

Market Position

Statement

2017



1. About the statement

A market position statement (MPS) sets out to identify what the care and support market looks like. It provides strategic information for providers to inform their business plans and we expect any health and social provider working within the Borough to have read this and understand how their organisation fits in the local market. Therefore the MPS is a good 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 latest 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 collaboratively with partner organisations and engage with service users, carers, 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.

2. Strategic Direction

At a time of growing health and care need and fiscal challenge, a radical change is needed in the way health and care services are planned and delivered to ensure to the provision of high quality, safe, accessible and cost efficient care to those who need it.

Over the next five years health and care partners in Bolton are working together to shift away from a model of care predicated on illness to one of prevention and early intervention that supports everyone in Bolton to stay healthier and independent for longer.

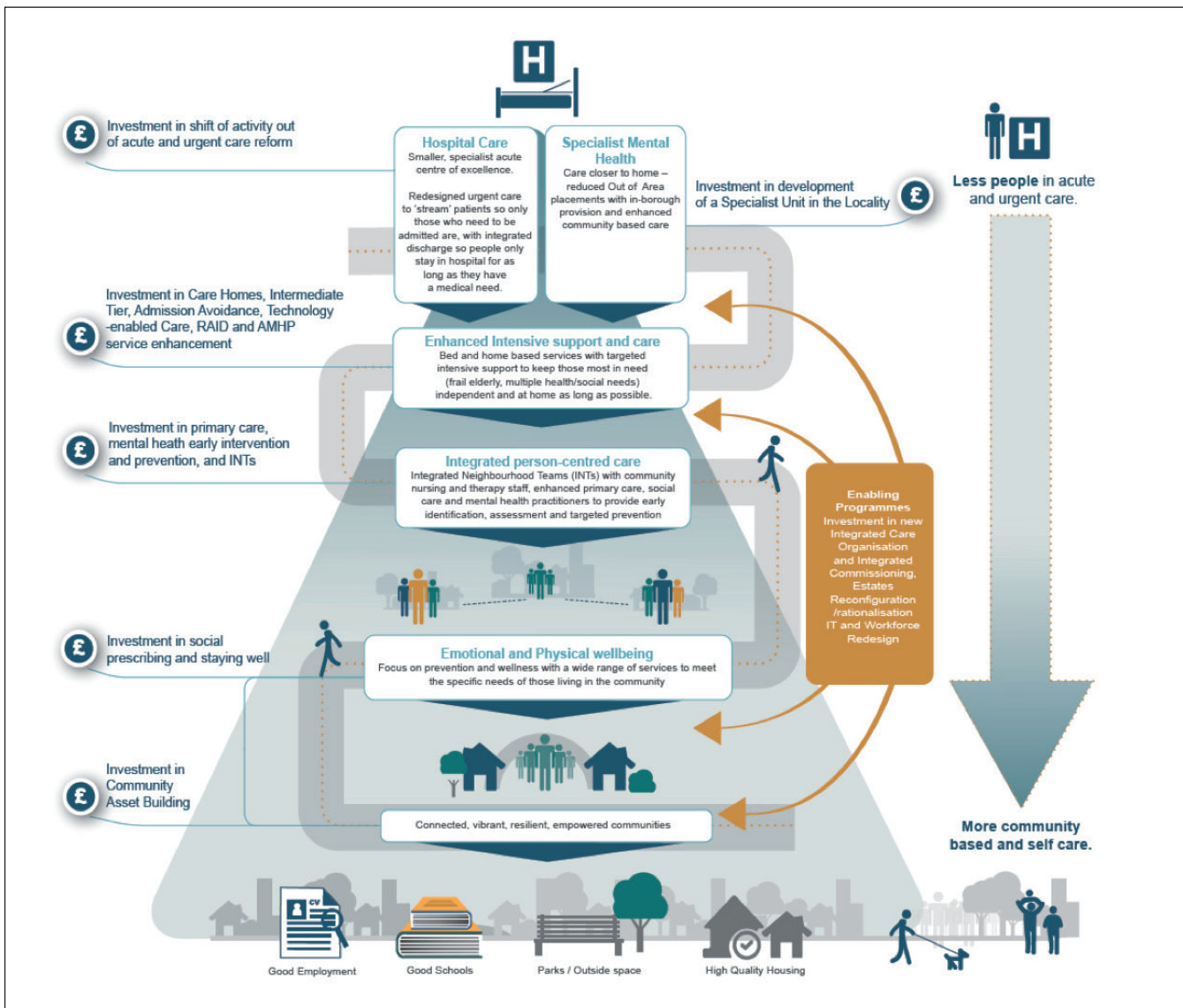
Key partners:

- Bolton Council
- Bolton Community and Voluntary Services (CVS)
- Bolton Healthwatch
- Bolton NHS Foundation Trust
- Bolton Together
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- NHS Bolton Clinical Commissioning Group (CCG)

Our vision and delivery plan for this new model of care is set out in the Bolton 5 Year Locality Plan, which has been developed and supported by key stakeholders in the borough.

By 2021/22, we want to:

- Help people to live healthy lives and empower communities to support themselves
- Prioritise early intervention, offering screening and support to prevent illness
- Focus extra help and support to stay healthy and independent for those who have the greatest need
- Provide joined up care for those most at risk of hospital or care home admission, with more complex needs supported in the home or community setting
- For those people who need hospital care, ensure the right people, and right capacity are in place to ensure high quality acute care.



To achieve this, Bolton Council and Bolton CCG will:

- Work with the market to develop early intervention and prevention support that helps demand management and to reduce harm, prevent, reduce or delay needs from escalating and avoid care home and hospital admissions
- Focus on commissioning high quality services which deliver value for money
- Co-design services with partners, staff and service users to ensure health and care services are fit for purpose and provide positive user experience
- Commission a care market that offers the service user choice in how, where and from whom they receive their care and support
- Support independence, self-care and community asset based models so that people avoid expensive specialist, residential care and acute health services for as long as possible
- In order to further promote independence we will work with our partners to increase the use of Technology Enabled Care significantly where this is safe and appropriate
- 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
- Work with providers to build capacity in existing services where gaps are identified
- Support providers where appropriate to meet the standards required

Delivery of these plans will be facilitated by the development of a Local Care Organisation (LCO) which will bring the majority of adult community health and care services under a single organisational form. This new integrated provider model (which will be supported by new forms of contracting and commissioning) will deliver place-based care at scale, focused on delivering population health and wellbeing.

Bolton is in a strong position to reform the local health and care system by capitalising on the opportunities and support provided by health and social care devolution in Greater Manchester. On 1st April 2016, the Greater Manchester Health and Social Care Partnership took charge of the £6bn health and social care budget for the region from central government. The shared vision across all health and care organisations in Greater Manchester is to deliver the greatest and faster improvement to health and wellbeing for the 2.8m residents of the region. “Taking Charge” is a five year strategic plan supported by all health and social care organisations in the region which sets out the plans for achieving this vision. The Bolton Locality Plan is aligned to this strategy and contributes towards its delivery.

As part of the devolution agreement, a £450m Transformation Fund was established to support health and care reform across Greater Manchester. Health and care partners in Bolton have received £28.8m from this fund to support delivery of our Locality Plan.

The Council and CCG are committed to stimulating a diverse engaged health and care market to deliver our ambitious plans at this exciting time. We are keen to work in partnership with providers of all forms and sizes who are motivated and committed to our vision for high quality and innovative care and providing real choice for the people of Bolton.

Bolton 2030 Vision

By 2030 we want Bolton to be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots.

The vision outlines a set of principles and themes. For Bolton as a place we want it to be Prosperous, Clean and Green, and Strong and Distinctive. For the people of Bolton we want them to be Starting Well in life; Living Well and Ageing Well.

By these themes we mean:

- Giving our children the best possible start in life, so that they have every chance to succeed and be happy
- Improving the health and wellbeing of our residents, so that they can live healthy, fulfilling lives for longer
- Supporting older people in Bolton to stay healthier for longer, and to feel more connected with their communities
- Attracting business and investment to the borough, matching our workforce’s skills with modern opportunities and employment
- Protecting and improving our environment, so that more people enjoy it, care for it and are active in it
- Developing stronger cohesive, more confident communities in which people feel safe, welcome and connected

These can be summarised in our ‘Active, Connected, Prosperous’ themes.

The Care Act 2014 made significant changes to the shape of adult social care delivery 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.

The changes meant the Council now has 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

3. Key Messages in the statement

It is expected that there will be an increase in the number of:

- Older people with multiple care and support needs, including a sustained increase in those with dementia
- People living with one or more long term health conditions
- Young people and adults with mental health problems
- People with learning disabilities and autism with increasingly complex needs
- Vulnerable people living alone
- Young people and adults 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 6,000 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 traditional and new models of care including:

- Community based early intervention and prevention which supports individuals to self help, self care, and enable them to support themselves
- Services need to be provided in conjunction with community assets such as using volunteers, community groups and local facilities
- Services which enable someone to remain independent for longer such as reablement, equipment, adaptations and Technology Enabled Care
- Community based services such as Home Care and new models of home based care
- Residential and nursing care services for older people particularly for people with dementia
- Market diversity for people funding their own care or those taking direct payments

- Positive activities for vulnerable people
- Services to support carers such as respite
- An upscaling of Shared Lives provision for people with mental health and learning disabilities using the opportunities of a successful bid to NHS England and Shared Lives Plus.

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

The mix varies depending on the service.

- There is a need for community based interventions using local assets including those run on a voluntary basis to provide a wide range of accessible support and activities to improve the health and well-being of individuals
- There is a requirement for remodelling some of the 24 hour supported living provision for people with learning disabilities and mental health. This will seek to ensure people with these needs remain in Bolton
- There is currently an adequate supply of residential care beds but there is an undersupply of nursing care beds especially with dementia/mental health need
- There is currently a minor shortfall in provision of 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

Our overall commissioning intentions reflect our strategic direction and responds to our changing picture of demand.

The Council, CCG and strategic partners will continue to plan to integrate health and social care services but with a greater emphasis on early intervention and prevention.

- We have a commitment to work closely with service users, carers, stakeholders and providers, to co-design 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 2016, there were approximately 6,000 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 to 8,220

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.

OFSTED and CQC's fundamental standards and ratings system set the benchmark for the quality of care children, young people and adults should expect from their provider. Our expectation is that providers are judged to be 'Good' or 'Outstanding'.

In addition we expect 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, 80% 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
- Lack of standardised systems and processes
- Harm free care e.g. prevention of pressure ulcers, falls and infections

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. We will support providers as appropriate to make the required improvements.

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 collaboratively with local care partners and have strong links with the wider community
- Develop a culture of continuous quality 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.

Safeguarding

The Bolton Safeguarding Adults Board (BSAB) and the Children’s Bolton Safeguarding Children Board (BSCB) are the bodies responsible for ensuring the children, young people and adults in Bolton are safe.

A new multi-agency screening and safeguarding service (MASSS) with a single point of access was launched in September 2016. We work closely with providers on safeguarding with a multi-agency focus, with input from CCG and Bolton FT, GMMH, police, housing and probation.

The main aims of the Safeguarding Board are to:

- Prevent abuse and neglect happening within the community and in service settings
- Promote the safeguarding interests of vulnerable adults and children to enable their wellbeing and safety
- Respond effectively and consistently to instances of abuse and neglect

To support the aims of the Board and to protect vulnerable adults, we have established the Safeguarding Intelligence Forum to assess information about provider risk and put in place interventions to prevent harm or abuse and improve quality where this is necessary.

Rewarding quality

We believe in rewarding providers who can demonstrate high quality services and some services attract quality payments.

Home Care

We reward providers of Home Care, who are on the Council’s framework agreement, with an enhanced payment if care is delivered on time and by a consistent set of well-trained carers. We know these things are important to our customers’ and therefore we believe we should reward providers who are able to meet our customers’ expectations.

Care Home Excellence Programme

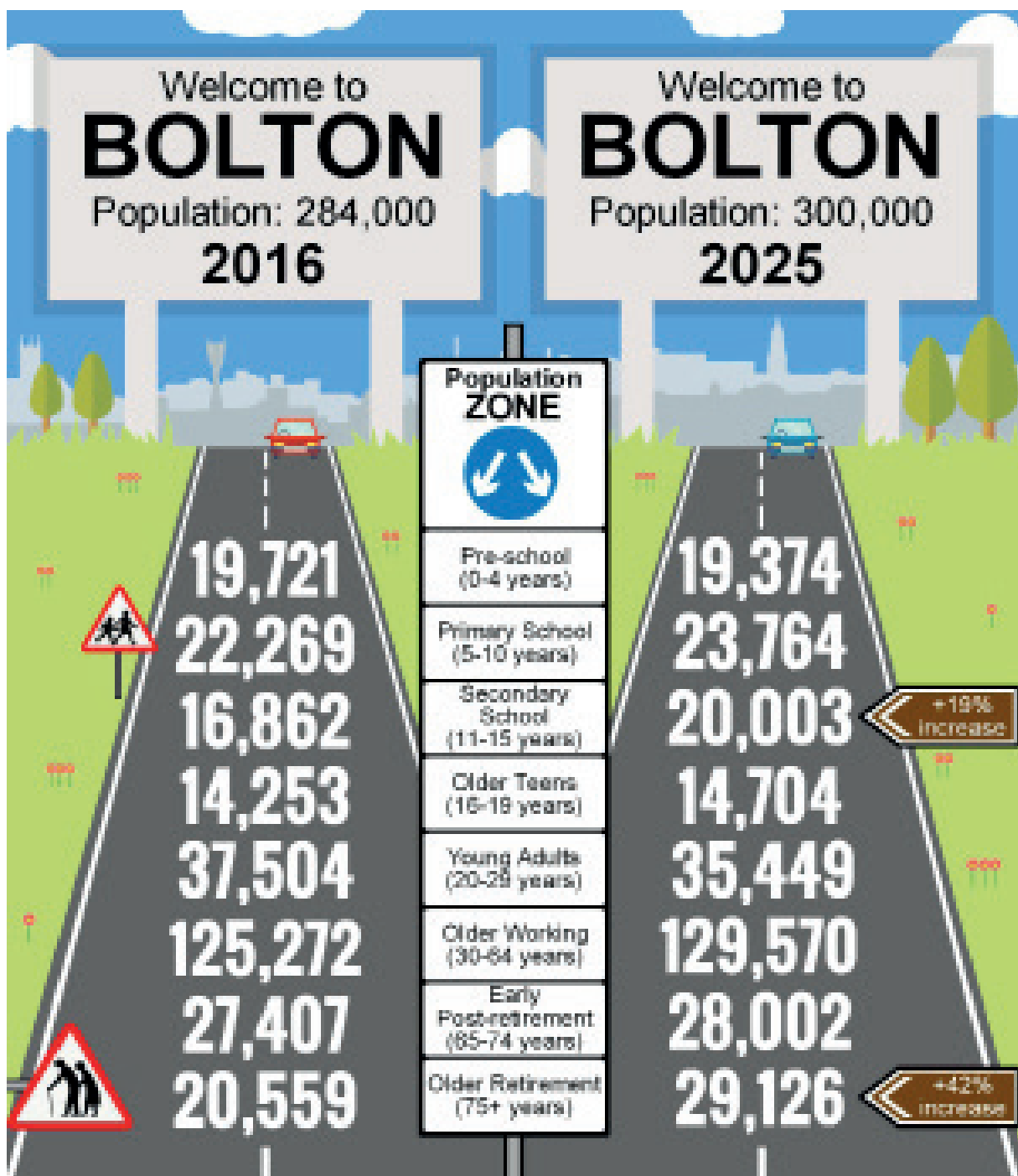
As part of our plans for improving and health and social care in Bolton, the Council and its partners have embarked on a programme of improvement for Care Homes. The programme is known as Care Home Excellence and is collaboration between Bolton Council, Bolton NHS Foundation Trust, NHS Bolton CCG, care homes, residents and the community. Together, we aim to improve the quality of life for people living in care homes by improving safety, improving access to primary care, developing and supporting the workforce and providing more joined up commissioning between Bolton Council and NHS Bolton CCG. Care homes play a vital role in our health and care system and are important community assets. We are proud to have some of the best quality care homes in Greater Manchester and we will reward homes who aspire to continually improve. Care Homes who sign up to our Care Homes Excellence Programme and work with us will receive an additional payment, be able to display our continual improvement quality mark and access our Care Home Excellence Improvement Network.

5. Growing needs

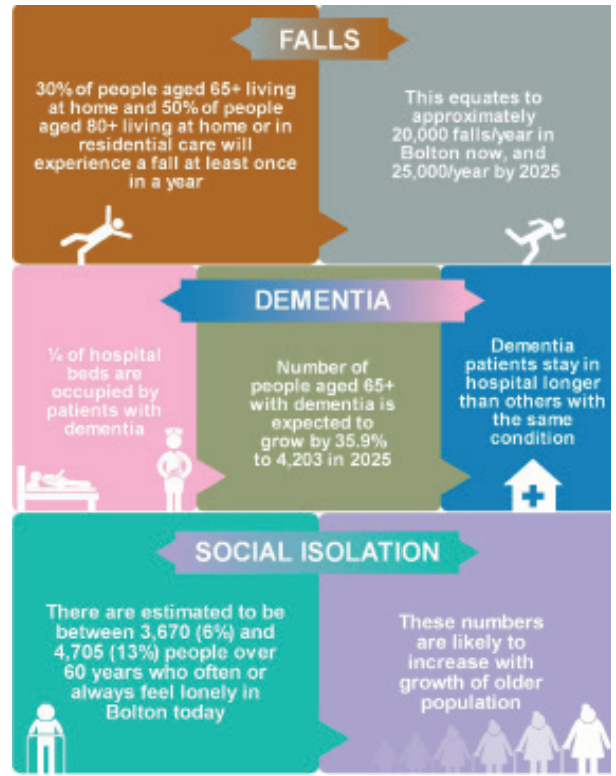
Like many areas in England, Bolton's demographic change in the coming years represents significant challenges to our existing health and care economy. We will need to support more people as a result of our growing population, including an increased number of older people who will have more complex health and care needs.

By 2025 we expect:

- Pre-school, older teenager (16-19 years), and younger adult (20-24 years) populations to reduce, whilst primary, secondary school ages, and older age groups increase
- The population aged 65+ to grow by almost 20% to around 57,300 people in 2025. This includes substantial growth in the population aged 80+ which will increase by over 40% to approximately 16,500 in 2025



These changes in demographics are expected to have the following impact on health and care:

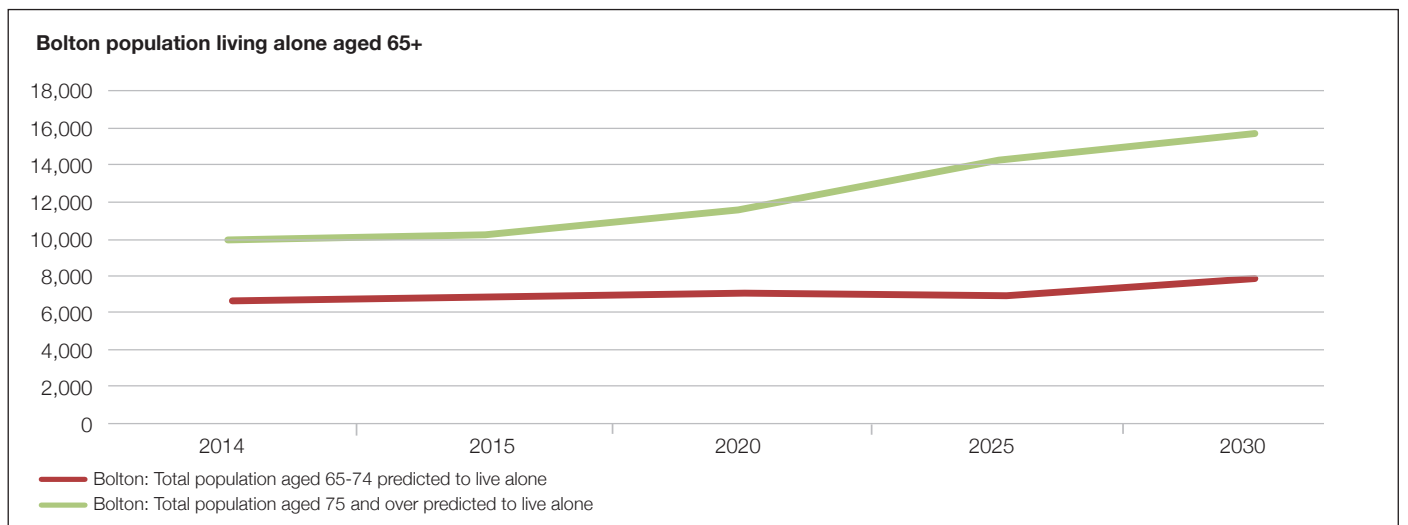


It is expected that the demand for services will be largely driven by changes in the local demographic profile and the health and care needs this leads to.

Social Isolation

13% of respondents to the Adult Social Care Survey 2015/16 felt they did not have enough social contact or felt socially isolated.

In 2015, 6,860 people aged 65-74 were estimated to live alone and this will increase to 7,890 by 2030. There are also currently 10,217 people aged 75 and over living alone. Due to a longer life expectancy this is expected to increase at a greater rate to 15,666 by 2030.



Young People

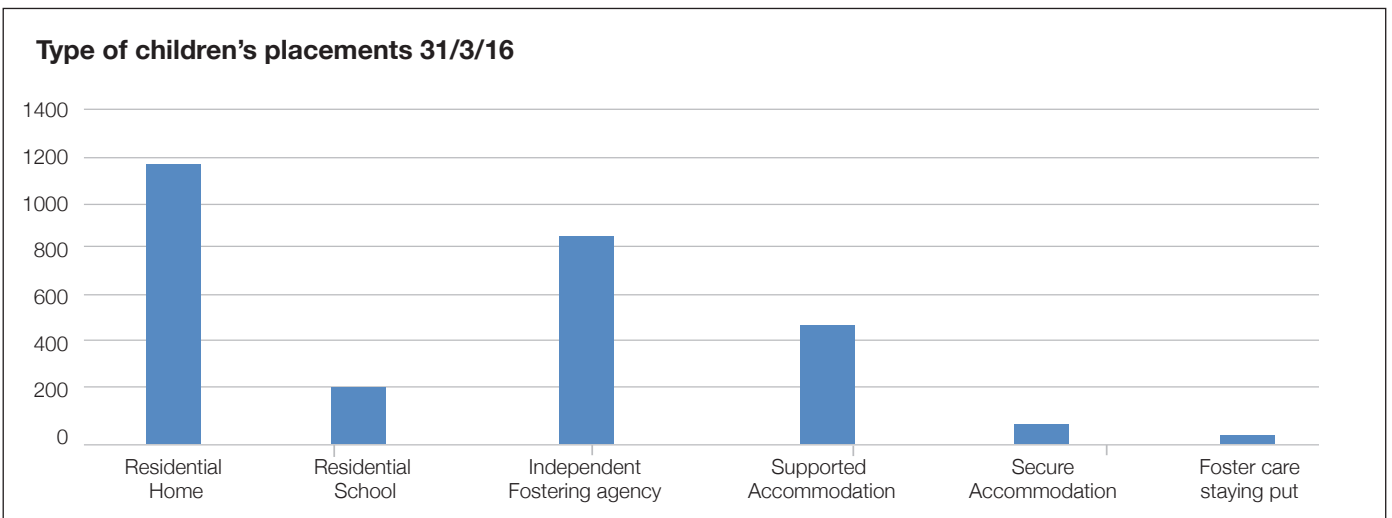
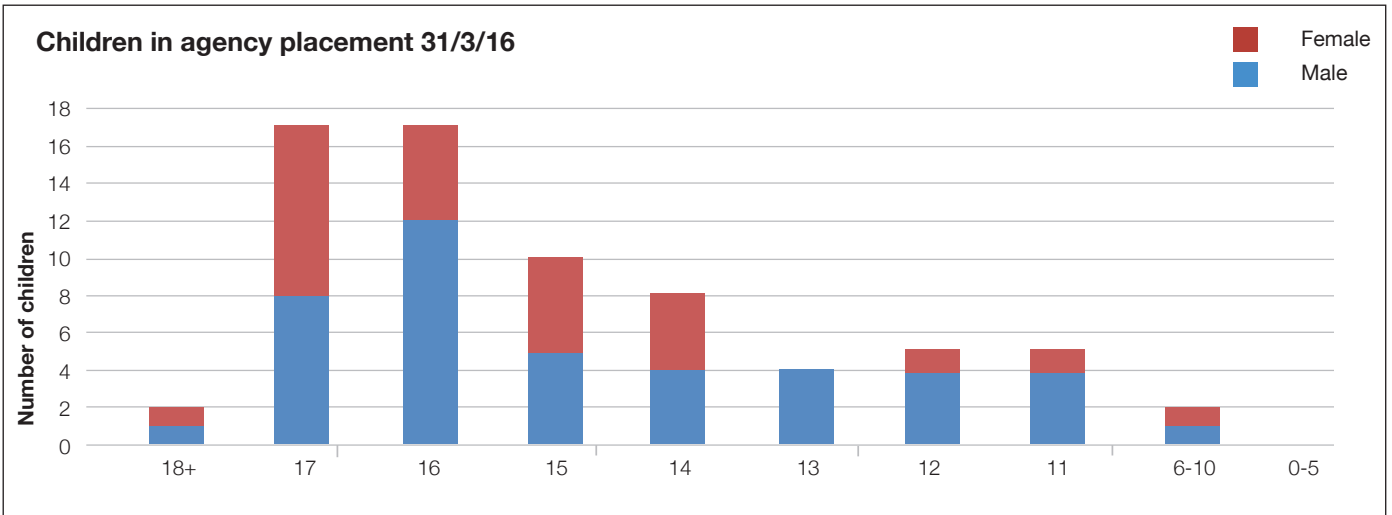
Children and young people under the age of 20 years make up 26.0% of the population of Bolton. 34.9% of school children are from a minority ethnic group.

Over the next 10 years, pre-school and younger adults (20-24) populations will reduce, whilst primary, secondary school ages and older teenagers (16-19) will increase.

Figures show more children from Bolton have been cared for by a local authority compared to the majority

of other towns and cities in England. The figures indicate that in March 2016, 632 children under the care of a council were living in town; 563 of whom came from Bolton and were being provided care by Bolton Council. Another 133 children from Bolton were living outside of the area.

There were 70 Bolton children in agency placements as at 31st March 2016 including 15 with disabilities, 20 leaving care and 3 young offenders. Approximately 50% of these were placed out of borough.



Disability

The 2011 Census shows that 29% of Bolton's population aged 65 years and over (13,642 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 and over.

Disability free life expectancy (DFLE) is the average number of years a person can expect to be free from a long-standing illness or disability. The most recent DFLE at age 65 for Bolton (2012-14) is 9.8 years for men and 11 years for women.

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.

As at 31st March 2016 there were 626 adults with a learning disability accessing a long term service. Of these 17% are from an ethnic minority background with 8% Indian and 4% 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 2 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

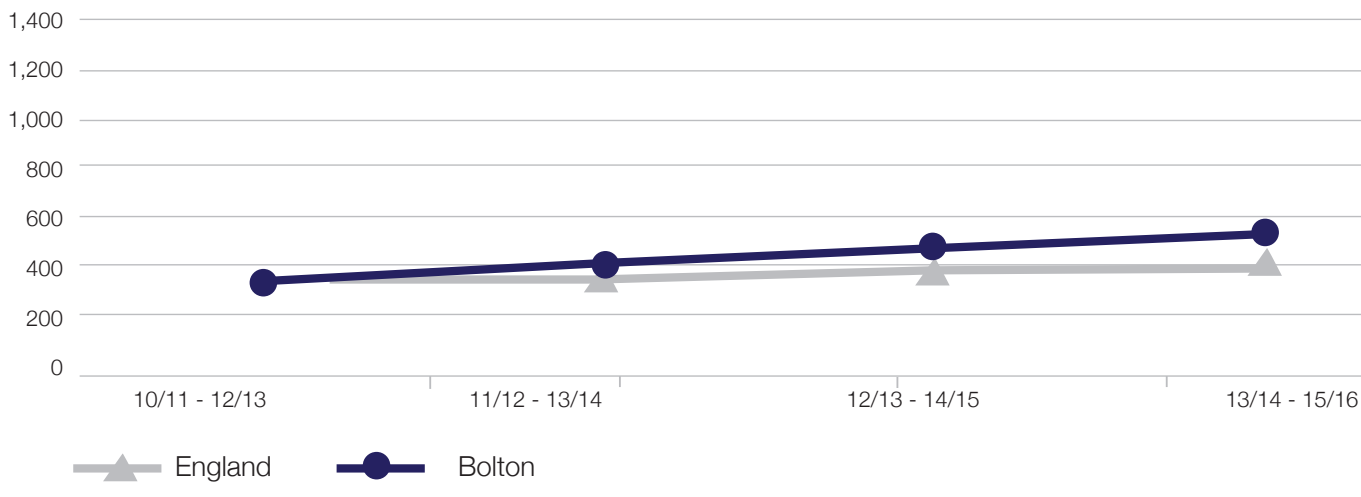
The 2014/15 Mental Health Needs Assessment indicates that the adult prevalence of common mental health problems, including anxiety, depression and obsessive compulsive disorder, is likely to remain constant over the coming 5-10 years. Estimates for 2015 suggest 27,352 people in Bolton will have a common mental disorder, 765 a borderline personality disorder, 593 an antisocial personality disorder and 680 a psychotic disorder with over 12,200 having 2 or more psychiatric disorders. 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. The rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing at a higher rate than the England average. Levels of self-harm are higher among young women rather than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 - 24 years)



Drugs and Alcohol

According to the 2015/16 Crime Survey for England and Wales nationally around 8.4% of adults aged 16-59 have taken an illicit drug in the last year. This equates to 13,487 in Bolton. For those aged 16-24 this figure increases to 18%, approximately 5,685 people.

8% of all adults who used drugs in the last year say they do so every day.

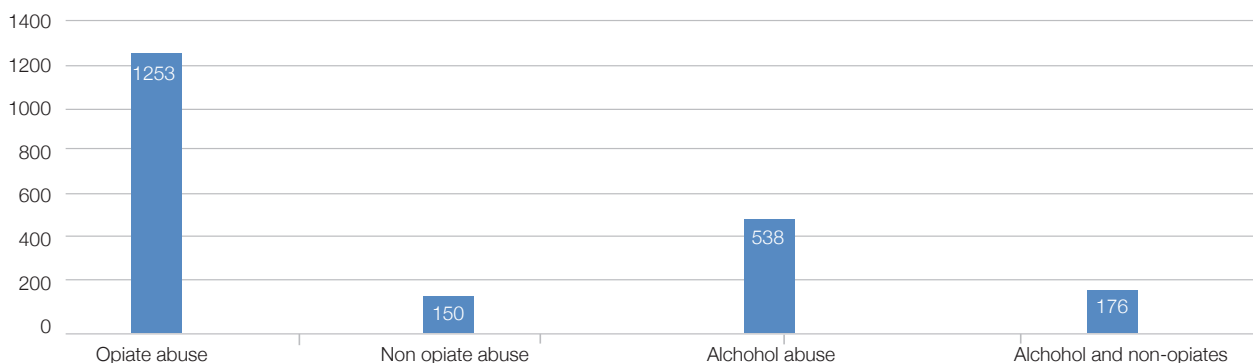
Young adults are more likely to be frequent drug users with a comparable proportion of 4.7% 16-24 year olds, 1,484 young people.

In Bolton there are approximately 2,117 in treatment, of which 186 have been in treatment for 10 years or more.

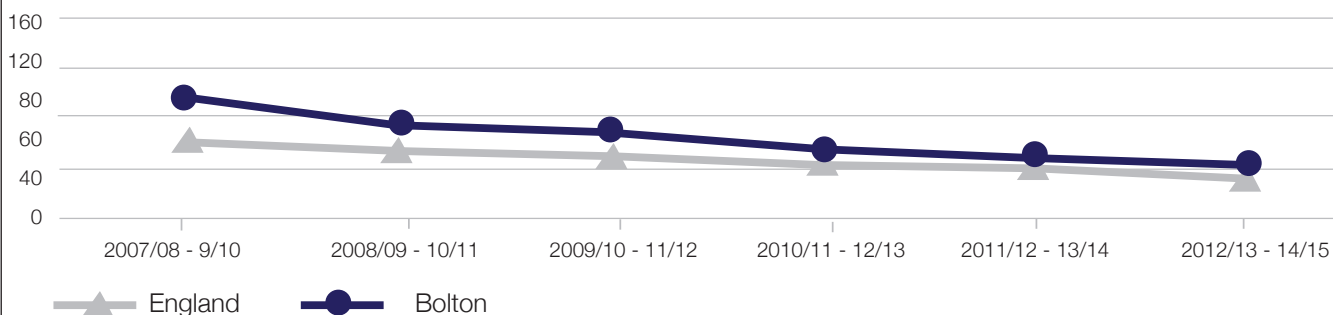
There are estimated to be 10,177 people in Bolton with an alcohol dependence 72% of whom are male.

The rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, in line with the national trend.

People in treatment 2015/16



Young people aged under 18 with alcohol specific conditions (rate per 100,000 population aged 0 - 17 years)

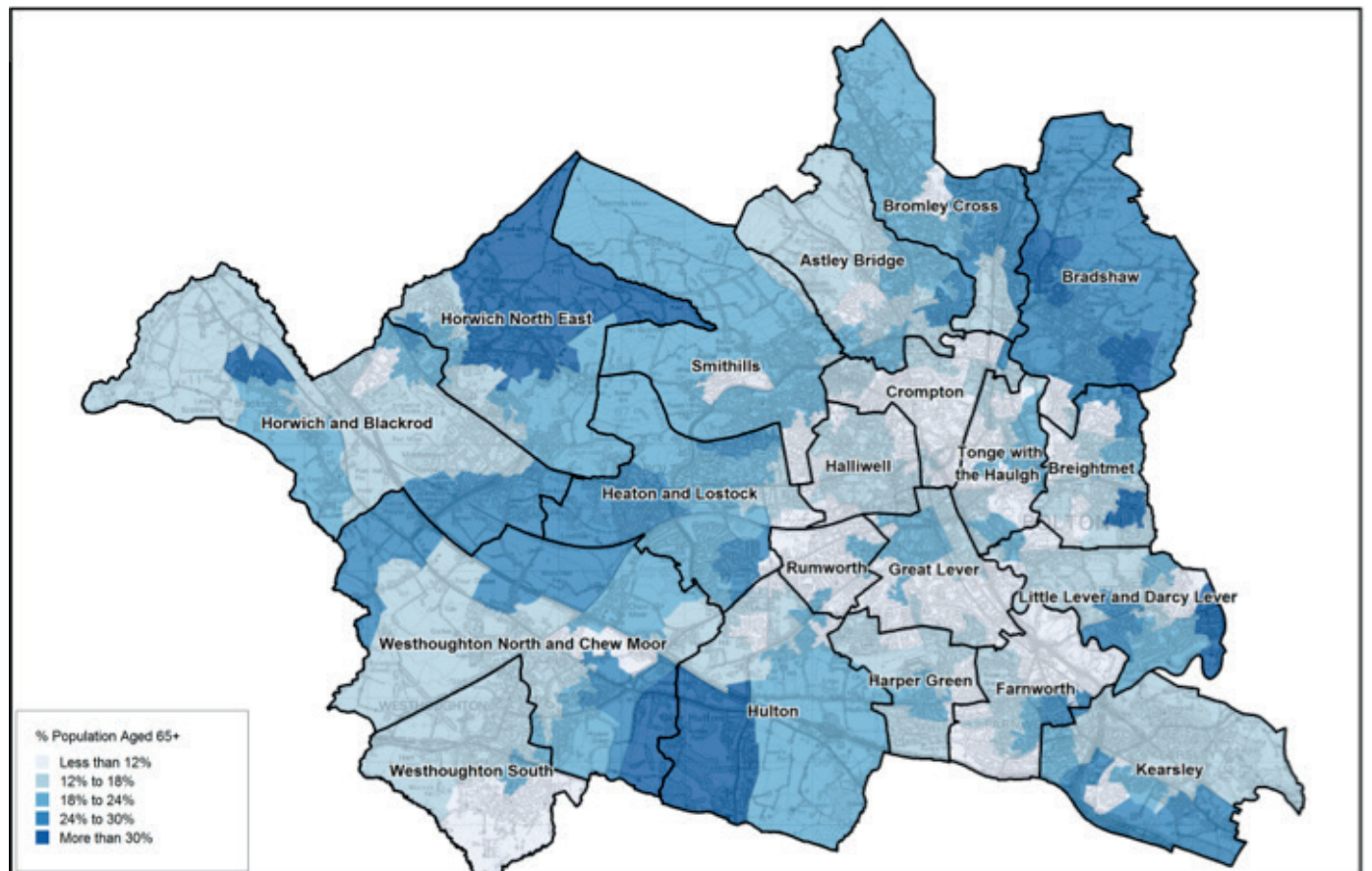
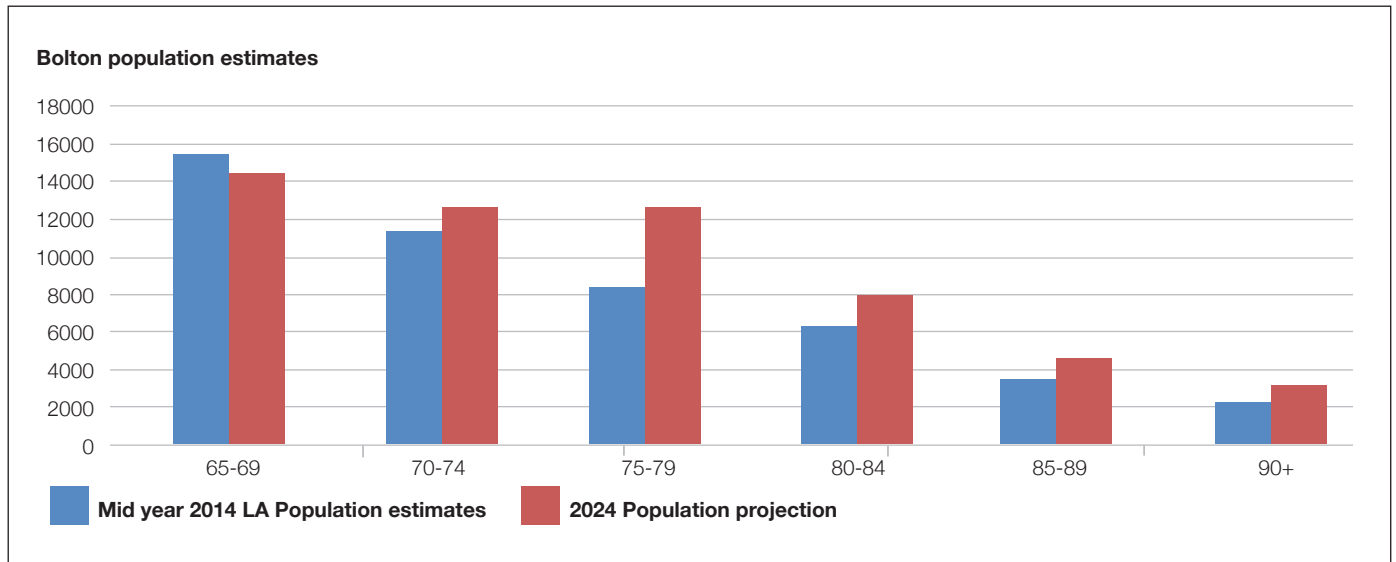


Older People

The increase in the older people's population is expected to continue, with a 32% increase in the number of people aged 70 and over, from 32,200 in 2015 to 42,100 in 2025, and a 43% increase in people aged 85 and over, from 5,700 in 2015 to 8,200 in 2025.

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

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.



6. Demand

The expected changes in our local population places increased demand on health and care services at a time of significant financial challenge. We will manage this demand through the new models of care set out in the 5 Year Locality Plan with a particular focus on increasing capacity in preventative and primary care services and reducing demand for high acuity care.

Carers

The 2011 census identified just over 30,000 people in Bolton with caring responsibilities, an increase of 2,000 since 2001. Approximately 6,000 of these carers are aged over 65. 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 latest Carers Survey 2014/15, 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.

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.

Transforming Care

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.

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.

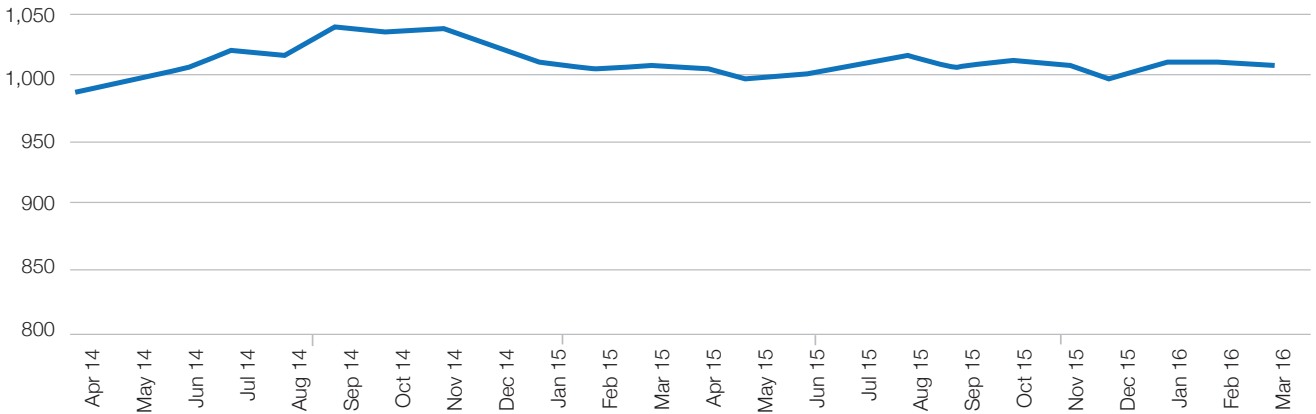
- Overall, there was an initial growth in the number of people taking a Direct Payment in the last four years (13%) although this has stabilised over the last two years
- The vast majority of new agreements for younger adults relate to those with a physical or learning disability (over 82%) with 76% of the older adult's group relating to physical disability
- These trends are reflected in the data for all existing direct payment service agreements - 86% of all service agreements for younger adults relate to physical and learning disabilities while 82% of all service agreements for the older adults group relate to those with physical disabilities
- The Adult Social Care Survey 2015-16 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. In 2015/16 the Adults Social Care Survey showed that over 77% of those receiving a Direct Payment were satisfied with their care and support
- In Bolton, there were 346 direct payment recipients over the age of 65 at the end of March 2016
- Increasingly adults with learning disabilities are choosing to take a direct payment and arrange their own care. At the end of March 2016 there were 284 people with Learning Disabilities receiving weekly direct payments an increase of 32% 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.

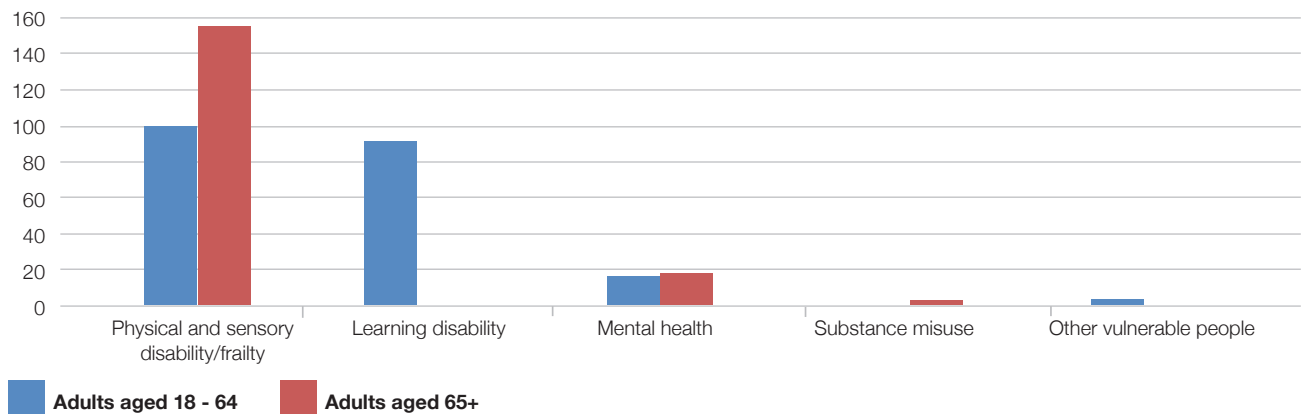
Number of service users and carers using direct payments:

2012/13	2013/14	2014/15	2015/15
893	981	1,008	1,008

Trend in clients in receipt of a direct payment (at the end of each month)



New Direct Payment agreements 2015/16



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.

The Council commissions an Advocacy Hub to cover the following requirements:

- IMCA (Independent Mental Capacity Advocacy service)

- IMHA (Independent Mental Health Advocacy service)
- ICAS (Independent Complaints Advocacy service)
- Advocacy for Looked After Children

Numbers of Advocacy Services Recipients:

In 2015/16 the main IMCA referrals in Bolton were Dementia sufferers (51%) and those who are people 80 years of age or older (46%). Over 49% of IMHA referrals were aged over 50 with 38% between 26 and 50. ICAS referrals are lower 70% from people with a physical disability or long term disability with 69% of referrals from under 55s.

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.

There are three principal categories of self-funder who generally fund the full costs of their care (with or without any disability-related benefits). These are:

- Clients who do not approach public authorities and make their own arrangements
- Clients who approach their local authority but do not meet eligibility criteria
- Clients who approach their local authority and are eligible but income and / or assets are above the threshold

The Institute of Public Care (IPC) estimates that 44.9% of care home places in England are self-funded. The English Longitudinal Survey of Ageing (Wave 5) (ELSA) estimates that 1.83% of people over the age of 65 pay for their own home care.

We can estimate that 360 people in residential or nursing care are self-funders. Based on the numbers in receipt of attendance allowance there are up to 1,900 self-funders paying for home care although a more conservative estimate based on the ELSA survey is 900.

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.

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.

Home care has increased significantly in recent years mainly due to the complexity of need. However this has been countered by a small scale decline in the number of people receiving other types of community based services funded and organised by the council. Our analysis is that direct payments and the impact of signposting people to universal and prevention services has not made a difference to demand.

- In 2015/16 the Council funded 591,024 hours of home care for an average of 1,352 people per week, 4,187 people over the year
- The number of home care hours delivered in 15/16 surpassed that of 14/15 and, because of increasingly complex needs, we expect an increase of 10% in the next five years and 25% in the next 10 years
- As at 31st December 2015 the CCG funded Continuing Health Care for 385 service users, 201 service users received Funded Nursing Care and 11 had Personal Health Budgets. Similar levels are predicted in 2016/17
- In 2015/16 The Council placed 295 older people into local day services and we expect the demand for day support/activities will rise in future years
- In 2015/16, there were 320 Extra Care tenancies with an average of 202 clients receiving care and the greatest demand for care coming from people over the age of 75 (63%). Demand for care has increased by 22% from 2013/14 with 113,726 hours delivered in 2015/16 although the numbers receiving care has decreased by 5% from 212 clients in 2013/14

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	2015/16
Home Support	1,856	2,042	2,276	2,031
Equipment	3,714	3,976	2,778	3,161
Community Meals (at year end)	482	380	382	373
Day Care (Older People)	460	445	356	285
Day Care (Learning Disabilities)	178	173	175	84
Day Care (Physical Disability)	46	35	27	12
Shared Lives	176	136	172	113
Supported Living	233	234	231	205
Extra Care	211	280	279	216

These figures are indicative and based on best information from our client databases. There has been significant data cleansing in 2015/16 to enable migration to a new system in 2016/17 which will result in more accurate reporting in future years.

Intermediate Care and Respite

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.

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, supporting people in their own homes for as long as possible, avoiding admission to hospital, supporting speedy hospital discharge and reducing premature admission to a care home. The aim is 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.

April to December 2016 saw an average occupancy rate of intermediate tier beds ranging from 96.1% to 98.6%. Increased demand for intermediate care beds and intermediate care at home services is expected to continue.

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.

Number 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	16,160
Learning disability/difficulty	782	599	617	180	316	2,494
Mental health problem	658	2,228	5,188	1,329	330	9,733
Visual impairment	230	624	952	1,916	1,891	5,613
Hearing impairment	538	76	3,076	3,793	3,455	10,938
Long standing illness or health condition	618	1,470	9,097	9,699	3,578	24,462
Older Age-related illness or disability	0	0	749	2,067	2,025	4,841
Other	481	1,365	4,838	4,248	1,695	12,627

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.

Mental Health

At the end of 2015/16 there were just over 1,100 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, including schizophrenia manic depression and other psychotic 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 2015/16 The Council placed 82 younger and older adults with a mental health condition in permanent residential or nursing care
- In 2015/16, approximately 61,600 hours of home

care were delivered to people with mental health conditions, an average of 1,300 hours and 175 service users per week

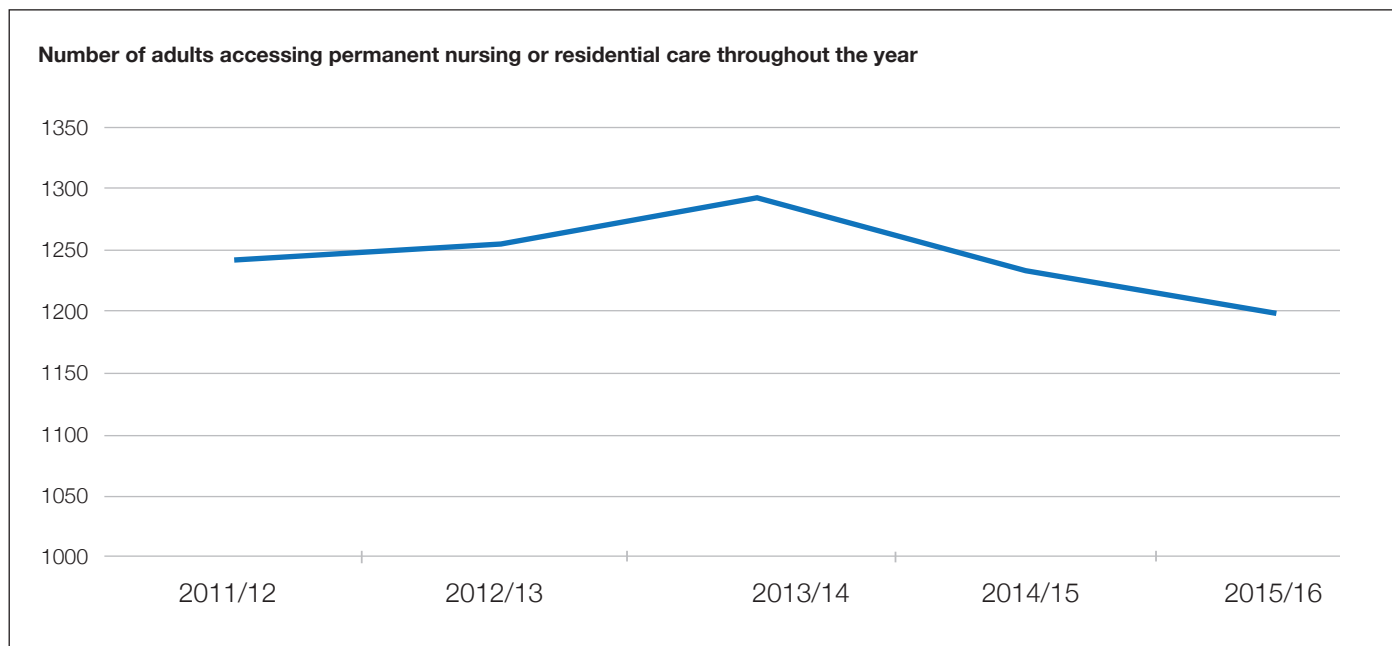
- Based on mental health prevalence levels in 11-16 year olds it is expected that approximately 438 young people (260 boys and 178 girls) may require some level of transition to adult mental health services in 2016/17

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.

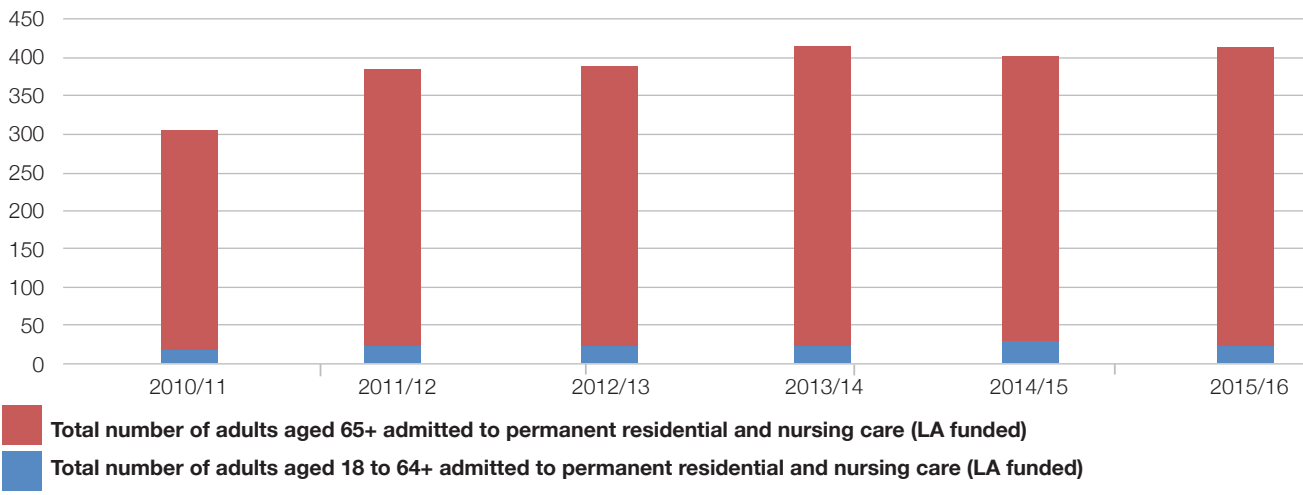
Accommodation based services

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

- The number of all adults, aged 18 and over, in state funded residential and nursing care has remained fairly consistent for the last five years, although in 2015/16 it has reduced to 1,198
- In 2015/16, the Council placed 412 adults into permanent residential and nursing care which is a 34% increase on 2010/11. The increase has come in the over 65 population



Admissions into permanent nursing or residential care



- The vast majority of admissions in 2015/16 to permanent residential and nursing care were for physical and sensory disability/frailty (77%); 20% were for mental health; and, 1% 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 2015/16, The Council placed 1,462 people in respite or short-term residential/nursing care (1,462 admissions – 542 people)

A 2012 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 this 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.

2015/16 Health Activity

Area	Activity 2015/16
Elective admissions	6,318
Day case admissions	28,092
Non-elective admissions	32,981
A&E attendances	97,973
Outpatient attendances	166,949

In health services, we predict the following growth in demand for 2017/18:

- Non-elective admissions to hospital – 1.3%
- A&E attendances – 1.4%
- Outpatient attendances – 2.4%

To deliver improvements in health outcomes and financial sustainability for the local health and care economy in Bolton, we will need to reduce activity in these areas over the next five years.

In 2017/18 we aim to reduce activity by:

Area	Reduction in Activity 2017/18
Elective admissions	3.58%
Day case admissions	3.58%
Non-elective admissions	6.05%
A&E attendances	4.93%
Outpatient attendances	4.06%

7. Current Market

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Early Intervention and Prevention

The Council in order to maintain its citizens' 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 citizens' 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.

Alongside this local approach Bolton Council and partners are planning interventions as part of the locality planning for GM devolution. The population health element of the Locality Plan focuses on prevention and will address a range of subjects including intentions to develop a Social Prescribing model to provide complimentary or alternative interventions to health interventions. This will involve connecting citizens to local assets such as walking groups for exercise or befriending services to reduce isolation. Developing community assets is another workstream and this will involve identifying community assets, maximising their use and supporting sustainability.

Another key prevention workstream is voluntary sector capacity building. This will look at the baseline capacity of prevention services, waiting times for new referrals to receive support and where these services are provided. If a certain area had a high demand for a service that does not exist in their local area this will be developed. Other population health prevention topics will be Falls, Dementia, Suicide, Self-Care, Healthy Weight and Physical activity.

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, 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 2017.

Bolton is officially recognised as a Dementia Action Alliance, demonstrating the partnership working across the borough to improve the lives of people living with dementia. The Alliance has over 80 members including the Council, CCG, voluntary sector services, national organisations and local businesses.

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



Connecting assets together is key to Asset Based Community Development (ABCD). An Asset Based Community Development Partnership was established in 2016 to provide strategic direction for Bolton. This cross sector group developed a Social Enterprise “the Bolton Community Development Partnership” as the operational organisation who provide the catalyst for change within the community.

Mapping assets, listening to stories and connecting people with similar interests together and supporting them to improve their assets. This model is not reliant on long term funding as it works with people in the community who want to change their outcomes and supports them to do so without creating a dependency to funding.

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.

Health

Bolton CCG's main NHS providers are Bolton NHS Foundation Trust (acute and community services) and Greater Manchester Mental Health Foundation Trust (mental health services). The CCG also commissions some health services from other NHS trusts in the North West, social enterprises, the voluntary and community sector and the private sector.

The CCG has delegated responsibility for NHS England for commissioning GP services from 50 member practices in Bolton. The introduction of the Bolton Quality Contract has resulted in 60,000 additional GP appointments in 2015/16 and extended opening hours to improve access to primary care for people in Bolton.

Bolton NHS Foundation Trust are the CCG's main provider of acute services with 734 beds.

Living independently at home

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. To be eligible a person must have a substantial or significant disability

as per the Chronically Sick and Disabled Persons Act. 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. 3,282 people benefitted from 4,109 individual minor adaptations in 2015/16 with the average time from assessment to installation being 7.76 days. This has increased from 2,128 people and 2,600 individual minor adaptations in 2012/13 with an average time of 10.5 days.

The Housing Market Assessment identified increasing needs for support services that promote independence at home such as help with gardening, cleaning and transport. Bolton Care and Repair, our Home Improvement Agency, provides support for people who are older, disabled or on a low income to repair, improve, maintain or adapt their home. It provides a range of services from advice, information and a Handyperson to assist with small jobs around the home, to large scale home renovations for those who need it most. Care and Repair work with their customers to find solutions to any home improvement issues they have, supporting them with works and making referrals to other services that could assist. In 2015/16 Care and Repair completed 1,810 jobs, supporting 1,321 individual customers (compared to 1,795 jobs and 1,271 individuals in 2014/15) to maintain their independence. Demand for this service continues to increase year on year.

Care and Repair also delivers our 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, assisting 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. In 2015/16 226 (2014/15 - 228) major adaptations were completed at an average cost of £8,000 each. The most common types of adaptation continue to be stairlifts and bathroom adaptations.

Technology Enabled Care

The Council provides a range of Telecare equipment for around 1,500 people at any one time. The service is Council run and equipment is provided by many different suppliers. There was an average of 40 new telecare allocations/assessments per month in 2014, increasing to 67 per month in 2015 and again to 95 in 2016. The main equipment utilised being falls detectors, bed

sensors, property exit sensors and medication prompts. Telecare has enabled people to remain independent for longer, whilst preventing or delaying the need for formal care.

We are currently undertaking a project to gain a better understanding of the 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.

Staying Well

The Staying Well service for the over 65s uses the Staying Well tool to assess the assets and needs of an individual. The service works with GPs to profile those over 65 with a long term health condition and arrange assessment and support from Staying Well Co-ordinators.

2017/18 will see further expansion of this service which is being rolled out across the borough to meet demand.

Wellbeing in later life

The Wellbeing in Later Life initiative offers befriending visits and leisure and social activities for older people with a focus on physical and creative activity. Keeping mentally, physically and socially active supports good health and wellbeing and prevents dependence on higher acuity health and care services.

Falls Prevention Delivery Model

Our approach to falls prevention spans multiple tiers of the older population:

- Those who have not fallen but are at risk
- Those who have fallen with no injury or a minor injury
- Those who have fallen with a major injury

The Falls Prevention Delivery Model embeds falls prevention into existing service delivery.

Services to prevent or reduce homelessness

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, 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 and outreach service, homeless hostels, services for offenders, supported accommodation for people with mental health and complex needs, and floating support services for, 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.

Carers' services

In line with the Bolton Carers Strategy 2017-2020 the Council seeks to identify and engage with all carers in Bolton. 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 Programme where local voluntary and community groups can apply for grants to deliver services/activities which help achieve outcomes for carers. 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' 24 hour helpline, carers' forums and culturally sensitive activities.

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.boltonshealthmatters.org

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 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.



The Children and Young People’s drug and alcohol service (360) is part of the Holistic Health and Wellbeing service (5-19) delivered by Bridgewater.

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 plans 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 new Starting Well Service services have been commissioned to support:

- 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
- Young carers
- Independent visitors for looked after children
- Advocacy for looked after children and child protection
- Mediation for special educational needs and disability
- Family mediation for homeless young people
- Information advice and support service (IASS) for special educational needs and disability
- Disagreement resolution service (DRS) for special educational needs and disability
- Domestic abuse support for looked after children
- Missing from home service

Shared Lives

The shared lives (formerly adult placement) scheme operated by the Council provides long term, short term, and sessional care. The long term service is predominantly provided to adults with a learning disability (88%) in family homes in Bolton with 82% of placements for under 65s.

Number of Placements	Apr'15	Apr'16
Permanent	52	48
Temporary	43	50

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 services

The Council has 534 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	104
Total no. of places	534

LD day care services

Bolton currently operates Disability day services primarily for people with learning disabilities who live with family/carers to enable individuals to maximise their independence, develop skills and social networks as well as providing carers with valuable respite and support.

There are currently 136 Service Users receiving Services, 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.

Each service user has a personalised support plan which sets out how their eligible needs and desired outcomes will be met through attending the day service. Typical activities for service users with support from care staff include:

- Attending community based activities
- Group activities within the centres

- Developing independent living skills
- Supporting the specialist community health therapist to deliver services for individuals whilst at the centres. (Physiotherapy, occupational therapy, community nursing and Speech and Language therapy)
- These services also provide valuable respite for families/carers during the daytime

Disability day services are currently provided from the following bases:

- Brazley Centre, Horwich
- Jubilee Centre, Halliwell
- Thicketford Centre, Tonge Moor
- Thicketford Autism Centre, Tonge Moor

The table below demonstrates the usage and capacity of the disability day services from 2013 – 2017:

Service	Average users per day		Variance	Proposed daily capacity
	2013	2017		2017
Jubilee Centre	56.8	48.6	-8.2	65
Thicketford Centre	29.2	34	4.8	35
Thicketford Autism Centre	13.2	14.8	1.6	14
Brazley Centre	22.6	21.4	-1.2	25
Harrowbys	15	17.6	2.6	0
Overall total	136.8	136.4	-0.4	139

As identified in the table above the overall usage of disability day services has remained stable over a three year period with a 0.4 reduction. There have been some movements across services resulting in a larger reduction at Jubilee centre as individuals have either ceased attending or moved to one of the newer bases closer to their home.

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 96,000 meals were delivered in 2015/16, in 2016/17 up to end of Feb, over 86,000 have been delivered. In 2015/16 over 22,000 lunch club meals were delivered and YTD 2016/17 (up to end of Feb) over 23,000 lunch club meals were delivered.

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.

Home care

The Council commissions home care from 15 providers on a framework agreement. A framework agreement allows ordered home care to be delivered across three 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 is also a specific service for people with a learning disability or mental health issues.

There are a total of 53 providers registered with CQC to deliver home 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 types of services that would be considered as Intermediate Care include:

- rapid response teams to prevent avoidable admission to hospital for patients referred from General Practitioners (GPs), Accident & Emergency (A&E) or other sources, with short-term care and support in their own home
- acute care at home from specialist teams, including some treatment such as administration of intravenous antibiotics
- residential rehabilitation in a setting such as a residential care home or community hospital, for people who do not need 24-hour consultant-led medical care, but need a short period of therapy and rehabilitation, normally ranging from one to six weeks
- supported discharge in a patient's own home, with nursing and/or therapeutic support, and home care support and community equipment where necessary, to allow rehabilitation and recovery at home
- reablement services which are typically provided in a person's own home, providing an active period of short-term intense activity and support designed to promote people's independence, thereby enabling them to live at home for longer, and requiring a reduced amount of long term health and social care services

Bolton's Intermediate Tier services are comprised of:

- The Admission Avoidance Team which now includes the IV Therapy Team
- Home Pathway. A joint service provision between Royal Bolton NHS Foundation Intermediate Care at Home Team and the Council's Reablement Team. From mid 2015 this includes a speech and language therapy service
- Intermediate Care Bed Based Services which are at Darley Court and Laburnum Lodge

Bolton Council's Reablement Service operates a 24 hour service, 365 days a year across Bolton. Bolton's Reablement Service takes on an average of 105 new packages of care per month, or 26 per week, and provided 1,262 new packages of care in 2015/16. Over 40% of clients discharged from the service required no ongoing support.

The Council's residential 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 1,115 referrals made to the service 2015/16, an average of 93 per month. 78% step down from hospital and 22% step up with 810 accepted. Of the 676 discharged in 2015/16 66% returned home.

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services in 2015/16 was 70.1%.

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/respite care for adults and their carers at Mere Hall View and New Lane.

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

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

For Older People there is provision at Wilfrid Geere and three bed spaces are purchased in three different residential care homes.

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.

Supported Living

The Council commissions services within 73 shared houses for 277 people with Learning Disabilities or autism and Mental Health conditions. These are mostly houses where service users share facilities with other people with similar needs. This accommodation has provided a good base for delivering good quality support and care to service users for the last 25 years. However the recent supported housing review has considered that most of the accommodation has not altered to meet changing service user and relatives' expectations and there is a fairly urgent requirement to diversify the types/standards and accommodation to meet future needs.

Bolton Cares currently provides support to 83 people with learning disabilities across 25 properties. It also supports 23 people with a mental health condition across four properties.

The Council also commissions support for 131 adults with learning disabilities living in 33 properties, 12 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 also three properties commissioned under Transforming Care supporting up to nine people.

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 33 voids in supported living properties as at December 2016 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.

Transforming Care is still a cross cutting priority for both the council and the CCG. Transition work is ongoing to relocate service users from out of borough placements such as specialist hospitals. The council is planning to use the opportunities of the GM LD Ethical Framework to recommission services and develop bespoke responses (if required).

Housing for Older People

There is a range of sheltered living accommodation across Bolton including under one roof schemes, bungalows and apartments. A breakdown of the services is set out below:

- Extra care = 320 units
- Sheltered (Cat 2 type) support with alarm = 3,448
- Sheltered (Cat 1 type) alarm only = 402
- Careline = 6,379
- Telecare response = 974
- Leaseholders = 314

Within sheltered and extra care housing a housing related support service is included as part of a tenant's tenancy agreement with the social landlord. Housing related support is a 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. 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

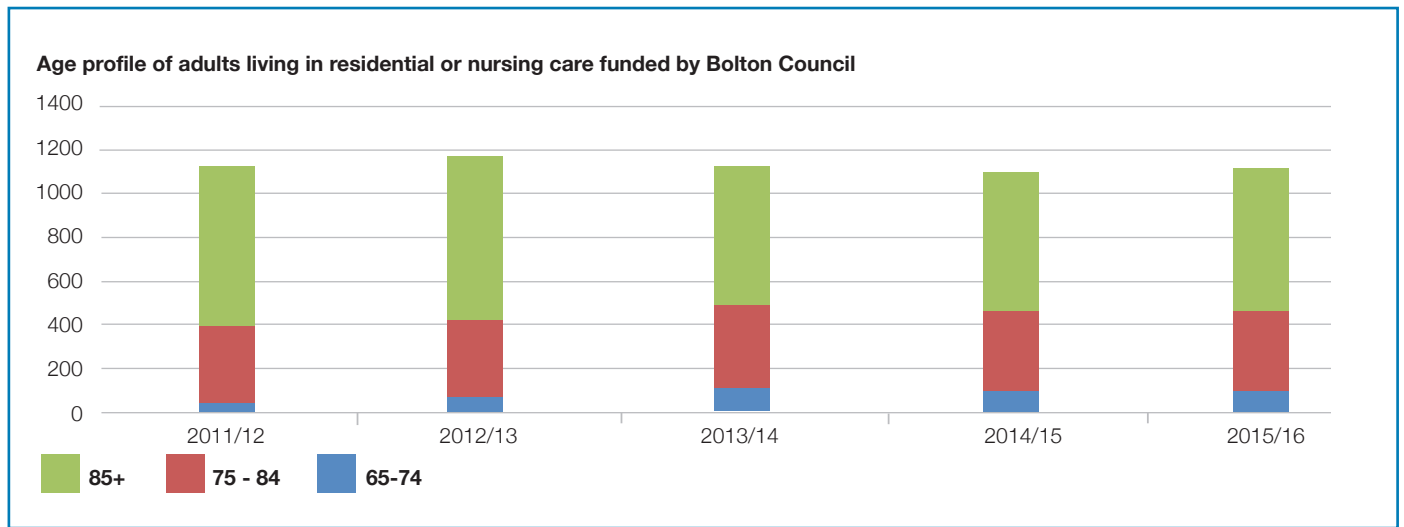
Bolton has ten Extra Care housing schemes offering 320 individual properties. All of the properties are provided by registered housing providers. Bolton Cares currently provides the care at four of the schemes with the remaining 6 provided by independent providers.

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.

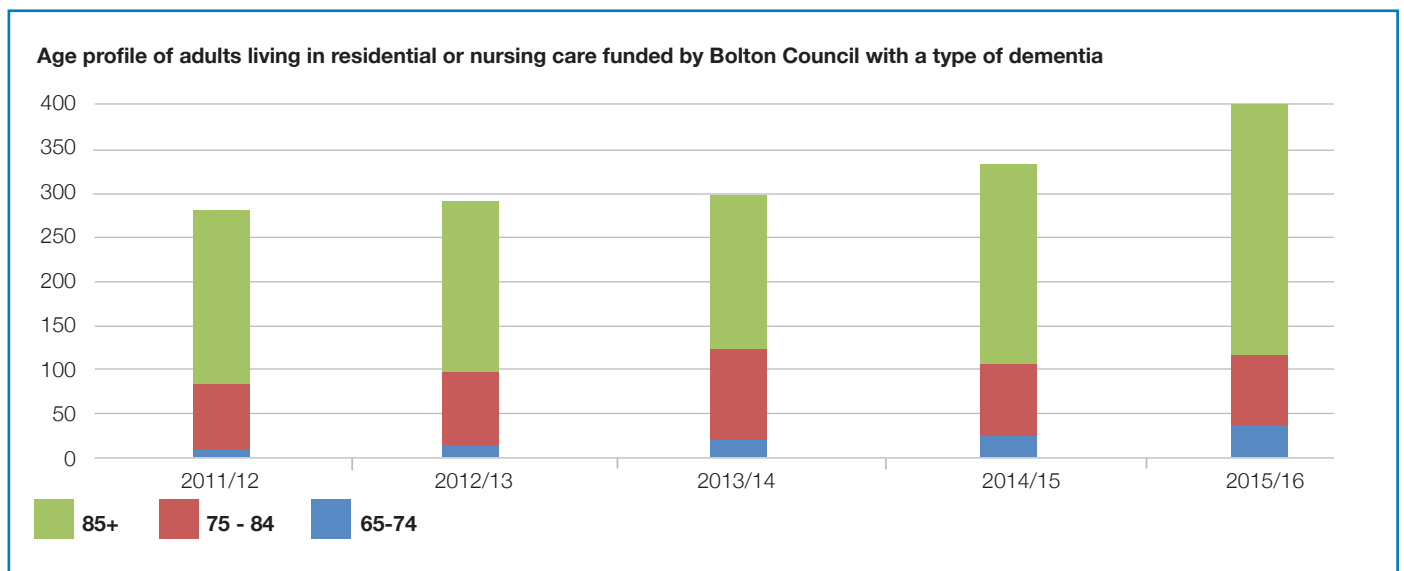
Residential and Nursing Care

The tables below detail the number of people currently living in older people 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	2015/16
65-74	95	111	132	140	128
75-84	318	309	338	337	337
85+	734	720	666	640	655
Total	1,147	1,140	1,136	1,117	1,120



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	2015/16
65-74	11	15	26	40	41
75-84	80	88	105	119	128
85+	185	182	167	172	232
Total	276	285	298	331	401



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.

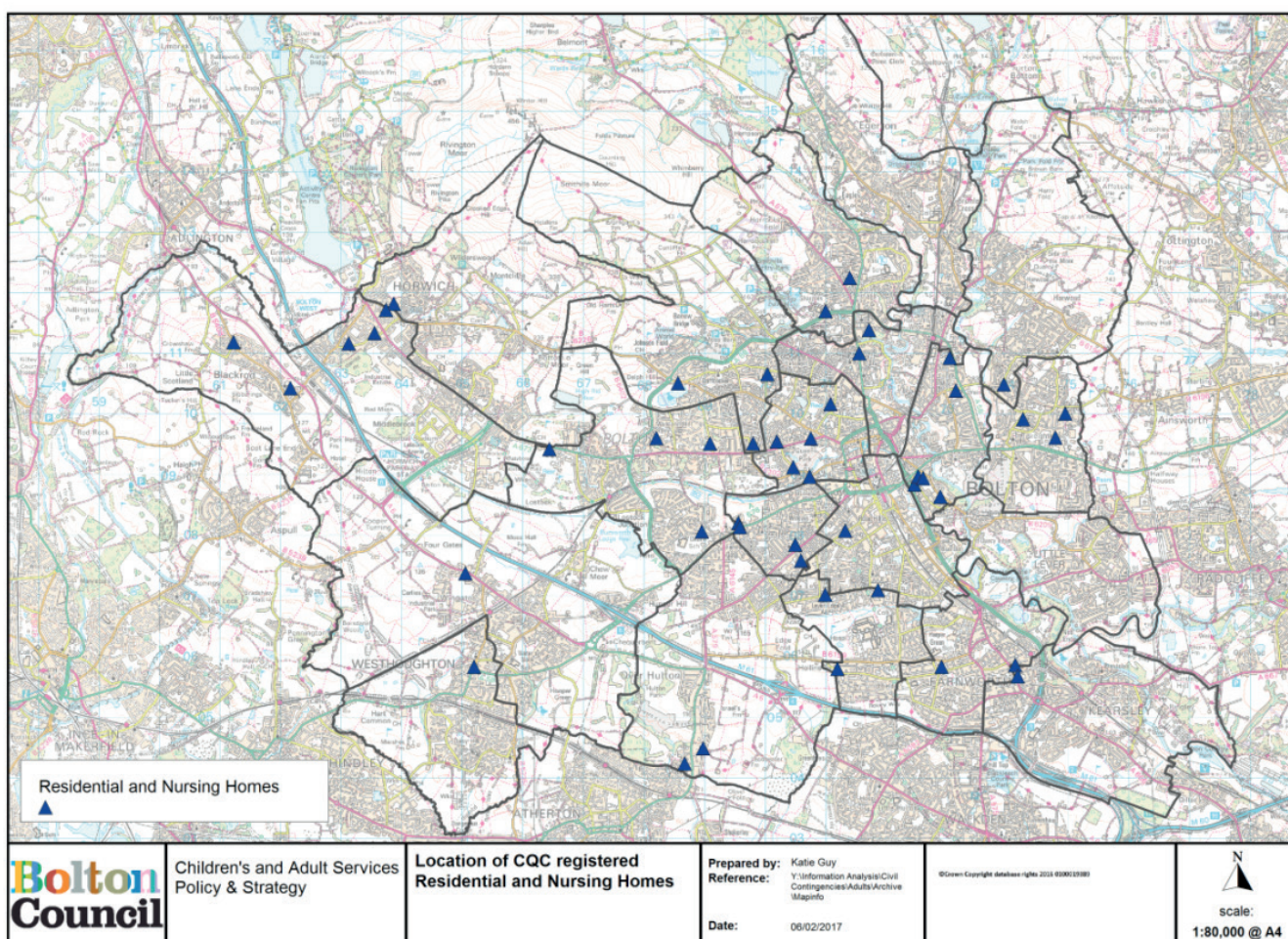
They provide a total of 1,539 long term residential beds. Approximately 51% of older people placements are funded by the Council, 23% by health, 3% from out of borough and 23% are self-funded. The four types of provision are shown in the table below, with details of registered bed spaces; homes may provide 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 average size of care homes in Bolton is 46 bed spaces, care homes in Bolton are consistently operating at near capacity. 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.



8. Workforce

There are significant workforce challenges across the health and care economy which are being faced locally and nationally:

- Reduced training opportunities resulting in fewer professional health and care staff nationally
- Reliance on agency and temporary staff to fill gaps left by lack of permanent health and care professionals
- Safer staffing requirements as a result of the Francis Inquiry
- Fragility of independent sector workforce including care home and home care staff

Health and care partners in Bolton have developed a Health and Care Workforce Strategy which sets out our plans to tackle these challenges and develop a highly skilled, flexible and fit for the future workforce to support the Bolton Locality Plan.

Our vision is for the development of a single care workforce which bridges traditional organisational barriers.

We intend to create a “ladder of opportunity” which will enable local people to enter health and care professions and access training, support and skills development throughout their careers. These opportunities will improve local job prospects and in turn boost employment, economic prosperity and physical and mental health and wellbeing.

The delivery of this vision will be structured around four key themes:

- Workforce Models and New Role Development
- Education, Leadership and Development
- Recruiting and Retaining Talent
- Engagement and Communication

As part of the development of the Workforce Strategy, comprehensive mapping of the existing workforce has been undertaken.

At November 2016, Bolton’s total paid health and care workforce consists of 9,784 full time equivalents (FTE) at a cost of £346.1m per annum.

Sector	FTE Staff	Annual Cost £m
Health (including Bolton FT, GMW, Bolton CCG and GP practices)	5,150	212.8
Council	2,019	69.6
Care Homes and Domiciliary Care (Private Providers)	2,255	39.7
Voluntary (Paid)	360	12.5
Voluntary (Unpaid)	N/A	11.5
Total	9,784	346.1

The Bolton Workforce Strategy also recognises the significant contribution the voluntary and community sector make to the health and care system. Based on the 2012/13 State of the Sector Survey, this includes over 1,000 groups and organisations, and 32,000 volunteers donating 100,000 hours of support a week with an estimated value of £11.5m per annum. Bolton CVS are a key partner in supporting these organisations to build and strengthen high quality, accessible and diverse care provision and support services.

A Strategic Workforce Group has been established to drive forward the delivery of the Workforce Strategy. This group will work with health and care partners to develop initiatives which encourage recruitment, training, career progression and retention of a skilled, compassionate and motivated workforce. The Workforce Development Partnership continues to work alongside the strategic group as a forum for social care partners and providers.

9. 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 and CCG’s priorities during 2017-2020.

What has changed since our last Market Position Statement?

- 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. A second round programme of carers’ grants focusing on specific groups was undertaken in 2016
- Set up of Bolton Cares, our Local Authority Trading Company, and the transfer of in-house Extra Care, Supported Living, Older People Day Care, Learning Disability Day Care, Outreach and Respite Services from July 2016
- A Technology Enabled Care (TEC) Strategy has been developed in partnership with Bolton Council, Bolton CCG, Bolton Foundation Trust, Housing and voluntary and community sector
- Shared Lives Plus - Successful NHS England funding bid in partnership with Bolton CCG, GMMH and Bolton Cares Shared Lives Service to expand the existing Shared Lives Service to include more clients with mental health issues and learning disabilities
- A Review of Children’s Centres was completed in December 2016 with changes to be implemented by 31st March 2017
- A Review of the Children’s Services Voluntary, Community and Faith Sector Grant Funding 2016–17 and re-tender of the following Vulnerable Children and Young People services was completed:
 - SEND Information Advice and Support Service (IASS) Information, Advice and Support Service (IASS) For Special Educational Needs and Disability (SEND)
 - Domestic Abuse Support for Children and Young People
 - Independent Advocacy Service For Looked After Children and Child Protection Children
 - Family Group Conferencing and Young Carers Service
 - Independent Visitor Service for Looked After Children
- Public Health have undertaken an exercise to prioritise future spending based on a set of rational criteria which will also inform future commissioning intentions. The six criteria are as follows: impact on health inequalities, closing the gap, contribution to reduction in mortality rates, contribution to reduction in morbidity (i.e. disease) rates, return on investment / value for money, evidence base, and mandatory services
- Public Health have undertaken a joint commissioning exercise with Salford City Council and through a competitive tender Bolton Foundation Trust won the contract to deliver an Integrated Sexual Health Service across Bolton and Salford. This new service started on 1st July 2016
- Contributed to the establishment of a Greater Manchester Cross Charging Agreement for Sexual Health Services in order to deliver a simpler and more equitable system of cross charging for Genito-Urinary Medicine (GUM services)
- Retendered the Single Emergency Accommodation and Preventing Homelessness Services. New contracts started on 1st April 2017 and these services will be based on asset-based approach, focusing long term outcomes, reducing the rates of re-referrals and reducing demand on crisis services
- The Complex Lifestyles Service was retendered and started in January 2016. The Service improves outcomes for adults in Bolton with a sub-set of complex needs, is responsive, coordinated, proactive, focused, and specific to each individual Client
- The Supported Housing 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 with the aim of producing 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 geographical distribution of properties within the boundaries of Bolton

The review has been undertaken using the following methodology:

- An extensive desk top exercise was undertaken evaluating the existing housing stock using information available to the Council
- A review of evidence to determine what best practice models exist. This was supported by discussions with developers to understand their modelling of new developments
- Discussions with strategic partners: e.g. Bolton CCG, GMW
- A quality review undertaken by Care Management including Occupational Therapists, LD nurses
- Finally a financial scoping to identify small tenancies receiving high levels of support
- A tender for a Home Support Framework was undertaken in 2016. New contracts started on 5th September 2016 incorporating the requirement for 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.
- A review of care fee structure was undertaken, for the first time in over 15 years. The payment system was simplified, working in consultation with care homes. The EMI premium was renamed the Dementia High Needs Payment
- The development of a GM framework for Rehab and Detox Placements will go live from 1st April 2017

Commissioning Intentions 2017 to 2020

Starting Well

Maternity

Bolton is working with Salford and Wigan as one of NHS England's pioneer areas for improved choice and personalisation in maternity services. As a pioneer we will champion personalised and high quality care that is centred around the woman, her baby and her family. We will also offer Personal Maternity Care Budgets which will enable women to choose from a wider range of providers which meet NHS standards for their maternity care.

Early Years Delivery Model

The CCG will work in partnership with the Council to commission the borough-wide roll out of the Early Years Delivery Model (EYDM). This is in support of the Greater Manchester Start Well Early Years Strategy which sets out the ambition for every child in GM to acquire the skills necessary for early childhood, education and employment. The EYDM comprises of three key components:

- Eight stage New Delivery Model assessment pathway
- A range of multi-agency pathways
- A suite of evidence based assessment tools and targeted interventions

The full EYDM has been piloted in the Oxford Grove neighbourhood and a number of evidence based interventions implemented at a borough level by the Health Visiting service, The New Start Well Service which came into operation April 2017 will adopt the best practice from the GM model.

Children's Services

- In partnership with Placements North West refresh the current residential home framework and implement the revised DPS Framework
- Develop a DPS Framework for Educational Placements
- Develop a programme of voluntary sector grants to support vulnerable individuals and groups
- Commission services to support children's social care statutory responsibilities

Living Well

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
- We will work with community and voluntary service providers to develop early intervention and prevention services using asset based models
- To help deliver this we will run a programme of Prevention Grants from Autumn 2017

Technology Enabled Care

- We have developed with partner organisations a Technology Enabled Care (TEC) Strategy for Bolton
- Our ambition is to deliver high quality care for all ages 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 and a number of pilots have been initiated to show how TEC can be embedded in Bolton; these pilots are taking into account adjusted referral pathways, using TEC to review care packages and to offer additional support for early intervention and prevention
- A strategic partnership between Bolton Council, Bolton CCG, Bolton Foundation Trust, Housing and voluntary and community sector has been set up to oversee and drive forward TEC in Bolton with tangible 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

Primary Care

- Our vision for transforming primary care in Bolton will see GP practices working in neighbourhoods with an enhanced, fit for purpose workforce
- Health Improvement Practitioners will provide health and wellbeing support to those identified as needing additional help with their wellbeing needs
- GPs will work as part of integrated teams which include allied health professionals such as Health Improvement Practitioners, Advanced Nurse Practitioners, district nurses, pharmacists, MSK and mental health practitioners and therapists

- This approach will enable patients to see the most appropriate professional for their health and wellbeing needs closer to home. GPs will be available for more intensive support to these teams and will be able to act proactively to prevent patients being admitted to hospital unnecessarily

Urgent and Community Care

- The redesign of the Bolton health and social care system will mean primary and community based care is the first point of contact for non-life threatening illness and injury, with responsive urgent care when required
- We will prioritise the effective and efficient discharge of patients from hospital into a safe and clinically appropriate community environment, supported by an Integrated Discharge Team and enhanced intermediate tier services to help people be cared for close to home for longer
- Integrated Neighbourhood Teams (INTs) have been developed to support patients with complex needs across a range of specialisms, including medicine, nursing, social work and therapies

Direct payments support and brokerage

- We are seeking to combine and align two integral elements of the Council's direct payments delivery: Direct payments support and brokerage and payroll services
- In a recent retendering of these services we found that the market was 'immature'
- The Council wishes (with partners) to perform a market stimulation exercise and development sessions to strengthen the market's ability to provide the required combined Direct Payments Support, Brokerage and Payroll service prior to undertaking any future procurement exercise
- We will undertake a review of direct payments support and brokerage within the next 12 months aimed at meeting the likely growth in demand and incorporating the joint commissioning approach including Personal Health Budgets and SEN. This will include a market assessment and development of future tendering options including Greater Manchester wide solutions

Day support and activities

- To work with Bolton Cares to develop 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 to education and leisure activities reflecting NICE Guidance

Advocacy

- We will continue to monitor the Advocacy Hub to ensure it meets requirements
- We will review requirements and look at all-age Advocacy model

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
- We will review existing provision and look at options to develop an all-age service in the future

Carers support

- We will work with community and voluntary service providers to develop services to support informal carers including models of volunteer run groups using asset based models
- Continue to review the Carers' Strategy for Bolton with partners to ensure it meets needs and demand
- Develop Carers' Partnership board to implement Carers Action Plan in line with Strategy and Carers voices
- We will continue to work with monitor providers of grant funded support and expect a good level of delivery against the Carers Strategy outcomes
- We will continue to explore opportunities to work with providers to undertake carer assessments
- Offer grants to the voluntary sector to develop services

Cancer

- **Macmillan Cancer Information and Support Service (MCISS)** — The MCISS is commissioned by Bolton CCG to offer high quality information, support and practical advice to people affected by cancer. The service operates from three drop-in centres at Bolton One, Royal Bolton Hospital and Bolton Hospice and offers emotional support, prevention and awareness advice, financial advice and signposting to local support groups

In 2017/18 we will continue to support and make improvements to the MCISS with a view to further expanding the range of activities and support offered to cancer patients and their carers and families

Social Inclusion

- Tender for Low Level Mental Health Accommodation Based Service. Moving to a lead provider asset based delivery model. Aims are to maintain independence and learn the skills needed to live independently; Maintain and improve mental and physical wellbeing; Participate in the Bolton Community; Achieve aspirations, including getting into work, education and training

Public Health

- Greater Manchester Substance Misuse Tender. The Bolton, Salford and Trafford (BST) cluster commission is an important component of Greater Manchester (GM) system change activity. GM substance misuse commissioning leads have been working with the GM Public Service Reform (PSR) Team and New Economy to develop a series of common standards. As a result of this commission common standards will be implemented across the three local authority areas for drug and alcohol services and this will be the blueprint for the rest of GM
- Future redesign of 0-19 services
- HIV Prevention and Care Services. To be re-tendered as part of the GM collaborative commissioning. New contracts in place by 1st July 2017
- Tender a fully integrated sexual health service collaboratively commissioned with other GM Local Authorities

Disabilities

Services for those in transition

- We will be working with the CCG to review our requirements and develop local commissioned services for children in transition to adult's services from an early stage bringing them back to Bolton from out of borough
- We will review our Transition policy and procedures (Mental Health, Leaving Care and Disability) to ensure that appropriate services are provided in Bolton

Supported housing

- The current frameworks for both Learning Disabilities and People with Autism expire in March 2018 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
- The Greater Manchester (GM) Learning Disability Ethical Framework is currently being developed and is expected to be in place by August 2017
- Following the launch of the GM LD Ethical Framework mini competitions will be held to award new supported housing frameworks for both Learning Disabilities and People with Autism
- Develop a small, six bedded, LD residential service. This is to augment the councils current (small) number of residential placements
- The supported housing accommodation review has given an initial picture of the state of the current stock, but also highlighted which properties are fit for purpose and which could be earmarked for re modelling or even decommissioning (if not up to standard)
- In developing new models of supported housing and seeking to improve the quality of providers across Bolton market then the following principles are proposed:
 - Bolton Council is committed to an ambitious project to deliver a diverse range of quality supported accommodation to meet the needs and aspirations of our current and future communities
 - We aspire to work in successful partnerships which will provide high quality, vibrant, safe, attractive, sustainable and well-designed supported accommodation which creates an enabling environment for residents. We expect good design to add to environmental, economic, social and cultural value which will help local communities to flourish
 - Bolton council seeks to improve the quality of the housing offer in future development to expand flat type and (where supported by the service users) to use the current design models to continue to share

- Any development of provision must diversify the local offer for service users and focus on enabling service users to continue to live in Bolton and give them a choice of locations where they can be close to their own community
- Any new developments must be cost effective and seek to deliver demand reduction and reduce the burden on the public purse

Day support and activities

- Work with Bolton Cares on an asset based approach 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 to education and leisure activities

Shared Lives

- To significantly upscale alternative forms of provision that avoid us having to commission accommodation based services for all client groups
- Bolton (with Greater Manchester) is seeking to expand the use and uptake of this provision. The Council wish to explore if shared lives can be offered before the use of supported living and to explore if shared lives can support people with more complex needs (due to behaviour support needs and/or mental health)
- To examine the opportunity to increase use of shared lives for short term care of older people
- The following developments are in the process of being commissioned to be available in 2017/early 2018:
 - A six bedded flat service to compliment an existing scheme
 - A second high specification, intensive support service for people with autism, identified 10 service users who also require a similar service. Negotiations are ongoing to identify options for a suitable site
 - A 16 bed individual flat scheme for people with learning disabilities and an eight bed individual flat scheme for people with autism. The design will be of high quality, fully incorporating assistive technology and will be designed to offer maximum flexibility in use
 - Another scheme to be developed following a service user consultation and assessment of demand and need

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

Ageing Well

Dementia

- A key priority for the CCG is to expand the Bolton Memory Assessment Service which is nationally accredited and provides early access to assessment and post-diagnostic support services for older people experiencing memory problems. Further investment in this service from 2017/18 onwards will keep waiting times to a minimum and support further development of evidence based post-diagnostic support
- There are a number of older people with dementia who present behaviour that challenges, requiring intensive supervision, who are placed outside of the borough. The Council will work with NHS colleagues to identify the need and demand for such specialist services with the aim of delivering local provision. This may include the ability to “step up” and “step down” care, according to the needs of the individual

Staying Well

- 2017/18 will see further expansion of the Staying Well service for the over 65s which is being rolled out across the borough to meet demand

Falls Prevention Delivery Model

As part of the Bolton Locality Plan, we will fully establish the Falls Prevention Delivery model including:

- Development of a single falls risk check embedded into existing services
- Proactive removal of falls hazards from private sector housing
- Home safety checks
- Community based strength and balance programmes
- Pharmacy-led medication reviews

Fracture Liaison

We will introduce a Fracture Liaison Service to further support our vision to keep people healthier and independent for longer and reduce hospital admissions and reliance on social care. The service will:

- Identify patients over 50 years who have suffered a fragility fracture (through A&E and via Primary Care)
- Assess bone health and falls risk
- Provide information and support to patients to reduce the risk of a future fracture
- Provide interventions to improve bone health including referral to the specialist falls clinic
- Ensure patients receive long-term management/ monitoring and treatment (within 4 months of fracture)

This will build upon the existing well-established rheumatology service which provides appointments for osteoporosis and IV therapy service, whilst also linking to our plans for falls prevention.

Housing Services

- To facilitate the development of specialist housing scheme for older people that are cross tenure and affordable, across the spectrum of income and capital levels. There is a need to focus on provision for owner occupiers as there is a lack of this in the current older people's housing market
- To focus new supply of such schemes, and specifically extra care, in the north of the borough, south of the borough and Horwich
- To consider remodelling some existing sheltered and extra care schemes in partnership with our Registered Providers to ensure they are fit for the future

Home care

- Consider new models of care at home through GM Commissioning arrangements and examine piloting different forms of home care that will reduce hospital admissions and reduce the need for residential care
- Review of current Frameworks and procedures to better meet market need

Extra Care

- Extra Care housing can delay or prevent the need for more intensive forms of health and care support
- New additional provision of Extra Care is needed in the borough over the long term that will increase the supply. We will explore opportunities to take this forward with housing and care providers
- We will work with current providers of Extra Care to review the service model to ensure it meets the requirements of tenants with varying needs and ensure sustainability long term

Residential care/nursing care

- There is a shortage of nursing beds within care homes in Bolton, recruitment of nurses within the sector has been highlighted by some homes as a problem
- 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. Residential homes are generally operating at full capacity in Bolton. There is a need to increase the supply of beds specifically for those with dementia, demand for dementia residential care and nursing dementia bed spaces is anticipated to steadily increase
- There is a need to encourage investment in care homes, to ensure local provision is updated with modern facilities and provides a high standard of accessibility for disabled people; providing an environment that supports provision of high quality care

Workforce Development intentions

- Review the Workforce Development Plan
- Develop a Revised Multi Agency Workforce Development Plan for Safeguarding
- The development of the Integrated Health and Social Care Workforce Development action plan
- 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 we want to engage and work with in Bolton

- 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
- Sign up to outcome-based models which require collaboration between different agencies and new provider solutions
- Sign up to the Bolton Locality Plan and Bolton Visions 2030: Active, Connected & Prosperous
- Effective engagement between the public sector, voluntary sector and the population

We want providers who will commit to delivering Social Value in Bolton. Social Value is not what is bought by the contracts put in place, but what the suppliers can add, in addition to these services, for the benefit of the community.

We are signed up to the objectives of the GMCA Social Value Policy which ask providers to:

1. Create new employment, apprenticeships and training opportunities to address unemployment and develop skills in the local community

2. Raise the living standards of local residents, for example sourcing employees from within local communities, payment of a living wage, or maximising access to entitlements such as childcare
3. Encourage resident and business involvement to promote active and more healthy communities
4. Strengthen the ability of voluntary groups to provide support within their own communities on a range of services that can no longer be funded by traditional means
5. Promote fairness and equity to address disadvantage and deprivation in local communities
6. Promote environmental sustainability in order to reduce waste, limit energy consumption, reduce pollution and use sustainable products

All the above expectations will be reflected in future development of services.

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.

If you are considering a new development in the Borough please contact the Commissioning Team as soon as possible to inform us and discuss your plans. We wish to be in a position to endorse developments as early as possible in the process and ensure your development meets Bolton's needs.

11. Fit for the future

To ensure that Bolton services are fit for the future, based on what we know about supply and demand and the level of resources, we will be working on the following over the next few years.

- 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 community and voluntary sector 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. 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.



13. Co-design

We need to ensure that our approach to change is open and values experiences, expectations, opinions and the needs of those accessing local services.

Co-design is about listening to and acting on staff, service users' and the public's lived experiences to develop services which are fit for purpose, accessible and provide a positive experience. Embedding the process of co-design in the planning and delivery of health and care services will result in person-centred care with better outcomes.

All health and care partners in Bolton are developing their knowledge and experience in co-design through the Co-design Enabling Group. We are committed to:

- Ensuring meaningful public engagement on all changes that will emerge as a result of implementation of the Locality Plan
- Understanding the risks, considerations, benefits and possibilities with regards to co-production and engagement with the public
- Actively identifying opportunities for co-production and engagement
- Gathering existing co-production and engagement evidence and co-ordinate new activity so as to:
 - maximise all current engagement opportunities
 - ensure additional activity is commissioned where gaps are evident and opportunities are identified

- Presenting evidence collected in co-production and engagement activity to decision makers and ensuring that this evidence is reviewed and weighted appropriately
- Making evidence, reports and data available in the public domain for review and analysis
- Communicating co-production and engagement recommendations back to service users and the public, with support through the Engagement Alliance

It is our intention to support better engagement and to establish co-production and co-design as standard practice and as a key means of delivering personalised services. This approach aims to provide improved partnership working with people who use services and their carers.

As part of the commissioning process to develop services we have consulted with service users and their carers with "Working Together for Change". An engagement event was held for service user with learning disabilities and their families to help inform the future development of supported housing in the borough and the needs and aspirations of the people using these services. Consultation with service users in our hostels and social inclusion mental health accommodation services has led to the redesign of these services prior to their re-tender.

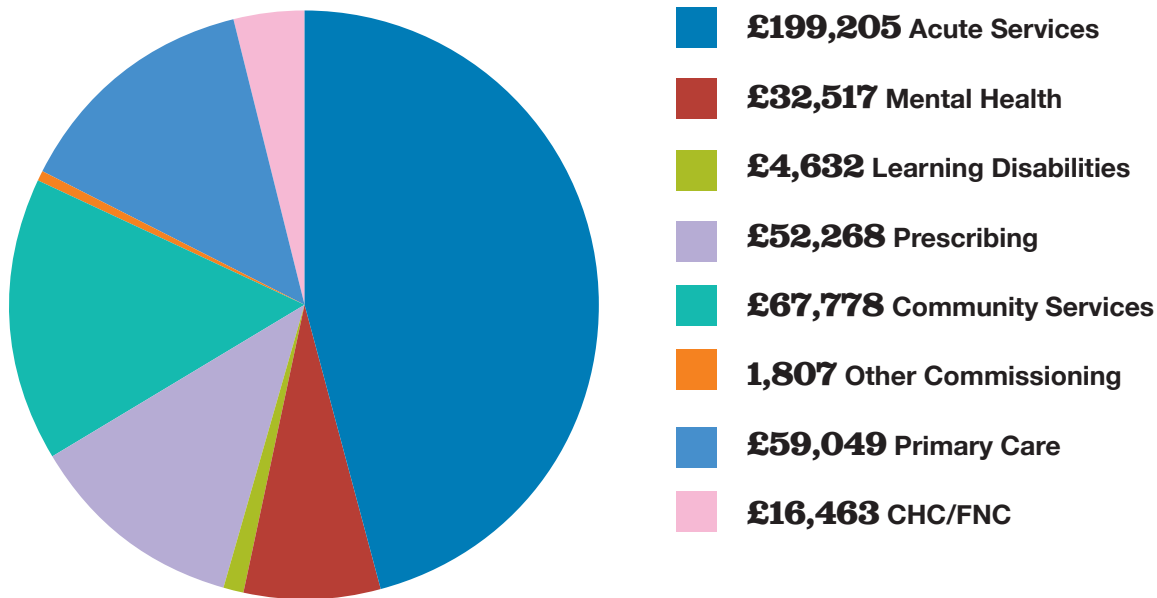
In future, partner organisations will be asked to build co-production into their business models.

14. How we use our resources

One of the key drives for health and care reform is the need to ensure Bolton’s health and care economy is financially and clinically sustainable in the short and long term. Our “do nothing” position by 2020/21 is a deficit of £83m. The proposed re-design and investment set out in the Locality Plan however would result in a £13m surplus by this time.

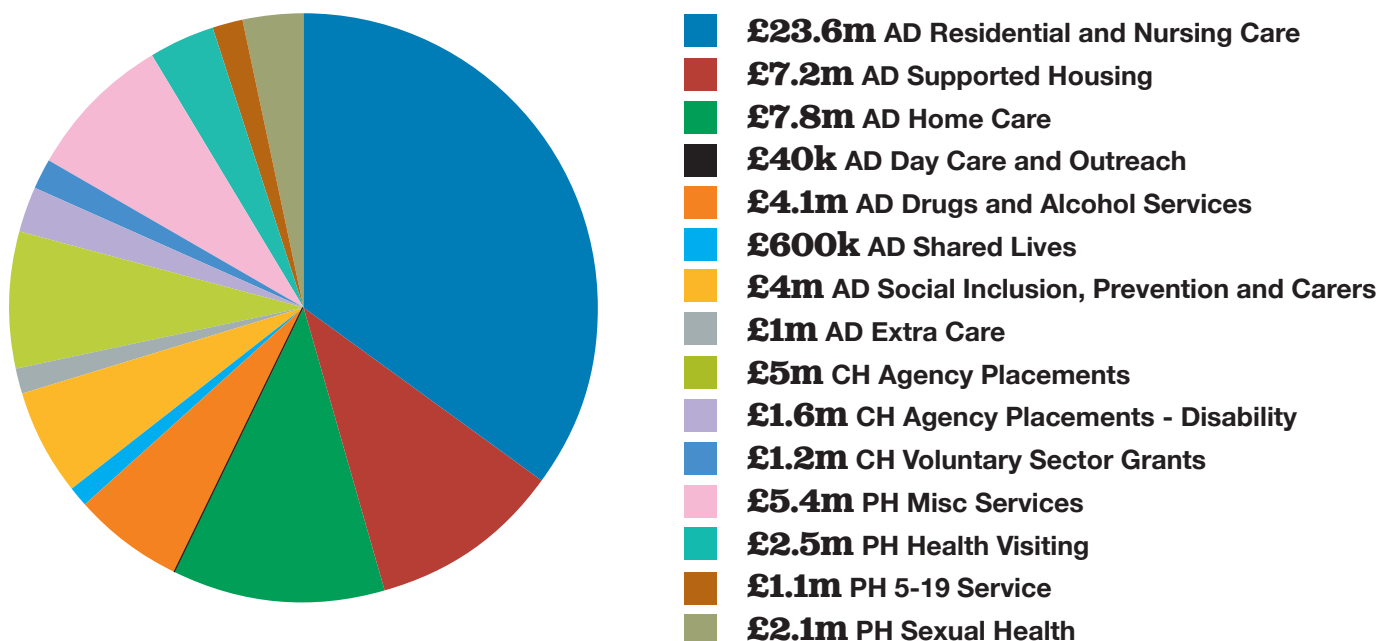
Bolton CCG has a 2016/17 budget of £433.7m, split across the following areas of care:

CCG Budget 2016/17 by Area (£000s)



The chart below shows the distribution of commissioned spend across Bolton Council Adults, Children and Public Health services:

Distribution of Commissioned Expenditure 2015-16 (£m) (Total £67.2m)



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In Bolton £23.6m was spent on state funded residential care last year and £7.8m on home care out of a total spend on Commissioned Services of £67.2m in 2015/16.

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

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.

As the programmes of work set out in the Locality Plan are implemented, we expect a significant shift in the distribution of spend, away from acute services and towards community and primary care.



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 Together
- Contact: **david.reid@birtenshaw.org.uk**

- Bolton Community Homes Partnership
- Contact: **bch@bolton.gov.uk**

- Workforce Development Partnership
- Contact: **vanessa.stoneman@bolton.gov.uk**

- Bolton Inter Agency Forum
- Contact: Bolton Community Homes - **sue.monk@bolton.gov.uk**

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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.

Commissioning — cyclical activity to assess the needs of the local population for care and support that will be arranged by the Council/CCG. Services to be designed, delivered, monitored and evaluated to ensure appropriate outcomes.

Continuous improvement — is an ongoing effort to make incremental improvements to service or processes over time. Processes are constantly audited and modified based on their effectiveness and sustainability.

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.

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 — is the independent consumer champion in health and care, working to gather and represent the views of people who use health and care services. Locally, Healthwatch voices people's concerns and provides feedback to service providers and commissioners.

Intelligence based commissioning — based on current needs and future demands of the target population and delivered using evidence based interventions to meet service user needs.

Joint Strategic Needs Assessment (JSNA) — a 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.

Market Position Statement — Market Position Statement (MPS) 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 and helps to inform providers' business plans.

Market Shaping — role collaborating with customers, carers and families to facilitate the whole market to meet 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, reduce and delay the need for more costly intensive services and services. 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.

Procurement — specific functions to buy or to acquire services.

Shared Lives — in Shared Lives, an adult who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. Together, they share family and community life.

Appendix 3

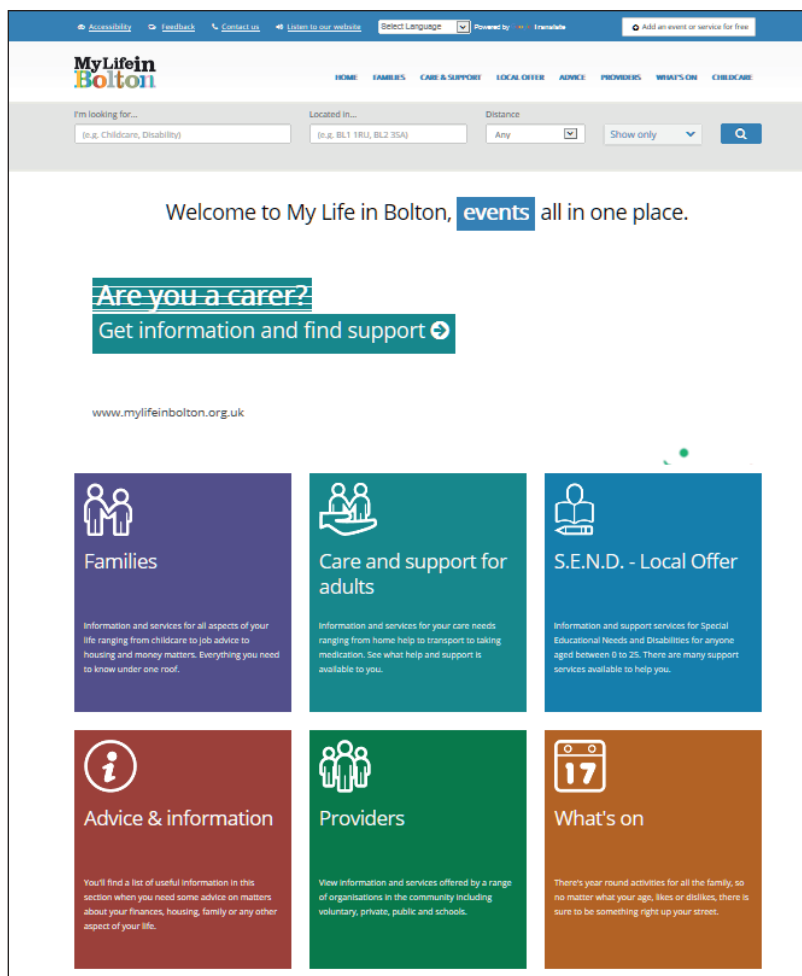
The Local Directory

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/downloads/file/2/full_dementia_uk_report
- 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/website/pages/Carersinformationandservices.aspx
- Bolton Clinical Commissioning Group 5 Year Strategic Plan 2014-19
www.boltonccg.nhs.uk/media/1105/5yearstrategicplan14-19.pdf
- Bolton CVS Funding portal
www.boltoncvs.org.uk/funding
- Bolton's Health and Wellbeing Strategy
www.boltonshhealthmatters.org/knowledgehub/bolton%E2%80%99s-health-wellbeing-strategy-2013-2016
- Bolton Housing Market Position Statement – currently under development
- Bolton Housing Strategy – currently under development
- Bolton Joint Strategic Needs Assessment (JSNA)
www.boltonshhealthmatters.org/
- Bolton 5 Year Locality Plan
www.boltonccg.nhs.uk/media/3027/bolton-locality-plan.pdf
- Bolton Safeguarding Adults Board
www.boltonsafeguardingadultsboard.org.uk/
- Bolton Safeguarding Children's Board
www.boltonsafeguardingchildren.org.uk/
- 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.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf
- Dementia Event report
www.touchstonesupport.org.uk/2015/04/dementia-conference-report/
- DH Winterbourne View Review: Concordat
<https://www.gov.uk/government/publications/winterbourne-view-hospital-department-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.midstaffspublicinquiry.com/
- Greater Manchester Combined Authority – Health & Social Care – Taking Charge of Our Health & 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.gmhsc.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
- Health Profiles
www.fingertips.phe.org.uk/profile/health-profiles
- Healthwatch Bolton
www.healthwatchbolton.co.uk/
- 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/guidance/qs137/documents/draft-quality-standard
- 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 (POPI)
www.poppi.org.uk/
- Putting People First Communication Toolkit
www.thinklocalactpersonal.org.uk/Latest/Putting-People-First-Communications-Toolkit/
- Skills for Care – National Minimum Data Set for Social Care (NMDS-SC)
www.nmds-sc-online.org.uk/
- “Taking Charge” – 5 year Strategic Plan
www.gmhsc.org.uk/the-plan/
- 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/