

- **community and financial inclusion:** working with partners and community leads (e.g., in the voluntary, business and sectors) to identify barriers to inclusion and create solutions that make the most of opportunities to improve to improve access to housing, employment, and financial advice and services
- **advocacy and signposting:** developing and maintaining a dynamic website of the support available, who from, and how to access it
- **health and social care services:** working together seamlessly
- **technology:** doing more locally to make technology more accessible, improve digital literacy, and reduce digital exclusion
- **participation in valued activities:** including leisure and work
- **carers**
- **workforce development:** developing a skilled, well trained and confident workforce
- **quality assurance**
- **infrastructure and governance:** developing and integrated approach to the planning and management of services
- **continuing to support user-led organisations and forums:** and work with disabled people, so that we understand the issues properly and find solutions that work

We plan to support the continuing development of an inclusive and effective range of high-quality health and social care services (for more detail see section 2) by:

- developing the care within the home offer
- developing appropriate community accommodation
- developing the support available that people need to lead everyday lives in the community
- supporting young adults to transition to adult services and sources of support
- developing technology enabled care
- ensuring the development of the direct payments offer considers the needs of people with physical disabilities and sensory impairments
- developing provision in residential care and nursing homes

We plan to develop a more integrated approach to the planning and management of services within and across Surrey County Council and the independent, community, faith, and voluntary sectors through improved infrastructure and Governance to oversee performance and delivery of services:

- establishing a Disability Partnership Board, providing a governance structure that embeds co-production with service users, their families, providers, and practitioners. Establishing a performance dashboard

## Our commitment to Co-production

Co-production is an approach to decision-making and service design rather than a specific method. It stems from the recognition that if organisations are to deliver successful services, they must understand the needs of their users and engage them closely in the design and delivery of those services.

Co-production rejects the traditional understanding of service users as dependents of public services, and instead redefines the service/ user relationship as one of co-dependency and collaboration. Just like users need the support from public services, so service providers need the insights and expertise of its users in order to make the right decisions and build effective services.

In the development of this Market Position Statement, we engaged with various specific interest groups including all of the Disabled Empowerment Networks, Surrey Vision Action Group, Long Term Neurological Conditions Group and the Hard of Hearing Forum. In addition, we have taken into account the insights and feedback offered by providers of services. We will continue to engage with these groups and others who draw on care and support.

## Commissioning priorities

This section sets out our commissioning priorities against our commissioning plans (see our commissioning plans above) for shaping and developing the care and support market for the future. The first section provides detailed information about commissioning priorities. The second section provides important information about possible or existing market opportunities.

Surrey County Council will commission services that are strengths based and will continue to support people in their own homes and supported living as an alternative to long-term residential care placements. Evidence shows that moving away from traditional residential care improves wellbeing as support is more person centred. We will use the council's procurement vehicles to commission services where we need them, sharing our plans and developing strategies for the future.

## Care and support with community accommodation

- **Supported living** - supported living is where people live with support in a domestic setting with tenancy rights. This could be self-contained accommodation or will often mean sharing accommodation and/or support to some extent. We will develop more supported living places that have the adaptations required to ensure accessibility for physical disabilities. This may involve the development of new schemes and helping providers to deregister residential care homes into supported living units. Moves from residential placements to supported living will continue to be supported wherever possible. We will decommission supported living units that do not meet current requirements
- **Extra care** - extra care is a form of supported living. The council will continue to invest in this model, expanding provision to adults with a long-term condition or physical disability and increasing access into generic older people's extra care where appropriate.
- **Residential care** – We will support people to move from long-term residential care placements into supported living. This will require a robust, progressive, and vibrant supported living provider base, with the appropriate specialist knowledge and skills to support this objective
- **Shared Lives** – we want to grow the Shared Lives offer so that it is more responsive to people with physical disabilities. We will continue to develop Shared Lives services for short-term or respite placements, and as long-term homes that are suitable for people with physical disabilities

We will commission less residential and nursing care for people with disabilities. Where residential or nursing care is commissioned, it will be to meet urgent and/or specific needs.

We will commission more support to help people stay at home. We are seeing an increase in the complexity of people remaining within their own homes and need providers who are confident and skilled, who can meet higher levels of need in these settings.

We will commission more supported living accommodation and more extra care housing.

## Independent living at home – care within the home

We will continue to support people to live at home with their family for as long as possible by providing support within the home to enable carers to continue their

caring role, including young carers. There will be an increasing emphasis on strength-based practice drawing on the individual's personal skills, strengths, and assets to maximise what they can achieve. The aim is for people to be as independent as possible and socially connected whilst their eligible social care needs are met in the most enabling way possible.

Personal budgets including direct payments, individual service funds, and personal health budgets:

- direct payments - more people will be encouraged to take control of their social care through a direct payment, individual service fund or personal health budget. We intend to encourage the growth of these options, which will reduce the need for Adults' Health and Care to commission services directly.
- personal assistants - we will encourage the growth of personal assistants in the care market to respond to increasing numbers of people receiving direct payments. We will support this further by working with partners to increase the availability of, and access to, training for personal assistants, providing greater assurance of the quality of care
- pre-paid cards and managed accounts – will continue to be deployed to support direct payment clients manage their personal budgets
- provider market – we will work with providers of services to ensure they are accessible to direct payment clients, increasing choice of type of support as well as provider
- Individual Service Funds (ISFs) – we will explore whether an ISF offer should be trialled in Surrey to increase choice and control among customers who, at least initially, choose not to take direct payments due to issues regarding their capacity (temporary or permanent) to adopt certain responsibilities
- a more detailed Market Position Statement for Direct Payments has been produced

## **What this means for providers**

We want to develop a vibrant provider and personal assistant market across Surrey.

We are considering the procurement of external service to manage PA market: recruitment, support to potential and actual PAs with all employment related matters and continued professional development, opportunities for career progression.

We are looking at the appropriate remuneration of PAs with a view to recognizing the skills and expertise required to provide more complex support.

We will explore what support providers might welcome in relation to their interaction with technology and apps that can support people who have a direct payment to manage their own care.

We would welcome expressions of interest from providers who are willing to introduce Individual Service Funds as an alternative mechanism to self-managing a personal budget.

## **Technology Enabled Care (TEC)**

The use of equipment and technologies can bring significant benefits for individual in terms of independence and control, and the public purse in terms of cost efficiency.

However, these benefits are not realised unless they are appropriate for how individuals want to use them. Providers of technology should listen to people who use services to determine what would be useful, considering input from carers and key workers. It is very important that people using and benefitting from the equipment and technologies recognise its potential. It must be easy to use, quick and easy to install/maintain and effective and quick in response.

TEC solutions - we need providers who are positive about TEC solutions. We need staff who are well trained and confident to support people to consider the range of TEC solutions and who can engage positively with service users, carers, case workers and TEC professionals. Digital inclusion - we will invest in digital inclusion initiatives to ensure access to information and advice, and support and care, can be achieved virtually. Innovation - we will continue to invest in the Enabling You with Technology programme, with the aim of rolling this out countywide.

## **What this means for providers**

We want assistive technology companies and equipment providers who target their resources to people with physical and/or sensory impairments to let us know how they can contribute to our strategic aims of keeping people at home for longer, encouraging independence and better for less.

We want to learn more about how we can facilitate embedding the use of universally available 'smart' technologies i.e. the use of apps, smart telephones, and social media to support people with physical and/or sensory impairments.

We want providers of equipment and technology to provide training and support to those who use equipment and technology as part of their standard offer, for as long as this is needed.

The market for such technology will grow, affording considerable opportunities for providers. We also welcome innovative ideas of smaller scale projects that can help us deliver better for less.

## **Universal services and community inclusion**

A whole system approach is vital to promoting wellbeing and requires effective coordination between local government, health, education, housing, business, and the voluntary, community and faith sectors, who all have an important role to play. Moreover, the full participation of individuals and local communities is essential in planning and implementing wellbeing approaches to enhance their own health and wellbeing.

Community development is recognised as a key process through which the overall wellbeing of a community can be improved and health inequalities affecting those who experience particular disadvantage addressed. We know communities have resources and capabilities to define their own health and social needs and to shape the actions that are needed to enhance and improve their collective health.

- increase accessibility – we will seek partnership opportunities which increase the accessibility of universal, community-based services



- community inclusion - we will continue to develop and commission other models of community support, substantially increasing the use of volunteers and supporting people to develop real community support networks
- partnerships - we will work with partners providing universal services to increase the access for people who are currently unable or find it difficult to use these services

## **What this means for providers**

We want to work with providers who can show how co-ordinated and co-produced approaches to promoting wellbeing are the best means of enabling and facilitating empowered communities.

We want to work with providers to better understand how we can promote wellbeing by maximizing community capacity as an alternative to statutory care and support.

We will work with individuals, groups, local communities, and partner organisations to maximise the full participation of individuals and local communities in planning and implementing approaches that increase access to universal services.

## **Specialist services and pathways for rehabilitation care and support**

Many disabled people have severe and complex disabilities. It is acknowledged that these conditions can require highly specialised and intensive support through rehabilitation and continued care and support in the community. It is also recognised that these individuals represent some of the most vulnerable in society and may have the greatest reliance on services.

## **What this means for providers**

Where people access specialist services, we want to ensure people avoid developing additional care and support needs as a consequence of their experience of care.

Where people access specialist services, we want to ensure they have a full range of options in meeting their leisure, educational, vocational, and social needs along with the general population and have access to mainstream community activities.

We want people to be supported through reablement when illness or accident has occurred and requires a period of recovery; and where earlier diagnosis, early intervention, and access to reablement means that people and their carers are less dependent on intensive services.

We want to work with providers to explore how we provide appropriate specialist and timely rehabilitation, closer to home, to enable people with physical and sensory impairments to develop and maintain independence.

## **Employment, skills, and learning**

It is recognised that employment is one of the biggest factors in determining a person's quality of life. Employment is the best route out of poverty and promotes social inclusion and mental and emotional wellbeing. Research has shown that many disabled people are dependent on benefits for financial support. Many feel

there is little support to access employment and knowledge about how employment affects benefits is inadequate.

## What this means for providers

We want to increase access to paid and voluntary employment. We would like to engage with providers about how to increase the range of skills-based day-time activities and opportunities either by providers collaborating together to deliver existing activities, introducing new activities within existing day time opportunities, or creating new opportunities.

We want providers of rehabilitation and day-time opportunities to work more collaboratively with local leads for disability employment advice to ensure that disabled people get the support they need to access employment and employment related support.

## Workforce development

The ever-changing nature of adult social care means that commissioning personalised, preventative and quality care and support services is a challenging process. The workforce is the primary driver of both social care quality and costs.

Workforce commissioning is not just a matter for employers and providers but is about building a wider labour market of choice, about developing skills in the community and equipping people (and this is not just practitioners but also people who use services, carers, volunteers and all who make up the support networks in our communities) with the right skills, behaviours, competences and attributes.

Commissioners need to understand both the available workforce and the skills and knowledge required to implement national and local priorities.

## What this means for providers

Our overall aim for workforce commissioning is to have the right workforce doing the right things at an achievable cost. This means:

- raising workforce professionalism, capacity, competence, and standards
- contributing to the safety of both people who use services and the workforce
- stimulating the social care markets in the local community
- supporting providers to address recruitment and retention challenges
- integrating the social care workforce across sectors (public, private, voluntary, community and faith)
- improving partnerships with health, housing, transport, leisure, sport and employment

## Market opportunities

The options below suggest our possible or existing procurement approach, alongside additional information that providers will want to consider:

- **Market area:** Accommodation with Care and Support - Supported independent living accommodation options for working age adults including people with physical disabilities, sensory impairments, long term neurological conditions

**Timescale for new arrangements to be in place:** March 2024

**Possible or existing procurement approach\*:** Existing Joint Health and Social Care – Care and Support with Community Accommodation Dynamic Purchasing System (DPS):

- entry into the marketplace via the DPS from April 2024
- entry into the marketplace via bespoke spot contract commissioned services (by exception)

**Additional information:** We want to encourage providers of care and support to work with housing organisations who are able to supply high quality, accessible accommodation to people with significant and/or complex physical disabilities who may also be using ‘bespoke’ specialist equipment and aids

- **Market area:** Developing the Shared Lives offer

**Possible or existing procurement approach\*:** A future requirement which may become available over the life of the Care and Support with Community Accommodation DPS. The council reserve the right to present this lot to bidders in the future, and qualification criteria and detailed specifications will be provided then

- **Market area:** Developing the Care within the home offer

**Possible or existing procurement approach\*:** Existing Joint Health and Social Care – Care within the Home Dynamic Purchasing System

- **Market area:** Developing the support available that people need to lead everyday lives in the community

**Possible or existing procurement approach\*:** A Dynamic Purchasing System for Everyday Living is in development with an anticipated ‘go-live in April 2025. The council reserve the right to present Lots to bidders in the future, and qualification criteria and detailed specifications will be provided then

- **Market area:** Supporting young adults to transition to adult services and sources of support

**Possible or existing procurement approach\*:** A future requirement which may become available over the life of the Care and Support with Community Accommodation DPS. The council reserve the right to present this lot to bidders in the future, and qualification criteria and detailed specifications will be provided then

- **Market area:** Procurement of support for direct payments users

**Possible or existing procurement approach\*:** The current contract for the provision of support will terminate in July 2025. During the coming months we will be considering the options for future deliver. It is anticipated that this will lead to procurement activity against a refreshed specification

- **Market area:** Developing the Extra Care offer

**Additional information:** Please refer to the:

[Accommodation with care and support commissioning statements](#)

- **Market area:** Developing provision in residential care and nursing homes

**Additional information:** Please refer to the [Living Well in Later Life Strategy](#)

\* Notes:

All procurement opportunities will comply with Surrey County Council Procurement Standing Orders and European and UK legislation.

Any judgement on a possible procurement approach will be made on a case-by-case basis and within the context of local and national procurement regulations and EU legislation, and local procurement standing orders.

Any procurement will be through our procurement platform, Proactis.

What we do want is to work with a range of providers to meet outcomes for Surrey residents in the most cost-effective way, and to ensure transparency and a level playing field this does not mean a preference for smaller or larger providers.

## Collaboration and market engagement

Our commissioning approach is generally that it is neither affordable nor desirable to create distinct specialist services for all conditions. This leads to too many boundaries between services, gaps where people do not fit neatly, and difficulties in getting the right capacity and managing fluctuations in demand.

We believe that collaborative ways of working, through for example, coproduction, user-led working groups, and provider networks, offers a mechanism for supporting the transformation our commissioning, and care and support, delivery.

A collaborative approach requires trust between groups and individuals who come together to share their experience, knowledge and ideas on a particular area.

As individuals increasingly exercise the choice to take their personal budget as a direct payment and manage their own commissioning arrangements, Adult Social Care has to manage a more complex set of commissioning choices that enable and facilitate meaningful participation for individuals and their carers in the commissioning process through active co-design, co-production, co-delivery and collaborative commissioning.

## What this means for providers

We will adopt a collaborative commissioning approach going forward, this will support:

- the development of a common and shared perspective of supply and demand (market intelligence)
- putting in place the right approaches to give the market available to Surrey residents the right kind of shape (market structuring)
- specifying commissioning intentions and activities for the local market that we would like to develop, or where doing so secures a better deal for people using care and support services (market intervention)

We want to invite you to be part of a Provider Network that:

- brings together any and all providers who have an interest in supporting people with physical and sensory impairments, and who are keen to help us unpick some of the big challenges facing health and social care in a time of austerity
- promotes collaboration and networking as ways of stimulating innovation in the market
- is enthusiastic about proposing, supporting and taking shared risks to implement new ways of doing things
- acknowledges the assets, skills and talents of individual's, friends and families in the ways care and support is delivered and experienced
- finds ways to maximise resources outside of the public purse, and promotes Social value
- is committed to outcome-based working

# Appendix 1 - Key themes that run through this Market Position Statement

**Increasing demand for:** TEC, Equipment and Assistive Technology.

**Brief explanation:** Technology plays an increasingly important part in all of our lives. We believe that most people with care and support needs can benefit from innovative approaches to TEC. We will ensure that TEC is considered for all people with care and support needs and that where appropriate, TEC is fully embedded in support plans to enhance and compliment any remaining direct support requirements.

The appropriate use of technology can greatly enhance our ability to meet our strategic priorities, helping people to remain at home for longer and helping the council achieve better for less, amongst other benefits specific to each service area.

Technology and equipment can be used to support care staff and unpaid carers to do their job better and in more comfort.

**Increasing demand for:** Choice and control, personal budget and direct payments.

**Brief explanation:** Providers need to be sure that they can offer flexibility, options and the financial structures to accommodate a higher proportion of self-funders and people using personal budgets or direct payments. Providers should market their options to people who use services.

**Increasing demand for:** A place to call home – care and Support with Community Accommodation.

**Brief explanation:** Developing supported living places that have the adaptations required to ensure accessibility for physical disabilities. This may involve the development of new schemes and helping providers to deregister residential care homes into supported living units. Moves from residential placements to supported living will continue to be supported wherever possible.

**Increasing demand for:** Employment opportunities and purposeful day time activities.

**Brief explanation:** Daytime opportunities should focus on 'purposeful' activities, including volunteering or employment opportunities to promote independence, particularly for younger people eligible for care and support services.

**Increasing demand for:** Dignity, respect and compassion.

**Brief explanation:** Providers provide care in a personalised, holistic manner, rather than providing 'a one size fits all service'. Dignity, respect and compassion will be a focus when appraising service quality.

Services are inclusive and accessible in line with the Equality Act (2010) and least restrictive practice principles.

**Increasing demand for:** Outcome based commissioning.

**Brief explanation:** Outcome based commissioning is about specifying and monitoring based entirely on what the service achieves rather than how it is run.

**Increasing demand for:** Commissioning and collaboration at locality level

**Brief explanation:** In response to growing demand and limited resources, we are planning to further integrate services between social care and health, commissioning on a locality basis. We will commission solutions locally wherever possible.

**Increasing demand for:** Strengths based practice that prevents, delays and avoids reliance on care and support.

**Brief explanation:** Care and support services that can offer early intervention to prevent avoidable deterioration in health and wellbeing that may result in need for increased care and support.

**Increasing demand for:** Better for Less.

**Brief explanation:** There is a clear need for better for less due to:

- growing pressures in Adult Social Care provision
- increasing demand, particularly older people
- insufficient resources to meet future demand

We want to gain efficiencies in a way that does not negatively impact people who use services. A focus on delivering quality, efficiencies and outcomes is the key.

**Increasing demand for:** Maximising Family, friends and community support.

**Brief explanation:** Beyond assessing the needs of the population and deciding on services and care that are needed, an asset-based approach acknowledges the assets that individuals, friends, families, and communities have, recognising they are part of the solution; and identifies ways of maximising their potential in co-producing care and support.

**Increasing demand for:** Good Health and Wellbeing for all.

**Brief explanation:** Developing individual and community wellbeing. Strengthening the infrastructure and environment to support people to achieve good health, their aspirations and live a good life.

## Appendix 2 - Outcomes

As a minimum providers should take into account the following outcomes when designing care and support delivery, and consider how well they currently met these outcomes, and how they can produce evidence to support this.

- the following combines the national frameworks for the NHS, adult social care and housing-related support. All our commissioning activity must be justified by its achieving the following:

### Choice and control

Promoting personalisation and enhancing quality of life for people with long-term conditions, care and support needs.

- people have choice and control and experience services which are personalised to their individual needs. Self-care is enabled where this is possible
- people experience an integrated approach to their care, across primary, secondary and social care services
- people have ready access to good information about the support and services available to keep healthy, well, independent and active. This will include services beyond those traditionally delivered by health and social care such as leisure, cultural and educational services

# Health and wellbeing

Helping people to recover from episodes of ill health or following injury; preventing deterioration, delaying dependency and supporting recovery.

- people's home environments support their health and wellbeing
- people have access to support that prevents unnecessary or early dependence on services, e.g. services with a low level prevention focus, information, falls prevention, telecare and telemedicine, equipment and adaptations
- people experience rapid access to high quality services: right place at earliest time (applies across primary, secondary and social care, as well as preventative services)

# Economic wellbeing

- people are supported to maximise their incomes through good welfare benefits advice, education and training and support to stay or return to employment

# Safety and dignity

Ensuring a positive experience of care and support; treating and caring for people in a safe environment and protecting people from avoidable harm.

- people have their rights and dignity respected and are not subjected to discrimination, prejudice or abuse
- people experience services which support them to enjoy a good quality of life

Disabled people clearly articulated the following challenges for commissioners and service providers to incorporate into their services:

**Offer personalised services:** Disabled people wanted to be treated as individuals with their own goals and aspirations, they wanted service providers to offer them a range of support tailored to their individual needs aimed at supporting them to retain their independence. They wanted services which offered choice and control just like other services they purchase, care and support services should not be any different.

**Be inclusive:** Disabled people want to be supported to play an active role in their local communities, accessing services that all people should have access to such as leisure, libraries and shopping centre. They wanted the opportunity to develop their skills and contribute to their local economy through paid or unpaid work.

**Work together to support us:** Disabled people wanted services provided by skilled and knowledgeable staff that could support them manage their health and social care needs in an integrated manner.

**Involve us:** Disabled people don't want to be 'passive' recipients of care, they want to be involved in improving care and support services. They want to be asked what they think of services and how they can be improved, just like when they are customers of other services they purchase.

# Appendix 3 - High level needs analysis



This section sets out the high-level national prevalence data for people disabilities and/or sensory impairments, provides some Surrey specific data, and sets out the key areas of expenditure on care and support services.

Estimating the numbers of disabled people is not easy because there are different ways of defining disability. For example, some definitions are so all encompassing they are likely to provide over-estimates. At the same time, definitions which rest on clinically diagnosed disabilities can provide underestimates of those people who experience difficulties in everyday life due to a physical or other impairment. As a result, there are multiple reasons for the differences in prevalence data. Much of this variation arises from differences in the definitions of disability being used, the age range of the populations to which they apply (i.e. working age, all adults or total population), or differences in how definitions are used.

We recognise the need to improve our data collection locally, so we have clarity regarding the prevalence rates of disability in Surrey, and how they might compare to national data. Strengthening our data collection will help improve our responsiveness and performance, recognising that disability is a complex experience that benefits from a multidisciplinary approach to develop effective actions and policy.

### **We will:**

Co-produce a performance dashboard as part of the infrastructure to implement change, overseen and regularly reviewed by the Physical Disability and Sensory Impairment Partnership Board.

## **Surrey context**

**Currently 3,300** individuals are known to Adult Social Care and have a Primary Client Category of Physical Disabilities recorded on LAS, the council's case management system.

**Table 1** below shows the breakdown of individuals known to Adult Social Care with a Primary Client Category of Physical Disabilities by age group.

<b>Ages Breakdown</b>	<b>Total</b>	<b>%</b>
18-24	173	5.20%
25-34	210	6.40%
35-49	606	18.40%
50-64	1201	36.40%
65+	1074	32.50%
Under 18	36	1.10%
Grand Total	3,300	100.00%

Source: Source: LAS snapshot August 2021

66.4% of people known to Adult Social Care with a primary client category of physical disability are younger age adults between 18 – 64 years old, and 32.5% are adults who are 65+ years old.

## **Young People with a primary category of physical disability in Surrey**

170 young people between the age of 14-25 have a primary category of Physical Disability, of these there are 6 young people with Sensory Impairment as the Primary Support reason. Of

the 170, 34 of these are under 18 years old (but, this figure is likely to be an under-representation as these are only the cases known to services at this current time).

**Table 2** Number of predicted people to be requiring/receiving services 2010 -2025 (18 years and older)

Year	Total of clients	Community-based services in own home	Residential care	Nursing care
2010	3,076	2,375	137	94
2011	3,093	2,387	138	94
2012	3,096	2,390	138	94
2015	3,126	2,413	139	95
2020	3,198	2,468	142	97
2025	3,261	2,517	145	99

Source: ASCCAR and ONS population projections.

**Table 2** shows the number of predicted people likely to require, or receive services, between 2010 and 2025 who are aged 18 years and older based on population projections for Surrey. There is likely to be a significant increased demand for community-based services delivered to people in their own home, and less demand for residential care or nursing care.

The current actual number of individuals (18 years and older) with a primary client category of physical disability known to Adult Social Care in 2021 is 3,300. This is slightly higher than the predicted numbers shown in Table 2. We need to further explore the reasons for this.

## Where people live in Surrey

**Table 3** below shows the individual district and borough count of adults with physical disabilities living in each area. The highest number of adults with physical disabilities live in the Guildford and Waverley area.

**Table 3 Client Category - Adults physical disability caseload by current address**

Borough/District	Number of adults with a physical disability
Waverley Borough Council	459
Reigate and Banstead Borough Council	399
Elmbridge Borough Council	340
Guildford Borough Council	324
Mole Valley District Council	294
Tandridge District Council	269
Woking Borough Council	260
Surrey Heath Borough Council	254
Epsom and Ewell Borough Council	237
Runnymede Borough Council	231

**Table 4** below shows the number of adults with a physical disability known to Adult Social Care who live within the county (3,289), and those who live out of the county (98) but still receive

support from Adult Social Care services. Those people who are receiving support but do not live in the county are likely to be in receipt of services that are not available within Surrey.

**Table 4** Current address summary for adults with a physical disability (updated 25.5.21)

Current address summary	Number of residents
In county	3,298
Out of county	98
Address not mappable	11
Address confidential	69

Source: LAS Case list

## Market Challenges

- develop a greater range of support and care available to people with disabilities
- support equity of access to support, geographically across Surrey and for different population groups, for example for different age groups and ethnicities
- support for providers to innovate and move towards outcome focused commissioning arrangements
- support providers' interaction with technology and apps that can support people to manage their own care
- support the market to address recruitment and retention challenges
- strengthening our data collection to improve our responsiveness and performance, recognising that disability is a complex experience that benefits from a multidisciplinary approach to develop effective actions and policy
- invest in care and support that can offer early intervention to prevent avoidable deterioration in health and wellbeing that may result in need for increased care and support
- explore how we can promote wellbeing by maximizing community capacity as an alternative to statutory care and support
- work with voluntary sector and community interest groups to grow local support and develop the assets present in communities to ensure welcoming and accessible communities and neighbourhoods

## Appendix 4 – Useful Documents/Additional Information

[Adult Social Care Strategy for People with Physical Disability and Sensory Impairment \(PDSI\) 2022 to 2027](#)