

London Borough of Hounslow Care and Support Market Position Statement 2015/16

Introduction

Welcome to the first Market Position Statement (MPS) for Adult Social Care (ASC) in Hounslow. It is a signal of our ambition to provide better information to local and other interested organisations that provide services to people. We believe that we can only provide the full range of care and support that people want and need by working in partnership with other organisations, those we have contracts with and those that are funded by other bodies.

Government policy describes a future where voluntary and private sector partners play a key role in the delivery of services and where local authorities take an enabling and place-shaping role. If you add to this the ambition to provide everyone entitled to ASC services with a personal budget, and the growth in numbers of people using Direct Payments, there can only be more change to the already complex systems of care and support.

What is it and why is it useful?

The MPS is written for providers of ASC services. It summarises demand, supply and our commissioning intentions, so that we can support our current and potential providers to develop the right services to meet the needs of our residents.

We strive for continuous improvement by encouraging innovation and sharing best practice.

It will support better relationships between commissioners and service providers, acting as a foundation for better collaborative working.

It is divided into five sections:

- 1) Strategic priorities and commitment to working together
- 2) Borough demographics and Joint Strategic Needs Assessment (JSNA)
- 3) Our plans to address demand and expectations across specific sectors
- 4) Market information and expenditure
- 5) What approaches we expect from providers?

We hope you find it useful and that you will let us know what you think.



Contacting and Connecting with Commissioners

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Section 1 Strategic priorities and commitment to working together

Caring for people

At the heart of our MPS is the principle of providing a support system that is inherently responsive to individuals' needs and preferences. This is what we mean when we refer to personalisation.

This means a shift away from traditional service provision towards a model that encourages flexible, personalised care with strong emphasis on individuals' outcomes and greater co-operation between services. We want to reduce dependency, support people to remain in their homes and in their communities for longer and help people to help themselves in terms of training, volunteering and employment opportunities.

Strategic priorities

The following strategic priorities for Hounslow services summarise our commissioning direction and ideas on how to best meet need:

What we want/increasing demand	Brief explanation
More extra care	Our intention is to develop more extra care as we believe that this model supports independence, flexibility and better value for money.
Assistive Technology (AT)	AT has a big role to play in helping people to remain at home and have greater control over their own lives, participating in and contributing more fully to activities in their communities.
Choice and control, personal budgets and direct payments	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.
Focus on day opportunities	Creating individually tailored opportunities for people to have fulfilling lives in ordinary settings being employed and/or engaged in meaningful activities. These will promote individual wellbeing and focus on volunteering or employment opportunities to promote independence, particularly for younger people eligible for care and support services.
Dignity, respect and compassion	We are looking for providers to provide care in a holistic manner, treating the person rather than providing a one dimensional service. Dignity, respect and compassion will be a focus when appraising service quality.
Evidenced outcomes	We want our providers to demonstrate how their service makes a difference to each person's health and quality of life as well as meeting health and social care outcomes, including cost savings and benefits.

Co-operation with other health and ASC services	Partnership working is about developing inclusive, mutually beneficial relationships that improve the quality and experience of care. We encourage and expect providers to work together and learn from each other in order to achieve these outcomes.
Better messages on nutrition	Every service that provides food should ensure they are providing a nutritious meal and disseminating positive nutritional messages where possible. Malnutrition is a major cause of admission and readmission to hospital and can prolong hospital stays. We welcome ideas on how best to promote positive nutrition in the community.
Asset based approaches	Providers should make use of existing community facilities and volunteers to add value to their service. People’s time, creativity and energy can be more valuable than money in some instances.
Better awareness of prevalent health conditions	There will be a surge in the number of people with dementia across the borough and all services should train staff in recognising dementia and know where to refer people with dementia and their carers for specific dementia support. Similarly, we want all providers to be able to recognise the signs of a stroke and to discourage lifestyles that increase the risk of someone having a stroke.
Third sector support	We want the third sector to be strong and thrive, working together in an integrated way, recognising their differing roles, strengths and expertise to ensure that care which meets individuals’ needs is delivered effectively. We welcome ideas from the third sector on where they feel they could add value to the services that our residents receive. For example, we would like ideas on how the third sector could work together as a consortium to deliver services together.
More flexible, accessible services	We want our services to be able to accommodate people with a range of needs. For example, our older people’s housing should also be able to support older people with learning disabilities. Furthermore, services should be accessible for disabled people and people with sensory impairments and those with autistic spectrum disorders.
Feedback and ideas	We value our relationship with providers and welcome feedback (could we be more efficient?) on our commissioning intentions and what we can do better. We also want ideas about ways to deliver services more effectively and/or efficiently.

How are we going to achieve these strategic priorities?

Early intervention, prevention and reablement

Early intervention, prevention and reablement is another strategy that we are implementing now as we want to help people stay well for longer. By having a greater focus on prevention across all our services we will ensure that the demand for high-need services is decreased in the future.

Commitment to working together

Both Adult Social Care commissioners and providers need to be determined and creative in jointly leading the way towards innovative care provision that can meet the needs of our vulnerable residents, delivering positive outcomes for less money.

However, there are a number of barriers to this and there are commitments we all need to make to share the risk as we adjust care services.

Some significant potential barriers we intend to overcome are listed below.

Consistent messages

Our vision should be clear, well communicated and encourage staff to reflect on how they might make decisions and perform their role more innovatively. We would like a similar commitment from your organisations. If you can incorporate our strategic goals into the way your organisation operates and ensure compassion in care throughout the organisation, we believe we can improve the care experience for people who use services.

Transparent interaction

We need to be clear and honest about what we expect from providers in terms of quality and our commissioning intentions, building a relationship of trust through open dialogue. This market position statement is indicative of our commitment and we want you to tell us what information is missing that might make your lives easier.

Embracing and encouraging innovative change

We will pursue open dialogue with existing and potential providers of care and support so that together we can generate ideas for positive innovation in the services available and in delivery style. This may take the form of an open forum, roadshows and other events where we can get an idea of what the market can deliver. We welcome your ideas of how care and support needs might be met in Hounslow.

Our intention is that in the future our commissioned providers should work with us to develop the service according to best practice. This developmental approach will also provide the potential for innovative services/solutions to problems as we look at ways to improve services together.

This will be emphasised in our contracts to ensure that we are not prevented from developing our service in ways that might improve outcomes for residents both in the short and long term. Our aim is that any development will be in line with the outcomes specified during the initial tender process and in the final contract awarded and will be through discussion and agreement with the provider.

Improved market knowledge

We will improve the quality of market information that we have to share with providers. Through consultation and better in-house communication we will ensure that we know what people regard as quality care. We will present this information in a useful way to you. Tell us how we could present it better.

Section 2 Borough demographics and the Joint Strategic Needs Assessment

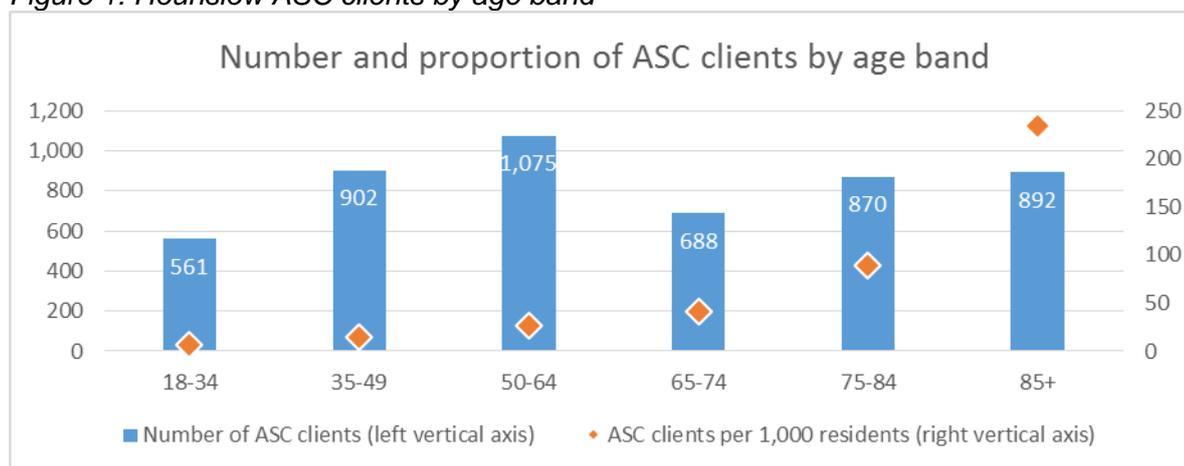
Summary

- ASC services in Hounslow support the most vulnerable people in our community. Residents using our services are also more likely than average to be in poor health, on lower incomes and living further from amenities such as railway stations and pharmacies. Residents using our services are mostly older people, are white and living in the centre of the borough.
- There are currently approximately 5,000 ASC clients, but if rates of care use by age remain constant as the population ages, it is projected that this will increase to over 6,000 within the next 10 years.
- Typically, ASC clients are in need of care due to physical frailty or illness, though substantial numbers of clients receive care due to having learning disabilities or mental health issues, or to support them in providing care themselves.
- Clients most commonly receive care services, such as domiciliary or residential care rather than transfers of money such as personal budgets or direct payments, or other services, such as home adaptations or assisted transport.
- In 2014/15 approximately half of the total spend on placements related to residential and nursing care.
- The council records care packages and contracts on a system called Controcc.

Demographics

As of 26 March 2015, the London Borough of Hounslow ASC service had a total of **4,988** clients. The ASC client base is almost exactly split between adults of working age (age 18 to 64) and those above retirement age (over 65), with **2,538** 18 to 64-year-olds and **2,450** over-65s. Figure 1 shows the breakdown of the ASC client base by age band. Unsurprisingly, the data indicates that per 1,000 people, older residents are significantly more likely than younger ones to be in receipt of ASC services.

Figure 1: Hounslow ASC clients by age band



Source: LBH ASC service/GLA central trend-based population projections, 2013 round

Figure 2 shows the client base broken down by ethnicity. A lower-than-average proportion of Hounslow's ASC clients are from Asian and black backgrounds, with a higher-than-average proportion from white and other backgrounds.

Approximately 11 per cent of ASC clients in the dataset have no recorded ethnicity, so the true proportion of ASC clients in each ethnic group is likely to be slightly higher than that shown in figure 2. The higher than average proportion of white ASC clients is likely to be at least partly attributable to the fact that white Hounslow residents are on average older than residents of other ethnicities.

Figure 2: ASC clients broken down by ethnicity



Source: LBH ASC service/GLA central trend-based ethnic group projections, 2013 round

Geographical distribution of ASC clients

Figure 3 is a hotspot map of Hounslow showing whereabouts in the borough the highest and lowest concentrations of ASC clients are living (for those ASC clients who live in the borough). The highest concentration of clients seems to be in the centre of the borough, around Heston, Cranford and central Hounslow. However, there are also significant clusters in north Feltham, Brentford and the northern part of Chiswick. Please note that the location of the hotspots on the map may partly be attributable to the location of care homes and extra care schemes in the borough, since there are likely to be high concentrations of ASC clients where these are located.

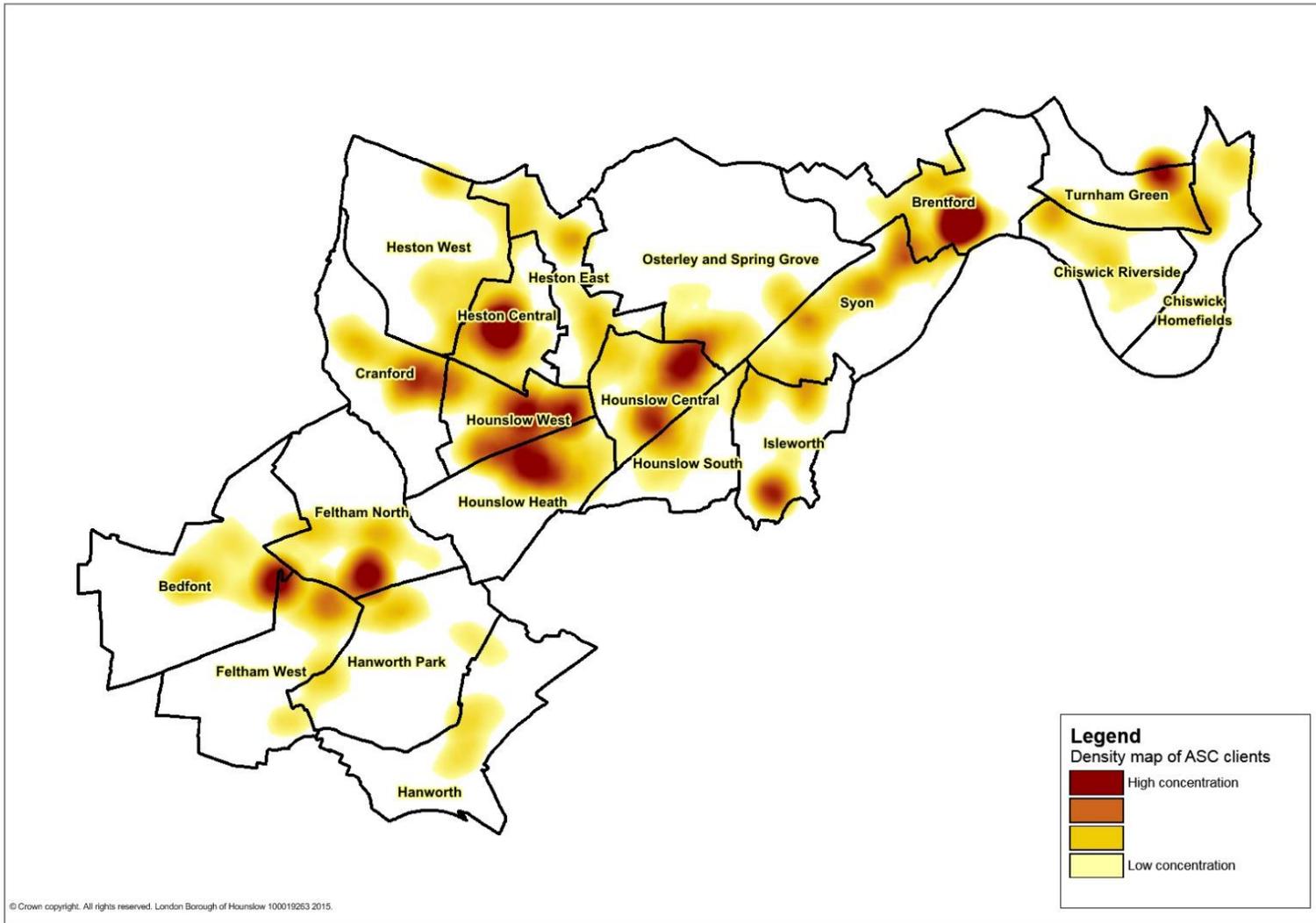
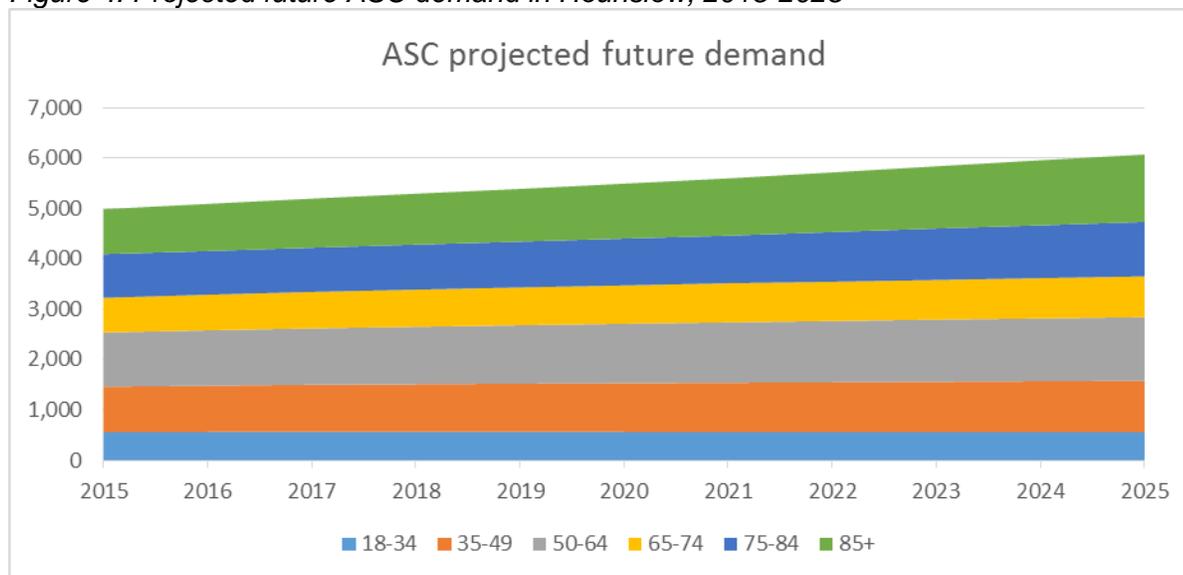


Figure 3: Hotspot map of ASC clients in Hounslow
Source: LBH ASC service

Projected future demand

A crude projection of how ASC demand will change in the future can be calculated by taking the rate of ASC clients per 1,000 residents in each age band (denoted by the orange) and applying these rates to the GLA’s future population projections for Hounslow. Projecting future demand in this way assumes that age is the major determinant of demand for social care. Figure 4 shows how ASC demand is projected to change according to this methodology. Overall demand is projected to increase by approximately **22 per cent** over the next 10 years, growing from the current figure of 4,988 to **6,074** in 2025, with the oldest age groups showing the highest rate of growth.

Figure 4: Projected future ASC demand in Hounslow, 2015-2025



Source: LBH ASC service/GLA central trend-based population projections, 2013 round

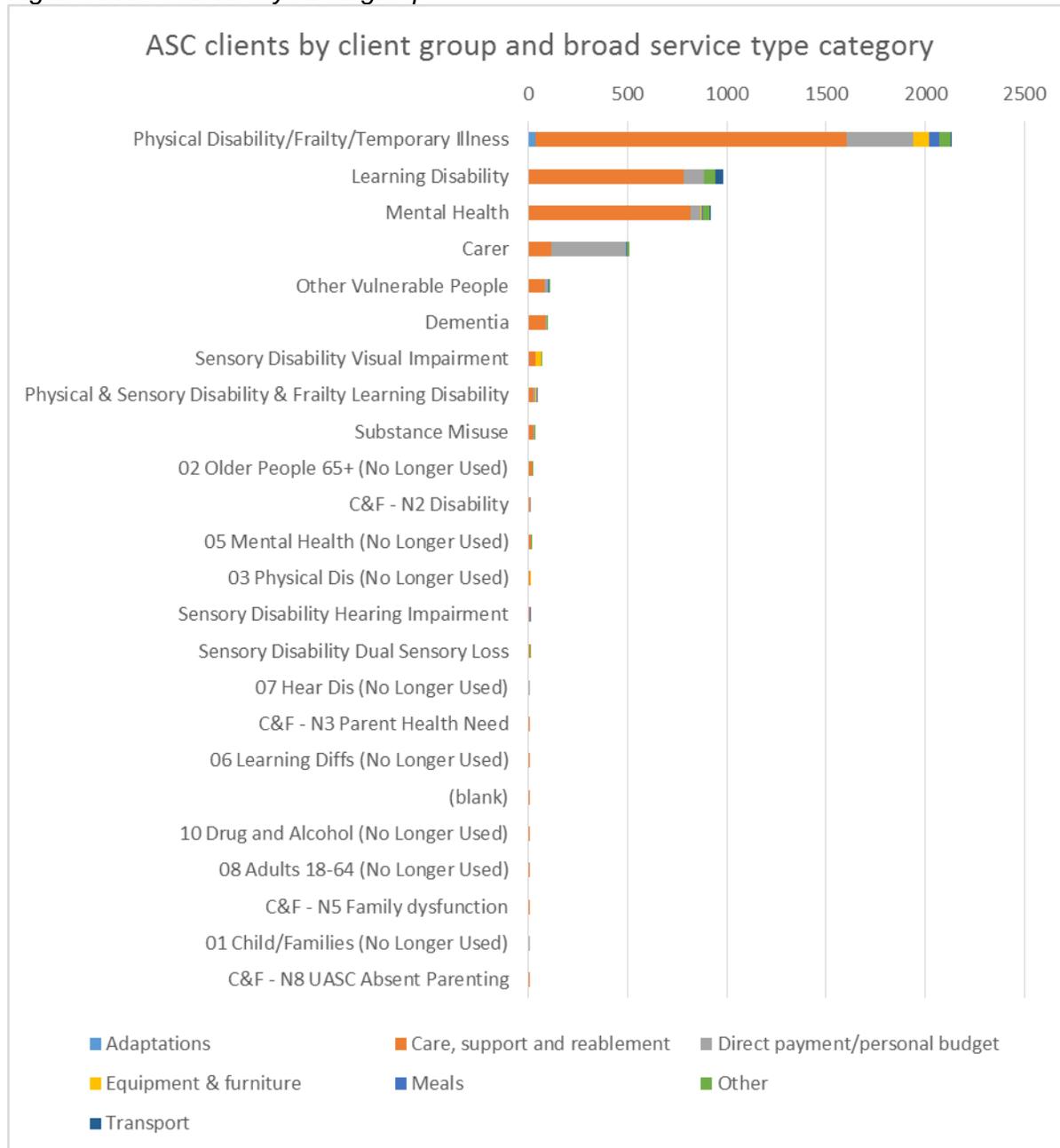
Client group, service type and primary support reason

Figure 5 shows the full breakdown of clients by client group and service type. Clients in the “Physical Disability/Frailty/Temporary Illness” client group comprise by far the largest category of ASC clients, followed by “Learning Disability”, “Mental Health”, and “Carer”, in that order. **4,542** clients – over 90 per cent of the total – fall into these four groups.

Analysis of the ASC client group by service type is a little more complex, because of the large number of different categories in the dataset. In order to make the analysis more manageable, the 96 separate service types were aggregated up into seven broader categories, as detailed in table 1 below.

“Care, support and reablement” is by far the largest broad service type category with nearly two-thirds of clients receiving support of this kind. This accounts for the majority of service-users in every major client group with the exception of carers. Within this category, “Professional Support” was the single most common individual service, with **1,182** clients receiving this. In addition, a total of **1,195** clients were listed as receiving some variety of domiciliary care, though this covers several different individual service types.

Figure 5: ASC clients by client group



Source: LBH ASC Service

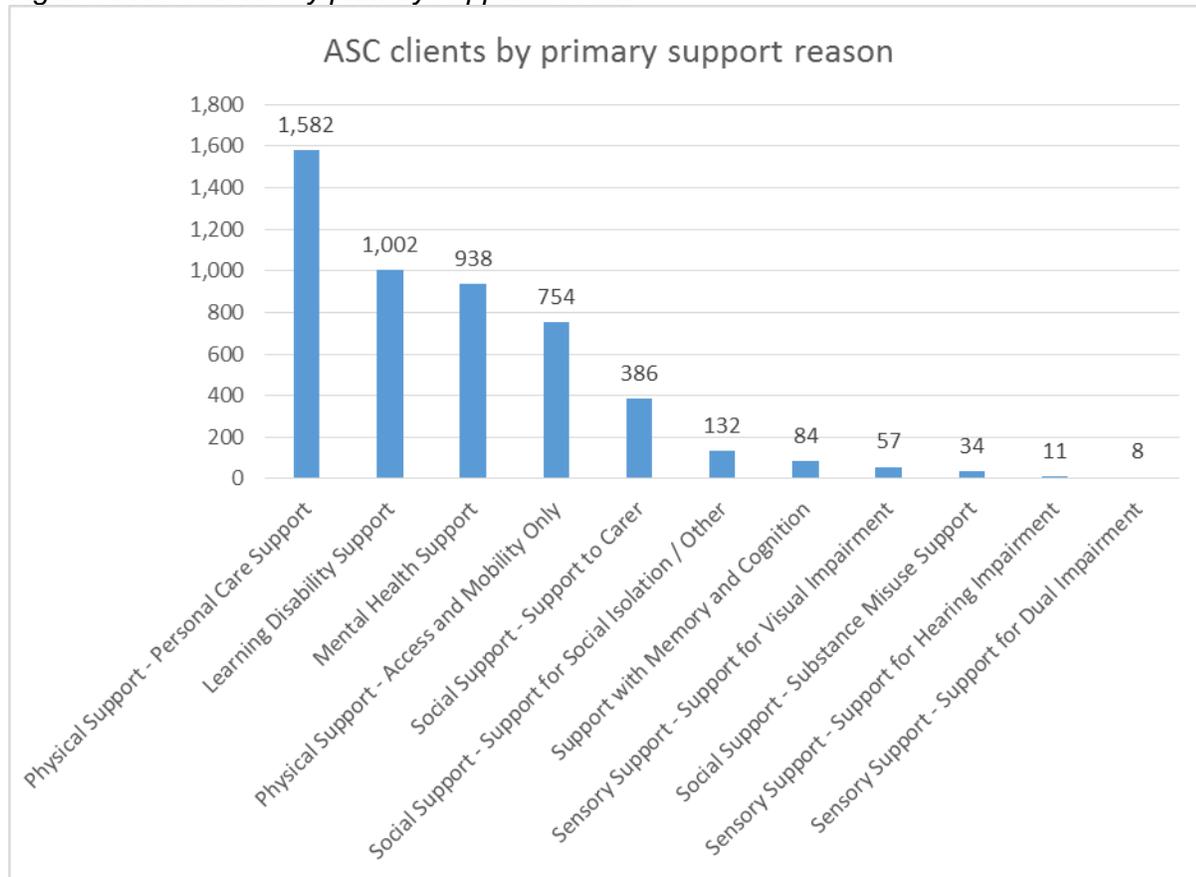
Table 1: Aggregation of individual service type categories from ASC dataset into broader general categories

Broad service type category	Includes:
Adaptations	Adaptations: major and minor works.
Care, support and reablement	Band 1 and 2 domiciliary care, Band 1 extra care, day care, day service, domiciliary care, extra care, nursing long term, professional support, reablement, residential long term, shared lives long term, shared lives respite, supported living (in and out of borough), telecare.
Direct payments/personal budgets	Direct payments (both one-off and ongoing, all payment methods), personal budgets (both one-off and ongoing, all payment methods).
Equipment and furniture	Bath board, bath seat, bath step, bathing aid, bed, bed lever, cane, chair, commode, door entry system, equipment, equipment (sensory), grab rail, key safe, mop-stick, perching stool, rail, raised toilet seat, raiser, shower board, shower chair, shower stool, sling, talking books, talking clock, toilet frame, walking stick, watch.
Meals	Hot meals (Asian, Vegetarian, Halal, Diabetic, Standard British, Soft), nutrition home meals.
Other	Advocacy, emergency response service, help with finance (collection of benefits/customer financial affairs), listener, other, other laundry, outreach, telephone line rental).
Transport	Transport (no longer used) rap migrated, transport escort, transport minibus, transport taxi.

Source: LBH ASC Service

Figure 6 shows the breakdown of the ASC client dataset by primary support reason. “Physical Support – Personal Care Support” is the largest category, followed by “Learning Disability Support”, “Mental Health Support” and “Physical Support – Access and Mobility Only”. Approximately 86 per cent of clients fell into one of these four primary support reason categories.

Figure 6: ASC clients by primary support reason



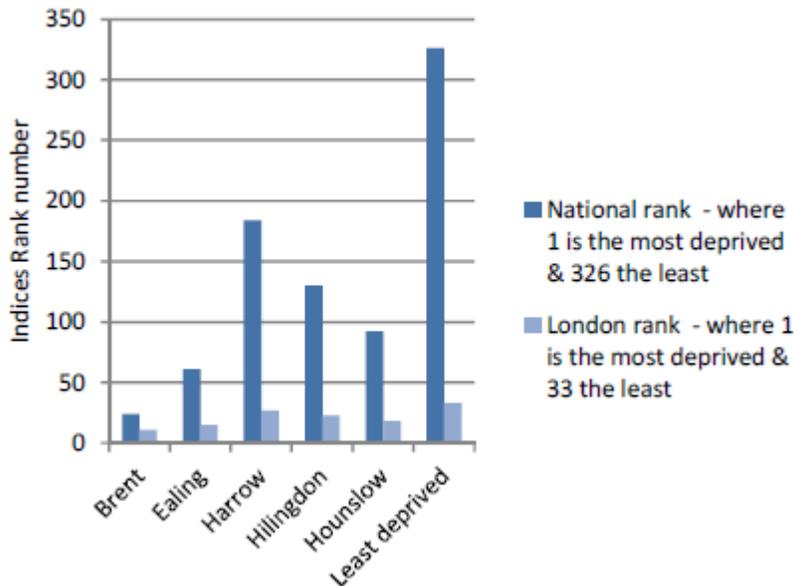
Source: LBH ASC Service

The overall picture which emerges from the data is that the typical ASC client is an individual with physical disabilities or frailties, receiving care services (most likely physical support services) directly, as opposed to either receiving direct payments or personal budgets, or receiving other services such as meals or transport.

Changes in the population of Hounslow

In the Indices of Deprivation Hounslow ranks 18 in London where 1 is the most deprived borough and 33 the least. Nationally Hounslow ranks 92 where 326 is the least deprived.

Figure 7



Hounslow has approximately 95,000 households, of which 23 per cent are privately owned and 23 per cent socially rented. Hounslow is a densely populated urban area and covers 55.98km².

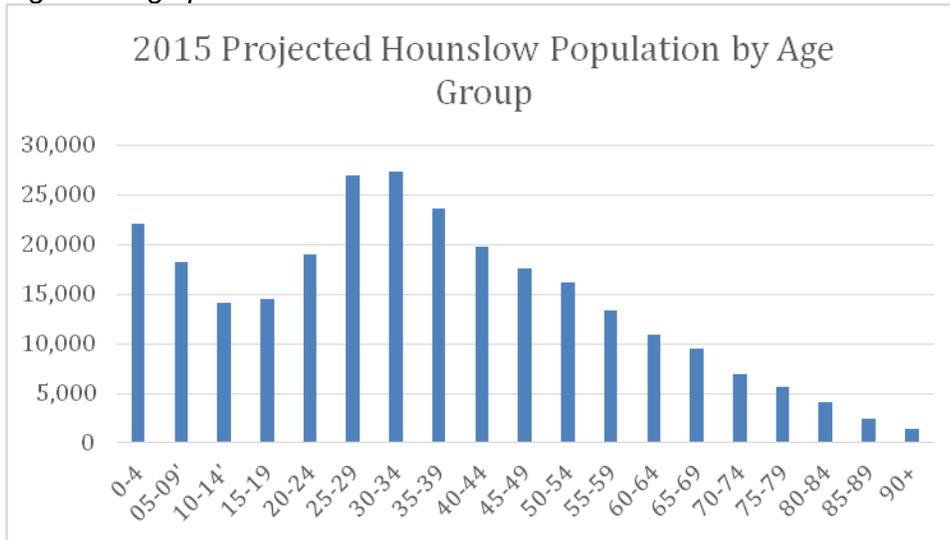
The borough can be subdivided into five area committees which focus around the residential and commercial centres of Brentford and Isleworth, Heston and Cranford, Central Hounslow, Chiswick and West Hounslow. These areas are the same geographical areas as the GP localities Brentford and Isleworth, Great West Road, Heart of Hounslow, Chiswick and Feltham respectively.

The health of residents in Hounslow is broadly comparable with the England average. In the last 10 years, there has been a decreasing trend in mortality for under-75s from heart disease, cancer and other preventable causes of death in both men and women. Average life expectancy in Hounslow is men 79.5 years and women 83.3 years. These figures however mask areas of health inequalities particularly in our priority neighborhoods where there are pockets of deprivation. Life expectancy is approximately five years lower for men and 2.9 years lower for women in the most deprived areas of Hounslow compared to the least deprived areas.

The population is set to increase to 288,800 by 2020, the largest predicted increase is among the older age groups (more than 20 per cent for 85+). Though less than national average increases are expected in 65 to 85-year-olds. Around half of the population are from ethnic minority communities.

Figure 8 shows that Hounslow has a significant older and ageing population.

Figure 8: Age profile



Profile of change

The total population of Hounslow is set to increase by 11.4 per cent between 2012 and 2020. In line with national trends, the biggest increase is in the number of people aged 65 and over. Between 2009 and 2031 the number of people aged between 65 and 74 is forecast to increase by 68.7 per cent, and those aged 75 to 84 will increase by 96 per cent. For those aged 85 and over, who are most likely to be in need of support, the number is expected to increase by 230 per cent, **from 4,400 in 2009 to 14,500 by 2031.**

Section 3

Our plans to address demand and expectations across specific sectors

The council is responsible for undertaking an assessment of need for its whole population in order to ensure that there is local capacity to provide the range of services required to support those who rely on local authority funding as well as those who fund their own care.

The council is undertaking work to help identify people in Hounslow who fund their own care in order to provide information, advice and guidance, and assessment of need to assist in decisions on how best to meet their care needs.

Older People

Alongside investing in prevention and early intervention approaches, the council will continue to enable people to live in their own homes and within their community, as this is key to ensuring good quality of life for people.

This requires a shift from institutional care to care at home, which will be enabled through additional extra care housing, continuing investment in community equipment and home adaptations, better rehabilitation and reablement services which enable people to regain functional ability, supported with assistive technology such as Telehealth and Telecare.

We recognise that some people may require support above what can be reasonably be provided within their own homes. We will seek to provide additional extra-care housing in order to ensure people receive the right support in an environment that helps individuals to be able to maintain their independence.

In 2014 Hounslow Council and Hounslow Clinical Commissioning Group launched the Personal Care Framework. This is a contract through which more than 20 care providers will provide personal care in people's own homes. Care workers are being paid the London Living Wage for the first time and care providers have enhanced training and monitoring of visits. Our shared goal is to deliver a better trained, better paid and more stable care workforce in Hounslow.

Dementia

The increasing prevalence of dementia in older age will also place an additional burden on the health and care economy. Two-thirds of people with dementia live in the community and wish to continue to do so. The council is aware that it needs to develop access to services that support people with dementia and that these will be both residential services and support at home. To focus on this we are working with the Clinical Commissioning Group, GPs, the West London Mental Health Trust and the voluntary sector to develop clear pathways for people diagnosed with dementia and their carers.

Learning Disabilities

The council is committed to the principles of ensuring people with learning disabilities have the same opportunities as other borough residents to be active residents that are supported within Hounslow to live full and rewarding lives.

The council's vision is to reduce and prevent the unnecessary use of residential care and other types of institutional care for adults with learning disabilities by promoting a range of alternative housing options that offer greater independence, are provided in less restrictive environments and support greater community integration, understanding and support.

More people with learning disabilities will be transitioning into adulthood, living longer and have increasingly complex needs. There are increasing numbers of people with learning disabilities and dementia.

An increased use of non-institutional settings such as extra care housing, supported housing, shared lives facilities and greater support within an individual's home setting will support the growing demand in line with the council's objectives.

An increased use of a range of supported housing options will ensure more individuals being able to live as independently as possible, being able to maintain local friendships and support networks, enable people who aspire to higher levels of independence but need a safe environment to make the transition and learn the skills needed to progress at a rate that suits their individual needs, both for adults and for young people moving into adulthood.

Following the abuse which occurred at the Winterbourne View Hospital in Gloucestershire, the council has been actively working towards ensuring people who have been displaced from their communities are reviewed and opportunities to reside within the borough are explored and developed.

There is a need for the market to deliver bespoke and innovative models of support within community settings tailored to individual and often complex needs of people with learning disabilities, for example those that have a dual diagnosis of a learning disability and mental health issues.

Carers

In the longer term, it is likely that as a result of the increasingly ageing population, more people will assume a caring role. This is directly linked to people living to an older age, especially over 85 which can be associated with the need for higher levels of personal care.

The Care Act sets out new statutory duties with regard to carers. Carers can be eligible for support in their own right. Carers' eligibility does not depend on whether the adult for whom they care has eligible needs. There are two ways by which carers can be eligible for support. The first is in order to help them to maintain their caring role. The second is if their caring is having a significant impact on their wellbeing and is having an adverse effect on their lives. Indeed, it may be the case that a growing number of people present with both eligible individual needs and eligible carer needs.

There will be a significant opportunity for the provision of carer services that are diverse and meet a variety of carer needs, maintaining their wellbeing and ensuring they receive the right support to continue in a caring role.

The council wishes to ensure that any new housing developments within Hounslow are proactively supporting the needs of carers through the design specifications to increase ability to install and better use AT wherever possible.

To support carers in their caring role the council will explore how better we can support carers within their own accommodation utilising appropriate Housing services, including Disabled Facilities Grants (DFGs), Handy Person Schemes and Care and Repair Services.

Physical Disabilities and Sensory Impairments

The council is committed to ensuring people with a range of physical and sensory impairments or disabilities are able to live in accommodation that maximises their independence. General need housing and supported housing options will need to have consideration to the environment provided with developments in order to ensure access arrangements and disability living standards are applied.

Mental Health

The number of people with a mental health condition in Hounslow is predicted to rise, primarily as a result of the changing population structure. The largest relative increase is in the number of people with dementia which predominantly affects people over 65 years old. The vision for people with mental health problems is to promote a recovery-based model and enable independent living in the community. The council will look to commission community-based housing options. This creates a market for developing alternative housing options that would meet the needs of those with mental health issues and enable independent living. The options would include housing to facilitate recovery for those currently in secure settings as well as those going through rehabilitation after an episode of care in a hospital.

Autism

As part of the implementation of the autism strategy, we commit to work with housing providers to understand the needs of people with autism and how these can be supported. Specifically this could be:

- Raising awareness with housing staff so that they have an understanding of how to support people with autism to apply for housing.
- Asking landlords to consider adjustments to simplify their application processes.
- Consideration to be given to making reasonable environmental adjustments which would otherwise have a detrimental effect on people with autism.

Current capacity gaps/opportunities for provision

Extra-care housing and supported housing

It is estimated that an additional 180 units of extra care and supported housing will be required in Hounslow by 2018/19. A summary of the requirements from the market include:

- Mixed tenure, extra-care housing options in all areas of Hounslow that meet the flexible needs of self-funders and public-funded customers. There is a particular need for social rented extra care housing in the west of the borough i.e. both the West and Cranford and Heston localities. New extra-care schemes must be designed to meet the needs of people with dementia and learning disabilities.
- Accommodation-based care services that are adaptable enough to meet people's changing support needs as they grow older.
- Care homes that focus on specialised provision, including dementia and complex care or health needs.
- Services that are able to cater for a range of short term accommodation based support needs, for example respite, reablement and rehabilitation.
- Additional Learning Disabilities and Mental Health-supported housing to meet the needs of people with high and complex needs, to avoid placing people out of area and the unnecessary use of hospital or residential care. Increased number of shared lives placements available for people with learning disabilities.

Current demand and capacity gaps in rented extra care housing by locality:

Locality	2018/19 Needs	2015 Provision	2018/19 Gaps
Central Hounslow Area	51	36	15
Chiswick Area	39	0	39
Heston and Cranford Area	46	0	46
Isleworth and Brentford Area	51	38	13
West Area	67	0	67
Total need for rented ECH	254	74	180

There is a new scheme due for completion in Isleworth by 2017 meeting most of the need in the east of the borough, therefore the gaps are in the Heston and Cranford and West localities.

Residential and Nursing Care

Hounslow currently has 36 care homes registered with the Care Quality Commission (CQC). It is our goal for residents to have access to the care home of choice, with enough beds in care homes for all residents and of the highest quality. There are 797 care home beds available in Hounslow. Approximately 650 of these beds are available for older people, with a need for residential care, dementia care or nursing care.

Hounslow residents can choose the location of the care home they move into. Most residents in care homes arrange for their own care. Approximately 500 older people have moved into a care home with council support. Between 2013 and 2015 the number of people moving into care homes has reduced as more people have been supported to live at home for longer.

Most care homes in Hounslow have been judged by the CQC to be good. We will be working with care homes that the CQC judges to require improvement or to be inadequate to raise standards. We have identified a shortage of respite beds in care homes in Hounslow and we will be looking for ways to increase the number available to Hounslow residents.

There are currently 147 residential and nursing care home beds available for adults with a Learning Disability in Hounslow. At present Hounslow Council uses approximately a third of these beds, with a much larger number of Hounslow residents with a learning disability living in care homes outside of the borough. It is our goal for a higher number of our residents with a learning disability to live in Hounslow, or nearby. We will be talking to the local market about how this can happen.

Day care opportunities

The council will look to commission a wider range and type of day activities which are tailored to the requirements of the individual and based within the wider community rather than traditional forms of building-based day care.

We will seek to encourage independent, not-for-profit and user-led sectors to develop a wide range of opportunities and activities to attract customers with access to personal budgets. We will encourage community/social enterprise and user/carer-led models. Consortia approaches may also be appropriate to deliver a broader range of activities.

We want our sheltered housing, extra-care housing and supported housing schemes to be utilised for the delivery of activities to the wider community when appropriate. We will encourage the use of other council-owned assets such as leisure centres, libraries, community halls and parks for activities.

Respite services

In Hounslow there are limited respite opportunities that can offer a carers' break service. The council will look to commission services covering a range and balance across home, community and care home settings and will be easily available to people on personal budgets. Opportunity for providers offering a range of respite/short breaks provision locally in a variety of settings.

Assistive technology

The council would like to see the widest possible adoption of Telecare and Telehealth. It brings health and social care directly to service users, in their own homes supported by communication and information technology. It can help people remain in their own homes for longer and provides reassurance to carers, promoting independence and value for money.

Information and advice services and direct provision

Although the council has an important role in ensuring there is comprehensive access to information, there will be a growing need to offer people the right kind of information and services as there will be a core customer base wanting to purchase services directly from providers in the future. There will be real opportunities for providers to build the link between involving people in the design of services, offering people the information they need to make informed decisions and offering customers new and diversified products and services to help people remain well at home. In particular a demand is envisaged for:

- More personal assistants to provide specific care and support to people in their own homes.
- Providers who can offer a range of support options to enable people to manage their personal budgets and purchase the support they require.

We want to facilitate change by investing in community engagement and supporting those most vulnerable in local communities.

Help, support and activities

In order to deliver a challenging agenda to support people to live independently in the face of rising demand we intend to reconfigure the current range of services on offer. We plan to do this by 2017 through:

- Consolidating current provision into the three categories of help, support and activities.
- Procure fewer but better contracts and encourage consortia and sub-contracting delivery models to support the voluntary sector.
- Work together with health, public health and community partnerships to ensure joined up provision, avoid duplication and fill gaps, and jointly commission where appropriate.
- Commission services with longer contract periods and develop excellent relationships with our providers.

This will offer exciting opportunities to providers to be involved in the design and delivery of these services in the coming months.

Section 4 Market information and expenditure

Spend analysis

This section focuses on ASC spending for 2014/15 by service type and supplier. The figures here include gross spend on care placement over that period.

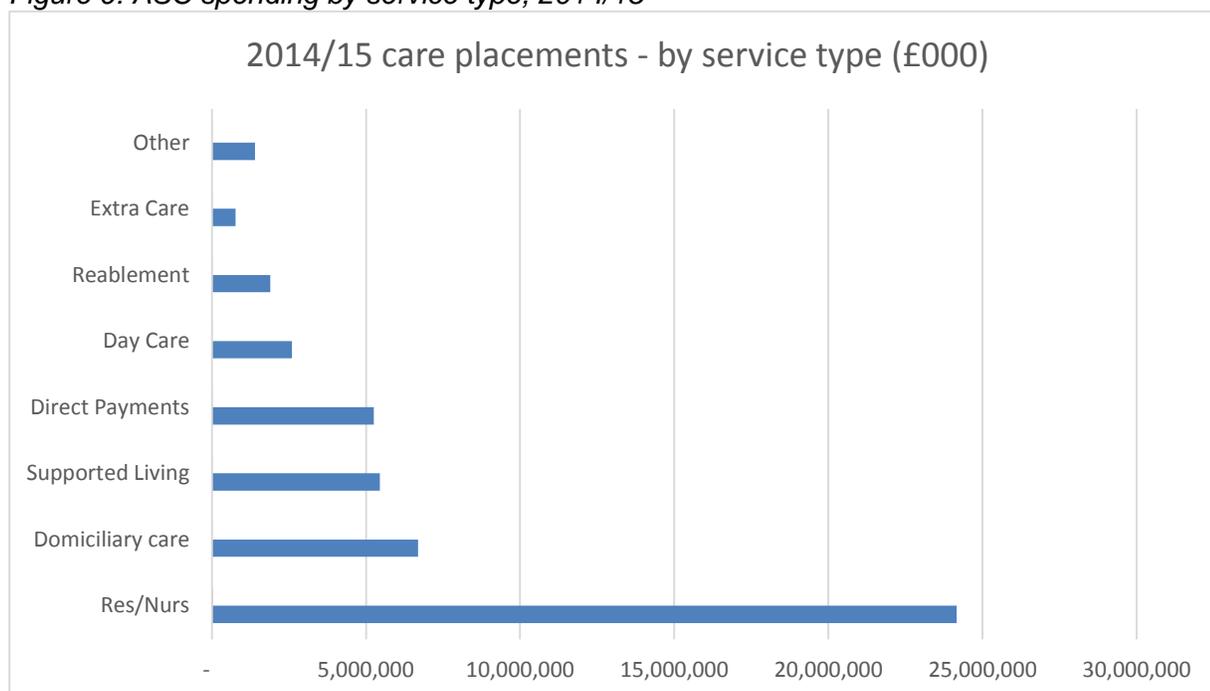
Within 2014/15 Hounslow gross spend on care packages equated to approximately £48m (this includes spend on internally provided care packages.) The two largest groups are older people with physical support needs (32 per cent) and adults with learning disabilities (37 per cent).

Overall approximately 44 per cent of care placements costs relate to people over the age of 65. With the projected increase in population size, the figure for the 65+ group is likely to continue to increase.

Spend by service type

The breakdown by service type is given in figure 9. Nursing and residential care accounts for by far the largest fraction of spending – around **50 per cent**; domiciliary care and supported living second and third (accounting for **14 per cent** and **11 per cent** of spending, respectively). The majority of both domiciliary and nursing and residential care spending was spot funding, while the majority of supported living spending was classified as both block and spot funding.

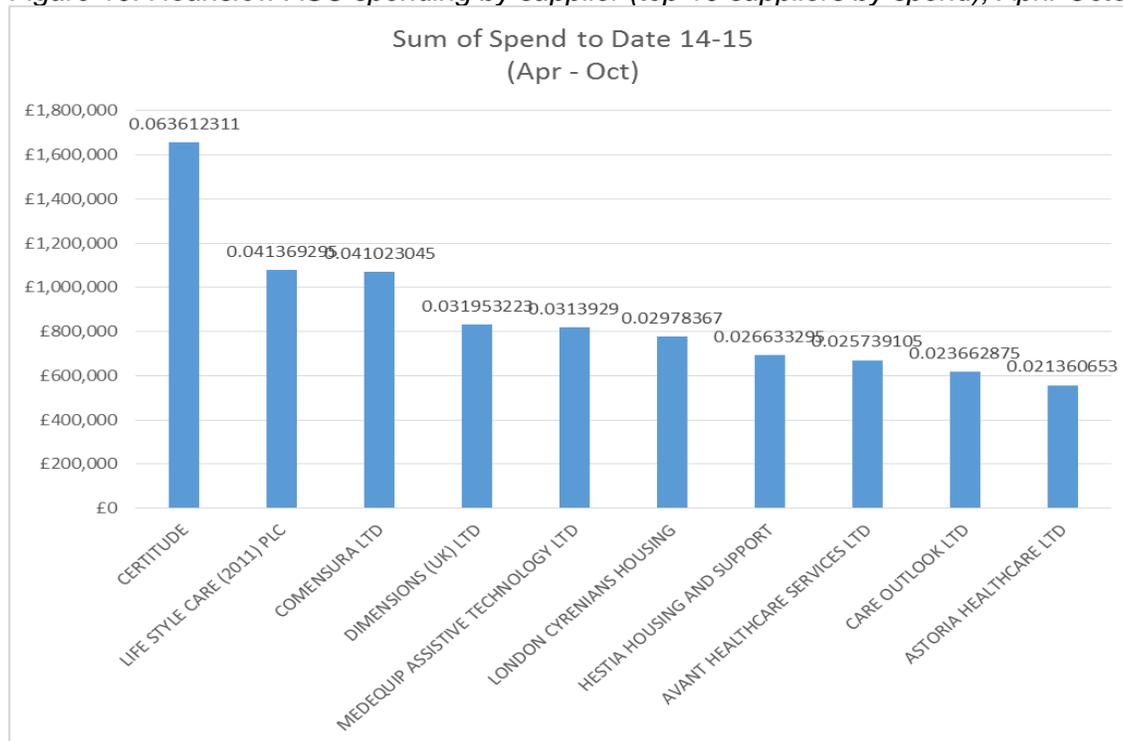
Figure 9: ASC spending by service type, 2014/15



Source: LBH Supply Chain

Spend by supplier

Figure 10: Hounslow ASC spending by supplier (top 10 suppliers by spend), April-October 2014



Source: LBH Supply Chain

Residential care

In 2014/15 the largest spend area related to residential/nursing packages. Approximately 42 per cent (£19m) of gross spend related to this category. Currently 40 people live in extra-care housing, 96 in supported living and over 700 living in social housing with the support of a warden. In addition, 370 live in care homes and over 130 live in nursing homes.

Use by care group

People with learning disabilities represent the highest proportion of people within a residential or nursing care home setting (29 per cent). In older people aged 65+, 20 per cent live in a residential care setting, seven per cent are in a nursing care setting and 73 per cent are supported to live in the community.

Current commissioning approach

The council will commission and encourage flexible care provision, which offers greater choice and control, and personalised approaches in every care setting so that everyone in receipt of social care, regardless of their level of need, in any setting, whether from statutory services, community, private sector or funding it themselves, will have choice and control over how that support is provided with the right help at the right time to minimise crises.

All future contracts will be outcome based and will be linked to the 2011/12 Adult Social Care Outcomes Framework (ASCOF). The ASCOF has now been finalised and key principles can be summarised as follows:

- Control over daily life
- Number of people being supported to live independently
- Proportion of people in paid employment
- Satisfaction with experience of care and support services
- Carer respect and quality of life
- Dignity
- Reduction in the number of permanent admissions to residential and nursing care homes
- Early intervention, prevention and reablement
- Access to support and information
- Safeguarding

The council will wish to work with community and voluntary groups that can design and develop services to reduce social isolation, build community capacity, social capital and develop social networks so that people feel safe and empowered in their own communities. We will promote and support the development of social enterprise and user-led organisations, through the community and voluntary sector to increase the range and options available to service users.

Shaping the market and procurement

Our Provider Forum is developing well and offers the platform for involving providers. We are currently considering how we can engage more flexibly with micro-providers.

As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently.

There are opportunities for providers to be kept up to date with current tenders through attending provider forums organised by the council and visiting the council's website where tenders are advertised. All commissioning will be undertaken in line with the council's Contract Procedure Rules and EU legislation.

The council's commissioning and operational activity in the short term (2015-2017) will:

- Build our information and advice to customers to enable them to make their own choices and decisions and reduce their dependency on public services.
- Development of online assessments and e-markets for services.
- Commissioning and providing the right mix of extra care and residential care home provision across Hounslow.
- Jointly commissioning services with the NHS that have a specific focus on community recovery, rehabilitation and reablement.
- Improving the availability of information and advice for self-funders and access to assessment.
- Moving social work into locality teams alongside health with a longer term view to integrated locality working.

Section 5

What approaches we expect from providers?

Quality services

We expect the care delivered to be of the highest quality for all adult social care services, whether they are commissioned by the council or not. We will only award contracts to high-performing care providers.

Involving customers and carers

Providers will increasingly need to look at new ways in which their services can be designed, working with customers and carers, both individually through personal plans and reviews and through overarching service design and general ways of working.

Workforce development

Alongside carers and volunteers, the workforce will make a positive difference, contributing to people's health, happiness and wellbeing. Providers will be encouraged to develop apprenticeships within their workforce. Providers will need to meet the required workforce knowledge and skills we have set out through our procurement approaches and they will increasingly be expected to contribute to assessments, service planning and reviews in order to actively facilitate and demonstrate delivery of outcomes.

Incentives and payment by results

We need to look at the way we commission and consider how we reward and incentivise you, the providers, to work in partnership with us to help achieve the outcomes and priorities we have set by using, for example; payment by results for a year of care. We also want to explore open book accounting as a way of building partnerships and supporting sustainability within the market place.

What providers can expect from us

Based on feedback we have received from providers during the past year we will be delivering the following in the year ahead.

Publish commissioning intentions

The council has a large number of contracts that will be due for re-procurement in the next two years and we will publish details of procurement dates in advance. In line with Government requirements, we will publish all procurement documents at the start of the procurement process. Contracts up for procurement include Floating Support, Community Equipment, Carers' Support, Housing-related support, Supported Living and community-based prevention services.

Care Place

We will launch a single website for care and support in Hounslow (along with other local authorities in London) called Care Place. Care providers working in Hounslow will be advertised on Care Place making it simpler for residents to choose their care home or to purchase their own package of care.

Quality support

We will work with care providers to facilitate market interventions to promote quality. This is unlikely to take the form of a traditional council funded training programme. We will work with providers to identify practical steps that make a difference, such as paying care workers more, or working with third parties such as Skills for Care on the Care Certificate (the new common induction standards for all care workers), or facilitating skills training for Registered Managers.

Reviewing needs

We know that providers contact social workers when a person's needs change and in the year ahead we will be developing new ways of working in collaboration with providers to adjust care plans and packages of care more quickly. We have started to look into Trusted Assessor Status for high quality providers and we will talk to the market about this in 2015 and 2016. We are determined to end the historical approach of leaving care plans unchanged and we want to find ways to increase and decrease care plans more quickly.

Pay providers on time

We will continue to improve our payments process to ensure we pay invoices on time. We are aware of some limited occasions when care changes that cause our payment processes to adjust slowly and then providers promptly enough. We know this is an exception, but as care providers can be small businesses impacted negatively by cash flow. We also aim for our payments processes to fit other initiatives such as flexible care, where changes to increase or decrease care are more flexible than in the past.

Market Failure

Concern about the failure of care providers has been present in adult social care for several years, following high profile national failures. We want everything within our remit to ensure no care provider in Hounslow fails to operate successfully.

The Care Quality Commission has introduced a market oversight regime for Registered Providers of adult social care. The CQC has started to monitor the financial health of a selected number of care providers. Hounslow Council, Hounslow Clinical Commissioning Group and the CQC meet regularly to share intelligence on care quality and the operation of care providers.

We expect providers to contact the council with any concerns they have about their own operations. This could be service quality, financial health or staff recruitment and retention. We also expect providers to take responsibility for their own business continuity arrangements, bringing in expertise where necessary including when business failure occurs.