

Market Position

Statement

2016



1. Strategic direction

Bolton Council (the Council) in partnership with Bolton Clinical Commissioning Group (CCG) wishes to stimulate a diverse market which offers good quality health and social care services as the standard expectation and a real choice for customers.

Due to the anticipated significant increase in health and social care need and fiscal challenges it is necessary to upscale early intervention and prevention to ensure that customers can self-care and remain as independent as long as possible.

To achieve this:

- We will focus on commissioning high quality services which deliver value for money
- We want a care market that offers the customer choice in how, where and from whom they receive their care and support
- We want to enable independence, self-care and community asset based models so that people avoid expensive specialist, residential care and health services for as long as possible
- We will only work with providers who can clearly demonstrate a commitment to delivering high quality care and who place dignity, compassion and respect at the heart of their service
- We will aim to work with the market to develop early intervention/prevention support that helps demand management and to reduce harm, prevent, reduce or delay needs from escalating and avoid care home and hospital admissions
- We will aim to work with providers to build capacity in existing services where gaps are identified
- Investment for longer term prevention and early identification with targeted interventions for those most at risk of poor health and wellbeing, as well as to ensure all children get the best start in life and the wellbeing
- For fully integrated locality based services - across Bolton CCG and the Council – with a specific focus on building on current strengths within primary care delivery
- For safe, efficient and effective quality secondary care services – across the North West Sector of GM.
- For delivery at scale of services across a larger footprint – across GM commissioners
- Outcome-based contract models with providers – which require collaboration between different agencies and new provider solutions in order to deliver the radical shift required from reactive to proactive and preventative care
- Full implementation of the “Bolton Offer” – with clear, evidence-based decisions on which treatments and services are commissioned for Bolton people
- Effective engagement of the whole public sector, voluntary sector and the population and utilisation of community assets/groups for preventive health and wellbeing and ensuring the individual is at the centre of changes to promote self-care, choice and control

Our five year Bolton Locality Plan takes this further by specifically delivering significant reform through the following:

- Population segmentation with interventions commissioned to target needs and making pump-priming investment to enable a longer term reduction in unplanned hospital admissions and long term care placements (reactive care) to proactive and preventative care
- To focus on secondary prevention on those who have started to become ill and to stop them requiring significant health and care intervention within the next few years

Greater Manchester (GM) Devolution presents a significant opportunity for Bolton to be involved with shaping and developing new, fully integrated models of care in order to achieve better outcomes for individuals and tackle fiscal challenges facing all GM partner organisations. However, the pace and scale of the global task presents a risk that the importance of reformed social care as a central component of devolution maintained as a key priority.

Much of the health and social care integration work to date has focused on the integration of assessment and support planning functions; there has been less of a focus up to now on how key providers on the whole pathway of care, such as care home and home care, providers can support integrated service models.

GM is seeking to develop a system of community care that enables people to step up/step down their support flexibly and easily, ensuring people receive the right type of care at the right time. Currently too many people are going into residential and nursing care, particularly from hospital, in part because of a lack of clear and planned alternatives. Achieving this vision will require a more coordinated approach with providers, working together as part of an integrated system.

The Care Act 2014 has made significant changes to adult social care including fundamental reform to place a stronger emphasis on prevention, information and market shaping. Councils have a duty to provide information and advice relating to care; it gives carers the right to be assessed and access support where eligible (in addition to support for the people for whom they care);

and includes measures to ensure the ‘portability’ of care provision for people who move from one area to another.

To achieve these changes, the Council needs to ensure that citizens:

- Receive services that prevent their care needs becoming more serious
- Have access to information they need to make informed decisions
- Have a good range of providers in an overarching framework for care and support focusing on their wellbeing

In meeting the ambition for Bolton and Greater Manchester we will continue to work in collaboration with partners on the Locality Plan and other programmes to integrate health and social care which will deliver both outcomes for service users and more strategic objectives around the Bolton Vision to improve health and well-being, economic prosperity and narrowing the gap.

2. About the statement

A market position statement sets out to identify what the care and support market looks like. It provides a starting point for discussions between the Council, Bolton CCG, local providers and other commissioning organisations.

It contains information about:

- What Bolton looks like in terms of current and future demography and service provision
- The Council's / CCG's commissioning intentions.
- The Council's / CCG's vision for how services might respond to the changing needs for care and support in the future.

This is Bolton's second version of Market Position Statement. We know there are areas which will need further work to improve the information we hold. It is our intention to continue to work with service users, carers, partners, providers and commissioning organisations to improve our intelligence and data so we can help you with your business planning in future years. In these cases we have outlined what work we are currently undertaking to improve our knowledge of the local market.

3. Key messages in the statement

The Council / CCG expects to see an increase in the number of:

- Older people with multiple care and support needs
- People with mental health problems including a large increase in those with dementia
- People with learning disabilities and autism and increasingly complex needs
- Vulnerable people living alone
- People with caring responsibilities
- People who are funding their own care
- People who receive direct payments in order to arrange their own care

The Council currently commissions or provides care for approximately 6,600 people each year. A further 4,000 people receive a one-off intervention such as equipment or a period of short term support such as Home Support Reablement each year.

With an ageing population the demand for social care services is continuing to rise year on year. In particular we expect there to be an increased demand for:

- Services which enable someone to remain independent for longer such as reablement, equipment, adaptations or telecare
- Community based services such as Home Care
- Residential care services for older people particularly for people with dementia and enduring mental illness
- Direct payments
- Day activities for vulnerable people
- Services to support carers such as respite
- Early intervention and prevention support

Generally the supply of care and support services in Bolton is a mix of local authority, voluntary sector and independent sector.

The mix varies depending on the service.

- There is currently an adequate supply of residential

care beds and there have been recent developments which have increased the overall supply.

- There is currently a minor gap in residential and nursing care home beds for people with dementia and particularly those with complex needs. These will need to be affordable and will seek to ensure people remain in Bolton
- There is a requirement for remodelling of 24 hour supported living for people with learning disabilities and mental health. This will seek to ensure people with these needs remain in Bolton
- There is a need for community based interventions linked through community hubs run on a voluntary basis to provide a wide range of accessible support and activities to improve the health and well-being of citizens

Our commissioning activity reflects our strategic direction and responds to our changing picture of demand.

- The Council and CCG will continue to plan to integrate health and social care services
- We have a strong ambition to work closely with providers, to coproduce models of services and ensure there is a level playing field regardless of the size or type of organisation
- We will encourage providers to innovate and design services which provide the specialist support required for people with dementia
- Our aim is to stimulate and assist providers in developing new models of care and support which deliver sustainable outcomes, quality and value for money
- We want to encourage providers who can demonstrate a person centred focus and can evidence their achievements on outcomes, reablement and enhancing independence
- We will work with providers to ensure that service users can access better quality information particularly those providers that provide services for self-funders and those with Direct Payments

We know that at the end of March 2015, there were approximately 6,600 people receiving on-going care services funded by the Council. Based on population growth we can expect this to increase by around 37% over the next 10 years.

4. Quality and performance

The Council is committed to commissioning high quality services which are safe and deliver good outcomes for services users. We will work with providers who can consistently demonstrate that their services are safe and of high quality.

CQC's fundamental standards and ratings system sets the benchmark for the quality of care people should expect from their provider. Our expectation is that providers are judged by CQC to be 'good' or 'outstanding'

In addition we expect social care providers to meet our own rigorous standards for delivering high quality care. These standards are monitored as part of our Quality Assurance Framework for commissioned services.

Measuring and publishing information on health and social care outcomes is important for encouraging improvements in quality in care. The NHS Outcomes Framework 2015/16 and the Adult Social Care Outcomes Framework 2015/16 contain a number of indicators selected to provide a balanced coverage of NHS and social care activity and set out the high-level national outcomes to be improved. Our commissioning performance is measured nationally on this and therefore we will be seeking to incorporate these into service specifications.

Indicators in the NHS Outcomes Framework are grouped around five domains:

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill-health or following injury
4. Ensuring people have a positive experience of care
5. Treating and caring for people in safe environment and protecting them from avoidable harm

Indicators in the Adult Social Care Outcomes Framework are grouped around four domains:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

In Bolton, 78% of providers who have been inspected under CQC's new regime are rated as 'good' or

'outstanding' (65% nationally). Whilst this is the majority we, and the people who use services, expect this to rise as we work together to improve standards.

The greatest area of concern is often due to:

- A failure to investigate incidents properly and learn to avoid in future
- Ineffective safety and risk management systems
- Issues with staffing levels, training and support (in hospitals and adult social care)
- Unsuitable environments and poor or infrequent checks on equipment (in adult social care and to a lesser extent GP practices)
- Poor quality leadership
- Administration of medication

We expect providers to be able to demonstrate that where they do require improvements to be made, they make positive steps to improve the situation for service users as quickly as possible.

Providers should aspire to be 'Outstanding'. In particular providers should:

- Promote an open culture, where any issues can be raised freely by people who use services or staff and are addressed quickly
- Work well with local care partners and have strong links with the wider community
- Develop a culture of continuous improvement – seeking to recognise, celebrate and share good practice

For non-social care/voluntary sector providers the quality of the service still remains important to the Council and CCG and therefore we will look at the opportunities to develop quality marks.

In some circumstances we will reward providers who can demonstrate they are delivering high quality care. For example, from 2016 we will pay providers of Home Care who are on the Council's framework agreement an enhanced payment if they meet certain quality standards. This is a model that we are keen to implement in other areas of care such as residential care. We believe this approach will drive up standards and have benefits for service users and providers.

5. Growing needs

It is expected that the demand for services will be largely driven by changes in the local demographic profile and the health and care needs this leads to.

Disability

The 2011 Census shows that 7.6% of Bolton's population aged 16 to 64 years (13,414 people) has a long term health problem or disability that limits their day to day activities a lot. The proportion of the population with a disability increases with age, rising to 56% of those aged 85+.

There is considerable variation across the borough in the proportion of people aged under 65 years with a long term health problem or disability that limits their day to day activities; ranging from 3% in Heaton and Lostock and Bromley Cross to 10% in Farnworth and Halliwell.

In 2014, approximately 4,100 adults (3% of the adult population) have a sensory impairment that limits their day to day activities. The incidence of hearing and visual impairments increases with age rising sharply after 75. For those people age over 75 with a visual impairment, half of them are serious enough to be registered as blind or partially sighted.

Half of the population of adults with learning disabilities in England live with their families, most of the remainder (33%) live in residential care. Only 15% of adults with learning disabilities have a secure long-term tenancy or their own home. This is in comparison with 70% of the general adult population who own their own home and nearly 30% who rent.

People with learning disabilities are one of the most socially excluded groups in our society and this is primarily a result of an historical segregation of services that unintentionally deny people their own home, choice and control and a decent income; factors which ultimately deny citizenship and social inclusion.

The number of adults with a learning disability known to the Council is approximately 650 people at present. Of these 17% are from an ethnic minority background with 8% Indian and 5% Pakistani.

The expected increase of people with learning disabilities is 5% in the next 10 years with people with Autistic Spectrum Disorder (ASD) increasing by 2%.

Changing needs for learning disabilities mostly relates to young people with learning disability, ASD and complex needs making the transition into adult services. This will

impact across a range of services. In 2016 it is estimated that there are 14 young people with ASD, 16 with a severe learning disability and two with a profound learning disability who will require continuing services. From SEND information we can estimate that there will be 35 young people with ASD in 2020 and 27 in 2025.

There will also be an issue with people with learning disabilities living at home as their carers become older. This may lead to either additional support being required to manage at home or alternative accommodation may need to be resourced for their dependants.

Mental health

The 2014/15 Mental Health Needs Assessment indicates that the adult prevalence of common mental health problems is likely to remain constant over the coming 5-10 years. Estimates for 2015 suggest 35,288 people in Bolton will have a neurotic disorder and 4,653 will have a phobia. Furthermore, 19,028 will have mixed anxiety and depression, 3,027 will have Obsessive Compulsive Disorder (OCD), and 507 will have panic disorder. Estimated prevalence of all mental health disorders in Bolton children aged 5-16 is 4,400. For those aged 65 and over, just 5.3% have poor wellbeing in the least deprived group compared to 18.6% in the most deprived.

Half of all cases of psychiatric disorders start by age 14 and three quarters by age 24, with some estimates suggesting the majority start before age 18. Estimates suggest that each year 1,270 Bolton children and young people will experience mental health problems appropriate to a response from Child and adolescent mental health services (CAHMS) at Tier 3 and 55 at Tier 4.

The latest 3-year pooled suicide and injury undetermined rate for England is 8.9 (per 100,000). The Bolton rate has fallen for the third consecutive period (now 9.5 per 100,000) and is no longer significantly different from the national rate following a decade of very high rates. Most emergency admissions for self-harm in Bolton are younger people. Self-harm (usually deliberate cutting/scratching) mainly occurs between ages 11 and 25 and rarely requires admission.

Older people

The increase in the older people's population is expected to continue, with a 32% increase in the number of people aged 70+yrs and a 43% increase in people aged 85+yrs over the next 10 years.

The wards that contain the highest concentration of people aged over 65 are Bradshaw, Heaton and Lostock, Horwich North East, Bromley Cross, Hulton and Little Lever and Darcy Lever.

Current and predicted population of Bolton aged 65 and over

	2014	2024
People aged 65-69	15,469	14,714
People aged 70-74	11,302	13,066
People aged 75-79	8,704	12,522
People aged 80-84	5,899	8,009
People aged 85+	5,419	7,736
Total population 65 and over	46,793	56,047

The latest census data identifies an increase in the proportion of people living in Bolton from an ethnic minority background from 11% in 2001 to 18% in 2011.

Dementia

Approximately 850,000 people are living with dementia in the UK. By 2025 there will be over a million.

1 in 14 people over the age of 65 have dementia and this rises to 1 in 6 for people over 80.

The number of people aged 65+ with dementia is expected to grow by 35.9% from 3,093 in 2015 to 4,203 in 2025. Approximately 76% of these have a formal diagnosis.

A quarter of hospital beds are occupied by patients with dementia and these patients stay in hospital longer than others with the same condition.

Falls

30% of people aged 65+ living at home and 50% of people aged 80+ living at home or in residential care will experience a fall at least once in a year.

This equates to approximately 20,000 falls per year in Bolton now and 25,000 per year by 2025.

Social Isolation

There are estimated to be between 3,670 (6%) and 4,705 (13%) people over 60 years who often or always feel lonely in Bolton today. These numbers are likely to increase with growth of older population.

6. Demand

Community based services

Bolton’s strategy is to keep people independent for as long as possible. Each year we support over 6,000 people in community based services such as home care and day services.

Recent years have seen a general decline in the number of people receiving community based services funded and organised by the Council – a result of people taking direct payments and the impact of signposting people to universal and prevention services. We anticipate this trend to flatten although take up of Direct Payments will continue to increase and have an impact.

- In 2014/15 the Council funded 521,337 hours of home care for 2,276 people
- We are projecting the number of home care hours delivered in 15/16 to surpass that of 14/15 and, because of increasingly complex needs, we expect an increase of 10% in the next 5 years and 25% in the next 10 years
- In 2014/15 the CCG funded Continuing Health Care for 497 service users, 148 service users received Funded Nursing Care and 5 had Personal Health Budgets. Similar levels are predicted in 2015/16

- In 2014/15 the Council placed 356 older people into local day services and we expect the demand for day support/activities will rise in future years
- In 2014/15, there were 320 extra care tenancies; 223 people were receiving care. The greatest demand coming from people over the age of 75 (63%). Demand for care is increasing from 93,000 hours in 2013/14 to 112,000 hours in 2014/15, an increase of 20%. The average hours care provided per week in 2013/14 was 1,775 hours; 2,123 hours in 2014/15 and 2,207 hours to August 2015. This is an increase of 24% from 2013/14 to 2014/15 whilst numbers receiving care has increased by 5% - an average of 212 in 2013/14, 217 in 2014/15 and 223 in 2015/16

Our survey of social care customers revealed that those receiving home care most valued continuity of staff, good timekeeping and consistency of care. Our survey found that home care service users are more likely to report a poor quality of life.

Adult Social Care User Experience Survey 2013

Number of people in services funded by the Council

(does not include those paying for services with a Direct Payment or those with non-eligible needs accessing prevention services.)

Adults in community based services	2012/13	2013/14	2014/15
Home Support	1,856	2,042	2,276
Equipment	3,714	3,976	4,134
Community Meals (at year end)	482	380	382
Day Care (older people)	460	445	356
Day Care (learning disabilities)	178	173	75
Day Care (physical disability)	46	35	27
Shared Lives	176	136	172
Supported Living	233	234	231
Extra Care	211	280	279

Accommodation based services

Demand for accommodation based services is increasing year on year for over 65s and we expect this trend to continue.

- The number of adults in state funded residential and nursing care has remained fairly consistent for the last 5 years at an average of around 1,200 a year
- In 2014/15, The Council placed 410 adults into permanent residential and nursing care which is a 33% increase on five years ago. The increase has come in the over 65 population
- The vast majority of admissions in 2014/15 to permanent residential and nursing care were for physical and sensory disability/frailty (71%); 26% were for mental health; and, 2% for learning disability
- The average length of stay in residential and nursing care for state funded customers in Bolton is currently just over two years but has reduced year on year
- We expect that demand for residential and nursing care for older people will increase by approximately 2% per annum but remain relatively static for 18-64 year olds
- In 2014/15, The Council placed 964 people in respite or short-term residential/nursing care (964 admissions – 423 people)

Number of adults admitted to state funded permanent residential or nursing care

	2010/11	2011/12	2012/13	2013/14	2014/15
Total number of adults admitted to permanent residential and nursing care (LA funded)	308	388	393	415	410
Number of adults aged 18 to 64 admitted to permanent residential and nursing care	16	22	23	23	28
Number of adults aged 65 and over admitted to permanent residential and nursing care	292	366	370	392	382

Our annual survey of families/carers of people living in residential care in Bolton has shown high levels of overall satisfaction with particularly good feedback for safety and security, staff and the quality of care.

According to our survey the most important factors considered when choosing a care home are: friendly and approachable staff; cleanliness; whether the home is responsive to individual needs and choices; and a relaxed homely atmosphere.

Intermediate care, respite and day care

Intermediate Care is a range of integrated services to promote faster recovery from illness; prevent unnecessary acute hospital admission; prevent premature admission to long-term residential care; support timely discharge from hospital; and maximise independent living.

In 2012, Bolton participated in the National Audit of Intermediate Care.

NHS Bolton, Bolton NHS Foundation Trust and The Council have jointly undertaken a review of intermediate tier services. This resulted in the re-design and implementation of a revised intermediate tier pathway within Bolton to ensure that the future number of intermediate care beds matches demand, and to make a positive shift from bed based to home based services including changes to the Respite, Day care and Reablement Services.

Disabilities

There are over 61,000 people living in Bolton who consider themselves to have a long term illness or disability, which is set out in the table below:

No. of people with illness/disability by age group

Illness/disability	Age group					Total
	under 16	16-39	40-59	60-74	75+	
Physical/mobility impairment	234	965	5,422	5,935	3,604	15,813
Learning disability/difficulty	782	599	617	180	316	2,368
Mental health problem	658	2,228	5,188	1,329	330	9,754
Visual impairment	230	624	952	1,916	1,891	5,714
Hearing impairment	538	76	3,076	3,793	3,455	11,150
Long standing illness or health condition	618	1,470	9,097	9,699	3,578	24,210
Older age-related illness or disability	0	0	749	2,067	2,025	5,229
Other	481	1,365	4,838	4,248	1,695	12,385

Note: respondents could state one or more illness/disability.

The Housing Needs Assessment tell us that these households are prevented from moving to more appropriate accommodation to support their needs because of a lack of specialist housing and issues with housing costs. They aspire to live in accessible bungalows or flats with either one or two bedrooms. We will continue to work towards providing a range of accommodation to support these needs and aspirations with suitable housing and care provision.

Young people in transition

Our information on Children with learning disabilities indicates that will need to provide services to transition around 85 young people with profound and multiple learning disabilities and autistic spectrum disorder in the next four years.

The national programme Transforming Care for Adults with Learning Disabilities sets out an ambitious programme of system wide change to improve care for people with learning disabilities and/or autism, and complex needs (learning disabilities). Locally we are required to work in partnership with practitioners, providers and people with learning disabilities and their families to ensure they can live within their local communities, with the right level of support, and close to home. Although this is a relatively small cohort of people the complexity of these service users requires careful health and social care planning and in some cases will require detailed transition planning before they can move from Hospital and other specialist provision.

Mental health

At the end of 2012/13 there were just over 1,400 people (younger and older adults) receiving council social care services with a primary support reason of mental health.

- It is expected that the prevalence of severe mental health disorders in Bolton will increase by 7% in the next 10 years and 13% in the next 15 years. A faster rate of growth than the North West average of 4% and 10%
- Common Mental Disorder (CMD) is predicted to increase by 3% by 2025 and 4% by 2030
- In 2014/15 the Council placed 105 younger and older adults with a mental health condition in permanent residential or nursing care
- In 2014/15, over 65,700 hours of home care were delivered to people with mental health conditions and increase of 41% from 2012/13
- Based on mental health prevalence levels in 11-16 year olds it is expected that approximately 438 young people (260 boys and 178 girls) may require some level of transition to adult mental health services in 2016/17

Work is ongoing through the Mental Health Partnership to improve the transition pathways for Young people with a Mental Health condition. This may include prevention and early intervention and ensure providers are working across children and adult services so there is continuous and consistent support.

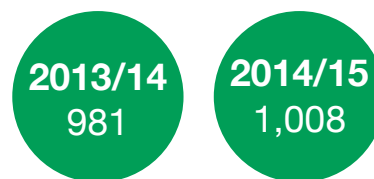
Direct payments

People assessed by the Council as being eligible for Social Care can decide to receive a Direct Payment to allow them to organise their own care.

- Overall, there has been a 15% rise in the number of people taking a Direct Payment in the last four years
- The Adult Social Care Survey 2012-13 showed that those receiving a Direct Payment were more likely to say that services help them with a wider range of quality of life outcomes than those receiving other social care services and that they were able to find the right kind of care. There was also an increase in overall satisfaction with care and support among those using Direct Payments from 2011-12 to 2012-13
- The majority of direct payments are spent on personal assistants (55% in 2013/14) and care agencies to provide home care (40% in 2013/14)
- In Bolton, there were 379 direct payment recipients over the age of 65 at the end of March 2015

- Increasingly adults with learning disabilities are choosing to take a direct payment and arrange their own care. At the end of December 2015 there were 263 people with learning disabilities receiving weekly direct payments an increase of 20% from 2013 (213). This includes 20 people who used the budget to commission their own supported housing provision
- Out of all learning disabled direct payment recipients living in Bolton the largest proportion of direct payment spend is on home care services, with community support, and social activities all receiving significant proportions of local direct payment spend

Number of service users and carers using direct payments



Advocacy

Advocacy can be defined as taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. Advocates and advocacy services work in partnership with the people they support. Advocacy is seen as promoting social inclusion, equality and social justice. The Council has a range of legal responsibilities in respect of the provision of access to independent advocacy.

At present the Council currently commissions the following:

- **IMCA** (Independent Mental Capacity Advocacy service)
- **IMHA** (Independent Mental Health Advocacy service)
- **ICAS** (Independent Complaints Advocacy service)
- Interim arrangements have been established to respond to Care Act advocacy requirements during 2015/16 only

Numbers of Advocacy Services Recipients:

In 2014/15 the main IMCA referrals in Bolton were Dementia sufferers (69%) and those who are people 80 years of age or older (54%). Over 39% of IMHA referrals were aged over 54 with 41% under 50. ICAS referrals are lower 70% from people with a physical disability with 60% of referrals under 55.

The Council is currently tendering for an Advocacy Hub to cover all requirements. It is anticipated that the new contract will commence on 1st June 2016.

People who fund their own care

Our knowledge of those who fund their own care is limited but studies by the Association of Directors of Adult Social Services and the Local Government Association indicate the proportion of the total social care market that is self-funded is growing.

A recent survey of care providers, focusing initially on residential care in Bolton, was conducted in order to gather more reliable data on the services used by self-funders. This research has found that about half of residential care is funded by the Council and about a quarter self-funded. The remainder is funded by the NHS with a small amount funded by other local authorities. Research carried out in 2007 estimated that nationally there were around 750,000 over 65s in receipt of some form of community based service and that 40% were self-funding all or part of that care.

The parliamentary act on the future of sustainable funding system for long term adult social care was postponed and is now due in 2020. This will place new responsibilities on the Council to support and assess self-funders to receive care or be placed into care homes. This will also provide opportunities for the Council to obtain more intelligence on the needs of self-funders.

The number of self-funders is predicted to rise due to a range of factors, including population ageing and rising eligibility thresholds. Yet despite this the fourth Care Act

implementation stocktake (published in August 2015) indicated that ‘uncertainty about additional demand from self-funders’ was the number one risk identified by local authorities in delivering the Care Act reforms. It is therefore essential that local authorities develop approaches to understanding and supporting their local self-funding population.

Carers

The 2011 census identified just over 30,000 people in Bolton with caring responsibilities, an increase of 2,000 since 2001. We know there are many more informal carers out there who do not see themselves as ‘carers’ but simply sons, daughters, husbands, wives, friends etc.

The Council funds a number of voluntary sector organisations who deliver services to approximately 4,000 carers in Bolton. Less than 10% of these carers have requested carer assessments.

The 2014/15 Carers Survey shows that over half of the respondents (54%) indicated they were caring for someone who had a disability or long term illness with 38% caring for someone with dementia. 65% of carers care for someone over 75 years of age and 33% of carers have been undertaking this role for over 10 years. 22.5% of carers in 2014/15 reported that they are able to spend time doing the things that they like and enjoy which is lower than 28.1% reported in 2012/13.



7. Supply

Residential and nursing care

The tables below detail the number of people currently living in residential care who are funded by the Council.

Number of people living in older people residential care funded by Bolton Council

	2011/12	2012/13	2013/14	2014/15
Total	1,147	1,140	1,136	1,117
65-74	95	111	132	140
75-84	318	309	338	337
85+	734	720	666	640

Number of people in residential care funded by Bolton Council with a client type of dementia by age group

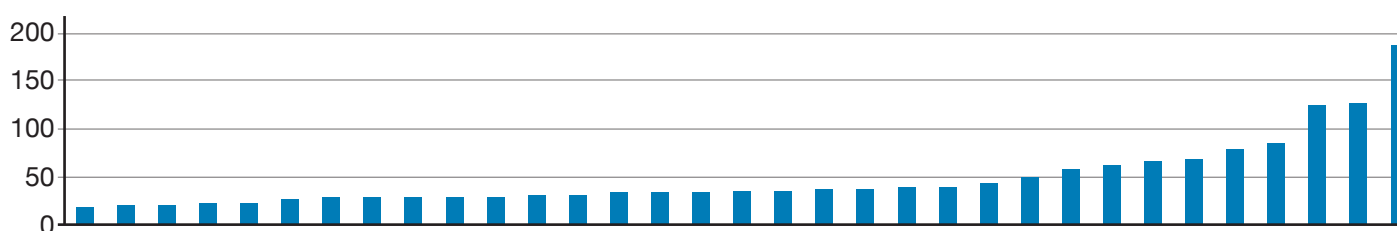
	2011/12	2012/13	2013/14	2014/15
Total	276	285	298	331
65-74	11	15	26	40
75-84	80	88	105	119
85+	185	182	167	172

There are currently 33 residential and nursing care homes registered with the CQC to provide long term care for older people in Bolton, one home is run by a voluntary sector organisation all other homes are privately owned. They provide a total of 1,539 long term residential beds.

Approximately 52% of older people placements are funded by the Council, 24% by health and 24% are self-funded. The four types of provision are shown in the table below, with details of registered bed spaces; homes may provide a mix of the different types of care.

Type of care	Number of homes providing care	Number of bed spaces
Residential care	28	830
Bolton Council approved residential dementia/EMI care	10	234
Nursing care	10	328
Nursing care with a specialist dementia/EMI care	4	147

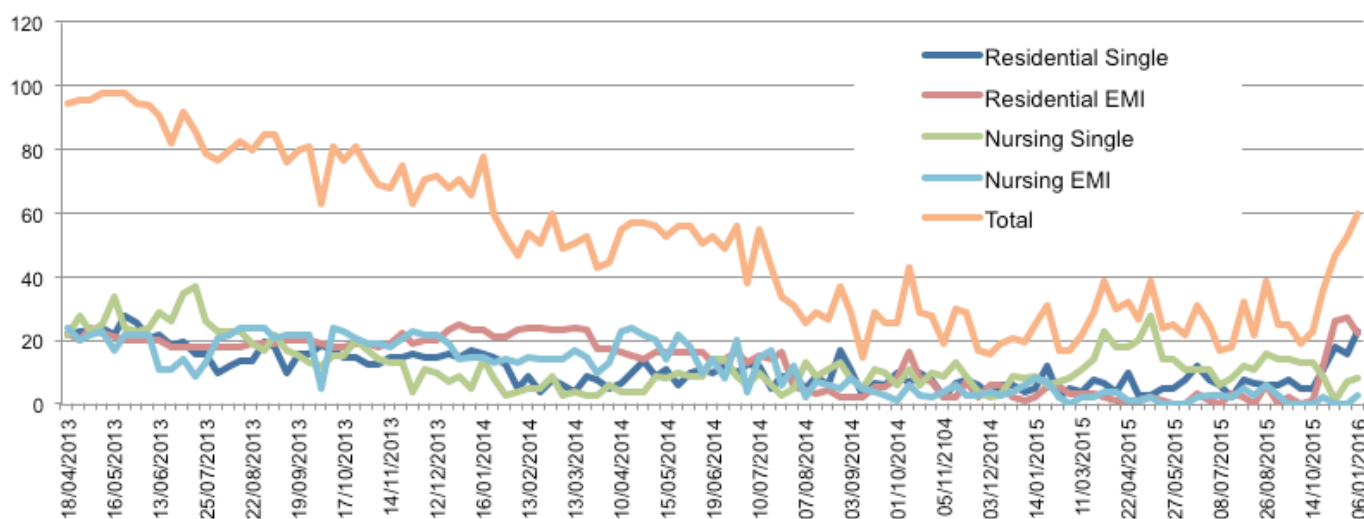
The graph below shows the size of care homes in Bolton, the average size is 46 bed spaces and the most prevalent size of home by decile is 30-39 bed spaces.



The graph below shows that care homes in Bolton are consistently operating at near capacity. When the advertised vacancy rates collated every fortnight by the council are analysed and all the vacancies for the year 2015 combined there was an average of 27 care home

vacancies available. This equates to 1% of all spaces. Residential and residential dementia/EMI provision is the most in demand with an average of seven or four advertised vacancies available respectively during 2015.

Care home vacancies – weekly vacancies supplied by care homes (Source: Bolton Council's vacancy bulletin)



Provision for those who exhibit challenging behaviour is acknowledged as an area where there is currently a gap in provision in Bolton.

There are 12 homes registered with the CQC to provide long term residential care for those under 65, these homes provide 101 beds for those with learning disabilities and/or mental health care needs. The average size of the 12 homes is eight beds.

Since 2012 the Council has granted planning permission for 230 additional older people residential beds, in excess of 55 units have been developed. Six under 65 residential beds have been granted planning permission, these have all been developed. More recently there has been a decline in the number of planning applications submitted to the Council for new care home provision.

Home care

The Council commissions home care from 22 providers on a framework agreement (16 active). A framework agreement allows ordered home care to be delivered across 7 geographical ‘zones’ between those providers on the agreement. The allocation through zones is designed to minimise travelling time between customers and to maximise efficient use of resources.

There are a total of 37 home care providers registered with CQC to deliver care in Bolton. This number and mix of statutory, private and third sector organisations means that the local market is highly competitive. Local providers are typically small although some larger organisations also have a presence in Bolton.

Home care issues

The volume of home care commissioned by Bolton Council has increased by approximately 1,000 hours per week in the past 12 months. This trend appears to be linked to both demographic changes, and the desire for people using services to be supported within their own home for longer. Consequently more complex packages of care are often requiring two carers. The growth in the volume of care hours has impacted the need to increase the work force and improve retention of staff. However, the demand has over recent months outstripped available resources in periods when demand has been high.

Intermediate care

The Intermediate Care Service for older people is provided at Darley Court, 30 beds and Laburnum Lodge, 32 beds. The service provides residential rehabilitation with on-site occupational health and physiotherapists working within a multi-disciplinary health and social care team providing a step up or step down from hospital. There were 843 referrals made to the service from April to December 2015, 610 accepted. 55% for rehabilitation and 37% for mobility issues. Of the 516 discharged 52% returned home.

Respite care

Respite is planned or emergency care provided to an adult with care and support needs in order to provide temporary relief to family members who are caring for them. The Council provides short stay/respice care for adults and their carers at Mere Hall View and The Respite House.

Mere Hall View provides support for seven people who have a learning disability, physical disability, secondary mental health problems and other complex needs.

The Respite House provides support for six for people with severe and enduring mental illness in crisis, where hospital admission is not appropriate or necessary.

Day care

Day Care Services covers a range of services and activities which help Service Users to continue to live in their own home or with families or carers. The service is delivered outside of people’s homes at day centres which provide a welcoming, comfortable and safe environment.

Older people day care

The Council has 544 places per week for older people across three day care centres of which 116 places are allocated for Service Users with a formal diagnosis of dementia.

The following table lists the number of weekly places within each centre:

Community care centre	Total places per week
Thicketford	215
Winifred Kettle	215
Brazley	114
Total no. of places	544

LD day services

The Council provides LD day services to eligible adults within the context of the statutory duties of local councils and their partners to provide support and promote the health and wellbeing of adults with eligible needs. They are vital in connecting learning disabled people with their community in a way that they might not necessarily be able to otherwise. There are currently 168 Service Users receiving services at Thicketford and Jubilee Day Centres, Horwich Leisure Centre and Autism Centre with a total of approximately 1,268 sessions per week of direct support offering a range of individual and group activities and an average attendance of 21 Service Users per session.

There is one externally provided service at Harrowbys Centre, Farnworth. There are 22 places providing support to people with multiple and complex support needs with an average attendance of four days per week for 21 service users.

Shared lives

The shared lives (formerly adult placement) scheme operated by the Council provides long term, short term, sessional care. The long term service is predominantly provided to adults with a learning disability in family homes in Bolton.

Number of placements	Apr'15	Apr'16
Permanent	52	42
Short term	43	41
Total	249	169

Supported living

Bolton has 70 Supported Living properties across the borough providing support to up to 267 people with disabilities (238 supported as at December 2015).

The Council currently provides support to 78 people with learning disabilities across 25 properties. It also supports 21 people with a mental health condition across four properties.

The Council also commissions support for 104 adults with learning disabilities living in 32 properties, 10 people with ASC in three properties, and five people in one property with a mental health condition, where care is provided by an independent sector provider. Two people live in properties outside the borough.

There are five properties for 20 adults in supported housing where the care is commissioned via direct payments. This has developed incrementally in response to demand from individuals however it is anticipated that this will have modest growth in the future.

There were 29 voids in supported living properties as at December 2015 due to difficulties in finding vacant properties that were compatible to the needs of service users on the waiting list. The reducing economies of scale for the three to five bed shared houses are also becoming more apparent with increasing costs such as the National Living Wage. These issues are being considered as part of the future modelling of services.

The Supported Housing Accommodation review has been set up to look at the supported housing model of provision to be made by the Council within the time period 2015 – 2025 and will report in July 2016 with aim of a five year development plan. It will include a review of the physical condition of existing properties within the context of the barriers that may exist for the client groups to access supported living. It will include a review of quality and quantity of existing properties and future requirements including the accommodation models needed and the geographic distribution of properties within the boundaries of Bolton.

In 2015 a new 16 flat service was opened by a local provider with 24 hour support and incorporating some technology enabled care. The learning from this and other potential new development are defined as a major dependency for the Supported Housing Accommodation Review. This dependency will be considered as part of the description of suppliers for this project.

In response to Transforming Care the Council has recently commissioned a five bed specialist learning disability service for people with autism and complex needs. Transition work is currently underway to relocate service users from out of borough placements such as specialist hospitals. There is also a new residential care unit for people with forensic need opened in 2015 and will be supplemented by group flats for people that can be supported in the community.

Housing services

In partnership with registered providers and private developers, the Council co-ordinates a range of supported and specialist housing, with specific focus on improving the provision and support for older people and people with disabilities.

Housing for older people

There is a range of sheltered living accommodation across Bolton including under one roof schemes, bungalows and apartments. The Council currently contracts with registered providers to support approximately 6,000 older people (including extra care), a breakdown of the services is set out below.

- Extra care = 320 units
- Sheltered (Cat 2 type) support with alarm = 3,360
- Sheltered (Cat 1 type) alarm only = 387
- Community alarms = 1,050
- Addition telecare response = 132
- Leaseholders = 314

These numbers do not include self funders.

Within sheltered and extra care housing the housing related support service is included as part of a tenant's tenancy agreement with the social landlord. Tenants are eligible for financial assistance towards payment of their support charge by the Council if they are in receipt of Housing Benefit. There are currently 4,077 eligible service users out of 5,249 contracted units (77%). This equates to around 9% of the Bolton's older people population.

Housing related support is a non-statutory service provided to help vulnerable people maintain or achieve independent living and is aimed at promoting independence and social inclusion. This is achieved by the housing officer/scheme manager providing help to ensure older people are accessing the right services to continue to live independently, daily well-being checks, managing their home and arranging activities to reduce social isolation.

Community Alarm services provide contact to a specialist operator available 24/7 via a small unit that connects to the phone in the customer's home. The customer normally wears a pendant and a microphone in the unit means that operators can hear customers if they can't get to the phone. The operator can facilitate help or assistance that mainly includes contacting emergency services, GP, family or for some customers access to a mobile response service. The funding covers this response service. In addition Community Alarm services form the basis for additional Telecare services such as fall detectors.

There are also two private retirement village type schemes in the borough, located in Harwood and Horwich. Demand for sheltered housing is not as high as for most general needs homes and demand varies considerably depending on the scheme and property type available.

The recent Housing Needs Assessment found that the majority of older people want to remain living independently in their own home. However, around 2,500 older person households are considering a move in the next five years and will require appropriate, and in some cases specialist, accommodation to enable them to do so. This should be one and two bedroom properties, primarily flats and bungalows and provide options across a range of tenures, to meet the aspirations outlined in the research.

Extra care

Bolton has ten extra care housing schemes offering 320 individual properties. All of the properties are provided by registered housing providers. The Council currently provides the care at four of the schemes with the remaining six provided by independent providers.

Of the 320 properties available with on-site care, 298 are for social rent and 22 are shared equity properties. Our local service offer is quite dated with four schemes built in the early 1970s and the remainder built in the late 1980s and early 1990s with the exception of one purpose built scheme completed in 2009.

Equipment and technology enabled care

There is a wide variety of disability equipment retailers and suppliers across the borough providing the following equipment: mobility; toileting; bathing; kitchen; and equipment for general use around the home. These are mainly used by self-funders but there is a council run equipment service that can also help with advice and information on equipment and modifications in the home.

The Independent Living Service within the Council has the duty to provide modifications (minor adaptations) costing less than £1,000 that facilitate people with disabilities to manage around their homes. Under the Care act the Council must provide a range of services that could maximise peoples independence and minimise the effects of disability and this includes access to equipment, Telecare and minor adaptations costing under £1000.

These modifications may include:

- stair and grab rails
- drop-down rails and shower seats
- floor to ceiling poles
- wall mounted bath boards
- half steps

The service undertakes a needs assessment to determine a service user's eligibility and requirements. A total of 1,537 jobs were completed for customers in 2014/15 increasing from 981 in 2013/14.

The Housing Market Assessment identified increasing needs for support services that promote independence at home such as help with gardening, cleaning and transport. Bolton's Home Improvement Agency, which provides support with small jobs and maintenance around the home, completed 1,795 jobs in 2014/15, supporting 1,271 individual customers to maintain their independence. Demand for this service increases year on year.

The Council also has a Disabled Facilities Grant service providing major adaptations to those assessed as in need by an Occupational Therapist. This provides home adaptations to a maximum of £30,000 ranging from stairlifts to extensions, to assist people to live independently. Currently, 7.4% of all properties across Bolton have been adapted or purpose built for a person with a long-term illness, health problem or disability.

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- Co-production
- How we use our resources
- Appendices

In 2014/15 228 major adaptations were completed at an average cost of £7,500 each. The most common types of adaptation continue to be stairlifts and bathroom adaptations. The funding available through the Council for major adaptations does not meet the increasing level of demand across the population and much of this need will be met through self-funding.

The Council funds a range of telecare equipment for around 160 people at any one time. The service is council run but equipment supplied by one national provider. There was an average of 37 new telecare allocations/assessments per month in 2013/14 increasing to 63 per month in 2014/15. The main equipment utilised being falls detectors and sensors for doors, beds, chairs, door exits and PIRs and outcomes achieved for the majority of Customers being fall and accident prevention.

We are currently undertaking a project to gain a better understanding of Technology Enabled Care market and the products available. We are looking at how the use of technology can benefit different cohorts including mobility, visual impairments, dementia, learning disabilities, carer's and supporting end of life care and the range of solutions available to the Council and the CCG in commissioning services. We are developing a Toolkit for health and social care staff linked to assessment of needs to provide solutions for the care market in Bolton including self-funders and undertaking a pilot project in Bolton to measure outcomes and build evidence.

Sensory impairment support services

There is a current in-house sensory impairment service (part of the independent living service) which works to help and support people with a sensory impairment both vision or hearing loss. The aim is to ensure people lead a full and active life within their community and maintain independence at home. The service provides assessment, advice, training and equipment. The service is delivered through a drop-in and a separate one to one appointment system.

Community meals

There is a community meals service, including delivery of hot meals to individual service users, luncheon clubs and day care and delivery of frozen meals, which is available for people who are finding it difficult to cook for themselves. This service helps maintain a person's independence and also, where it is provided in luncheon clubs, gives the opportunity to reduce social isolation. Service users are required to pay for delivered meals. Over 92,058 meals were delivered in 2014/15 (85,170 to end of December 2015).

Early intervention and prevention

The Council in order to maintain its citizen's independence and to help improve individual's wellbeing, commission and grant funds a range of prevention and early intervention services in the Private, Community, Voluntary and Social Enterprise sectors. This approach supports the Care Act requirements to prevent, reduce and/or delay Bolton's citizen's need for statutory health and social care services. These services support people with low to moderate health conditions, disabilities, mental health or age related needs. These individuals may be coping fine but have the potential to need support in the future if we do not engage with them to prevent their needs from getting worse.

These services should meet individual's needs in a personalised manner and could address accommodation, social inclusion, information advice and advocacy, counselling, community equipment, activities, support for people following illness and carers support. Befriending and social Inclusion activities that reduce isolation and provide a network of support are a vital part of the early intervention and prevention outcomes and this is an area of work we aim to work with the provider market to upscale.

The Prevention grants process to support providers has been reviewed and a new process implemented. This process now allows for a rolling grant offer each quarter, providing the Council has any budget remaining. This allows the Council to target specific areas of demand in a timely way throughout the year.

Moving forward the market needs to look at how collaboration and improved planning can enhance these services and through focusing on the assets of individual's rather than needs we should be able to build capacity in Bolton using the same resources.

Transport remains a concern for providers within the prevention market as grants from the Council do not pay for transport. The universal options such as ring and ride are used but for some people this is not suitable. Work to look at alternative options using volunteer drivers will be developed in 2016/17

Housing related support services

Housing related support services work with socially excluded vulnerable people in Bolton providing support which help vulnerable people to develop the life skills to live independently of public services. They are non-statutory which are provided to help vulnerable people maintain or achieve independent living and aimed at promoting independence and social inclusion, delaying the need for more acute interventions such as intensive supported housing, home care or residential care.

Commissioned Services include young people’s supported accommodation, domestic violence refuge, teenage parents’ hostel, homeless hostels, services for offenders, supported accommodation for people with mental health and complex needs and floating support services for teenage parents, homeless families, offenders, people with drug and alcohol problems and complex needs. They help prevent escalation of crisis thus avoiding crisis services and post crisis offer options to sustain and aid recovery.

These social inclusion services have assisted the Council in meeting the requirements of the Care Act 2014 in providing a range of early intervention and prevention services to avoid service users needing high levels of care for as long as possible. These services also meet a range of outcomes as agreed through the Council’s Health and Wellbeing Strategy, JSNA and the commissioning strategy local priorities.

Drug and alcohol services

Bolton Integrated Drug and Alcohol Services (BiDAS) includes a number of services which help support individuals experiencing problems as a result of their drug and/or alcohol use. Family members and friends of people who use drugs and/or alcohol (sometimes referred to as ‘concerned others’) can also receive support, either in their own right or alongside the support offered to their loved one.

BiDAS provides a seamless, integrated drug and alcohol service across Bolton enabling and empowering individuals and their families to achieve their full potential, positive outcomes and improved health and wellbeing. The service is for adults, young people and families includes prevention, early intervention and recovery support including support to help people sustain their recovery and make progress with their lives.

Carers’ services

The Council provides all carers living in Bolton with the opportunity to access a carers assessment to see if they are eligible for Council support. This could lead to a support plan being agreed and where needed a personal budget provided.

Alongside this the Council provides the “Carers” Grant Scheme where local voluntary and community groups can apply for grants to deliver services/activities which help achieve outcomes for carers. The current grant process allows grants to be bid for each quarter providing a budget is available. A range of services and activities are provided under the grant including carers’ breaks, advice and information, health and wellbeing services, dementia specific services, self-help groups, a carers’ helpline, carers forums and culturally sensitive activities.

Community assets

Across Bolton there are numerous “assets” that could be used by the community to improve their outcomes. An asset is a person, place or organisation that is in a position to help the local community or individuals in the community.

1. Human assets are the skills, knowledge and experiences of the individual sometimes known as their “gifts” that can be used to help themselves or others
2. Place assets are buildings, land, parks and open spaces that are or could be accessible to the public for community use
3. Organisational assets are the local clubs and groups, community and voluntary sector services, public sector services and private sector services that can support the community or individuals to improve their own life outcomes

Community assets are often used by certain elements in the community but not others and may be used at certain times and available at others. It is important the citizen’s and organisations find out about their local assets and make use of them to support local communities. Using an asset based approach to maximise outcomes means individuals recognising their gifts and using them to help themselves and their community, accessing local places to meet and deliver support and working with local organisations to get support when needed to deliver their outcomes. This approach reduces dependencies on council funding and council officers which is necessary due to the reduction of the council’s assets.

Children’s Services

Work is ongoing to identify priorities and to address gaps in the provision of joined-up health, care and education related services for children, young people and families. The Council and CCG are working in partnership to develop a children joint commissioning strategy which will be based on high quality local and national data. Joint commissioning should avoid duplication, save on cost of procurement and ensure funding goes further whilst maintaining quality.

All organisations want to ensure that all strategies protect and improve the outcomes for children and young people in practice. Central to this is the effective commissioning of local services

The commissioning of services will be based on this needs assessment and it is important that it should fit within the context of, and inform, all strategic plans, commissioning strategy plan and service delivery plans.

The joint commissioning intentions will focus on funding priorities that are linked to key themes of:

- protecting the most vulnerable
- target those most in need
- targeted in deprived areas
- keeping citizens and the organisation safe

Commissioning should be based on a whole system approach, which takes a holistic view of children and young people, and families’ wellbeing, and which pools budgets where appropriate to commission and provide services.

The commissioning process needs to ensure all elements of any child, young person and family pathway through services are in place and working well to achieve the desired outcomes. Key measures along the pathway should be used to drive a culture of continuous improvement and learning.

As resources become scarce, it is important not to weaken universal services in favour of a solely targeted approach to service commissioning for vulnerable groups. Strong evidence-based universal services are a necessary foundation for more targeted services.

Many voluntary organisations have detailed understanding of specific local needs, high levels of trust and engagement with local communities and the ability to work across multiple services to provide “holistic” services for individuals as well as:

- Acting as a ‘critical friend’ in helping the Council improve the quality of services
- Attracting additional external resources and funding to Bolton
- Being able to reach excluded communities statutory services sometimes cannot
- Harnessing the time, talents and ambitions of local residents who wish to volunteer
- Provide evening, weekend and holiday services
- Providing a local ‘community voice’

The intention is therefore to offer through a grants programme grants of up to £50k over two years to provide:

- Positive Activities 5 – 19
- Positive Activities Special Educational Needs and Disability

As part of the review of the early years’ service the intention is commission services for

- Early Years (0-5)

Together we are committed to achieving the best possible outcomes for all children and young people with special educational needs and/or disabilities (SEND) and/or in care by focusing predominantly on providing high quality education, health provision and stability of placement.

Service will be commissioned through a competitive tendering process for services for:

- vulnerable children and young people services
- education framework
- commissioning framework for independent and non maintained special schools. Northern Education

Public health services

- Public health has a key role to play in terms of reducing demand on health and social care need. At the heart of this is the aim to reduce health inequalities by narrowing the gap in life expectancy within Bolton and increasing healthy life expectancy
- Healthy life expectancy, which is the average number of years that a person would expect to live in ‘good health’, is currently 61.3 years for males and 62.2 years for females. Within Bolton there are wide gaps, for example males in the most deprived areas could expect to live 52.2 years in ‘good’ health, compared with males in the least deprived areas who could expect to live 70.5 years in ‘good’ health. The picture is similar for females
- As described earlier much of the resource available for health and healthcare is spent on a relatively small proportion of the population with high levels of need and this need is increasing. There is a clear economic case therefore for a greater focus on prevention. This prevention needs to be systematic, industrially scaled prevention to reduce the overall burden of disease in the population and enable a sustainable health and social care system

The public health commissioned services contribute to this vision and are aligned to the priorities set out in the Health and Wellbeing Strategy, focusing on the following areas:

- helping people stay well
- identifying and dealing with problems early
- ensuring good quality care for those with existing needs
- addressing the needs of the complex and vulnerable

More comprehensive demographic data can be found on the JSNA which is on the Bolton Health Matters website www.boltonshhealthmatters.org/

8. Workforce

There are significant workforce shortages across the health and care economy which are being faced locally and nationally. The Council recognises the need to fully review the current workforce to enable the robust development of an integrated workforce plan.

The creation of innovative roles in the locality coupled with creative ways in which our workforce will be trained and developed is required if the shortages and skills gaps are to be reduced. This will include the voluntary, community and social enterprise (VCSE) as a key component of the local workforce.

As at July 2015, the Skills for Care National Minimum Data Set for Social Care (NMDS-SC) holds information on 3,300 staff working in adult social care in Bolton. Across the whole sector, Skills for Care estimates that there are 5,600 direct care workers, 450 managerial and supervisory workers, 272 professionals and 645 jobs in other non-care providing roles in social care. The majority of positions held are full-time (57%), which is slightly higher than the region (56%).

The NMDS-SC shows that the Bolton social care sector has an average staff turnover rate of 15.0%, as at July 2015. This is lower than the turnover rate for North West which is 22.4%. Direct care staff have the highest turnover rate (17.4%), followed by professional staff (16.0%) and managerial staff (4.7%).

Additionally, as at July 2015, Bolton had an overall vacancy level of 1.1%.

The Workforce Development Partnership will continue to coordinate the work with care providers, to develop

initiatives to improve retention and increase effective recruitment. It will continue to provide free and subsidised training to providers including the voluntary and community sector on council's frameworks, Direct Payments, Personal Assistants in order to enhance local care market.

Other solutions will be considered such as entry routes in, career pathways, making it a career of choice, talent management, remodelling provision to make them more health/social care integrated roles.

Bolton Council and Bolton CCG will work with Bolton CVS in order to support voluntary and community sector organisations to build and strengthen quality provision across the borough. We will identify and promote appropriate opportunities, training, quality standards and work with existing providers and those wanting to provide health and social care services across the borough to ensure consistency in provision and to build a market that is able to meet the diverse needs of Bolton's people. We will also work with the voluntary and community sector in order to engage existing and potential providers, stakeholder groups and service users in the planning and design of services to achieve better outcomes. For those voluntary and community sector organisations that fall short of the standards or systems required, the Council will work with Bolton CVS to build their capacity and standards.



9. Specific commissioning intentions

A “commissioning intention” is a brief statement that sets out the priorities of the commissioning authority in respect of services and market changes it wishes to deliver. The commissioning intentions below are an outline of the Council’s priorities during 2016-2017:

What has changed since the last Market Position Statement?

- In 2015 a new 16 flat supported housing service for people with learning disabilities was opened by a local provider with 24 hour and incorporates some technology enabled care
- In response to Transforming Care the Council has recently commissioned a five bed specialist learning disability service for people with autism and complex needs. Transition work is currently underway to relocate service users from out of borough placements such as specialist hospitals. There is also a new residential care unit for people with forensic need opened in 2015 and will be supplemented by group flats for people that can be supported in the community
- Development of a Grants Process for Preventative and Carers Grants. Have funded services for older people, dementia sufferers, mental health, sensory impairment, stroke sufferers and carers. Services include befriending, luncheon clubs, carers support networks, home visiting, drop ins, one to one support, information and advice
- The Intermediate Care review resulted in the re-design and implementation of a revised intermediate tier pathway within Bolton to ensure that the future number of intermediate care beds matches demand, and to make a positive shift from bed based to home based services
- A Framework Agreement to provide Day Services for Adults with Disabilities was put in place to ensure there is service flexibility to cope with changes in need/ demand
- A Tender was undertaken in 2015 for the provision of short term Care in Care Homes and this has increased the number of contracted beds to 6
- Set up of Local Authority Trading Company by the Council to transfer in-house Extra Care, Supported Living, Older People Day Care, Learning Disability Day Care, Outreach and Respite Services
- Development of joint Mental Health Strategy

- Planning permission granted for older people retirement housing schemes in Over Hulton and Harwood

Commissioning Intentions 2016 to 2020

Ageing well

Home care

- The tender for a Home Support Framework will be take place in 2016 and will incorporate the requirement for the providers to meet quality standards around continuity of care, timeliness of visits and training for staff. The framework will pilot the monitoring of commissioning outcomes developed with service users and carers
- Consider new models of home care through GM Commissioning arrangements and examine piloting different forms of home care that will reduce hospital admissions and reduce the need for residential care

Residential care/nursing care

- The ageing population means demand for older people residential placements in Bolton is likely to increase, particularly with growth from self-funders, there is a continuing need for increasing the supply of good quality residential accommodation and care
- To stimulate the market to increase the supply of beds specifically for those with dementia. The prevalence of dementia, with increasing numbers of people in the older cohorts, means that demand for dementia/EMI residential care is anticipated to steadily increase
- To work with the COG to identify the need and develop proposals to meet the needs of those with greater levels of complex need, particularly with the capacity to step care levels up and down in response to the changing requirements of individuals
- To work with care home providers to help them identify opportunities for improving care and their buildings, where necessary, to provide good quality care and accommodation which will help ensure the market meets future needs more flexibly

Day support and activities

- To stimulate more community based and volunteer run models of service including exploring the possibility of piloting innovative day support and activities where people can be enabled to get employment, access leisure activities reflecting NICE Guidance

Housing services

- To facilitate development of specialist housing schemes that are cross tenure and affordable across the spectrum of income and capital levels. This will focus on provision for owner occupiers as there is a lack of this in the current market
- To focus new supply in the north of the borough, south of the borough and Horwich
- To consider remodelling of some existing sheltered housing with the registered providers and expanding the specific older people's housing supply to ensure it is fit for the future

Extra care

- Extra care housing can delay or prevent the need for more intensive forms of health and care support. It should be used as a 'step down' from residential care and provide support for individuals with high needs. Our allocations policy will be revised to reflect this
- New additional provision of Extra Care is needed in the borough over long term and to increase the quality of provision and increase the supply we will explore opportunities to take this forward with the current Registered Providers and the independent sector

Learning disabilities

Supported housing

- The current frameworks for both Learning Disabilities and People with Autism expire in March 2017 and when we have completed the Supported Accommodation Review and have an agreed strategic direction from GM then we will begin implementing future commissioning intentions
- In responding to the Transforming Care Programme we will continue to work with framework providers to identify suitable community based properties that can meet the complex needs of service users and ensure the environment assists positively with the delivery of care

- In light of demand for specialist 24 hour support and in response to Transforming Care we are exploring options of commissioning community based services in partnership with the CCG. One of the potential developments is exploring options for a crisis accommodation service

Services for those in transition

- We will be working with the CCG to develop plan commissioned services for children in transition to adult's services from an early stage

Day support and activities

- To stimulate more community based and volunteer run models of service including exploring the possibility of piloting innovative day support and activities where people can be enabled to get employment, access leisure activities

Shared lives

- To significantly upscale alternative forms of provision that avoid us having to commission accommodation based services for all client groups

Mental health

The joint commissioning strategy focuses on how we can support good mental health and seek to prevent mental ill health. It emphasises the need to promote recovery and support people to overcome the consequences of mental illness so that they can lead satisfying, independent and productive lives.

We are committed to ensuring that the people of Bolton can:

- Access the services and support they need as quickly as it is required (speed)
- Have a choice over how they receive services and support and where (choice)
- Have control over the services and support they receive (quality)
- Expect the commissioning and delivery of those services to be integrated (health and social care)
- Demand that commissioners seek to improve and develop services in line with best practice and need (evidence based)
- Be involved in planning and delivering treatment and support (co-production)

- Have the opportunity to influence how services are commissioned and provided (stakeholder/public engagement)
- Outcomes
- Commissioning will be outcome focused on those things that matter to end users, carers and stakeholders within Bolton and will ensure people
- Have personal choice and control or influence over the decisions about me
- Know that services are designed around both their needs and recovery capital
- Have an improved quality of life as mental health needs are assessed swiftly and effectively and are able to access the treatment and support they need, when they need it
- Have a positive experience of care and support
- Receive help and interventions sufficiently early to prevent the avoidable deterioration of mental health
- Have a sense of belonging and of being a valued part of family, community and civic life
- Receive the treatment and support that allows recovery to be sustained
- Have a say in the development and monitoring of mental health services

Sensory Impairment Support Services

- The existing provision is adequate to meet existing need and there are no plans to further develop or expand the provision

Carers support

- We are seeking an extension of services to support informal carers including models of volunteer run groups
- To complete a second round programme of carers grants focusing on specific groups
- We will monitor providers of grant funded support and expect a good level of delivery against the Carers Strategy outcomes
- We will stimulate the market to look at external providers undertaking carer assessments

Early intervention and prevention

- We are seeking to refocus services on the reduction of harm and avoidance of hospital admissions
- We will engage with vulnerable adults at an earlier stage to prevent, reduce or delay their needs from escalating
- Evaluate the impact of equipment including Telecare and Telehealth with a view to enabling more people to remain independent for longer
- Enhance the offer of community alarm and telecare services to one that challenges social isolation – the “hello how are you today” call
- Broaden the scope of support services delivered through our Home Improvement Agency and also through community and voluntary sector organisations, to meet increasing needs
- Develop a quality mark in partnership with CCG and CVS for non-social care and voluntary sector providers

Technology Enabled Care

- We are currently working with partner organisations on a Technology Enabled Care (TEC) Strategy for Bolton
- Our ambition is to deliver high quality care for all as demand for health and social care continues to rise and to achieve this we need to evolve and develop new models of care that provide better coordinated and integrated primary, community, hospital and social care services. TEC has the potential to unlock new models of care

- TEC Services should be designed to empower individuals to support themselves in their own home, manage their own conditions and to ultimately improve health outcomes. It will enable service users/patients to take control of their own health and care, working in partnership with health and care professionals, families, carers and the voluntary sector

Direct payments support and brokerage

- We will be tendering a combined Direct Payment Support and Brokerage framework agreement and contracts aimed at meeting the likely growth in demand and incorporating the joint commissioning approach of including Personal Health Budgets and SEN

Advocacy

- The Council is currently tendering for an Advocacy Hub. The contract will be with one main provider who will have the responsibility to develop, manage and monitor the advocacy services. The primary role of the Advocacy Hub will be to provide a single point of access for health and social care professionals making referrals for the provision of statutory independent advocacy services. This single point would coordinate the services and ensure that advocacy referrals are efficiently received and meet all statutory requirements. It is anticipated that the new contract will commence on 1st June 2016

Workforce Development intentions

- Through the Workforce Partnership continue to support talent management and essential training
- Develop options for recruitment into Health and Social Care focusing on Employer Led Academy with Bolton College

10. Providers who we want to work with

- Those that work proactively to quality assure their services and are able to evidence the positive outcomes for service users
- Those that want to work in partnership with all agencies across the borough to continuously improve service provision
- Those that are delivering improved value for money and added value whilst avoiding sacrificing quality standards
- Those that proactively listen to service users views when improving service delivery
- Those that work to develop and train their workforce to deliver the above
- Those that promote independence choice and control of service users
- Those embed a culture of dignity and respect into services
- Those who work with us to ensure financial sustainability for the health and care sector in our locality

All the above expectations will be reflected in future service specifications.

11. Care for the future

The things we will be engaged in over the next two years based on what we know about supply and demand and the level of resources.

- A model of quality assurance for care services which informs service users and other citizens of the quality level of service
- Further develop prevention such as early intervention services to help reduce future demand
- Increased use of voluntary run services to complement existing statutory care
- Improve our intelligence on self-funders and direct payment recipients in order to stimulate specific service growth
- Working with housing providers to develop models of housing to allow older people to stay in their own homes for longer reduce the need for home adaptations and give greater choice to disabled people who cannot achieve independent living due to lack of suitable housing

12. Engagement with providers

Consultation with providers and stakeholders is an integral part in the development of the Market Position Statement.

To ensure that the document is a dynamic reference for the market the Market Position Statement has been produced in partnership with providers, Healthwatch and the CCG.

The Council consults with the Market Shaping Group, made up of providers from different areas and partner representatives. The group is managed by the Commissioning Team. If you are interested in the provider forums that are part of the engagement process then see Appendix 1 for details.

13. Healthwatch

Healthwatch Bolton is charged with engaging with the public to capture their experiences of health and care services.

They work with service providers and commissioners to develop strategies for responding to service user's experiences and concerns.

When considering the current market and the direction of travel we have considered the feedback received from service users including an integrated approach to services, choice and continuity of care in conjunction with a reducing budget.

The commissioners and providers need to consider the choice, accessibility and availability of services provision

including young carers. This reflects the comments made by the service users and it is vital that they continue to be consulted by commissioners in the forthcoming integration of local health and social care services.

All providers need to pay attention to the provision of accurate, accessible and up to date information for both service users and other professionals. Information should be in plain English and include details of the nature of their service, what their service provides, how to access the service and how to contact the service to resolve any issues.

14. Co-production

Co-production is about developing equal partnerships between people who use services, carers and professionals.

The National Co-production Advisory Group agree this definition:

“Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities.”

The Council wishes to stimulate a diverse market which offers good quality care as a standard and a real choice for the customers. The Council's market position statement sets out to identify what the care and support market looks like. It provides a starting point for discussions between The Council, local providers, citizens and other commissioning organisations.

It is our intention to support better engagement and to establish “co-production” as standard practice in adult social care as a key means of delivering personalised services.

This approach aims to provide improved partnership working with people who use services and carers. The practice to co-produce with people who use services will ensure services are shaped to meet the services and support that people want to meet their needs and demands.

In future, partner organisations will be encouraged to consider how they might build co-production into their business models.



15. How we use our resources

In Bolton £20.3m was spent on state funded residential care last year and £10.3m on home care out of a total gross spend on Social Care of £80m.

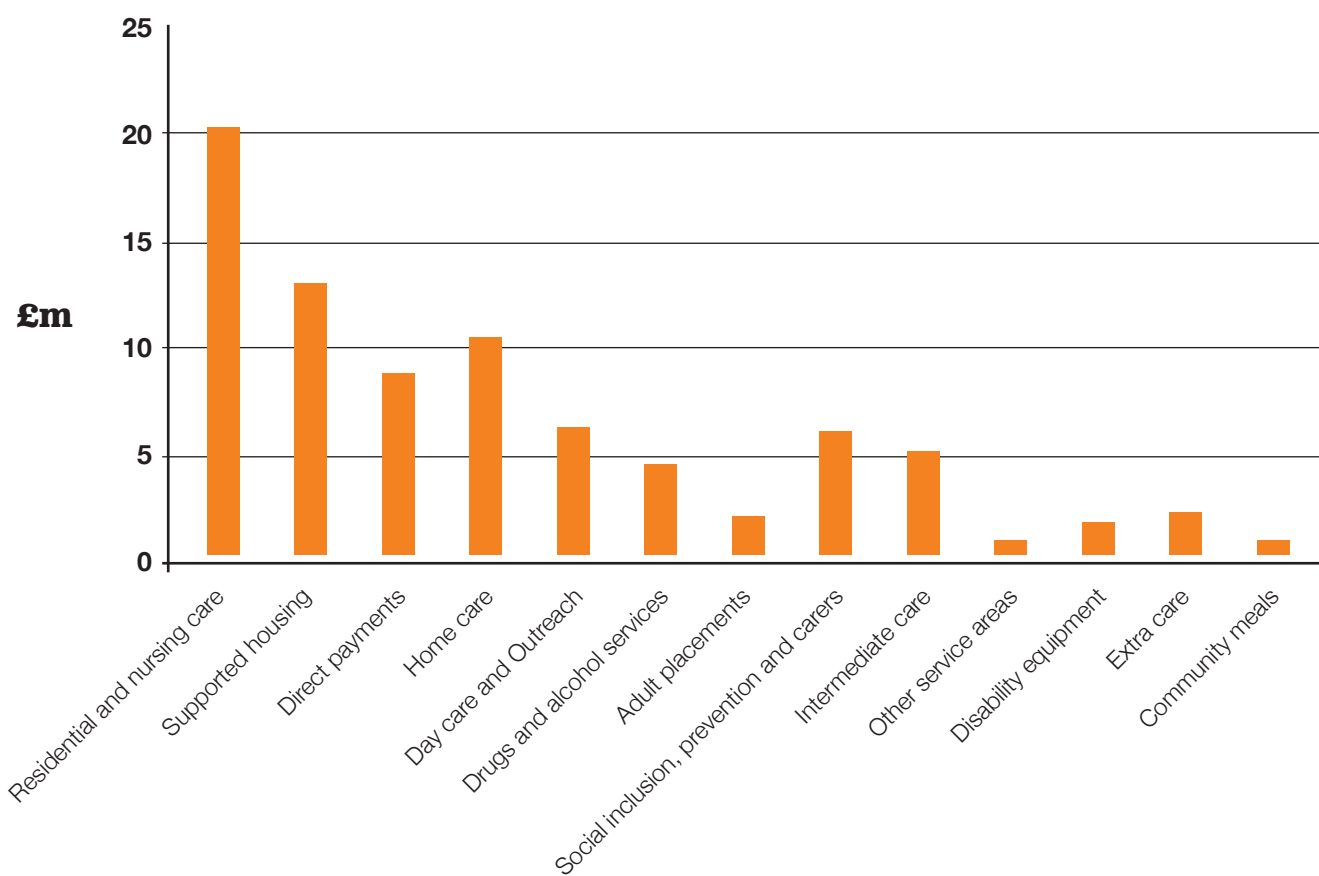
Nationally, in 2012, 83% of councils set their threshold for eligibility for state-funded care at “substantial”, this is also true of Bolton.

Last year the Council spent £58.9m (gross) with over 230 organisations on Children’s and Adults Social Care

services in 2014/15 which constituted 68% of the total council spend.

In future years the funding and models of service are being significantly challenged by growth in need/demand, increasing service costs and a reduction in government funding.

Distribution of total gross adult social care service expenditure 2014-2015



Appendix 1

Provider forums / groups

- Market Shaping Group
- Home Care Provider Forum
- Learning Disability Provider Forum
- Residential and Care Home Provider Forum
- Public Health Provider Forum
Contact: **contractsteam@bolton.gov.uk** for further details
- Carers Forum
Contact: **barry.glasspell@bolton.gov.uk**
- Health and Care Together Forum
- Prevention Providers Forum
- Bolton Voluntary and Community Sector Forum
Contact: **admin@boltoncvs.org.uk**
- Information and Advice Forum
Contact: **info@healthwatchbolton.co.uk**
- Bolton Community Homes Partnership
Contact: **bch@bolton.gov.uk**
- Workforce Development Partnership
Contact: **vanessa.knowles@bolton.gov.uk**
- Bolton Inter Agency Forum
Contact: Bolton Community Homes - **sue.monk@bolton.gov.uk**

Appendix 2

Glossary

Adult Social Care – adult social care includes assessment of people’s needs, provision of services or allocation of funds to enable a person to purchase their own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations.

Direct Payment – people assessed by the Council as being eligible for Social Care can decide to receive a Direct payment to allow them to organise their own care. Direct payments are payments made to individuals who request to receive one to meet some or all of their eligible care and support needs. Money is paid to the person (or someone acting on their behalf) on a regular basis by the local authority so they can arrange their own support, instead of receiving social care services arranged by the local authority. Direct payments are available to people who have been assessed as being eligible for local authority-funded social care. This is one type of personal budget.

Early Intervention – is about taking action to tackle a problem that has already started to develop though may be in its early stages. Engaging with vulnerable adults at an earlier stage to prevent, reduce or delay their needs from escalating.

Healthwatch – Healthwatch is the independent consumer champion in health and care, working to gather and represent the views of people who use health and care services. The Healthwatch network is made of up local Healthwatch across each of the 152 local authority areas, and, at a national level, Healthwatch England. Nationally, Healthwatch England uses the knowledge gathered by local Healthwatch to build a picture of health and care and identify patterns and any potential emerging issues. Locally, Healthwatch voices people’s concerns and provides feedback to service providers and commissioners. They collect vital data through local engagement on how and why people use services in their area. Local Healthwatch can also represent the voice of people because of their place on the Health and Wellbeing Boards.

Joint Strategic Needs Assessment (JSNA) – a continuous process of identifying the population needs of a local area and the local assets to inform decisions made locally about what services are commissioned. The core aim is to improve the public’s health and reduce inequalities. It should, therefore, guide the work of health and wellbeing boards, and lead to a joint health and wellbeing strategy.

Local Authority Trading Company (LATC) – in England and Wales, councils have powers under the 2003 Local Government Act to set up companies to trade with a view to making profit in areas relating to any of their existing functions. LATCs are bodies that are free to operate as commercial companies but remain wholly owned by the parent local authority. As a trading body, they can provide their services to a much wider market than a council department and can generate income, to be ploughed back into the LATC itself or the wider council.

Market Position Statement (MPS) – lays the foundations of relationships between the local authority and providers of social care services. It should cover all potential and actual users of services in the local area, not just those that the state funds. An MPS should signal to providers commissioners’ intentions to commission services now and in the future to enable them to respond effectively. They are likely to include summaries of the needs of the area, including the outcomes that people using services and the local population want to achieve and the activities the local authority will undertake to meet those needs.

Person Centred – an approach that puts the person receiving care and support at the centre, treating the person with care and support needs as an equal partner; putting into practice the principle of ‘no decision about me without me’.

Prevention – prevention services are services that prevent/delay the need for more costly intensive services and services Prevention covers actions to prevent people from poor health, including preventing more serious problems developing or stopping people from becoming frail and disabled in the first place. The aim of preventative services is to help people stay independent and maintain quality of life, as well as to save money in the long term; for example, by avoiding more intensive support.

Pump-Priming – used to describe the process in which money is invested in order to encourage the development of a business or economy: Such long-term pump-priming measures will have no immediate effect.

Appendix 3

The Local Directory

Whilst we know that people often look for information at 'crisis' points in their life, when an elderly relative is no longer able to cope at home on their own for example, the need for information and advice is much broader and may include those who:

- are currently accessing some support services but whose needs may change
- have had a change in circumstances and are unsure about what they need to do or where they can access support
- carry out formal or informal caring duties and may support others to live independently
- want information to plan for their future

'My Life in Bolton' is an online resource that helps give people in Bolton independence, choice and control over their own lives. It brings together details of local services

with information and advice to support informed choice making. Meeting the statutory information and advice duties for the Council, a wide range of information is available for all age groups – from expectant parents, through childhood and also for adults. Although the information is maintained online, functionality on the 'My Life in Bolton' website allows access points and keyworkers to shortlist services to provide tailored information that supports individual needs where clients are not able to access this online for themselves.

Functionality has also been included to increase the accessibility of 'My Life in Bolton', with font size changes, translation and read aloud functions all being integrated. The site is constantly reviewed to ensure the information is up to date / of good quality and feedback from members of the public, groups/organisations and professionals working with Bolton residents is welcomed through the feedback function. 'My Life in Bolton' can be accessed online through web link www.mylifeinbolton.org.uk

Appendix 4

Useful links

- Alzheimer's Society (2007) Dementia UK report
www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2
- Alzheimer's Society Update to the Dementia UK (2007) report
www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2323
- Better Care Fund
www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/
- Bolton Carers Strategy
www.bolton.gov.uk/sites/DocumentCentre/Documents/Bolton%20Carers%20Strategy%202013-2015.pdf
- Bolton Clinical Commissioning Group 5 Year Strategic Plan 2014-19
www.psn.org.uk/bolton-lpc/wp-content/uploads/sites/67/2014/11/2014-19-Commissioning-Strategy-final-140718.pdf
- Bolton CVS Funding portal –
www.boltoncvs.org.uk/bolton-cvs-funding-portal
- Bolton's Health and Wellbeing Strategy
www.boltonhealthmatters.org/sites/default/files/Health%20and%20wellbeing%20strategy%202013-2016.pdf
- Bolton Housing Market Position Statement – currently under development
- Bolton Housing Strategy – currently under development
- Bolton Joint Strategic Needs Assessment (JSNA)
www.boltonhealthmatters.org/
- Bolton Locality Plan
www.healthwatchbolton.co.uk/wp-content/uploads/LP-Stakeholder-Briefing-October-2015.pdf
- Bolton Specialist Care Commissioning Strategy
www.bolton.gov.uk/sites/DocumentCentre/Documents/Specialist%20Care%20Commissioning%20Strategy%20FINAL.pdf
- Bolton Workforce Development Partnership
www.bolton.gov.uk/website/pages/Socialcarepartnerships.aspx
- Care Act 2014
www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm
- Care Act 2014: Fact Sheets
www.gov.uk/government/publications/the-care-bill-factsheets
- Care and Continuity: Contingency planning for provider failure. A Guide for Local Authorities
www.lgiu.org.uk/report/care-and-continuity-guide/
- Care Quality Commission
www.cqc.org.uk/
- Children and Families Act 2014
www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf

- Commissioning for Better Outcomes
www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab
- Dementia Event report
www.touchstonesupport.org.uk/2015/04/dementia-conference-report/
- DH Winterbourne View Review: Concordat
www.gov.uk/government/publications/winterbourne-view-hospitaldepartment-of-health-review-and-response
- DH Winterbourne review 2 years on
www.gov.uk/government/publications/winterbourne-view-2-years-on
- Francis Report on Mid Staffordshire NHS Foundation Trust Public Enquiry (2013)
www.webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/
- Greater Manchester Combined Authority – Health and Social Care – Taking Charge of Our Health and Social Care in Greater Manchester
www.greatermanchester-ca.gov.uk/homepage/73/taking_charge_of_our_health_and_social_care_in_greater_manchester
- Greater Manchester Devolution
www.gmhealthandsocialcaredevo.org.uk/
- Health and Social Care Act 2012
www.legislation.gov.uk/ukpga/2012/7/contents
- Health and Social Care (Safety and Quality) Act 2015
www.legislation.gov.uk/ukpga/2015/28/contents
- Healthwatch Bolton Council
www.healthwatchbolton.co.uk/
- Housing and Care Futures Programme
www.homesandcommunities.co.uk/ourwork/care-support-specialisedhousing-fund
- Index of Multiple Deprivation
www.gov.uk/government/collections/english-indices-of-deprivation
- Institute of Public Care (IPC) has published a range of useful documents on the subject of commissioning and service delivery
www.ipc.brookes.ac.uk/publications/
- NICE Guidance - Wellbeing and loneliness for older people
www.nice.org.uk/news/press-and-media/maintaining-independence-and-mental-wellbeing-crucial-as-we-get-older-say-nice-in-new-guideline
- National mental health strategy 'No health without mental health'
www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
- National Minimum Data Set for Social Care
www.nmds-sc-online.org.uk/help/Article.aspx?id=22
- Older People Commissioning Strategy – currently under development
- ONS Census – Population Statistics
www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates

- Projecting Adult Needs and Service Information (PANSI)
www.pansi.org.uk/
- Projecting Older People Population Information (POPPI)
www.poppi.org.uk/
- Putting People First Communication Toolkit
[www.thinklocalactpersonal.org.uk/ library/Resources/Personalisation/Localmilestones/Putting_People_First_Communications_Toolkit.pdf](http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/Localmilestones/Putting_People_First_Communications_Toolkit.pdf)
- Skills for Care – National Minimum Data Set for Social Care (NMDS-SC)
www.nmds-sc-online.org.uk/
- Targeted Prevention Commissioning Strategy
www.bolton.gov.uk/sites/DocumentCentre/Documents/Targeted%20Prevention%20Commissioning%20Strategy%20FINAL.pdf
- The Chest - the North West's Local Authority Procurement Portal
www.the-chest.org.uk/
- Transforming Care Programme
www.england.nhs.uk/learningdisabilities/care/