



‘Helping People to Help Themselves’

Market Position Statement
for the care of Adults across Bournemouth, Poole & Dorset

2015-2016



Integrated health and social care
Across Bournemouth, Dorset and Poole

Better Together Partnership

Our Vision

Welcome to our draft Market position statement which will be subject to further development with stakeholders and the market over the coming months. Development will reflect both strategic ambitions pan Dorset and local market conditions. We hope that this will be a helpful tool for stakeholders and providers of services within our local market.

The Better Together partnership is a partnership between Dorset, Bournemouth and Poole Local Authorities, NHS Dorset Clinical Commissioning Group and the four provider healthtrusts in the region.

Our key shared aims include:

- Managing long term conditions better, especially amongst older people.
- To support people to live independently for as long as possible and to reduce demand for health and social care, improving individuals health and wellbeing.
- Reducing demand for high cost care such as acute admissions and long term residential or nursing care.
- Delivering care locally and enabling people to live independently for longer.

We are working together to support the development of person-centred, outcome-focused health and social care services for vulnerable adults across the 3 Councils, which provide them with genuine choice and control. Ultimately, we want to enable customers to respond positively to the 5 key principle statements below:

The Better Care Fund, introduced in 2013, provides a platform to develop more integrated approaches to services through multi-disciplinary working. **One of its key goals is to reduce hospital admissions.**



The Care Act is the most **significant reform of adult social care** in 60 years. The vision is for integrated, person-centred care, tailored to the needs and preferences of individuals, carers and their families.

The Care Act

The Care Act, within the Department of Health's Statutory Guidance, places significant emphasis upon the role of the Market Position Statement. In particular The Care Act places new duties upon Local Authorities to facilitate and shape their market for adult care and support as a whole so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves or in other ways. "The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support provision, continuously improving quality and choice and delivering better, innovative and cost effective outcomes that promote the wellbeing of people..." and there shall be a focus upon outcomes.. "Local authorities must ensure that the promotion of the well-being of individuals who need care and support and the wellbeing of carers, and the outcomes they require are central to all care and support functions in relation to individuals, emphasising the importance of enabling people to stay independent for as long as possible..."

The Care Act brings enhanced emphasis upon outcomes based services. This means changing the way that services are bought- from units of provision, meeting specified need to what is required to ensure that specified measurable outcomes for people are met. Outcomes should be the principal measure for the quality assurance of services.

Quality is also a key duty within the Care Act, specifically, Local Authorities must facilitate markets that offer a diverse range of high quality and appropriate services. In doing so they must have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market. Local Authorities must consider how to help foster, enhance and provide appropriate incentives.

Ensuring choice – encouraging a variety of different providers and different types of services is a key duty for commissioners alongside a responsibility to facilitate information and advice to support people's choices for care and support.

Local authorities should also commission services having regard to the cost effectiveness and value for money that the services offer for public funds. This duty sits alongside the need for commissioners to understand the business environment of providers offering services and seek to work with providers facing challenges and understand their risks.

It is clear that co-production, continuous dialogue between commissioners, stakeholders and providers, will support improved understanding by all partners and the development of local steps which are key to the further development of this Market Position Statement.

The 3 Councils will reshape services over the next three years so that:

- access to quality information and support is available for everyone who needs it, to help them find the best services to meet their needs;
- stronger emphasis is placed on supporting people to find their own solutions, whether they require long or short term support and in identifying the outcomes they wish to achieve;
- funding becomes clearer;
- and duplication of effort is reduced for the people of our community.

Our Market Position Statement

To achieve this vision, we recognise the importance of stimulating a diverse market for care offering people a real choice of provision. This may come from existing providers, from those who do not currently work in the area or from new start-ups. We need to think carefully about how best we can influence, help and support the local care market to achieve better outcomes and value, and we see our joint Market Position Statement (MPS) as an important part of that process, initiating a new dialogue with care providers in our area, where:

Local authorities are required by the **Care Act** to promote **diversity and quality in the market** of care and support providers

- services can be developed that people need and want and which are increasingly sensitive to people making their own decisions about how their needs and desired outcomes are to be met
- market information can be pooled and shared;
- and we are transparent about the way we intend to strategically commission and influence services in the future and extend choice to care consumers.
- a shift to a relationship of trusted partners and of collaboration with decision making closer to customers

This document is intended as a tool to help providers make important business decisions and shape their services. Whilst it is a pan service document which gives a high level view across all client groups, it needs further development for younger adults. The position statement draws on detailed data in the Joint Commissioning Strategies, Joint Strategic Needs Assessment and Local Account to present a 'picture' of:

The 'Local Account' is the new way in which the Government requires the **performance of Adult Social Care Services** to be presented and held accountable to the local community.

- what the area looks like now in terms of demography and service provision;
- what the future demand for care and support might look like and the type of services needed to respond to this;
- our intentions towards the market as a facilitator of adult care;

- how we can work with and support organisations to respond positively to the key messages in this MPS.

We expect providers to play a critical part in helping to deliver our personalisation offer and we will be looking to the market for ways to become more cost effective and ensure resources are used to best effect.

We consider this MPS to be a work in progress and strongly encourage existing and potential providers to talk to Commissioners about their plans for developing new services or making changes to existing services so that we can develop a shared understanding of the market and how it will need to change.

Gaps and shortfalls

We will complete this section with stakeholders.

Opportunities

There will be opportunities for providers to help shape the agenda and we are particularly interested in your views in the completion and evolution of the position statement.

Particular areas of engagement will include:

The removal of perverse incentives within commissioning and contracting which may work against our being outcome focused and responsive to individual's ambitions will be a key opportunity. An example, would be where positive work in supporting improved level of independence for a service user might result in a reduction in hours commissioned from the service provider. Current commissioning arrangements may not support such an outcome.

Engagement will also be sought in order to take forward our re-tendering for our support at home services to become operational in the new financial year.

To reflect changing patterns within the market, Service providers able to market and develop their services to reflect and respond to individual purchasing decisions and desired personal outcomes, offering good value for money are likely to attract business. We are interested in activities and interventions, maximise use of universal services which reduce the need for long term support and in the case of younger adults support access to areas such as employment.

Providers able to offer outcomes based models of delivery, flexible patterns of support that can accommodate changes and variations will be particularly advantaged and appeal to a broad diverse and changing customer base. There will be a clear shift in that increasingly service users will choose their provider and design their support plan directly with the provider in terms of outcomes to be achieved,

Providers demonstrating the delivery of 'social value' will be at an advantage in competitive processes. Social value has been defined as the additional benefit to the community from a commissioning / procurement process over and above the direct purchasing of goods, services and outcomes. The Public Services (Social Value Act) embeds social value in procurement and requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well being of the area. SV seeks to create maximum benefit for the community and can encourage community organisations to enter the market.

Our Commissioning Principles

Bournemouth, Poole and Dorset will work together to address the issues and challenges described in this MPS. In doing so, we are committed to taking a shared approach which:

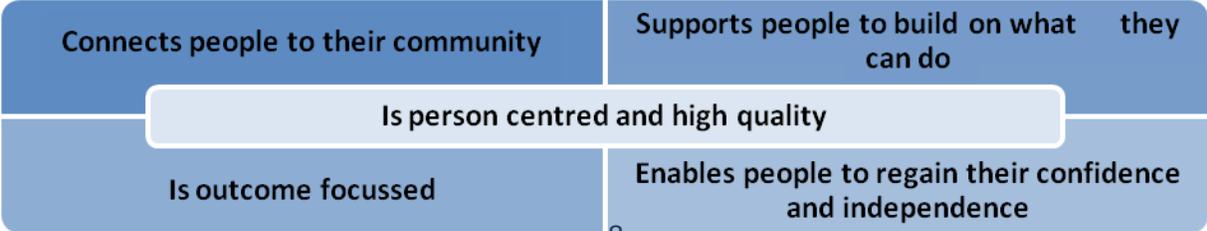
- is well led by Local Authorities and Health;
- demonstrates a whole system approach;
- draws on evidence about what works;
- is person-centred and focuses on what people say matters most to them;
- promotes health and wellbeing for all;
- delivers social value;
- is co-produced with people and their communities;
- promotes positive engagement with providers;
- promotes equality;
- ensures diversity, sustainability and quality of the market;
- provides value for money;
- and develops the commissioning and provider workforce.

Key Messages in the MPS

It is clear that financial resources continue to reduce across all agencies whilst responsibilities increase. There is also a Health and Social Care recruitment problem in the area and the challenges for workforce commissioning for the future will now require solutions that will include different delivery models and thinking more innovatively about how we attract and sustain a workforce to meet demand.

We see transformational change as the only option to manage these challenges.

We are changing how we currently deliver support and services and we will be focussing on supporting people in a way that:



We aim to move away from traditional residential and day care services to achieve a range of provision that maintains people in their own homes for as long as possible by:

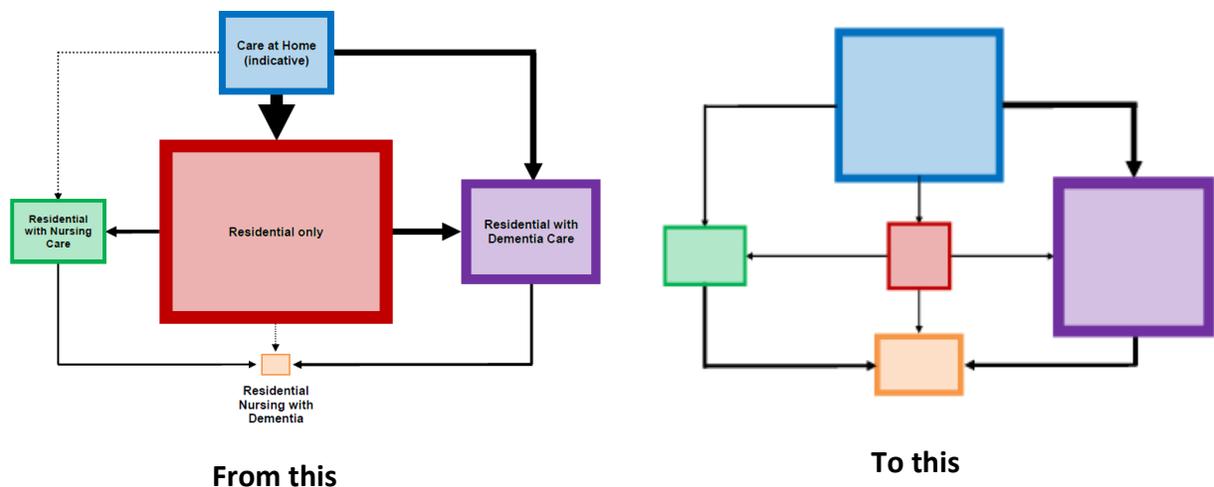
- encouraging healthy lifestyles and promoting self-help;
- providing easy access to up-to-date, comprehensive information on services;
- supporting carers to balance their caring role and maintain a satisfactory lifestyle;
- increasing the use of Direct Payments and Personal Budgets;
- and ensuring safeguarding arrangements that provide appropriate protection and manage risk, whilst supporting individuals to exercise choices.

By 2025, with greater focus on supporting independence, we think that the demand for care at home will grow alongside the demand for residential and nursing care for people with complex needs, particularly dementia. At the same time the need for non-specialist residential care will reduce significantly.

Care at home needs to be linked more closely into supporting people to access a range of other opportunities within their communities. For example, supporting access to local shopping opportunities rather than doing shopping on the individuals behalf. We see the voluntary sector as having a pivotal role in helping to build community capacity and support the overall wellbeing of residents living across Bournemouth, Dorset and Poole.

We also recognise the importance of stimulating a range of services and support to offer carers, including respite, carers’ breaks and other support that will have a positive impact on the carers’ health and wellbeing.

The diagrams below provide a representation of the current and planned future distribution and relative sizes of each care category and the flows between them.



Quality and what people have told us:

We will develop this section with stakeholders

Prevention and early intervention

The Care Act places new duties upon Council to provide, or arrange for services, facilities or resources which it considers will contribute towards preventing, delaying or reducing an individual's need for care and support. The Care Act defines three general approaches to prevention: Primary (prevent) secondary (delay) and tertiary (reduce) and these provide us with a framework within which to consider our commissioning priorities and local service availability.

Demanding Times

The figures in the tables below illustrate the following:

- The largest population of adults aged 18 to 64 is in Dorset but this is expected to decrease gradually, whilst simultaneously increasing in Bournemouth and Poole.
- The largest population of older people is also in Dorset.
- There will be a significant increase in the 65+ across all 3 boroughs.
- The most notable increase will be in the 70-74 age group.

Current and predicted adult population across Bournemouth, Poole and Dorset			
Bournemouth	2014	2015	2020
Ages 18-64	122,400	123,400	126,000
Ages 65 and over	34,500	34,900	37,400
Dorset	2014	2015	2020
Ages 18-64	224,500	223,600	220,100
Ages 65 and over	114,800	117,300	127,500
Poole	2014	2015	2020
Ages 18-64	88,100	88,400	90,000
Ages 65 and over	32,900	33,500	36,500

4 Key factors will influence future demand for care:

1. Increase in 65+ population
2. Decrease in prevalence of frailty due to better healthcare
3. Increase in longevity due to better nutrition and healthcare
4. New health & social care policies intended to maintain independence

Population aged 65 and over, projected to 2020									
	Bournemouth			Dorset			Poole		
	2014	2015	2020	2014	2015	2020	2014	2015	2020
People aged 65-69	9,800	10,000	9,200	33,900	34,300	29,800	9,600	9,700	8,700
People aged 70-74	7,100	7,400	9,500	25,900	27,100	33,700	7,000	7,400	9,400
People aged 75-79	6,100	6,100	6,800	21,200	21,300	25,200	6,100	6,100	6,900
People aged 80-84	5,200	5,100	5,100	16,500	16,700	18,200	5,000	4,900	5,200
People aged 85-89	3,700	3,700	3,800	10,700	11,000	12,300	3,200	3,300	3,700
People aged 90 and over	2,600	2,600	3,000	6,600	6,900	8,300	2,000	2,100	2,600

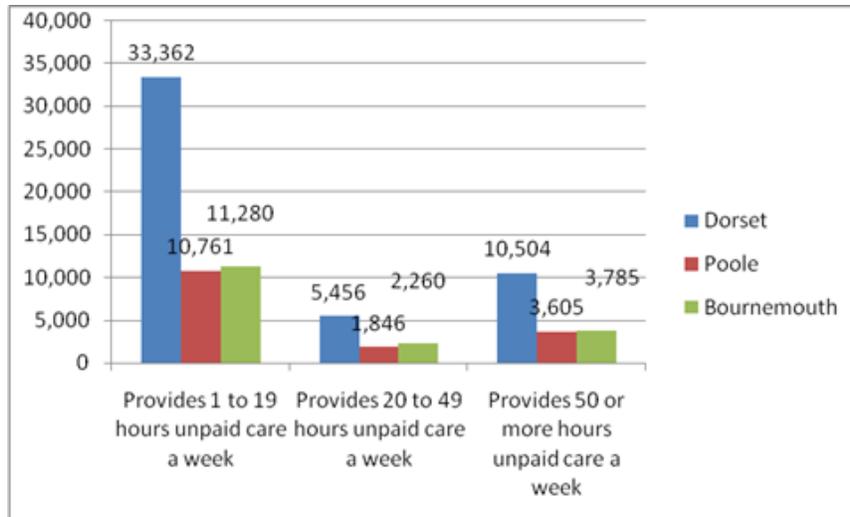
People with dementia

In 2012, the Government published the Prime Minister's challenge on dementia 'Delivering major improvements in dementia care and research by 2015' which stated that currently 670,000 people in England are living with dementia. An estimated twenty one million people in our country know a close friend or family member with dementia – that's 42% of the population. One in three people aged over 65 will have dementia by the time they die and as life expectancy increases, more and more people will be affected. The numbers of people with dementia will double in the next 30 years.

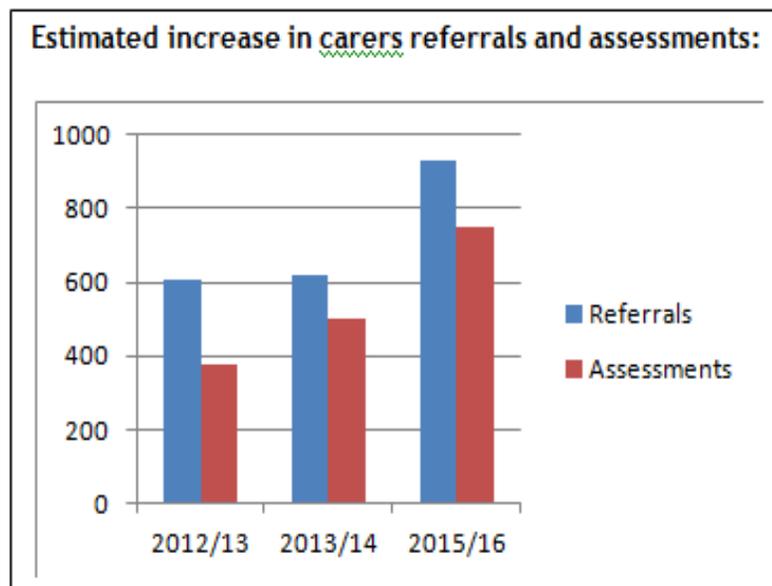
As a result, it is estimated that by 2025 the demand for residential care only will be down by over 75%; demand for nursing care down by 20% whilst the demand for dementia bed spaces will rise by 30% and nursing care with dementia care will increase by 40%.

Carers

Many people may not recognise themselves as carers and therefore do not come forward for support that they are entitled to. The 2011 Census in Dorset, for example, showed that only a small number of self-declared carers are actually known to the local authorities.



As the table below illustrates, the numbers of carers are expected to increase significantly over the next 2 years:



At the end of March 2013 there had been 609 (Bournemouth) and 376 new referrals to the Carers Service in the year. In the period 201-15 there were 1714 carer known to Poole of which 1,111 had an assessment. Even without an assessment carers can register to be on the information service and get advice and support.

Self-funders

There is on-going work to identify the numbers of self-funders across the three local authority areas and to understand the demand. Further detail can be obtained from the relevant local authority.

Poole's Self- Funding Team

The role of the self-funding team within Poole is to provide equality of service provision, the team consists of 5 members of staff who work both in the community and in the hospitals supporting self- funding clients via an assessments, with appropriate advice, support and promoting best value for money services.

People with advocacy needs

Implementation of the Care Act 2014 is likely to drive an increase in demand for advocacy as more people will be encouraged to seek advocacy support. As it is difficult at this stage to ascertain what this increased demand will be, all three authorities are closely monitoring the take up of advocacy in 2015 to inform future commissioning.

Dorset CCG commission an advocacy service for individuals who are currently entering the continuing Healthcare appeal process. Access to the service is also available to those that were previously funded and received a 'not eligible' decision.

The Care Act requires local authorities to support self-funders to gain access to information, advice and brokerage support.

Our Picture of the Current State of Supply

Accommodation-based services

Residential care

The figures below summarise the current care home capacity across the region:

Number of care homes			
	Bournemouth	Dorset	Poole
Nursing	18	47	16
No Nursing	94	129	18
Learning Disability	28	30	13
Rehabilitation	8	5	2
Substance misuse/rehabilitation	3	1	-
Total	123	182	36

Number of service users in residential placements in May/June 2014			
	Bournemouth	Dorset	Poole
No. service users in placements	853	1335	498
No. out of county placements	66	476	27
No. contracts with residential and nursing providers	176	417	146

Number of placements made by the Clinical Commissioning Group

May 2014	June 2014
605	602

Sheltered and extra care housing

The table below shows the sheltered and extra placements that are contracted across the region for Adult Social Care:

Scheme	Units - Bournemouth	Units - Dorset	Units - Poole
Extra Care	209 (mix of extra care for frail elderly, dementia and physical disability 55+/65+)	195 units in four schemes. One scheme of 50/60 funded by HCA due on site 2015.	81 units across 2 schemes for older people and vulnerable adults
Supported housing Cat 2/ Older People	1080 (providing low support, which constitutes welfare checks and/or weekly visits – although one unit provides high support)	C 5000 units from about 25 providers – low Support typically 20 minutes per service user per week	1857 across approx. 45 Schemes.
Mental Health Supported housing	237 (range of short term/high/medium and low support plus mental health floating support service)	33 short term 59 long term plus recovery house for 6 service users commissioned by CCG.	Approx. 40 across 4 Schemes with a range of short term medium and low support.
Single Homelessness	199 (4 tier single homelessness pathway - entry at relevant tier to individual's needs)	Single Homeless, Drug and Alcohol & Offenders all supported under one generic social exclusion	11 units in 1 supportive accommodation

		service. 100 units of accommodation provided across the County (15 high support, 85 medium support)	
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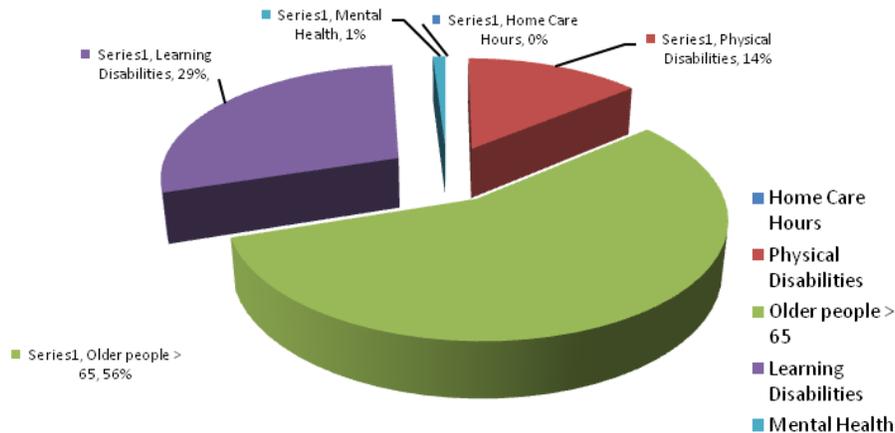
Scheme	Units - Bournemouth	Units - Dorset	Units - Poole
Drug/Alcohol	80 (medium to low housing related support)	See single Homeless	as above
Learning disability	79 (range of high to medium support) 69 Units (Floating Support)	C300 units of dedicated housing with support.	105 units across 10 Schemes with a mixture of levels of on site support and visiting support
Physical disability	54 (warden-style low support although one provider offers high level housing related support)	4 units – provision generally in adapted sheltered or general needs housing	Physical dis/Sensory Loss 29 units across 2 Schemes addition we have adapted provision in general needs housing.

Scheme	Units - Bournemouth	Units - Dorset	Units - Poole
Younger people	53 (range of short-term low/medium and high support)	148 units of accommodation (30 high support, 10 high intensive and 8 specialist high support)	57 units across 2 Schemes. 1 being low level support in a Foyer and the second provision being high level support.
Teenage parents	20(one provider offers medium support, the other low support and also liaise with Children's Services)	No provision in Dorset service decommissioned 2013.	2 units specifically for teenage parents with intense wrap around support
Woman's refuge	18 (hostel for individuals fleeing domestic violence)	One countywide integrated service with 18 units of accommodation across two Refuges and Countywide outreach support.	13 units in 1 Refuge with an additional 5 satellite units
Offenders	16 (supported accommodation providing housing related support to people released from prison)	See single Homeless. Two dedicated beds one in the east and one in the west for Young Offenders 16 -18	9 units across 2 supported accommodations

Home care

Bournemouth Borough Council

The chart below shows the percentage of home care hours delivered per service user group based on data available at 31.3.14. Total hours 11594



Bournemouth has developed a framework of 7 home care providers, 3 supplementary providers and a number of spot providers including some Campus providers. The framework provides 80% of Bournemouth's home care business. Framework providers are expected to be able to provide personal and practical support services to adults over 18 and across all client groups. If an individual requires support beyond the skills available within the framework it may be appropriate for the service to be provided by a specialist provider, this may include individuals with brain injury, epilepsy, sensory loss or behavioural difficulties amongst others.

Bournemouth Borough Council In-House provide services to 58 service users, this equates to 8% of all individuals receiving homecare funded by Bournemouth Council. Re-ablement services are currently provided for up to 6 weeks for people aged 65 and over. The council plans to roll this offer out to all age groups.

Dorset County Council

Dorset County Council In-House provide services to 4 service users, this equates to 0.2 % of all individuals receiving homecare funded by the council. This excludes re-ablement hours.

Dorset has developed a home care support framework of 9 Older People 1st tier framework providers, 17 second tier framework providers, 40 providers on the Learning Disability framework, and a number of supplementary providers in addition to this. Framework providers are expected to be able to provide personal and practical support services adults over 18 and across all client groups.

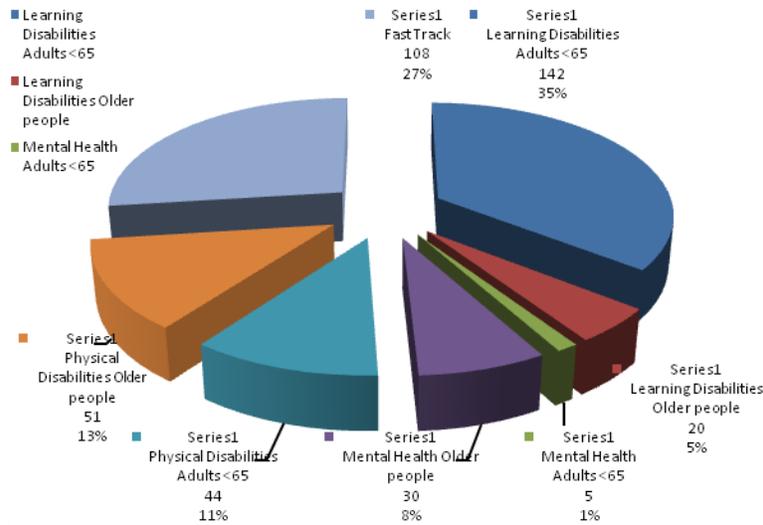
Dorset NHS Clinical Commissioning Group

NHS Dorset CCG as of June 2014 were funding 400 home care packages equivalent to almost 21,000 hours of care per week. Brokering of home care is procured through the local authority

brokerage teams and commissioned by NHS Dorset CCG. As the CCG utilises the brokerage services of the local authorities our shortfalls in availability of care are included within the Local authority narratives.

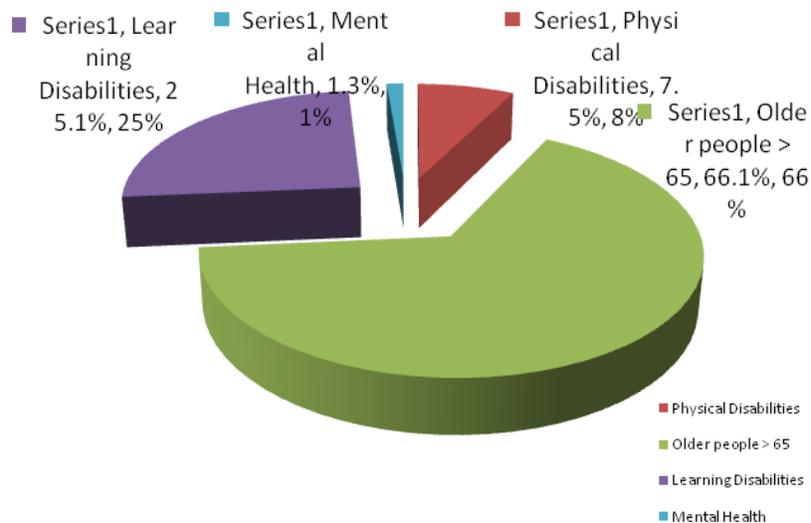
The figures exclude the provision from our fast track service which currently provide over 1300 hours per week for end of life care and support in the community.

The table below shows the number of care packages provided in the first quarter of 2014/15.



Borough of Poole Council

The following charts show the breakdown of the community services provided by service user groups as at 31.3.14.



This chart shows the percentage of home care hours delivered per service user group (based on data available at 31.3.14).

The Borough of Poole does not have any generic in house home care provision.

Poole has developed a generic framework of 8 home care providers and a number of supplementary providers in addition to this

Framework providers are expected to be able to provide personal and practical support services adults over 18 and across all client groups.

Poole has a separate care and support framework for adults with a learning disability and or autism with 20 providers, which includes housing related support services as well as supported living.

Re-ablement provides people with a stepping stone to independence and can support them to regain life skills and control after a period of ill-health, a hospital or residential stay, a fall or an accident.

In Poole the re-ablement service is called START. Start is provided to people with the aim of regaining daily living skills and reducing or removing the need for long term home care services. The service aims to have provisions set up within 3 working days where capacity allows, and will:

- Work over a short period of time with adults who are finding it difficult to manage their personal care or daily living needs
- Help people to achieve or optimise independence
- Be pivotal in providing Adult Social Care staff with clear evidence of further eligible or self-funding needs.

Equipment Services

Pan-Dorset

Nottingham Rehab Service (NRS) was recently awarded the contract for community equipment services across the region. The recycling loan model will replace the retail model for equipment provision across the county. As well as the existing site in Wallisdown Road, NRS will be opening an office in Dorchester.

NRS are the leading provider of Community Equipment to the NHS and local authorities, delivering 1.4 million products to people's homes each year. The new service includes delivery, collection, recycling, repair and maintenance as well as two-man delivery teams, a mobile assessment unit, daily living assistance packs and enhanced customer service.

Advocacy Services

Pan-Dorset

Bournemouth, Poole and Dorset have tendered a contract for advocacy support for people who need an Independent Mental Capacity Advocacy (IMCA) and for those who are subject to Deprivation of Liberty Safeguards (DOLS).

Independent Mental Health Advocacy (IMHA) has recently been reviewed and re-commissioned jointly with Dorset Healthcare Trust.

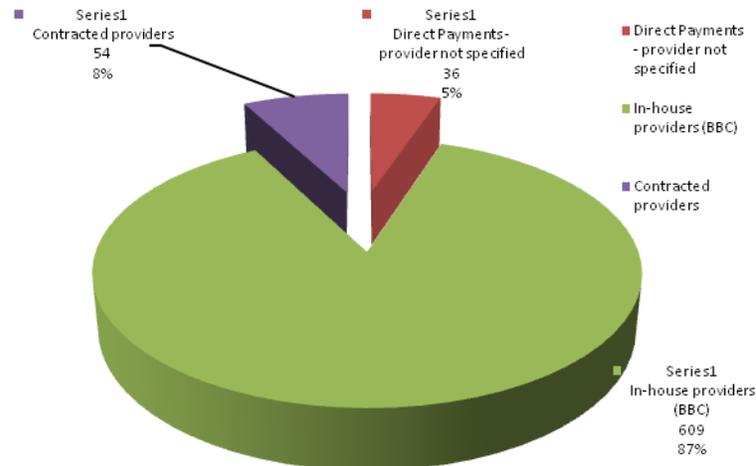
Bournemouth and Poole will continue with their existing arrangements for people with advocacy needs that aren't covered by either DOLS or IMCA, whilst Dorset are tendering on a short term contract. This is because it is not clear by how much demand is likely to increase after introduction of the Care Act. All 3 authorities will closely monitor the volumes of cases over 2015/16 to take a view as to how this should be commissioned in the future.

The Care Act 2014 is likely to drive an increase in demand for advocacy as more people will be encouraged to seek advocacy support. It is difficult to establish what this increased demand will be.

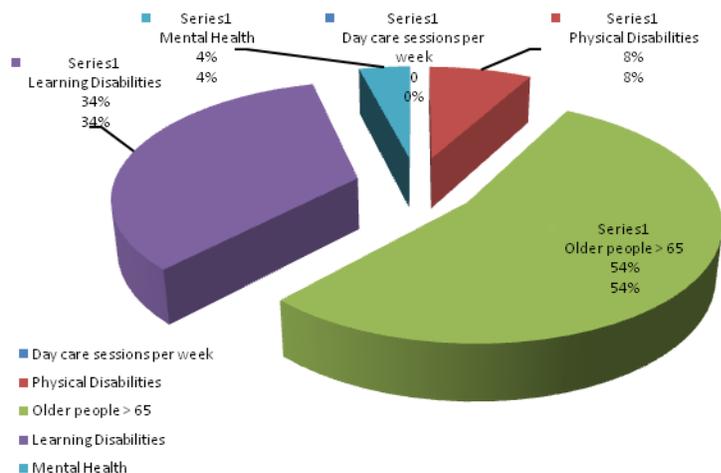
Day Opportunities

Bournemouth Borough Council

Currently 699 service users receive day services funded by Bournemouth; these are provided by a mix of in house and external day service providers. There are 11 non-BBC providers contracted to support BBC funded service users. Some learning disability residential homes provide alternative day centre services to their residents, included within their residential fees following a variation to their current residential contracts.



The following chart shows the percentage of day care sessions delivered per service user group (based on data at 31.3.14 1845 ½ day sessions pa)



With effect from July 2015 day services will be transferred over to a Local Authority Trading Company but will be still funded by Bournemouth Borough Council.

Dorset County Council

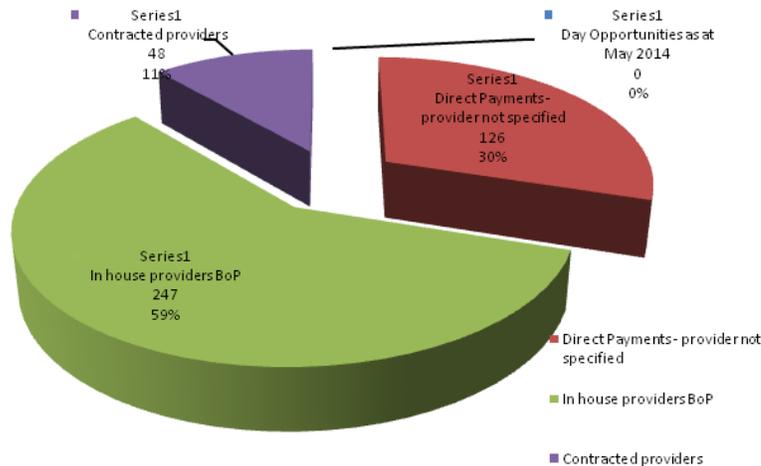
As at 31 August 2014, 1242 service users were receiving day services funded by Dorset; these are provided by a mix of in house and external day service providers. . Some learning disability residential homes provide alternative day centre services to their residents, included within their residential fees following a variation to their current residential contracts.

The table below shows the breakdown of projected spend on day care provision per service group based on 2015/16 data.

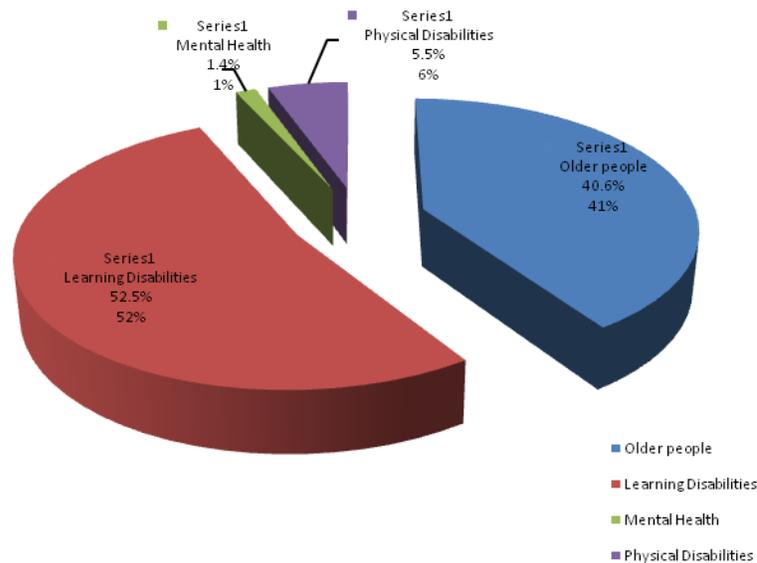
		Learning Disabilities	Mental Health	Older People (>65)	Physical Disabilities
External	Day Services	£789,600	£12,500	£17,000	£73,000

Borough of Poole

As at 31/5/2014, 421 service users receive day services funded by Poole; these are provided by a mix of in house and external day service providers. There are 48 non-Poole providers contracted to support Poole funded service users. Some learning disability residential homes provide alternative day centre services to their residents, included within their residential fees following a variation to their current residential contracts.



For Week ending 31/3/2014, Poole delivered 1370 Day Care Sessions the percentage breakdown is shown below:-



Support for Carers

Services and support for carers have developed differently in the three local authority areas and there is now an opportunity to co-ordinate these services as part of a Pan-Dorset approach under the Better Together Programme. There are currently 2 separate Carers strategies which are aligned to delivering the objectives of the national carer's strategy, although delivery mechanisms and access criteria vary.

The Care Act places carers on an enhanced footing alongside service users and other recipients of support, and subject to determination of substantial impact of their caring role, may in themselves be eligible for an individual budget.

Information and Advice

Pan-Dorset

Bournemouth, Poole and Dorset are working together to ensure good quality adult social care information, advice and support is available to the whole population across the region. The 'My Life My Care' online directory aims to help people to lead independent lives and features a wide range of information, from how to access help around the home and personal care services to dealing with money worries, keeping active, mobile and safe. Advice and information, including that on universal services, is provided on health and wellbeing, transport, home adaptations, daily living aids and much more to help people, and their carers, make informed choices about their lives and care and support needs.

Access to the internet is available in a number of sites, such as libraries, across the region.

Bournemouth Borough Council

Bournemouth currently spend in the region of £300k with the third sector market on low level support, information and advice. This provides a range of different activities and is focussed on preventative services.

The 'Information for Living' stands in Bournemouth are based in the community e.g. community centres and libraries, and provide a range of information to support people to maintain health, wellbeing and independence. These are regularly monitored to provide an understanding of the information that people are interested in across the town. Top topics currently are information for carers, healthy eating and leisure and social opportunities.

Poole

Poole is reviewing its wider information offer in the light of the Care Act. The Adult Social Care Helpdesk continues to act as the single point of access for care and support services from the Borough.

The Poole Well-being Collaborative, through its Social Prescription Service, provides information and advice to individuals who are referred to the service on how they can connect/reconnect with their local community in an activity of their choice. This is largely informed by the knowledge database which is held internally and is continually updated.

Alongside this they produce a monthly e-bulletin which gives people information on 6 hot topics each month, each related to an aspect of health and well-being. Anyone within the Borough can be added to this mailing list if they wish to receive a copy.

Poole Well-being also has a website as well as Twitter and Facebook accounts which we also use to pass on relevant information. They recognise that there is a need to use various media to try and get information out but also that for many people access to a computer is not a reality.

Current and Future Levels of Resourcing

Financial

Local authority budgets are subject to significant challenge and were reduced by about 25% between 2011 and 2014 following the Comprehensive Spending Review. Further reductions have been anticipated in 2015 as the result of a further round of spending cuts. The challenge is heightened by legislative reform set out in the Care Act and policy drivers about health and care integration encapsulated in the Better Care Fund.

The Better Care Fund creates a local single pooled budget to incentivise the NHS and Local Government to work more closely together around

For example, Dorset County Council will need to achieve £16m savings in Adult and Community Services in the coming three years, in addition to managing down the adult social care on-going demand pressures of approximately £3m per annum. The Borough of Poole have a wider savings target of £8.8m to be achieved over the next two years.

It is clear that resources continue to reduce across all agencies whilst responsibilities increase. Transformational change is therefore the only option to manage this challenge.

Adult continuing healthcare continues to be a financial risk to the CCG with a significant risk year on year, in expenditure. The organisations eligible numbers and care costs more than a significant outlier compared to the national average. Dorset CCG has committed to manage the on-going demand for the service by taking steps to support public demand and market management. The CCG will undertake this jointly with Council partners.

Workforce

The size and breakdown of the social care workforce across Dorset, Poole and Bournemouth as reported at 2014 is shown below:

	Registered manager	Social Worker	Senior Care Worker	Care Worker	Other job role	Totals

	Registered manager	Social Worker	Senior Care Worker	Care Worker	Other job role	Totals
Total Number of Staff Employed	214	338	919	5,845	4,012	11,328
Permanent Staff	214	310	909	5,743	3,941	11,117
Permanent Staff (%)	100.0%	91.7%	98.9%	98.3%	98.2%	98.1%
Temporary Staff	0	28	10	84	70	192
Temporary Staff (%)	0.0%	8.3%	1.1%	1.4%	1.7%	1.7%
Apprentice (directly employed by respondent)	0	0	0	18	1	19
Apprentice (directly employed by respondent) (%)	0.0%	0.0%	0.0%	0.3%	0.0%	0.2%
Vacancies	2	21	28	226	78	355
Vacancy Rate	0.9%	5.8%	3.0%	3.7%	1.9%	3.0%
Employed Staff Started	32	52	178	2,154	805	3,221
Employed Staff Started (%)	15.0%	15.4%	19.4%	36.9%	20.1%	28.4%
Employed Staff Left	24	44	141	1,742	640	2,591
Turnover Rate	11.2%	13.0%	15.3%	29.8%	16.0%	22.9%

Whilst staff turnover and vacancy rates are marginally lower than regional stats (Southwest region turnover rate 25.2%) and nationally (23.4%), they are still significant to cause a problem for recruitment, particularly in relation to Care Workers. With such a high number of non-declared reasons (45%) for staff turnover it is hard to draw a conclusion, other than pay is not necessarily the main driver and that there may be some movement of people around the same sector.

At the same time, the age profile of the workforce significant challenges in recruiting younger people into the care and health sector. We are currently working with the local University and care providers to address this issue, which will help to improve the workforce situation.

The challenges for workforce commissioning for the future will require solutions that will include different delivery models and thinking more

The Centre for Workforce Intelligence has a 50% less growth rate in the working age workforce, with a **7 year projected decline in working age population.**

innovatively about how we attract and sustain a workforce to meet demand.

To support the work of commissioners across Dorset we have now put in place a dedicated role within Commissioning to support workforce development. This role will work to the Lead Commissioner for Health, Older People, PD and carers and:

- support the issue of workforce development across the directorate service areas including LATC and external service providers
- To work closely with commissioning leads to seek effective commissioning solutions to address workforce development capacity building
- To build effective partnerships across statutory services, voluntary and private sector, including Dorset LEP to address workforce and economic development
- Seek funding opportunities to support development work in partnership with other services
- Work in partnership with commissioners, business partners, Public Health, the Business Innovation and the Systems team, statutory and non-statutory partners to develop creative and innovative solutions to workforce development and capacity building
- Share good practice locally, regionally and nationally around economic and workforce development across Dorset CC and external partners

Our Commissioning Intentions

Listed below are those activities which the Better Together Partnership intends to engage in over the next few years:

People with dementia

- Work across the residential market to expand dementia capacity and improve the overall quality of care.
- Commission less residential care alone and commission more residential care with dementia and residential nursing with dementia. For example, Bournemouth plan to increase residential bed capacity for people with dementia over the next 5 years by re-designing existing residential services. Poole is also looking to develop care home capacity for people with dementia.
- Work with voluntary sector providers to deliver more specialist support for people with Dementia.
- Develop services that connect people with dementia into their community and to develop 'dementia friendly' communities.
- Dorset CCG is committed to working with existing and new dementia care providers as they move into the area, as well as redesigning their commissioning model from 'spot

purchasing' to a more longer term commitment to increase availability within the market place.

Support for carers

- Raise the profile of unpaid carers so they are supported in maintaining their caring roles.
- Develop the carers service to expand options for respite/short breaks.
- Stimulate a range of other services and support to offer carers that will have a positive impact on their health and wellbeing.
- Promotion of peer support and moving to model of 'pump prime' local groups and organisations
- Commission advocacy support for carers. (currently available under spot purchase arrangements within DCC existing contractual provision with advocacy services)
- Carers reference strategy groups and developing role in service shaping

Accommodation-based support

- Facilitate a range of accommodation options, including extra care housing, to meet the needs of people who cannot safely remain in their own home.
- Look to establish a shared ownership model for Extra Care schemes.
- Work closely with housing providers to identify new solutions to support individuals to live independently.

Community care and prevention

- Consolidate the number of home care providers and community services to be able to offer a more diverse range of service delivery.
- Given the challenge of workforce availability described previously, we plan to take a joint approach to providing care and support at home. Contracts will be aligned to enable a joint tender of a service that will have an emphasis on enablement.
- Remodel the entire rough sleeper and single homeless landscape.
- Tender all floating support services across Bournemouth and Poole
- Facilitate services that are responsive to the needs of hard-to-reach groups, including those who live in more remote rural or coastal areas
- Further develop services to prevent social isolation and loneliness, including use of social media to create social networks.
- Work with Public Health to develop a longer term approach to prevention.
- Develop self-help and self-management tools to support individuals and carers.
- Develop a range of other opportunities in the community. Providers will be expected to support people to do this for example, through linking people to lunch clubs rather than have a microwave meal at home.

- As an alternative to in-patient hospital care, develop and increase community based provision and specialist residential care for the support of people with a learning disability in crisis who may exhibit behaviour which challenges.

Processes to support this

- Agree and publish a joint health and social care commissioning plan.
- Encourage provision of services that are designed to achieve defined outcomes for individuals and thereby promote independence.
- Develop contract arrangements that are designed to encourage choice, quality, maintenance of standards and accountability in service provision.
- Develop flexible service delivery in times of inclement weather.
- Any strategy development that is undertaken will require either an element of engagement or full co-production dependent on the most relevant approach related to the impact on the general public, groups or individuals.
- To achieve this we will seek input from reference groups and individuals to support this approach and welcome expressions of interest from those who are keen to get involved.
- Work to ensure that fee levels within the care market are proportionate to the 'usual' cost of care and that the recent High Court Judgements are considered when doing so.
- Regularly check the financial status for all contracted services and develop a risk management tool.

Models of Practice that we Encourage

Residential care for complex needs

- All parties are interested in approaches from any sector to meeting complex needs through residential care. This needs to link with the challenges currently being faced in relation to lack of workforce in the area so alongside solutions for care, there needs to be innovative approaches to attracting people into the social care workforce to ensure that services are sustainable.
- In Bournemouth, the Council are looking to increase residential bed capacity over the next 5 years by re-designing some existing residential services and this demand creates opportunities for providers to work with the Council.
- The Borough of Poole is looking to increase its care home capacity by exploring the potential to develop its own care homes.

Housing with Care

- Poole intends to further develop 'Housing with Care' options that support older people and other vulnerable adults and is interested in approaches from the market.

Innovative support for carers

- We would like to hear from providers about innovative ways to support carers to maintain their caring role.

Community ICT support to promote independence

- We welcome expressions of interest from any companies, groups or individuals who are able to support people to use information technology to increase their independence.
- This includes those who have never actively used ICT, and those who have lost confidence in day to day tasks through experiencing traumatic events.
- We will consider sponsorship arrangements with private companies to achieve this.
- We are keen to identify new opportunities to make access to the internet available either in community settings or individual's homes. This would support a longer term aim to provide some on-line real time support to people in the community.

Community capacity building

- We will encourage communities to develop their own responses to issues of social isolation and prevention in relation to hospital episodes and the need to access adult social care services.
- Empowered people, staff and partners are skilled, empowered and valued
- We welcome approaches using technology, ideas for community response activity and other ideas to help combat social isolation and improve personal safety in the home.
- We are committed to working in partnership with the voluntary sector and are keen to identify opportunities to develop a wide range community services including sign-posting services for advice and support to more complex advocacy casework.
- Bournemouth is looking at developing volunteering opportunities across the town to support the Council's community objectives; this offer is currently under development. Poole are looking to further extend opportunities in partnership with the Poole Wellbeing Collaborative.
- We would like to hear from micro businesses that offer potential alternative day opportunities.
- Befriending will play a significant role in encouraging vulnerable people to get involved in activities and assist people to find ways of keeping active, e.g. getting to and around shops. We welcome approaches that support people to maintain active lifestyles.
- Work is currently underway by Dorset CC to develop our model for PA support and register within the. This will provide opportunities for both individual personal assistants and organisations looking to diversify into providing support and maintenance of a PA register within our local market

Information and advice

- Informed consumers exercising choices obtaining timely support which reduces the need for long term and costly support and enhances wellbeing and independence.
- We will continue to develop guides and tools which allow people to plan for themselves and to reduce dependence on adult social care funding and services.
- Placing these tools on line will allow people who are not supported by the local authorities to take advantage of information they would perhaps not previously have access to.
- The information and advice will, where possible, be provided in the manner preferred by individuals and will not be met through the sole use of the digital solution.
- Information and advice will help people to stay healthy and well and support people to take responsibility for their own care.

Co-production

- Any strategy development that is undertaken will require either an element of engagement or full co-production dependent on the most relevant approach related to the impact on the general public, groups or individuals.
- To achieve this we will be seeking input from reference groups and individuals to support this approach and will always welcome expressions of interest from any groups or individuals who are keen to get involved.

The Providers We Want to Work With in Future:

We intend to foster close working arrangements with future providers and anticipate that these organisations will work in partnership to achieve the changes in service delivery that are outlined in this paper. We believe that the best providers in this developing relationship will be:

Person Centred	Flexible & Innovative	Competent and skilled
Work to achieve agreed outcomes for individuals, designed to promote maximum independence	Operate generically – working across traditional “client” groupings but with appropriate specialist support where needed	Be prepared to diversify; responding to emerging needs
Increasingly contribute to assessments, service planning and reviews	Flexible and adaptable reflecting changes in need and ambition.	Ensure employees are equipped with the skills necessary to achieve high quality services
Take a person - centred approach and involve their customers in shaping services	Demonstrate innovative ways of working	Be committed to equality and fairness and alert to any safeguarding issues
Maximize the resources available to the person from their immediate area of support and from the community	Engage with the Council in a proactive manner to promote change and improvement	Actively market their services and work together in collaborative and consortia arrangements

Consultation with, and involvement of people in receipt of services and their carers will continue to be a high priority for commissioners. Providers will be expected to incorporate these approaches into their everyday ways of working and ensure that their staff are fully conversant with these principles.

We would like to work closely with the voluntary sector to deliver innovative prevention services for all.

Providers will need to consider the challenges of recruiting people into the sector and innovative approaches are welcomed.

How we Support the Development of Our Key Priorities

Workforce development

- We are keen to support and facilitate opportunities to increase capacity in the home care workforce and in any aspects of care provision where there are recruitment issues due to a lack of available workforce.
- We will expect service providers to work together and with us on ideas to meet workforce gaps and support with solutions wherever possible, particularly in working together.
- The local authorities are able to support providers with their training requirements and either provide or facilitate quality training opportunities at a cost to ensure that staff are equipped to meet the challenges of service changes and deliver the quality expected by citizens.
- In Bournemouth and Poole, we have developed a 'Proud to Care' brand that we are using to support providers with both attracting new staff into their workforce and to recognise existing staff and we continue to seek new and innovative ways of increasing this workforce and overcoming any negative connotations of working in care.

Community development

- We are committed to working in partnership with the voluntary sector.
- The Council for Voluntary Service in all areas is able to support voluntary organisations in developing and delivering services.

References and useful links

Bournemouth Borough Council

<http://www.bournemouth.gov.uk/PeopleLiving/BournemouthStatistics/Themes/PopulationMigration/Population/Population.aspx>

Bournemouth Council for Voluntary Service

<http://www.bournemouthcvs.org.uk/>

Care Act (2014)

<http://services.parliament.uk/Acts/2013-14/care.html>

Caring for our future (2012)

<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

My Life, My Care

<http://www.mylifemycare.com/>

Pansi<http://www.pansi.org.uk/>

Poppi<http://www.poppi.org.uk/>

Putting People First

(2007)http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

Think Local Act Personal (from 2011)

<http://www.thinklocalactpersonal.org.uk/>

Vision for Adult Social Care

(2010)http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121508