



# Market Position Statement

**2013-14**



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# Introduction



## Who is this document for?

This Market Position Statement (MPS) is a document for adult social care providers in Calderdale. It sets out the profile of services available along with the current supply and demand for them. It also outlines the model of support the Council wishes to encourage.

The MPS is the first step towards the Council and all other social care providers in the area working together to address market capacity and capability. This document identifies pressure points and together we can decide on how the best and most creative services can be provided.

The MPS focuses on regulated services such as home care, day services shared lives schemes and care homes, as well as describing trends within the unregulated market such as direct payments, personal assistants and supported living schemes.

# Our Vision

keeping the focus on the things that matter most to people

It is important that people who receive services from us are kept safe and are able to lead the sort of life they always have done. By using their own support networks and social care services, this should provide the right amount of help for each person in a way that ensure they are as independent as possible.

The Council will make this real for the people who require help by working together with local care and support providers, wherever possible, to achieve a diverse and active market where innovation is encouraged.

Last year the Council developed a new Vision called “**What is Adult Social Care**”. The Vision has two principles:

- **Adults at risk of abuse will be safeguarded.**
- **Support for individuals and communities will focus on building their resilience and independence.**

These two local priorities, safeguarding and personalisation, should underpin all that we do for people who need social care. These priorities also set the foundations of this Market Position Statement.

Calderdale needs to be a place where:

- People with care and support needs focus on what they can do for themselves either independently or with family and community support.
- People are provided with good quality information, advice and support which is available to all, including those who fund their own care.
- Assessment will focus on building on people’s strengths through a variety of options including work, being part of a local community, family, friends and social contacts.
- Individuals and families are supported to take positive risks through the Council encouraging a ‘can do’ approach.
- People are helped by social care to obtain other forms of funding whenever it is appropriate.
- People are treated with dignity and respect.
- We work actively in partnerships to deliver better outcomes for people.





# Adult Social Care is changing

The adult social care market is changing in response to what people who use services say and the changing commissioning priorities of the Council and health partner agencies.

## Four Key Messages are

### Greater choice and control

A quarter of people now access their care through a direct cash payment so they can purchase their own care.

### Less time 'in a centre'

A third less people are now choosing to spend their personal budget on a day centre type service compared with four years ago.

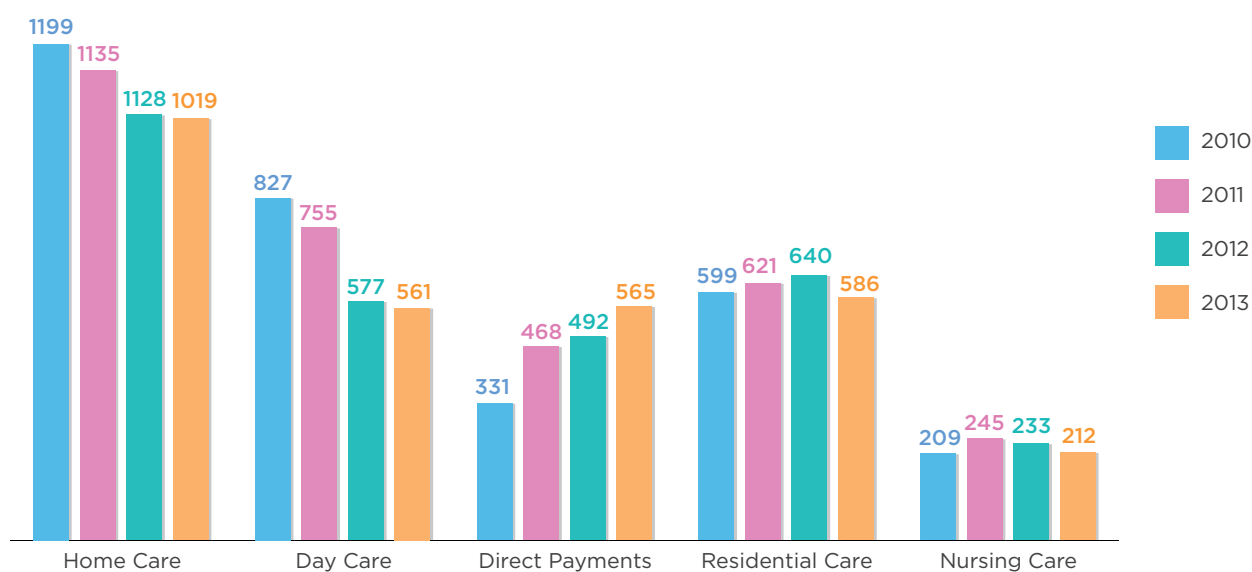
### Consistency of care

Although the number of people needing care in their own home has remained stable in the last three years, there is greater value on issues such as consistency of carer and care workers arriving on time<sup>1</sup>.

### Reduced use of 24 hour care homes

The number of permanent placements reduced by 9% during 2013 and there was a 62% increase in demand for short stay transitional placements with reablement and rehabilitation.

## Changing Demand of Services



Change in number of people receiving support from social care by type.

<sup>1</sup> Personalisation and Engagement Consultation 2013

## Changing Role of Adult Social Care in Supporting the Market

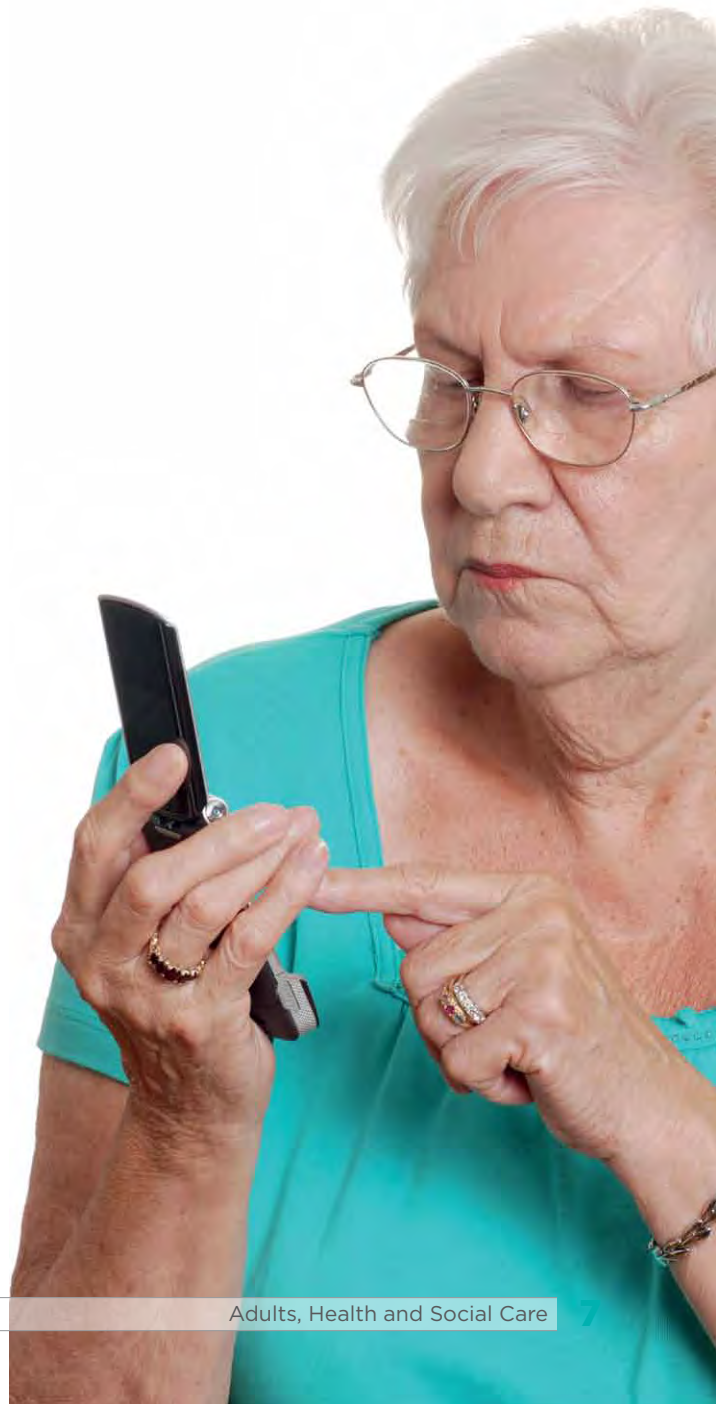
The Council has increased the level of choice and control that people have over the support and care they receive by introducing personal budgets and self-directed support. However, the balance of power in relation to decision making and the control of resources has largely remained with the Council.

This traditional model of care and support is no longer sustainable as it encourages dependence. People are encouraged from their first point of contact with health and social care services to become reliant on solutions being found for them and to simply be passive recipients of 'care'. This leads to loss of confidence and evidence indicates that people in Calderdale spiral into a cycle of dependency and escalating support needs.

If we are to improve this situation there needs to be greater involvement and control given to individuals and communities in decision making. The Council needs to enable creativity to flourish through becoming less bureaucratic and controlling in its approach towards the market. Instead we should be encouraging and supporting innovation which provides an opportunity for positive outcomes to be realised from the investment of public money.

This change will be seen in the changing role of staff who assess for and commission services from a buyer to a facilitator, with a new offer of support being made to local people where:

- **Information and advice:** The Council will co-ordinate the provision of information and advice to people and suggest options available that might produce the best outcomes for them. Thereby recognising that many people are self reliant and often make use of their own resources to self-fund care and support.
- **Stimulating development:** The Council will be responsible for facilitating a responsive local market for care and support services. The change in emphasis from a buyer to a facilitator will require a new form of relationship with partners if we are to ensure that choice and affordability are maximised for people.
- **Reducing risk:** The Council will ensure that adults who are most at risk of abuse or neglect have better life opportunities by seeking to inspire and oversee care providers to deliver better outcomes through rewarding quality and addressing failures.



## Market Summary

<p><b>From provider to facilitator</b></p>	<p>72% of services are now provided by the independent, voluntary and community sector 33% of people are getting services by way of direct payment In response to survey findings we are now co-producing Individual Service Fund care packages.</p>
<p><b>Good quality information</b></p>	<p>37,000 people contacted Gateway to Care last year, 21% more than the previous year. 97% of requests were resolved without the need for formal assessment 117 providers are now registered on the Gateway to Care e-shopping facility (Connect to Support<sup>2</sup>).</p>
<p><b>People meeting their outcomes using new technology</b></p>	<p>1,000 pieces of telecare equipment has been provided to help people at home.</p>
<p><b>Timely Support for Carers</b></p>	<p>1,205 carers are now registered with their GP - more than double that in 2010 36% of carers in Calderdale are over 65 years old Individual support was given to 199 carers with poor mental health as a result of caring, 20% of whom are from minority ethnic communities.</p>
<p><b>More control over lower level needs</b></p>	<p>93% of people now have a personal budget - up from 81% last year. Of these, 25% of people have chosen to take some or all of their service as a direct payment, up from 13% in 2011/12.</p>
<p><b>Quality and Safety</b></p>	<p>94% of people say that the services they receive enable them to have a better quality of life. 80% of people who chose to use their personal budget to commission services said that those services help them to feel safe and secure. 25% more safeguarding alerts were raised in the last year than previously, over half were about concerns for the safety of people living in care homes.</p>
<p><b>Better Housing</b></p>	<p>200 people are waiting to be allocated an extra care apartment. New schemes are being built but not fast enough to meet demand. Housing support providers are being selected based on their ability to evidence they can meet the personalised requirements of the tenant groups. There are now 171 people who have their own tenancies within supported living. Single tenancy apartment schemes are also being developed to extend the range of options available.</p>
<p><b>Complex Care and Support</b></p>	<p>24 short stay beds in care homes were purchased during winter 2013/14 to provide support for people who were being discharged from hospital and to help them convalesce and recover before they successfully went home. 400 people are being supported to live well with dementia following early diagnosis of the condition. 11 people a week are assessed as needing fast access to care support services to enable them to die with dignity at home. There are 749 people with a learning disability known to the Local Authority and Clinical Commissioning Group. 93% receive care and support services.</p>

<sup>2</sup> <https://www.connecttosupport.org/s4s/WhereILive/Council?pagelId=144>



# Demand for Adult Social Care

## Key Messages

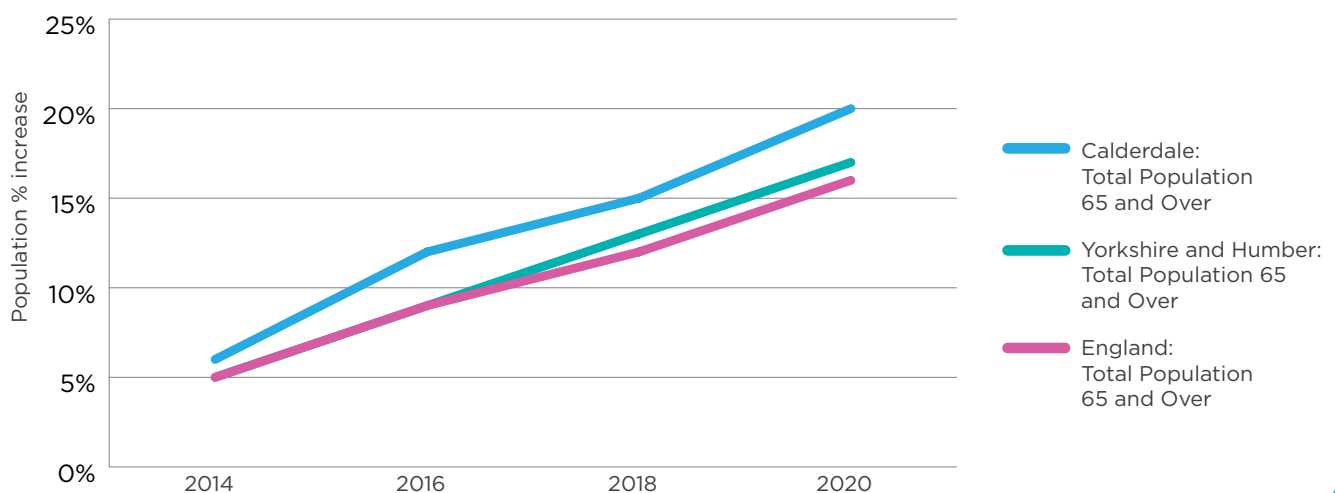
The expectations of individuals and families with social care needs over the next twenty years will change from what they are today. As well as an increasing demand for housing, health and social care services, it is anticipated that this will be for innovative and age-relevant cultural and leisure services.

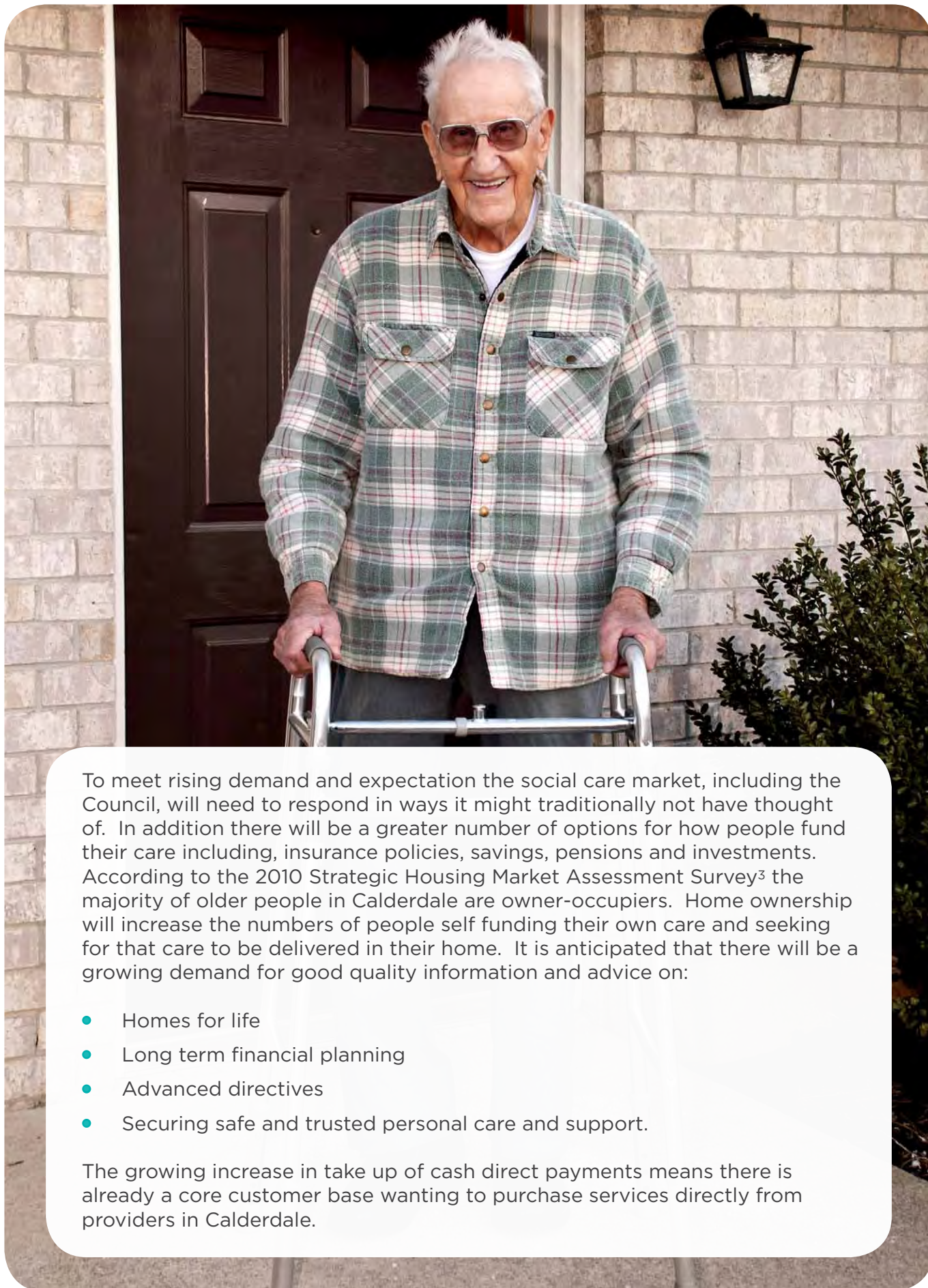
This will provide opportunities for providers who take an increasingly flexible approach to later life including developing opportunities for learning, working and recreation. There is growing evidence of the role of activities such as hobbies, sports, religion and volunteerism in promoting health and well-being in later life, maximising independence and generating social capital.

There are real opportunities for providers to build the link between involving people in the design of services, offering people the information they need to make informed decisions and offering customers new and diversified products and services to help them remain well at home.

The number of older people Calderdale is growing faster than expected (see figure 1). As people's health and well being deteriorates there is a continuing trend for people to be supported at home rather than going into long stay residential and nursing care.

Projected population increase (65 years and over)





To meet rising demand and expectation the social care market, including the Council, will need to respond in ways it might traditionally not have thought of. In addition there will be a greater number of options for how people fund their care including, insurance policies, savings, pensions and investments. According to the 2010 Strategic Housing Market Assessment Survey<sup>3</sup> the majority of older people in Calderdale are owner-occupiers. Home ownership will increase the numbers of people self funding their own care and seeking for that care to be delivered in their home. It is anticipated that there will be a growing demand for good quality information and advice on:

- Homes for life
- Long term financial planning
- Advanced directives
- Securing safe and trusted personal care and support.

The growing increase in take up of cash direct payments means there is already a core customer base wanting to purchase services directly from providers in Calderdale.

<sup>3</sup> Calderdale Strategic Housing Market Assessment 2011



The table below shows the current pattern of choices made by people with social care needs across the Borough. The key messages are:

- People with support needs in the Upper Valley are most likely to choose arranging their community support through a Direct Payment (32%) whilst people in the Lower Valley are least likely to choose this option (16%).
- People with care needs are 28% more likely to be receiving support in a care home in central Halifax, which includes most complex care placements in nursing settings (62%).
- Over half of adults with a learning disability live in the central Halifax area (55%).
- More people living in the Lower Valley access housing related support than would be expected (30%).



People/Locality <sup>4</sup>	Upper Valley	Halifax	Lower Valley	Calderdale
Calderdale Population	46,042	100,636	57,148	203,826
18-64 Population	29,060	61,912	35,038	126,010
65+ Population	7,222	14,620	10,630	32,472
AHSC Clients receiving a community based service	526	1,090	642	2,258
Community Based Clients with a Personal Budget	476	973	574	2,023
Community Based Clients receiving Home Care	205	470	336	1,011
Community Based Clients with a Direct Payment	172	272	107	551
People aged 65+ in permanent Residential Care	73	228	111	412
People aged 65+ in permanent Nursing Care	17	78	29	124
People with a Learning Disability receiving services	123	348	152	623
Learning Disabilities Residential Care	14	21	2	37
Learning Disabilities Nursing Care	0	5	0	5
Learning Disabilities Supported Living	31	59	41	131
Housing Related Support	217	322	251	790

<sup>4</sup> Data extracted at 31st October 2013, population data sourced from Office National Statistics, All other data extracted from Calderdale Council Client Information System

# Supply of Personalised, Preventative Support at Home

- **TLAP** : Active and supportive communities. Keeping friends, family and place
- **TLAP** : Personal budgets and self-funding. My money
- **TLAP** : Workforce. My support staff

## Key Messages

New build homes need to be built to Lifetime Homes Standard which will reduce the need to undertake adaptations to properties.

Supported Living continues to grow as a preferred housing and support option for people with learning disabilities in Calderdale. However, providing appropriate accommodation continues to be a challenge in Calderdale particularly for people with additional support including autism.

Many young people with a learning disability express a desire to gain paid employment, however, support to do this is limited.

As a result of the growing demand for a more personalised approach to meeting care needs, an unregulated market is rapidly developing to meet the demand; more people are choosing to take direct cash payments and self-direct their care (see table below).

Type	Number supported
Housing Related Support	1,000
Extra Care Housing	160
Home Care	1,019
Direct Payment funded Self-Directed Support	560
Adaptation to Home	2,000
Supported Living (adults learning disability)	131

The amount of service provision provided by way of value of direct payments in Calderdale now exceeds the managed care arranged by the Council. “Younger’ older people now want less traditional support and are looking for innovative and more personalised support plans which connect them to natural networks of support within their community.

## Assistive Technology

Through contact with Gateway to Care, individuals are able to access information and advice about a large range of equipment and aids. In partnership with the Calderdale Clinical Commissioning Group we are also introducing remote monitoring of vital signs such as blood pressure and Chronic Obstructive Pulmonary Disease. The most popular pieces of equipment that people choose to help them self-manage their long term health condition are:

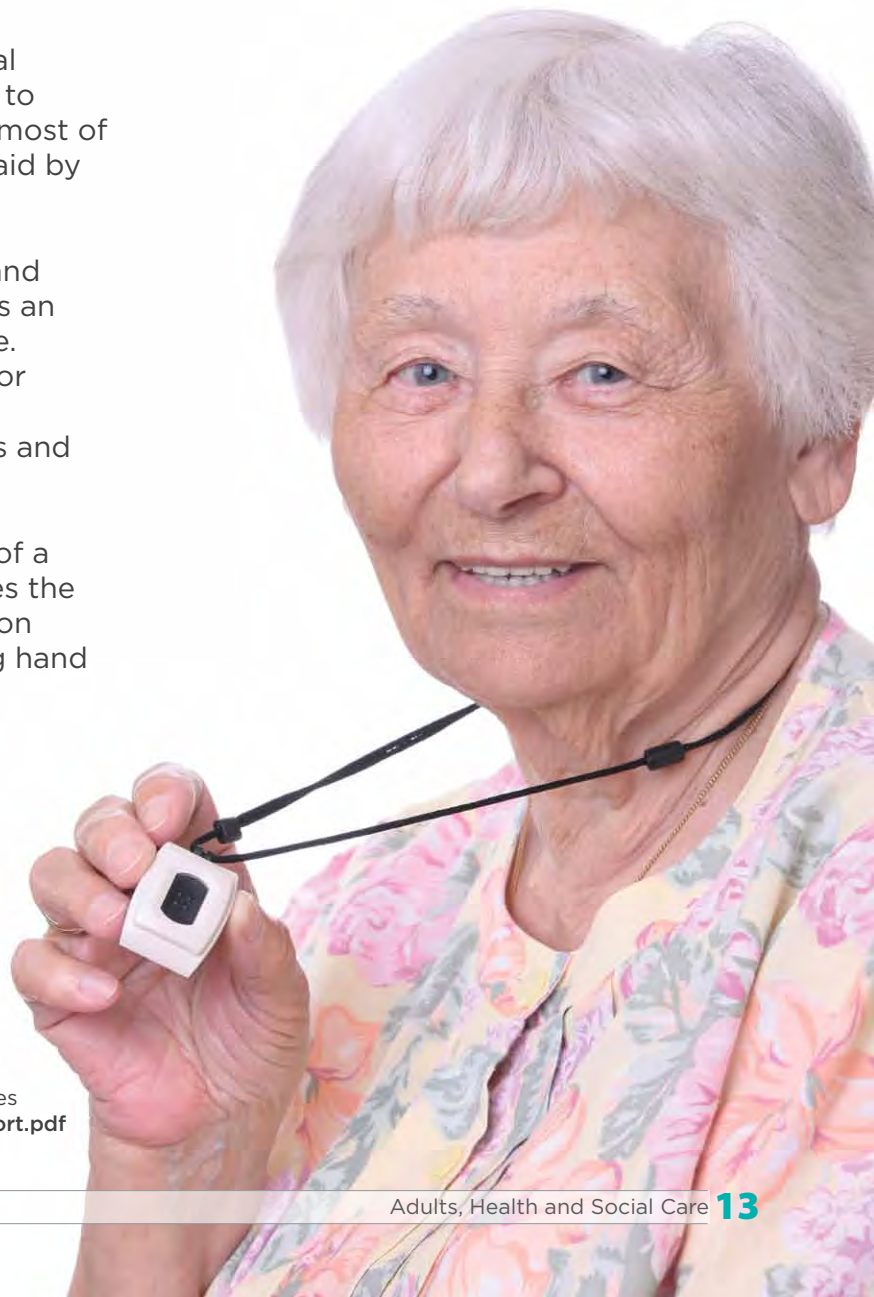
- Falls detectors
- Medication dispensers
- Epilepsy alerts
- Smoke and CO2 detectors linked to a call centre
- Tracking devices for people with memory problems so their carer knows where they are
- “Just Checking” systems that allow us to see how a person is managing at home before making a decision about whether they should move into residential care
- Door sensors and bogus caller alarms linked to a call centre.

There are several providers in the Borough who are able to provide access to trusted trades services such as handy persons for home repairs and maintenance and gardening support.

Whilst the Council provides some financial support following an assessment of need to meet the costs of adaptations to homes, most of the costs are met through modest fees paid by the person.

Typical adaptations are ramps, stair lifts and walk-in showers, these contribute towards an individual maintaining their independence. Over half of all assessments relate to minor adaptations, such as fitting handrails and grab rails which may lower the risk of falls and fractures.

The average cost to the health economy of a fractured hip is £28,665, which is 4.7 times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls<sup>5</sup>.



<sup>5</sup> 'Better outcomes, lower costs' Office for Disability Issues  
<http://odi.dwp.gov.uk/docs/res/il/better-outcomes-report.pdf>





## Home Adaptations

As Calderdale Council's Housing Strategy indicates, there has been a steady increase in the numbers of people needing adaptations to their home.

- Requests have risen from 1,700 in 2005/6 to 2,400 in 2012/13 (across all age ranges).
- £1.5m has been made available in Calderdale annually over the last three years through the Accessible Homes Agency.
- In 2013, approximately 2,300 major jobs and 1,800 minor adaptations were completed.

## Housing Related Support

'Housing Support' provides low level support to sustain independent living for 1,700 adults in Calderdale. Support is available to older people or adults with mental health support needs who are living in any tenure. This includes:

- Help with budgeting and bills
- Filling in forms
- Arranging medical and other appointments.
- responsive and flexible services from planned regular home visits to short term daily calls

**Benefits include** reducing social isolation and increasing the chances of someone maintaining independent living.

## Community Support - Mental Health Services

### Key Messages

There is a particularly rapid growth in demand for psychological therapy services from young men of South Asian ethnicity.

There are opportunities for providers to develop a range of more personalised services which support both clinical and personal recovery.

An Autism Strategy was produced in 2012 and as a result a multi agency working group has been established to offer diagnostic and ongoing support solutions to people with Aspergers Syndrome and Autism.

The mental health provider Foundation Trust dominates the market, crisis and rehabilitation services are provided through an in-house partnership agreement with the Trust.

There is a network of creative community organisations who offer therapeutic arts sessions to support recovery.

In partnership with the CCG over the next two years we will be working to develop a Mental Health Recovery Network which connects community organisations to people with support needs.





# Case Study: Creative Arts in Mental Health

A Community Arts agency set up a partnership with a voluntary organisation, which was well established within its community and had a strong reputation as a provider of culturally sensitive services. Both organisations were interested in developing a creative approach and methodology - using song, poetry, music and movement to aid with recovery and remembrance.



Their approach was to take English translations of Pakistani poems about longing and remembering - poems rich in emotional content about 'home'. The poems were then translated by the staff from the partner voluntary organisation into Punjabi. They then sang very gentle melodic songs, which were also translated and which emotionally connected with the group. Finally, they made use of fun lively and energetic props and encouraged members of the group to speak about their childhood and other recollections and memories.

One particular session stands out where at the end of the session a member of the group started to sing, a beautiful, 'important' song to him which resulted in absolute silence in the room. When the song was finished the arts worker asked what it meant and what the translation was. He was told it was too hard to translate. The worker asked him to try and he said it was something about "a flower in your heart" ..., this is the song:

"My master has planted in my heart the Jasmine of Allah's name ... my entire being was filled with Allah's fragrance. May the perfect Master who planted this Jasmine in my heart be Ever Blessed ..."

Many of the men had tears in their eyes - they all understood the significance of this moment, and more importantly, how significant this moment was for the person singing.

## Extra Care Housing

- **TLAP** : Risk enablement. Feeling in control and safe
- **TLAP** : Flexible integrated care and support. My support my own way

### Key Message

Demand for extra care housing, in Calderdale is approximately 60%<sup>6</sup> higher than the current provision can accommodate. Commissioners and partners are exploring the options to develop this offer further and to deliver 510 units of extra care housing by 2030.

Traditionally this model of support has been provided in complexes where more support than that described above is provided. For example, a fully adapted bathroom, or ground floor accommodation; the person has their own apartment where on-site care is available and it suits people who are not yet ready for, or do not wish to go into, a care home.

This option allows for the person to continue to live in a community setting, practice self care to the level they are able to maintain whilst receiving additional services which are provided to them in their own home. The overall cost to the public sector may include Housing Benefit for the rent and support charge in the extra care scheme and a care package of 10 hours per week.

Nationally, there has been a rapid increase in extra care housing developments spurred on by demand and meeting increasing aspirations of the ageing population. Calderdale has four extra care schemes which provide 160 apartments, however demand exceeds supply. The Council is supporting development of a further 50 unit scheme in North Halifax and is aiming to commit support for at least two more in the next year. The Home for Life interactive map<sup>7</sup> shows where the current schemes are and where there are gaps in the market.

## Supported Living - Adults with Learning Disabilities

The amount of money spent in Calderdale on supported living placements for adults with a learning disability is a third of the amount that is spent on such placements in other similar Local Authority areas. The number of adults with a learning disability supported by the Council has slightly declined in the last three years to 131 (6% reduction). The Council also arranges lower level supported housing for approximately 100 people living in tenancies with between two and 12 hours a week support.

However, despite the apparent decline, there is not enough provision of support in the Borough to provide places for all the adults with learning disabilities who want to live independently. The Council would welcome conversations with providers who could offer supported tenancy which also helps adults with a learning disability to be active citizens in supported employment.

Too many adults with a learning disability are living in nursing care homes (20% more than other Local Authority areas).

There are a significant number of adults with a learning disability and behaviours which are challenging for providers to manage who are living outside of Calderdale, but who would want to live in the Borough if the right accommodation and support was available.



<sup>6</sup> Keychoice 'Choice Based Lettings' report 02 13

<sup>7</sup> [http://map.calderdale.gov.uk/connect/?mapcfg=Home\\_for\\_life.pdf](http://map.calderdale.gov.uk/connect/?mapcfg=Home_for_life.pdf)

# Case Study: Supported Living

A local supported living provider worked with Calderdale to develop a new property to help five people return from out of area placements including a young person reaching adulthood. The provider worked with a registered social landlord and the Commissioners to develop a large Victorian property close to local amenities and transport links. The property was selected due to the substantial size of the communal areas and the ability to offer en-suite facilities to most bedrooms. The provider worked to develop an annex to the property allowing a young person to be supported independently whilst sharing the night time support and some of the support hours provided in the main body of the house. Commissioners worked with the provider to develop bespoke support packages which reflected individual needs and interests and agree a comprehensive transitions plan for the new tenants which included people with autism and epilepsy.



Transitions and communications with families were dealt with sensitively to ensure that the new property was suitable for those identified and that families were assured around the care and support their relative would receive. The development has allowed five people to return to Calderdale, who are now living nearer their families which means it is much easier to ensure that the support offered is of a consistent high standard. All five were able to move from a residential care setting to a supported living house. They now hold assured short hold tenancies and have greater financial freedom as they have improved access to financial benefits within a supported living environment.



# Supply of Complex Care and Support (CQC regulated)

## Key Messages

The current model of supply of personalised care and support at home is of insufficient quality and is not sustainable to meet the future models of demand and change.

There is a need for high quality, safe care, delivered with dignity and respect for individuals who are at the end of their life with complex presenting health conditions.

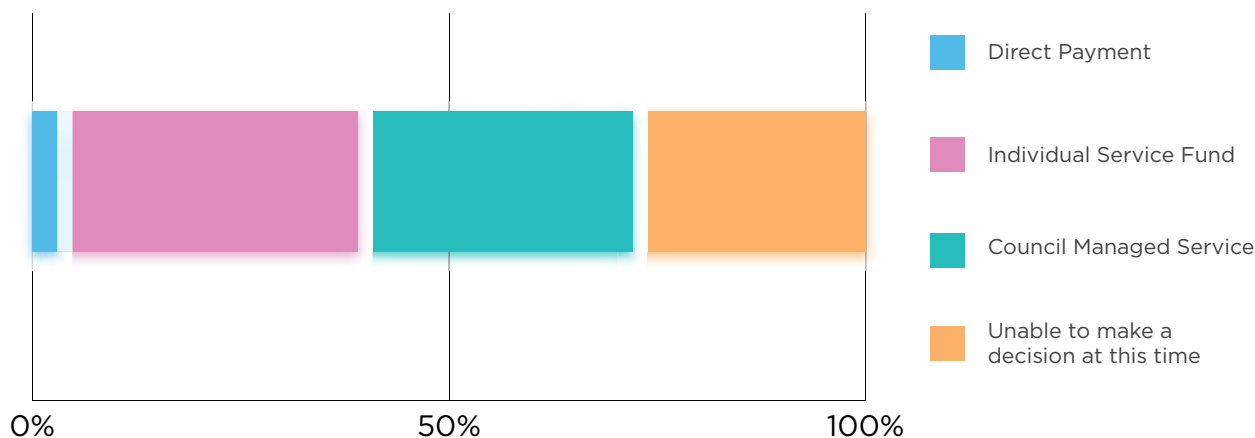
## Care Quality Commission (CQC) Registered Home (Domiciliary) Care

Calderdale Council commissions 9,672 hours per week (excluding extra-care schemes) of CQC registered home care per week on behalf of 896 adults with assessed, eligible social care needs from FACS levels moderate to critical.

The amount of home care an individual receives ranges from as little as one hour a week, to over 50 hours over seven days.

During 2013 the Council has consulted with all current home care contracted providers, individuals receiving services and their carers on the current model of care and support. The graph below shows the preferences of those consulted in terms of how they wished their care to be provided.

Results of the Personalisation and Engagement Consultation 2013<sup>8</sup>

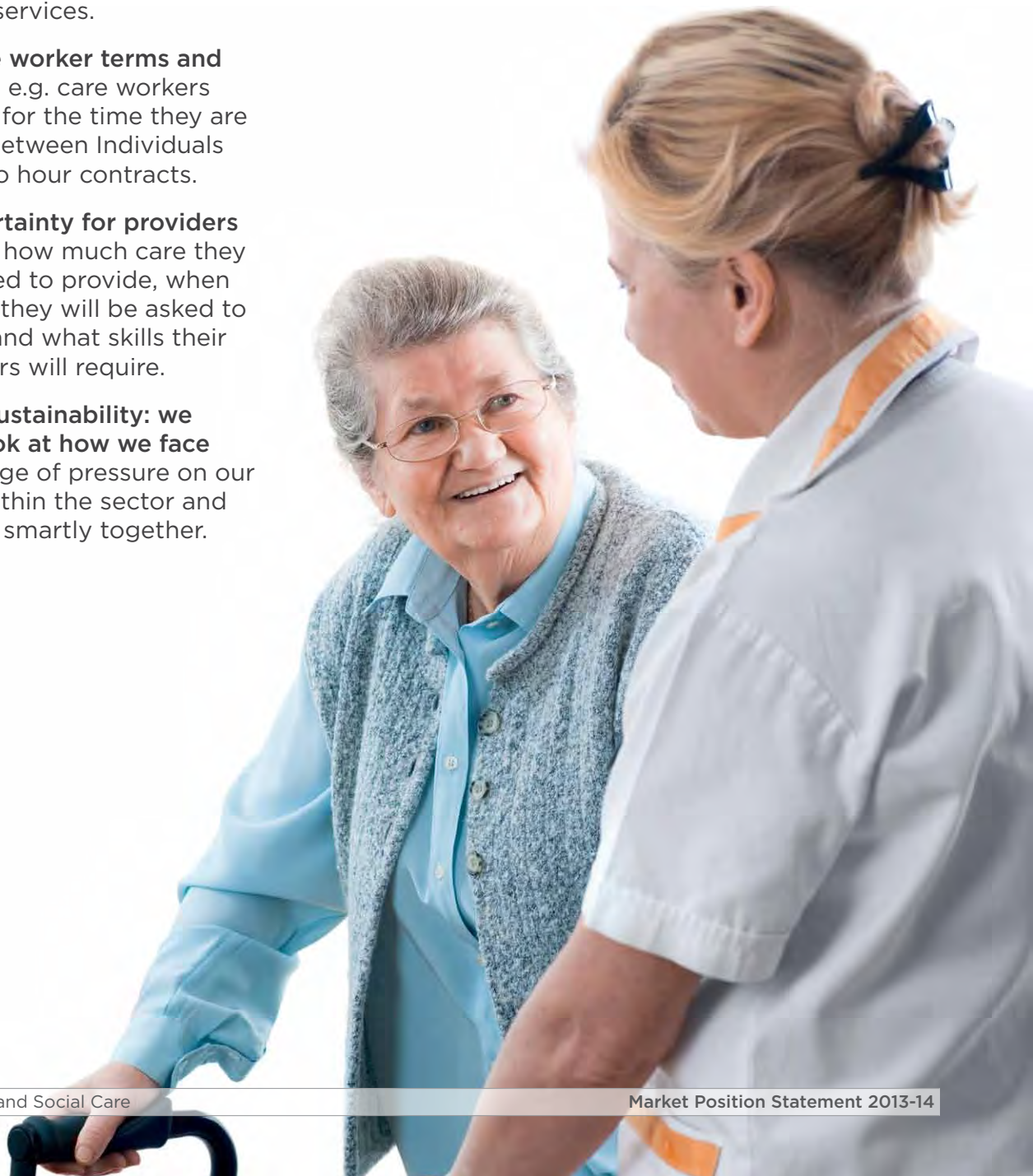


<sup>8</sup> Results as of 31st October 2013 based on 56% sample size of all home care recipients

The outcome of the consultation showed overwhelmingly that the following changes need to be made in order to provide the type and level of personalised care that service users want.

- **Moving the focus of care** from time and tasks to meeting the outcomes individuals want for themselves.
- **Increased flexibility** and review of support as the care progresses and needs or wishes change
- Changing the focus from safeguarding and complaint to providing **high quality provision** in relationships with providers
- Working to **promote reablement**, and not dependency when delivering services.
- Better **care worker terms and conditions**: e.g. care workers being paid for the time they are travelling between Individuals and no zero hour contracts.
- **Greater certainty for providers** in terms of how much care they will be asked to provide, when and where they will be asked to provide it and what skills their care workers will require.
- **Financial sustainability: we need to look at how we face the** challenge of pressure on our finances within the sector and work more smartly together.

- **Care workers recruited from the community**: providers work across much of Calderdale and this means that a lot of time is spent driving from home to home and it becomes less likely that the provider will be connected to the local community.
- **Greater service user control** - about a third of people who were asked replied that they would like their care provided by way of an Individual Service Fund (ISF), where their personal budget is managed for them by a broker, so they could exercise more control.



## Residential and Nursing Care Homes

### Key Messages

The Council’s strategic view is to reduce the numbers of people who are living in residential care, and since 2009 there has been a 13% reduction in placements.

There has been a 64% increase in demand for short term, transitional placements rebuilding connections and confidence so that the person can return home.

40 - 60% of all safeguarding alerts each month relate to the care home sector. The Council’s Contracts Team annual priority assessment identifies 39% of care homes as being at risk of compliance failures requiring a close monitoring regime to be implemented.

The Council, in collaboration with the Calderdale CCG, CQC, SWYPFT and West Yorkshire Police wants to see providers place residents at the heart of everything they do, and ultimately ensure the well-being and safety of residents through accountability. In this way a major cultural shift will be triggered where everyone involved in the provision of residential care thinks about dignity, so that we get to a position where **“we are all the richer when (older) people are respected, valued and celebrated”**<sup>9</sup>

The average age that an older person enters a care home is 84. Very few people who are placed into care homes ever leave again, usually this is the place where a resident will spend the last 2 years of their life.

Care Category	Number of People Cared for	Average length of Stay (Weeks)
Nursing Care	82	72
Nursing EMI	15	69
Residential Care	104	118
Residential EMI	21	92

Care home supply and demand: adults 18-64 years old

<sup>9</sup> Commission on Improving Dignity in Care for Older People (2012). Delivering Dignity: Securing Dignity in Care for Older People in Hospitals and Care Homes at <http://www.nhsconfed.org/Documents/Delivering%20Dignity.pdf>

Overall Calderdale Council uses fewer care home places than the average Council<sup>10</sup>.

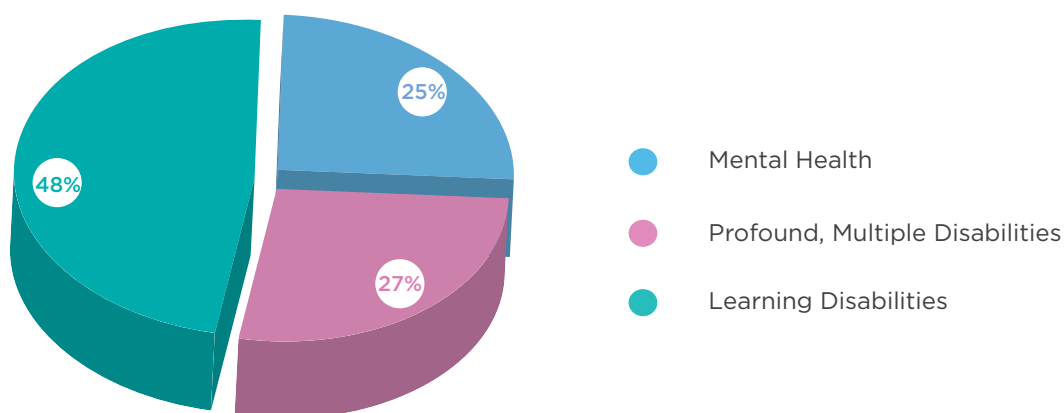
- There are 55 care home establishments within the Borough providing 1,552 beds.
- 95% of care home placements are arranged for older people with no alternative support options to provide palliative care to end of life.
- The total annual value of the care home business in Calderdale for older and/or frail people is valued at £14million, which is 25% of all social care expenditure. Care home placements are commissioned from 41 providers who in the main charge the Local Authority standard rate of £386 through to around £600 a week to self-funders.
- 13 care homes provide specialist placements for adults with dementia.
- The majority of care home beds for older people are in Todmorden (79), Halifax Central and Boothtown (62) and Savile Park and Manor Heath (59).
- Fewer than half (43%) of the residential care placements available in the Borough are filled by people for whom the Council has arranged support. Of the placements where the Council is involved, 14% are arranged on behalf of self-funders.

- An increasing number of beds in residential care homes are vacant - 9% during 2012/13 - which was a 28% increase in vacancies on the previous year. Care home owners are reporting to the Council that they are finding it increasingly difficult to fill their vacant beds. This is placing their businesses at risk of financial difficulties and potentially compromising the safety of residents in these settings.
- 85% of care home placements arranged by the Council were with homes in the Borough, a further 12% were homes in neighbouring authorities to Calderdale and 3% were national out of area placements.

Too many younger adults are living in the 16 homes in the Borough who provide residential and nursing care. There are 142 beds available, of which 60 were filled by the Council as of July 2013, in the main by adults with learning disabilities.

During 2013 there were 44 younger adults with disabilities living in care homes outside of Calderdale. Three quarters were living in care homes within neighbouring authorities. Figure 7 below shows the placement pattern by client group type.

**Out of Authority Placements, people aged 18-64**



Types of out of Authority placement arranged for younger disabled people by Calderdale Council February 2011

<sup>10</sup> CIPFA benchmarking report PSSEX1 return 2009/10 comparator group Metropolitan Councils



## Placement patterns and quality issues across the care home sector (all client groups)

Within the Borough the Council commissions a greater proportion of care home placements for younger adults (learning disabilities, mental health and physical disabilities) of good or excellent quality than national average.

We place 92% of people in good or excellent care homes (residential and residential with nursing) compared with 85% nationally.

For younger adults in residential care homes, the Council purchased 100% of placements in the authority in good or excellent rated homes against the national average of 85%.

Analysis of care home admissions during 2012/13 showed that care home placements resulted from multiple, complex needs being present and that Council arranged placements are increasingly likely to be for adults with a high level of physical frailty and/or severe mental health needs:

- **Residential admission:** carer breakdown, frailty, complex manual handling and/or falls resulting in a hospital admission (often four or more subsequent incidents).
- **Nursing admission:** carer breakdown, frailty, significant decline in physical health (vis stroke or Parkinson's disease), complex manual handling and/or continence.
- **Extra care:** carer breakdown, frailty, need for care and support based on a single site.

The care failings at Winterbourne View<sup>11</sup> and Mid-Staffordshire<sup>12</sup> emphasised that hearing the voice of service users was critical when attempting to form a view on the quality of care. In Calderdale between 40 and 60% of all safeguarding alerts each month relate to the care home sector.

The Calderdale 2013 annual Social Care Service User Satisfaction Survey indicates that 96% of residents are satisfied with the quality of care they are receiving. However, it also indicates that only 22% of those who responded to the survey feel they have as much control as they want over their daily lives. Further, and of significant concern for social care commissioners, 11% of residents surveyed this year reported that they did not feel as safe as they would want within their care setting.

CQC have registered concerns against the standards for care with 14% homes and outcomes from annual statutory reviews of individual placements have identified safeguarding concerns in 27% of homes. This Council's Contracts Team annual priority assessment identifies 39% of care homes as being at risk of compliance failures requiring a close monitoring regime to be implemented.

The Council recognises that it takes time to develop a high quality service. However, the extent to which individuals living in residential care are able to exercise control over the quality of care they receive is limited due to their general frailty and cognitive impairment. This places a responsibility on the Council to manage this aspect of the market.



<sup>11</sup> Department of Health (2012). Transforming Care: A National Response to Winterbourne View Hospital at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127310/final-report.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf.pdf).

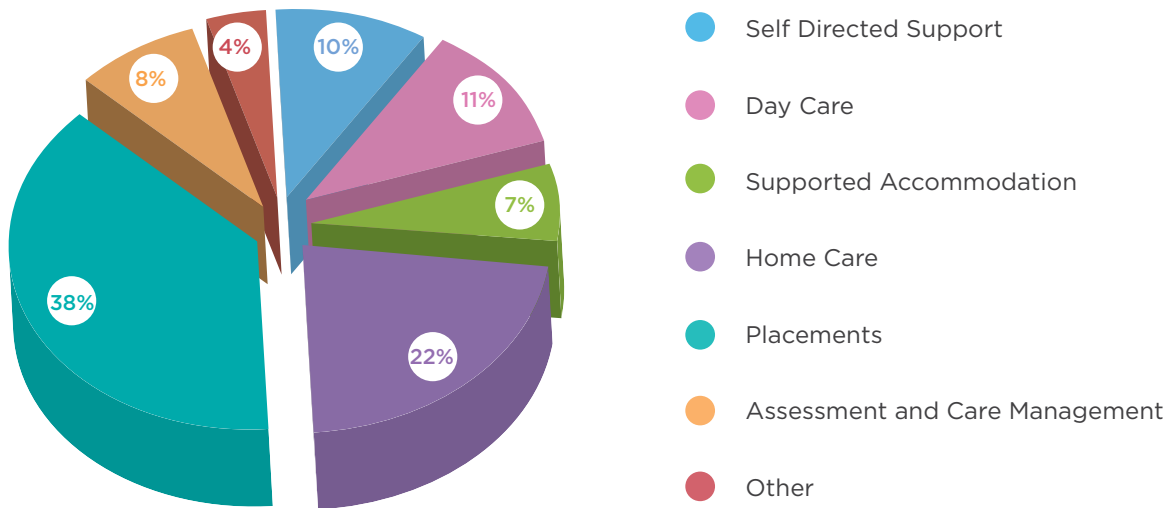
<sup>12</sup> Francis, Robert (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry. UK, The Stationary Office Limited at <http://www.midstaffpublicinquiry.com/report>



## How we spend the Council’s Adult Social Care Budget

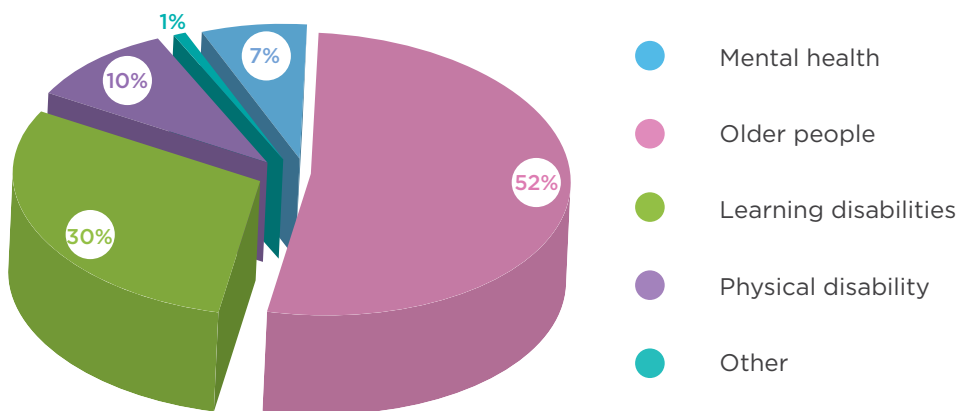
In 2012/13 the Council spent £72million on adult social care services. Most of this money was spent on paying for residential care but a large amount was also spent on day services, home care and self-directed support. The Council provides 28% of social care services, with the other 72% being provided by independent, voluntary and community organisations.

Percentage of gross budget spent during 2012/13 by function and service



The chart below shows how the Council spent the budget to support various client groups, with over half being for older people and over a quarter being spent on people with a learning disability.

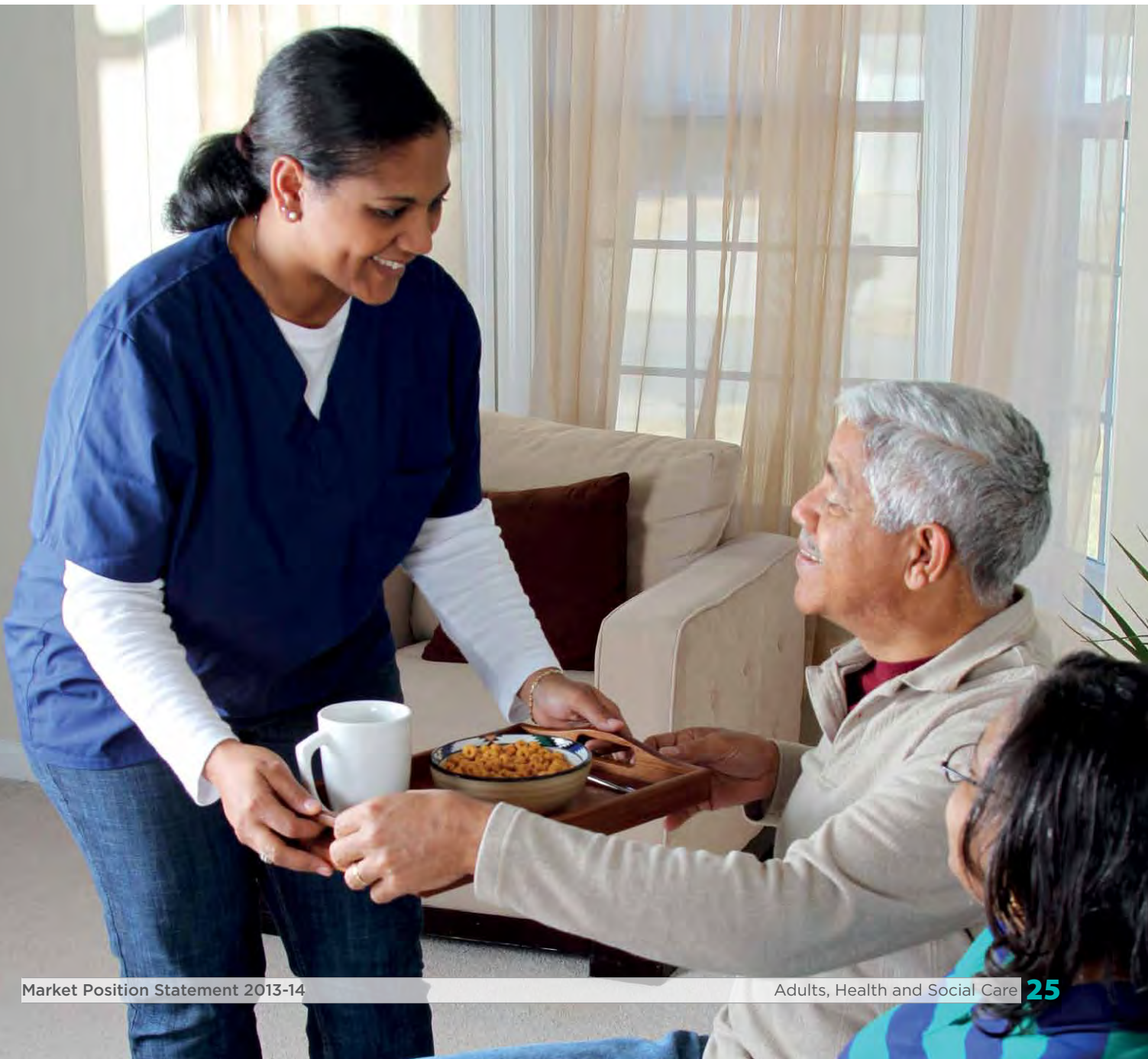
Percentage of gross budget spent during 2012/13 by client group



Budget Pressures for 2013/14 which underpin the key messages for change in the market Key Messages

- Undertake a review of the assessment and Resource Allocation System in order that all customers can be offered a personal budget and more personalised care.
- **Achieve 2013 Budget Council savings -** The savings focus on efficiencies, more effective ways of delivering services and some increased charges to customers so that we can continue to provide a wider range of personalised services to those with moderate care needs.

- **Fund Demographic Pressures -** This is because more people are using social care services because of changes in the population. For example, people are living longer so we are supporting more older people, more people are living at home with serious disabilities where before they may have lived in a nursing home. In the past the Council has given £500,000 each year to the Directorate to meet demographic pressures. This year the Directorate will have to pay for these extra services without any extra money.
- **2014 Budget Council Savings Target -** The Council has to save £4million in 2014/15 rising to £20million in 2016/17. The challenge for the Directorate is to identify savings to meet these targets.



## Case Study: Mrs Green's story

Mrs. Green lives in a care home; she is very frail and has dementia. Her daughter contacted us after she had visited her mother and found she was bruised. Her daughter was concerned that her mother had not been out of bed for some time and that due to her dementia she was not able to communicate her wishes. The Safeguarding Adults Team investigated the situation with the family and the care home. The home was very open to the Safeguarding Team and so it was possible work together to see what had happened. A meeting was set up by the Safeguarding Team with the home manager and the family to discuss the outcome of the investigation. A number of recommendations were made, including changes to procedures, so that Mrs. Green, and other residents, could be kept safe in the future.



As a result of the work we did, the nursing home welcomed the opportunity to look at and change their processes. At the end of the process they said that it had allowed them to look again at how they did things and the manager of the home started refresher training on safeguarding for all their staff. All the other recommendations we made have been put in place as well as improvements the home has made to improve communication and practice of all staff.

The family told us how pleased they were to be involved at every stage in the process and with the detailed report we did.

They were also impressed with the openness shown by the nursing home staff and their willingness to learn from the experience and put things right.



### Key Messages

The Council will be facilitating opportunities for individuals, their carers and providers to work together to develop creative ways to plan how support needs are met.

Where providers proactively engage with the Council in developing personalised, self-directed support including through Individual Service Funds, the partnership approach will be prioritised over the use of procurement levers to bring about change in the market.



Recent research<sup>13</sup> has indicated that in Calderdale there is still room for improvement in how adult social care resources are used to meet the outcomes that individuals want for themselves. We need to move away from a preoccupation with expenditure, to a position where spend on adult social care services is perceived as investment in an individual. This is to achieve better outcomes for them, their family and for the area they live in through increasing social capital within their community, stimulating enterprise in local business and promoting co-produced care and support. This will be achieved through the Council continuing to support the numbers of people who self-direct how their social care outcomes are met through creatively developing their own plans of support.

To move to a position where adult social care expenditure is an investment in better outcomes for individuals and communities requires a much more sophisticated understanding of the market for social care in the Borough. This will include support alongside those parts of the market that are most closely related to social care, housing and long term health conditions. Calderdale Council is eager to develop intelligence about how the market responds to different stimuli and then how best to influence and support it to achieve better outcomes and value focusing on the following areas:

- Enhance quality of life
- Delay and reduce the need for care and support
- Satisfaction of individuals who use services
- Safeguarding adults at risk of abuse

The Council is particularly open to being approached by provider organisations who want to open up a strategic dialogue over how to realise these four outcomes and make them the cornerstone of joint working.

The Council and provider partners have worked together to develop good quality web based information, advice and guidance to help individuals to find what care and support is available locally to meet their outcomes. Through continued investment in the development of Connect to Support the Council will further facilitate providers diversifying into new markets for care and support <https://www.connecttosupport.org/s4s/WhereILive/Council?pagelD=144>.

<sup>13</sup> Calderdale Local Account 2013



As the role of the Council changes to enable self-directed support where individuals exercise increased control over how their outcomes are being met, the Council wants to work with providers to understand how together we develop a culture for social care in Calderdale. A culture that positively embraces and promotes the benefits of taking risks as being a crucial and fundamental part of experiencing life, regardless of age, illness and/or disability.

**“The governing principles behind good approaches to risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same”** (Independence, Choice & Risk: a guide to best practice in supported decision making – DH, May 2007)

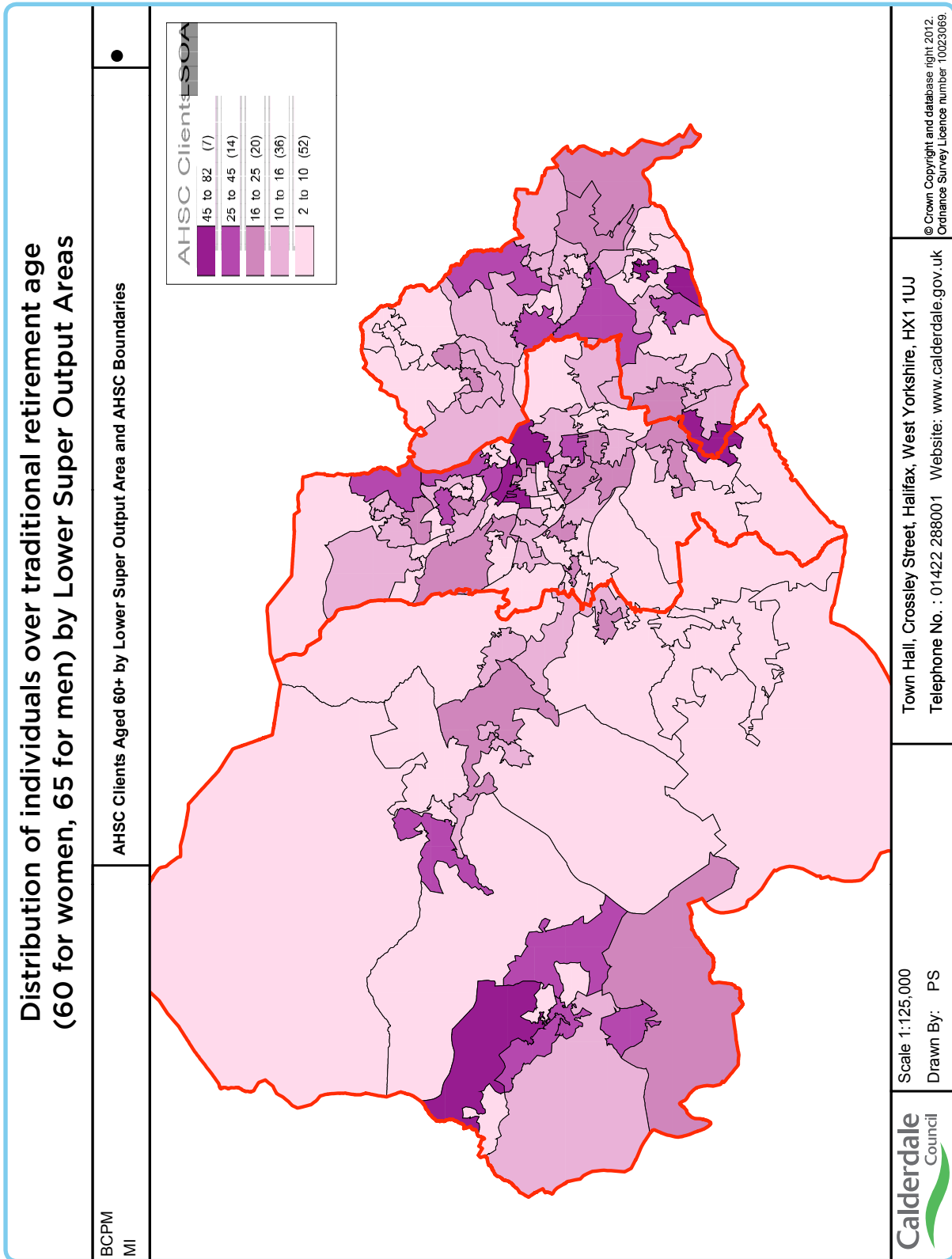
The Council will further support the market to be more confident to develop personalised support through introducing during 2014 a new **Risk Enablement Panel**. The Panel will convene when there are complex risks identified during the normal process of agreeing between the individual, the provider and the Council. A plan will be agreed detailing how support will be provided to meet outcomes which cannot be resolved through the usual channels of decision making within the relevant team, and where there is a clear difference in opinion relating to the proposed Support Plan.

There is a need for rapid expansion of the number of extra-care units across the Borough. The Council would like to hear from developers who are interested in investing in the long term care and support housing market. Applications for planning permission will be looked on favourably for such housing schemes.

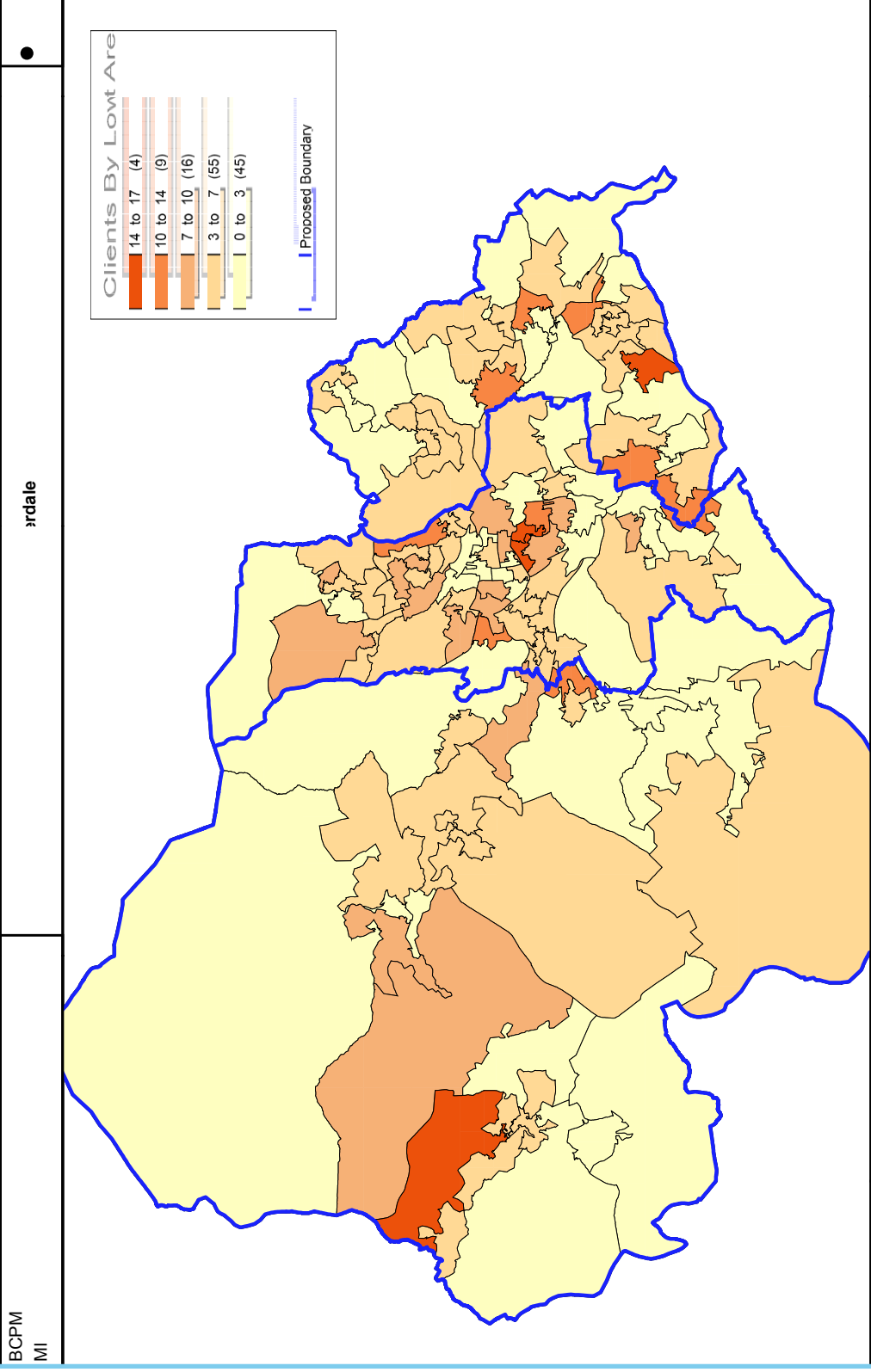


# Appendix A:

Maps showing where people with possible support needs live in Calderdale



# Density of adults with a learning disability by Lower Super Output Areas



BCPM  
MI

ardate



Scale 1: 126,300  
Drawn By: PS

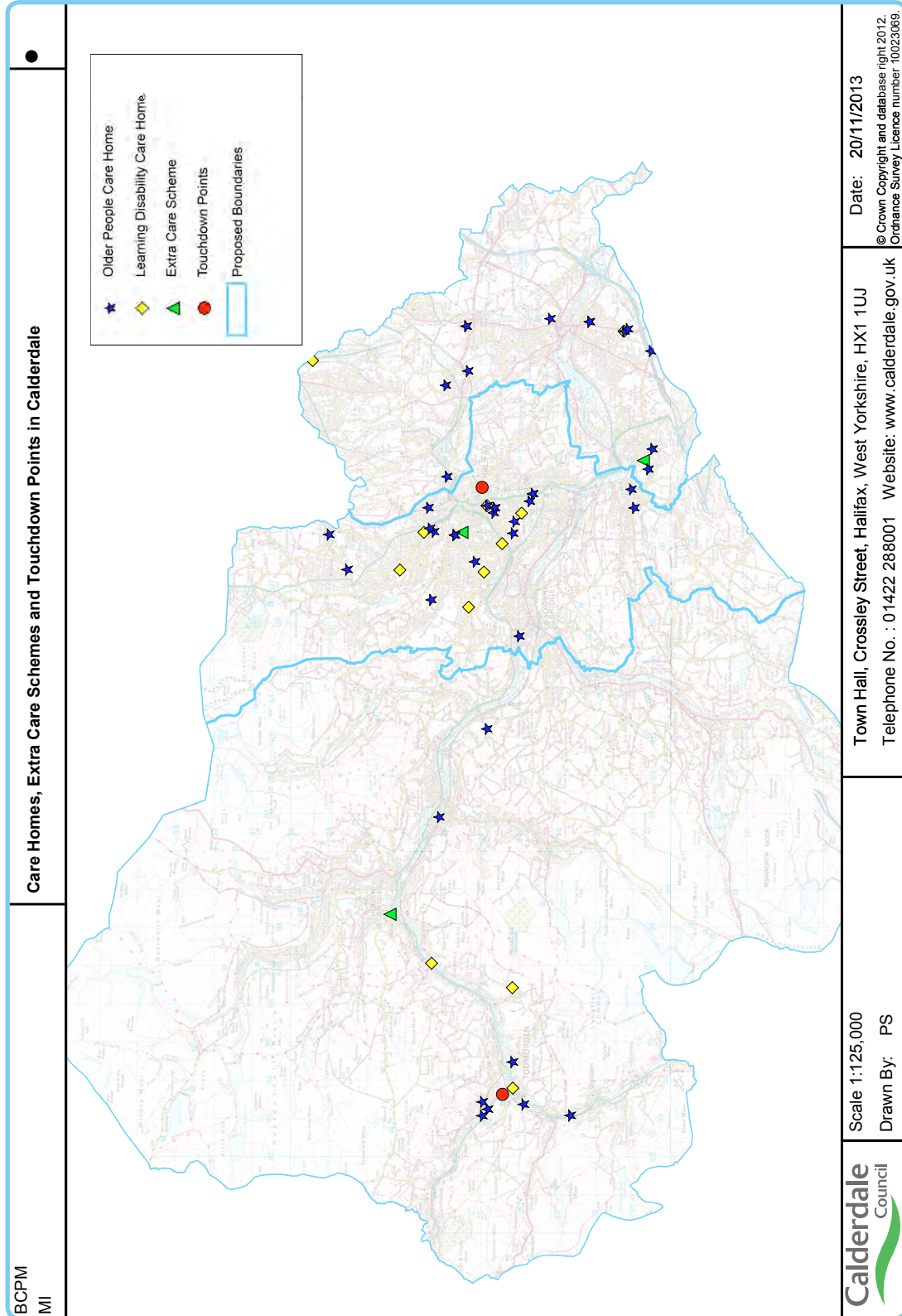
Town Hall, Crossley Street, Halifax, West Yorkshire, HX1 1UJ  
Telephone No. : 01422 288001 Website: www.calderdale.gov.uk

Date: 02/10/2013  
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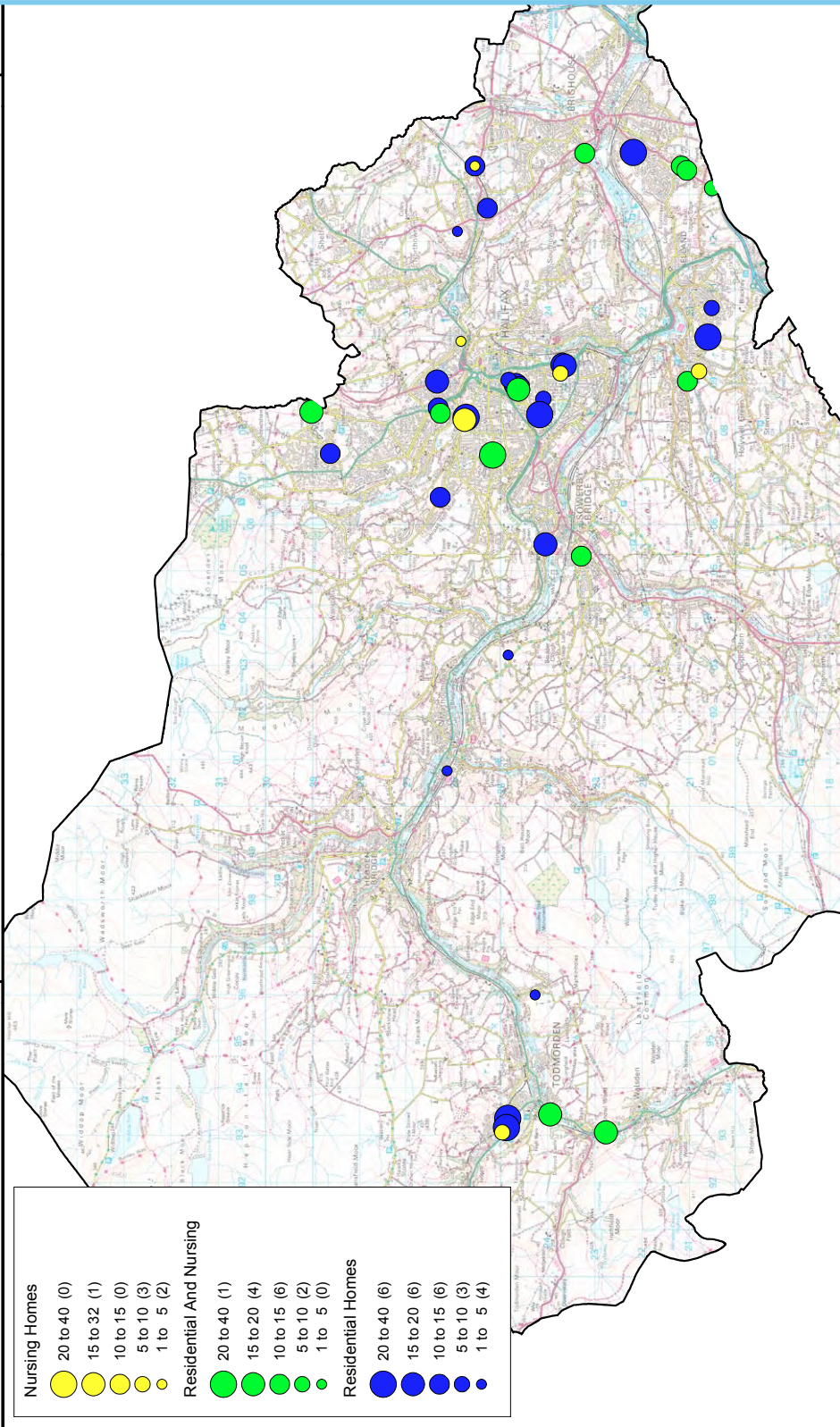


# Appendix B:

## Maps showing the location of Care and Support Settings



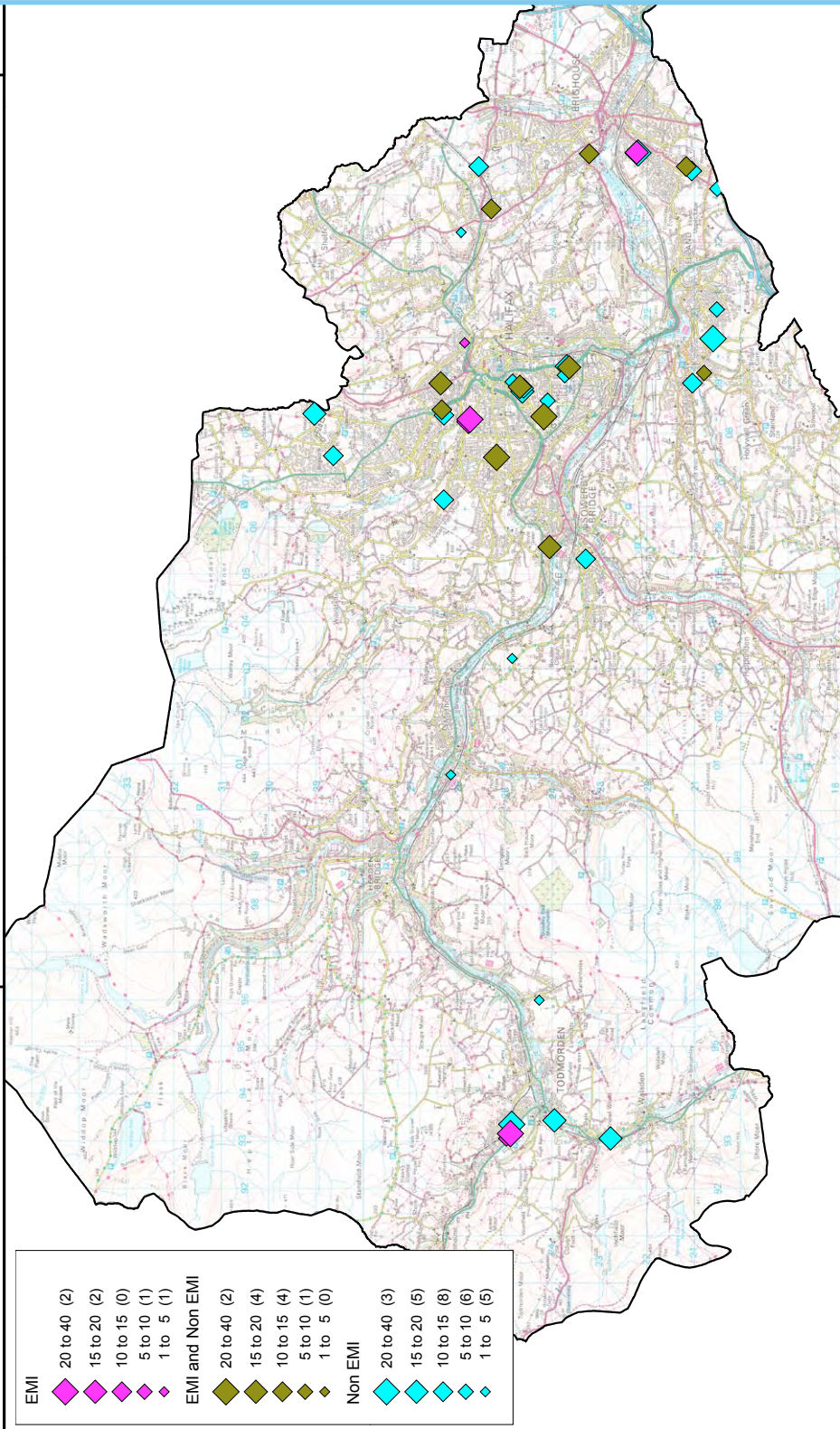
Calderdale Care Homes By Number of Clients Placed By CMBC




 Scale 1:110,000  
 Drawn By: PS - BCPM  
 Town Hall, Crossley Street, Halifax, West Yorkshire, HX1 1UJ  
 Telephone No. : 01422 288001 Website: www.calderdale.gov.uk  
 Date: 12/09/2013  
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Calderdale Care Homes By Number of Clients Placed By CMBC

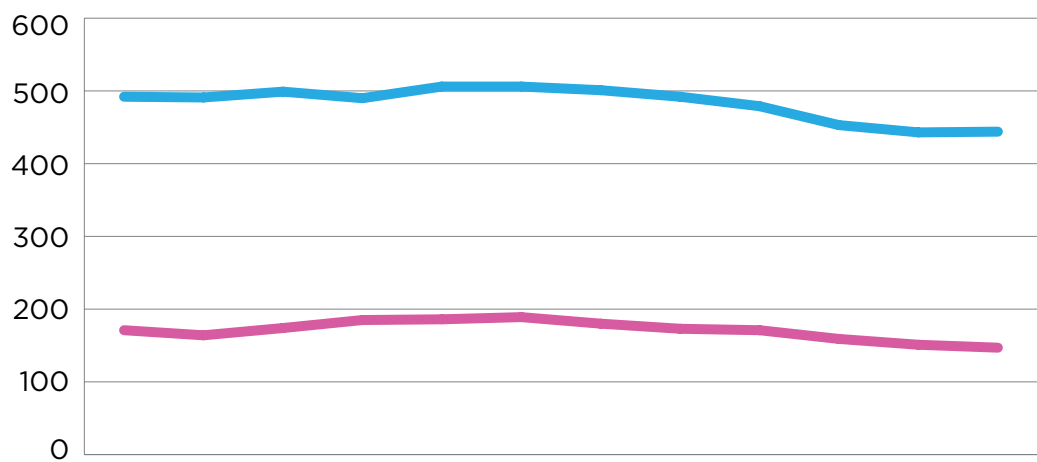




# Appendix C:

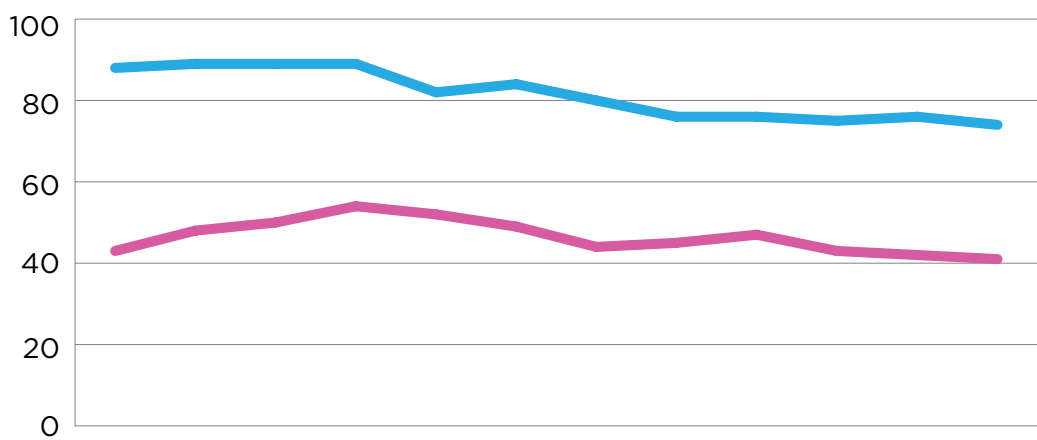
## Residential Care Home Placement Trends

Permanent Older People and Physical Disability Care Home Placements in Care Homes within Calderdale



	Oct 10	Jan 11	Apr 11	Jul 11	Oct 11	Jan 12	Apr 12	Jul 12	Oct 12	Jan 13	Apr 13	Jul 13
Residential	492	491	499	490	506	506	501	492	479	453	443	444
Nursing	171	164	174	185	186	189	180	173	171	159	151	147

Permanent Older People and Physical Disability Care Home Placements in Care Homes outside Calderdale



	Oct 10	Jan 11	Apr 11	Jul 11	Oct 11	Jan 12	Apr 12	Jul 12	Oct 12	Jan 13	Apr 13	Jul 13
Residential	88	93	89	89	82	84	80	76	76	75	76	74
Nursing	43	48	50	54	52	49	44	45	47	43	42	41





**If you have any queries or would like further information  
please contact:**

[www.calderdale.gov.uk](http://www.calderdale.gov.uk)