



**Darlington Borough Council**

# **Adult Social Care Market Position Statement**

**2014-2015**



# Contents

|  | Page      |
|--|-----------|
| <b>1. Introduction</b>   | <b>4</b>  |
| <b>2. The changing face of Adult Social Care and the new offer</b> | <b>5</b>  |
| <b>3. Supply and Demand</b>  | <b>13</b> |
| • Older People   | <b>15</b> |
| • Older People with Dementia                                       | <b>21</b> |
| • Adults with a Learning Disability/Impairment                     | <b>22</b> |
| • People with Physical and/or Sensory Impairments                  | <b>26</b> |
| • People with a Mental Health Problem                              | <b>29</b> |
| • People with Autism   | <b>32</b> |
| • People with Substance Misuse Problems                            | <b>34</b> |
| • Carers   | <b>35</b> |
| <b>4. Likely Resources going Forward</b>                           | <b>37</b> |
| <b>5. People who pay for their own support</b>                     | <b>38</b> |
| <b>6. Suggested models for support delivery in the future</b>      | <b>39</b> |
| <b>7. Useful Links</b>   | <b>42</b> |

# 1. Introduction

## What is a Market Position Statement?

A Market Position Statement brings together into a single place key information from the Strategic Needs Assessment, commissioning strategies and other market intelligence. It includes data and analysis and sets out local need. It is hoped that it will assist providers in thinking about their current and future service and support models and how they can support the Council to change the way that people are supported in the future. The Council will work with the market to ensure that local people are supported in ways that support their independence and are of high quality and support citizenship.

When commissioning services and support, adult social care will ensure that they are in line with the Council's priorities as set out in "One Darlington, Perfectly Placed", the Sustainable Community Strategy of:

- Building Stronger Communities and reducing dependency on services and support.
- Ensuring that every £ is well spent and we are getting more value for the public money
- Growing the Darlington economy, making it so we have more to go round.

This first Market Position Statement does not include specific children, public health or health needs however subsequent Statements will look to produce a more holistic view. We also recognise and are aware that there are some gaps in this first statement; however these will be addressed in further Statements.

We want the Darlington Market Position Statement to be a "blueprint" for the ongoing dialogue with providers, people who use services and support and their carers on how we would like to shape support for the people of Darlington and to ensure it remains relevant we will aim to refresh the Statement every year.



## 2. The changing face of Adult Social Care and the new offer

In 2014 Adult Social Care is faced with a number of competing pressures, including changing demography, increasing need and changing public expectations. Simply if we do nothing and continue to support people in the same ways we have always done then the costs of adult social care will double in 20 years. Notwithstanding these pressures this does offer the opportunity to develop a social care system that is built on meeting outcomes and is fit for purpose for the 21st Century.

Making these changes will involve making some brave decisions about how people are supported and will involve people working together in different ways. The Council is committed to developing this new way of working using the principles of co production to ensure that it is using its resources in the most cost effective way. This will involve the Council renegotiating its relationship with users and carers and providers.

### Key National Drivers/Priorities

In October 2010 the Care Services Minister launched '**a vision for adult social care: capable communities and active citizens**'. This offers a vision for a modern system of social care built on seven principles:

- **Personalisation:** individuals not institutions take control of support. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all, regardless of whether or not they fund their own support.
- **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.
- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
- **People:** it is possible to draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so.

**National Dementia Strategy** - this strategy sets out recommendations that the government wants the NHS, local authorities and others to take to improve dementia care services. The recommendations are focused on three key themes of:

- Raising awareness and understanding
- Early diagnosis and support
- Living well with dementia



In March 2012, the Prime Minister set a challenge to deliver major improvements in dementia care and research by 2015. The three champion groups were set up to focus on the main areas for action: driving improvements in health and care, creating dementia-friendly communities and improving dementia research.

**No Health without Mental Health 2011** – The national mental health strategy is an all age strategy that identifies six key outcomes that will support better mental health and wellbeing. Those of:

- More people will have good mental health
- More people with mental health problems will recover
- More people will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

**National Carers Strategy** - published in 2008, the strategy has five objectives for carers to be achieved by 2018:

- Recognised and supported as an expert care partner
- Enjoying a life outside caring
- Not financially disadvantaged
- Mentally and physically well; treated with dignity
- Children will be thriving, protected from inappropriate caring roles.

The Coalition Government refreshed this strategy in 2010, retaining these aims but inserting four priority areas:

- Supporting early self-identification and involvement in local care planning and individual care planning
- Enabling carers to fulfill their educational and employment potential.
- Personalised support for carers and those receiving care
- Support carers to remain healthy

**Support and aspiration: A new approach to special educational needs and disability** – this sets out the Governments committment to deliver:-

- A single assessment process which is more streamlined, better involves children, young people and families and is completed quickly
- An Education, Health and Care Plan which brings services and support together and is focused on improving outcomes
- An offer of a personal budget for families with an Education, Health and Care Plan

In addition, the Government has pledged that it will:

- Require that local authorities and health services jointly plan and commission services that children, young people and their families need.
- Give greater control to disabled children and young people themselves - to make them 'authors of their own life stories'

**Fulfilling and Rewarding Lives: the strategy for adults with Autism** - This Strategy sets out a clear framework for all services across the public sector to work together for adults with autism. Key actions in the Strategy include:

- a new National Autism Programme Board to lead change in public services set out in the strategy
- a programme to develop training with health and social care professional bodies
- autism awareness training for people in mainstream services
- guidance on making public services accessible for adults with autism, like improving buildings, public transport and communication
- a clear, consistent pathway for diagnosis.

**Transforming Care: A national response to Winterbourne View Hospital Department of Health Review: Final Report** - Following the BBC Panorama Programme on the abuse at Winterbourne View Hospital, the Department of Health set out a transformation programme that looks to ensure that those people with complex support needs due to a learning impairment, mental health problem and/or autism are supported closer to home and where possible within their local communities. Each area is required to develop a local plan that sets out how people with complex support needs will be supported in the future.

**Finding Common Purpose** - produced by the Association of Directors of Adult Social Care ADASS and the Care Provider Alliance. The reports focus is people with a learning impairment and sets out some of the potential barriers to effective commissioning; however Darlington Council believes that these potential barriers also pose difficulties in effective co-production.

The report identifies six areas of potential barriers.

- a) Methods and models of Procurement, what works and what doesn't?
- b) Leadership and capacity, leadership needs to come from the top and capacity to make the changes needs to be in place
- c) Mutual understanding, the reduction in Council staffing has resulted in a loss of corporate memory and knowledge
- d) Sharing risks, there should be more proportionate and sharing of risks between commissioners and providers
- e) Politics of change, a general assumption was that those facing election may not support big change.
- f) Evidence and good practice, developing service and support based around a good evidence base.

**Better Care Fund Planning** - The £3.8bn Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.





**The Care Act 2014** - The broad purpose of the Care Act is to consolidate and improve existing legislation. The Act gives the Local Authority four broad overarching duties:

- To support general well-being
- The prevention of developing or deterioration of need and the provision of the right information
- A duty to support Integration and co-operation
- Ensure a quality service/support market is available

This will be achieved through:

- A focus on prevention, making information available and supporting market development
- Clarifying who is entitled to public care and support. This includes clarifying the support that those who pay for their own support will expect
- Changes and clarification to assessments and eligibility
- Personalising care and support planning
- Changes to charging and financial assessments
- Protecting adults from abuse and neglect
- Changing how carers are supported
- Ensuring continuity of care when moving between areas
- Keeping an oversight on the market and responding to provider failure
- Supporting the transition from children to adult support

## Key Local Drivers/Priorities

**Darlington Health and Well Being Strategy** - The strategy provides the overall framework for improving the health and well-being of the community. The Strategy continues the strong tradition of partnership activity and planning and fulfils the new statutory duty placed on Local Authorities through new Health and Well-being Boards to produce a Health and Well-being Strategy.

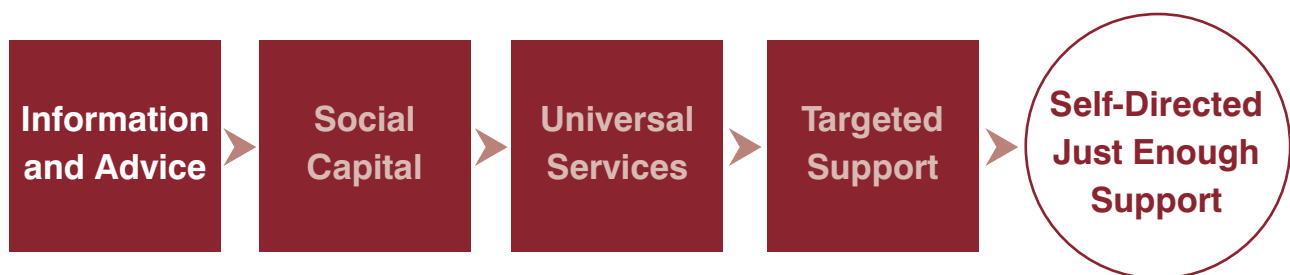
The purpose of the Strategy is to:

- Assess and identify local needs through the Strategic Needs Assessment
- Maintain a focus on and continue improvements in community outcomes
- Consider the influences on Health and Well Being including wider social, environmental and economic factors such as housing, employment and the environment and encourage integrated working and commissioning across these areas
- Go beyond the simple identification of needs to addressing key issues
- Not try to solve everything but concentrate on an achievable amount
- Set out priorities for collective action that will have greatest impact and adopt a clear, simple, transparent and consistently applied process for doing so
- Provide a strategic planning framework to influence complementary and supporting strategies, delivery plans and commissioning processes.

## **Commissioning for Resilience - Our vision for the future commissioning of Adult Social Care**

In 2013 Darlington Council developed its model of commissioning that looked to reduce reliance on paid social care. This built on a number of key ideas.

- Ensuring that people had the right information, advice and support to make their own decisions about how their needs could be met
- People developing and using their own social capital to meet their social care needs
- People making greater use of universal and mainstream services to meet their social care needs
- The development of short term targeted support
- Those who need paid support, received it on the basis of “just enough” to maintain their independence



As a result Adult Social Care will seek to ensure that its interventions in people’s lives are timely and effective.

We will offer a short-term piece of help where we can ensure that this will help someone back into living independently.

We will look to divert someone away from formal care by helping them access community based resources where this may offer effective help.

Our focus is on recovery, recuperation, rehabilitation and re-ablement. Where this is appropriate, we will look to offer joint services with the local health services

The Council aims to ensure that it offers value for money in all the services it has on offer. Any internal provision will be cost effective and be lean in its management and administrative costs.

We will offer support to carers where this will help someone to live in the community.

We will develop housing options that enable people who have care needs to live independently in the community.

We will use new technologies to ensure that we can respond to people’s care needs in a timely and effective way.

The Council will work with the Voluntary Sector to help them develop the capacity to offer more voluntary work and to ensure that they are adding value with their contribution to social care.

## The principles and rationale behind the proposed model are as follows:

- It builds on keeping people out of social care
- It builds on interventions at a time of crisis
- It focuses on non-institutional solutions
- It builds on health and social care interdependence
- It challenges people to be responsible for managing their own care (not on personal rights)
- It uses the money more effectively
- It is evidence based

## The priorities

*Integration with health* - The Local Authority is working closely with the CCG and other Health partners to develop new models of joint working at an operational and strategic level.

*The most effective use of resources* – The Local Authority is committed to using its resources in the best possible way. This will involve the decommissioning of some existing services and the recommissioning of alternatives and greater partnership working.

*Increased Personalisation* – the Local Authority is committed to the model of delivering personalised support that has the individual and or their family firmly in control. One way of ensuring this will be to increase the numbers of individuals with a Direct Payment.

*Information/advice self management* – The Local Authority is committed to ensuring that people have the right information in a range of formats that supports them to make their own decisions about how their social care needs can be met. This will involve the development of a local e market as well as a thriving social care market



*Developing social capital and community development/support* - The Local Authority will work on the principal that “you don’t know what you need until you know what you have got” as a basis for meeting individual need. We will work to ensure that universal services are able to meet a wide range of social care needs and look to develop ways in which people are supported by and can contribute to their communities.

*Supporting prevention and early intervention* – The Local Authority will look to develop ways that offer people the support they need to either prevent or slow down the need for more intensive support. Either through intervening early or ensuring that people have access to the support they need. A key principal underpinning our preventative approach is that it should be wherever possible time limited and built on the principal of least restrictive option.

*Preventing residential admission and promoting support closer to home* – the local authority will continue to explore alternative options to residential care where it is appropriate and instead support individuals to remain as independent as possible in their own homes. This will include more personalised packages of support, the increased take up of direct payments and also maximise the use of assistive technology.

*Developing a thriving and diverse local market* – The Local Authority will look to support the development of a strong local market that is diverse and is able to meet the needs of the people of Darlington, wherever possible in Darlington. This will involve the development of micro enterprise and other models of support delivery.



### 3. Supply and Demand

This section contains information on supply and demand in each identified key user group, including demographics, a breakdown of current commissioned support and our future commissioning intentions.

We are continually gathering intelligence to support our commissioning plans and therefore it should be noted that this is very much “a work in progress”, which will be reviewed annually and enhanced as we further our understanding of the data available and market intelligence that we gather.

The Strategic Needs Assessment (SNA) is key to supporting our commissioning plans as it brings together all relevant information available on the needs of Darlington’s population. It is a powerful tool for defining priorities and shaping future services for Darlington, it highlights areas where we need to do more to improve the health and well-being of our communities and specific health and social care issues that require targeted actions.

In terms of Adult Social Care, the SNA 2011/12 highlighted four key priorities:

- Increase the number of people maintaining their independence through the use of direct payments, intensive home care support and housing related support.
- Set goals for participation and empowerment, ensuring that we have regular and continuous engagement with service users and their carers at all levels
- Improve access to social care services through timely assessments
- Implement the principles of Putting People First, the Adult Social Care overarching commissioning plan.

There are a number of predicted key drivers which may lead to increased Adult Social Care spend between 2013 and 2035. Clearly, the further into the future a projection is made, the more speculative it is. However, statistical modelling suggests the following:

An 8% increase (from 1462 to 1577) in number of the people aged over 64 the LA supports to remain independent in the community (£7k per year average unit cost currently)

A 139% increase (from 66 to 158) in the number of people aged between 18 and 64 the LA supports in residential or nursing care (£39k per year average unit cost currently)

A 26% increase (from 601 to 756) in the number of people aged over 64 the LA supports in residential or nursing care (£33k per year unit cost currently)

National research suggests that the demand for Adult Social Care provision could grow by 25% between 2013 and 2021 although it is not the case that an increase numbers in the older population automatically means an increase in local authority social care costs as many of the older people have their own incomes and property and can continue to be financially independent for longer. There are a number of difficulties in predicting future trends that mean that caution should be exercised. These include:

Future demand and forecasting work has yet to be finalised for the number of people aged 18-64 that the local authority supports to remain independent in the community. As a result costs remain at 2012-13 in this forecast.

Costs are net taking into account client contributions. It has been assumed contributions will remain at 2012-13 levels.

It has been assumed young people leaving care remain at 2012-13 levels.

Figures do not take into account the emerging reductions in residential and non-residential care packages as a result of reablement and the integrated RIACT service.

The most recent refresh of the SNA completed in 2013 informs the joint Council and Clinical Commissioning Group Health and Social Care Delivery Plan and confirms its three priorities of tackling underlying health care inequalities, improving the management of long term conditions and delivering a sustainable health and social care economy in Darlington. The SNA now takes a different format. The core datasets will continue to be updated supported by a more productised approach to the SNA itself, with individual products being published as they become available throughout the year.

In addition we will continue to work with our partners in health, the third sector and also neighbouring local authorities to develop our plans for the future. In 2013 in partnership with Housing colleagues we produced our plans for supported housing, including extra care housing. By reviewing the existing provision, analysing current and projected demand we have developed a commissioning model to support people to live independently in their homes for as long as they are able to. Most recently we have contributed to the development of a countywide Dementia Strategy for the next three years.

We also need to gain a greater understanding of those individuals who currently fund their own care and support. This is a new area for us to explore, but one which will be particularly challenging and will be critical as we implement the requirements of the Care Act by 2015. We will do this by working with both our existing commissioned providers and also with those providers of care and support that we do not currently contract with.

Tools such as Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POPPI) provide us with population data by age band, gender, ethnic group, religion, etc and we have used this to apply to our Darlington population figures to estimate projected numbers of older people by: those living alone, living in care home, receiving unpaid care, their ability to carry out domestic tasks and selfcare.

Prevalence rates from research have been used to estimate the impact of limiting long term illness, depression, severe depression, dementia, heart attack, stroke, bronchitis\emphysema, falls, continence, visual impairment, hearing impairment, mobility, obesity, diabetes and learning impairment, including Down's syndrome.

Finally, nationally available performance data on people helped to live at home, intensive home care, community based services, supported residents in care homes, admissions to permanent residential and nursing care, and carers receiving services has also been applied to the projected population figures and used to inform our commissioning plans.

Based upon the information from POPPI and PANSI it is anticipated that in Darlington there will be a reduction in the number of people with:

- A common mental health disorder
- A moderate physical impairment
- Two or more psychiatric disorders.

However, there will be an increase in the number of people with:

- A moderate/severe learning impairment
- Early onset dementia
- Dementia
- A limiting long term illness
- A moderate/severe hearing impairment
- The number of people experiencing a fall
- Those with a registerable eye condition.

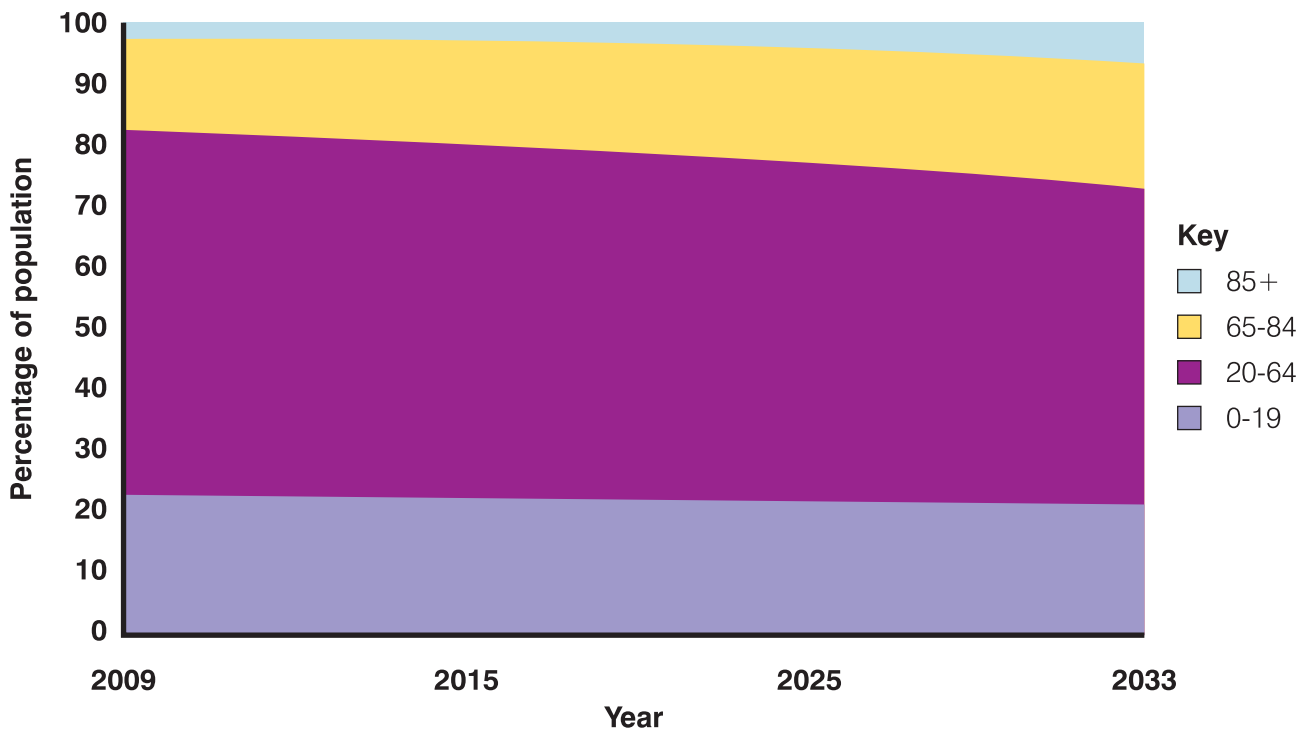
## Older People

### Demographic Trends

The population projections show an increasing number of older people as illustrated in the graph, below. The number of people aged 65 and over in Darlington is projected to increase from 17,400 in 2008 to 23,800 in 2023 and 29,100 in 2033. The number of people aged 85 and over is projected to increase from 2,400 in 2008 to 3,800 in 2023 and 6,000 in 2033.

These increases are likely to lead to an increasing demand upon Adult Social Care as people live longer and wish to maintain their independence. However, the demand for adult social care support may be take a different shape in the future as people may retire earlier (or be made redundant) and as more owner occupiers reach retirement age. The impact of the Care Bill to be implemented 2015 onwards is also likely to increase demand for support from Adult Social Care.

### Population projections by age for Darlington



Data taken from JSNA, POPPI and PANSI

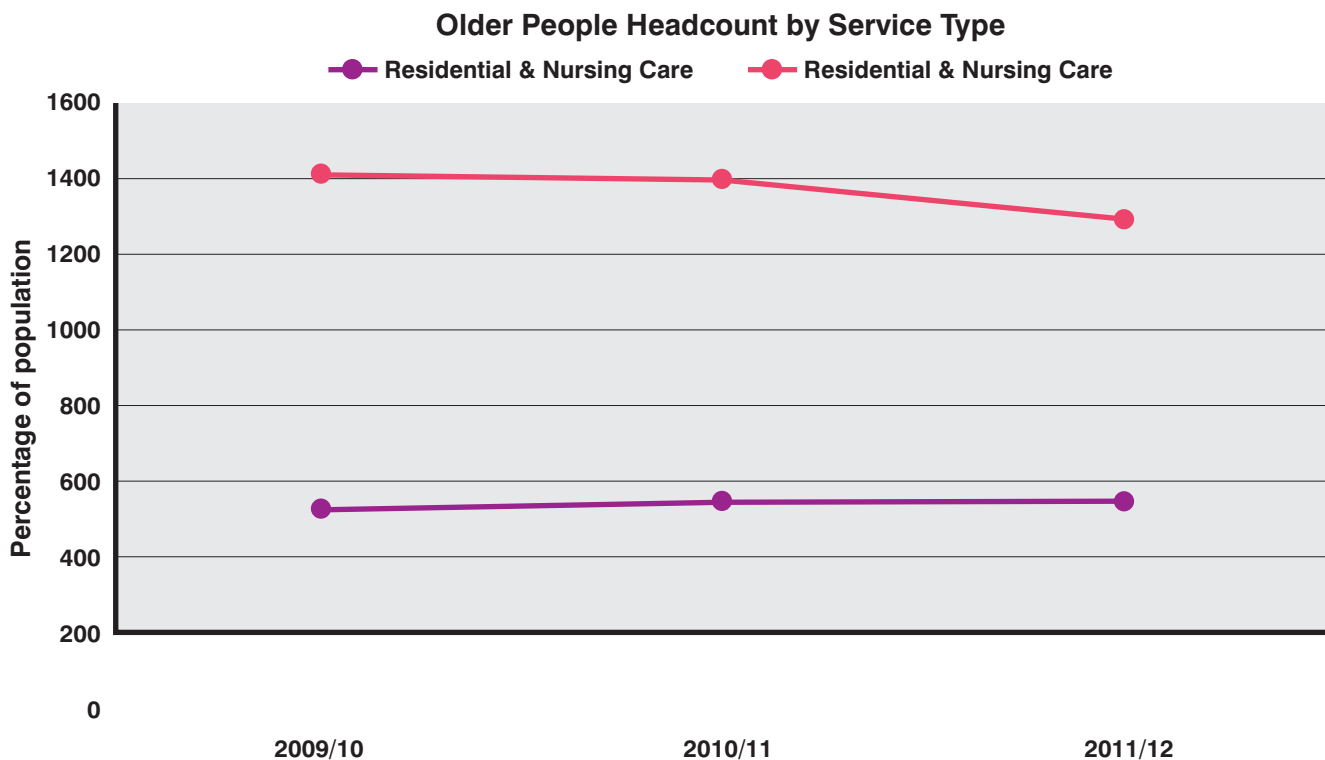
Further work need to be undertaken to identify how many older people live alone and are therefore at greater risk if social isolation and hence at risk of developing depression/ mental health issues.

Figures taken from POPPI in April 2014 show that in Darlington, there are an estimated 6,763 people over the age of 65 who are unable to complete one self care activity and 8,224 who are unable to complete at least one domestic task. Projections from POPPI show that the numbers of older people who are unable to perform at least one domestic or self care task are estimated to increase by 1,885 over the next 6 years.

### Current Demand

Eligibility for Adult Social Care is determined by applying the Fair Access to Care Criteria, (FACS). Currently in Darlington all individuals assessed as having needs which are Critical, or Substantial are eligible to receive statutory support. Those assessed as having moderate or low needs receive advice and signposting to non statutory support.

Those eligible will be offered residential care or non residential support depending upon the level and complexity of their needs. The graph below shows the breakdown of the expenditure on social care provision between residential and non residential care and clearly demonstrates a fairly static headcount within residential care and a small decrease in those who are supported to live a home.





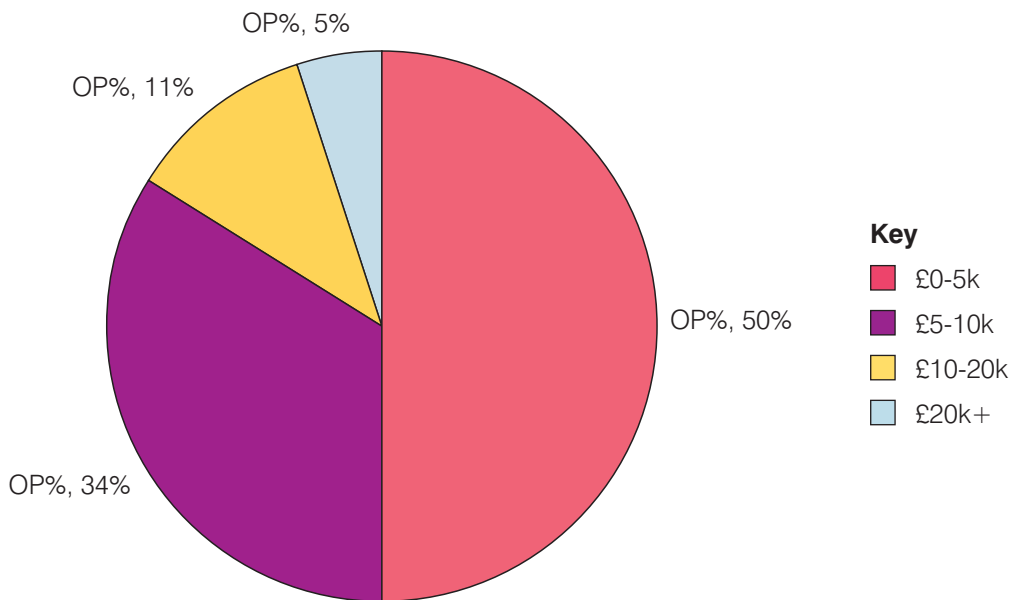
From 2011- 2014 there has been an increase in the numbers of older people admitted to a residential/ nursing home on a permanent basis. Work is ongoing to understand the reasons for the increase, particularly in light of the personalisation agenda and the shift away from the use of residential care.

| Year                                   | 2010-11 | 2011-12 | 2012-13 | 2013-14 |
|--|---------|---------|---------|---------|
| Admissions to residential/nursing care | 156     | 178     | 190     | 207     |

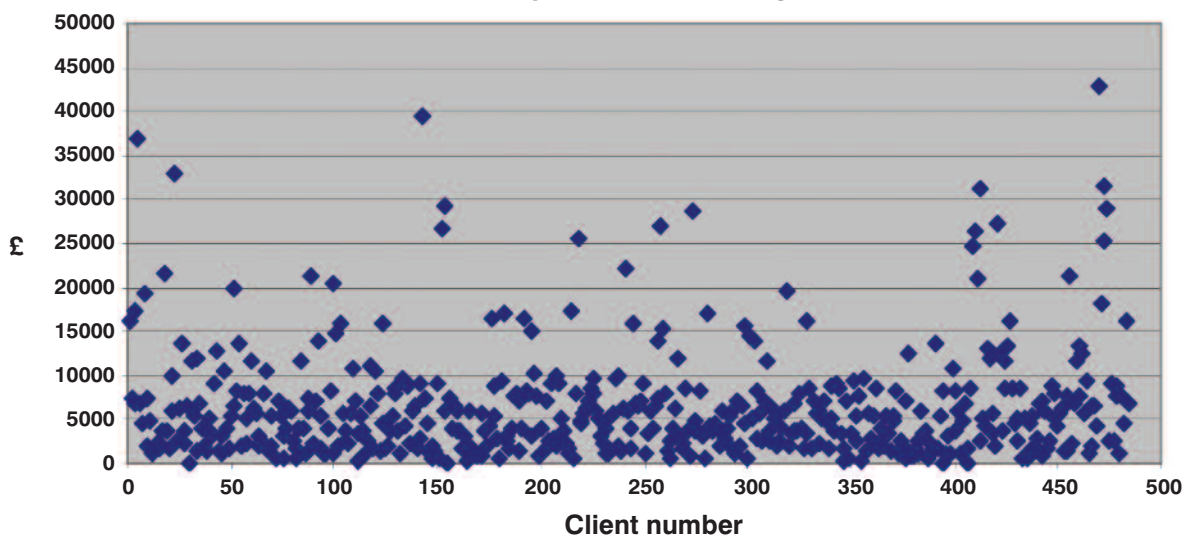
Analysis of the cost of non residential packages for older people shows that 50% of those supported to live at home have a package of support which costs less than £5,000 per year, whilst only 5% of older people have a package of care in excess of £20,000.

The scatter graph below clearly demonstrates that the numbers of packages in excess of £20,000 is small.

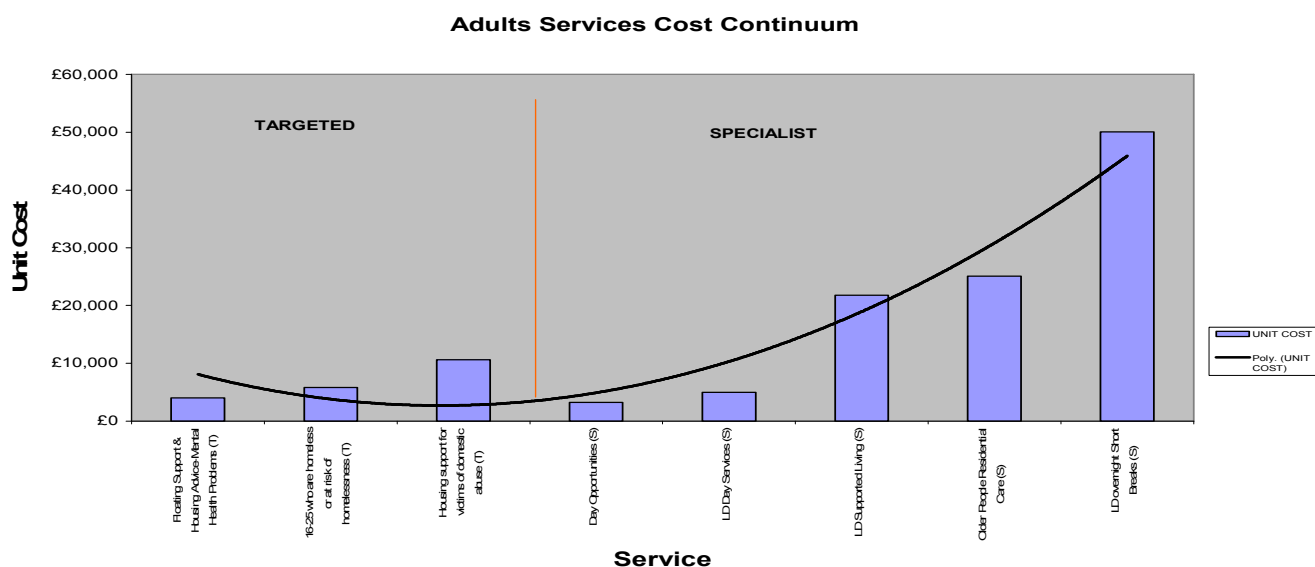
**Cost of packages for Older People %**



**Older People Annual Package Costs**



## Current Supply - non residential



The graph above shows the type of support that is currently commissioned by Adult Social Care. It should be noted that as a consequence of budgetary pressures the range of services offered has reduced over the last three years as the authority has had to focus its resources on those types of support where there is a statutory duty for the local authority to make the service available. Most non statutory services are no longer commissioned by Council, unless there was a strong business case for them to continue, and a number of these are now provided by the voluntary sector.

In accordance with the personalisation agenda, there has also been an increase in the last 3 years in the number of people who have opted to purchase their own support via a Direct Payment, with people choosing to directly employ personal assistants and access alternative support to that commissioned by the Council.

It is also evident that the numbers of older people choosing to attend traditional “day care” type services has reduced.

The numbers of aids and adaptation provided for individuals continues to increase as people are supported to remain in their own homes for longer.

Domiciliary care is the most widely used non residential support and is commissioned under a framework agreement, which includes support for those with complex needs. The framework agreement offers individuals the choice of 17 providers, enabling more personalised support solutions to be offered. The outcome focussed service specification ensures that needs are met more effectively and where this is not the case, support plans can be reviewed. The agreement has also achieved affordable prices for domiciliary care and is contributing to the £3m efficiencies which Adult Social Care is required to deliver in 2014/15.

From April 2014 domiciliary support in the extra care settings is also delivered under contract with an independent provider.

## Other Community Based Support

We also commission a range of other community based supports for older people, which are delivered by independent and their sector organisations, with the aim of reducing social isolation, increasing involvement and participation in the communities where people live, giving people choice and control over their own lives and increasing their health and well being. These can be either as part of an assessed package of support or directly accessible and are both generic services for older people or specific, such as those which support people with dementia.

## Lifeline and Assistive Technology

Lifeline is the Council's emergency alarm service, where individuals have call pendants which are linked to a central response centre. When the pendant is activated, staff from the Lifeline team will respond as appropriate. The service is universally available and can be supplemented with a range of additional assistive technology devices such as falls detectors, wander alerts, and movement sensors. There are currently 3,294 people using the lifeline service, with approximately 100 having additional assistive technology devices. These numbers are consistent year on year with 3,036 using the service at March 2013. On average there are 28 installs per month with removal figures being very similar.

## Reablement (RIACT)

In 2012 a multi disciplinary reablement team was established to provide those individuals presenting for an assessment with an intensive period of support (up to 6 weeks) with the aim of enabling the individual to maximize their independent living skills so that they would not require ongoing support from Adult Social Care. However, although the service has delivered some excellent outcomes for individuals, it has not been able to make an impact on the number of individuals who receive ongoing packages of care and support.

## Extra Care Housing

There are 4 extra care housing schemes within Darlington, 3 are local authority managed and the fourth is managed by a RSL. The support within the schemes is delivered by an independent provider. The schemes offer a cost effective alternative to residential care as individuals have a tenancy with all associated rights and responsibilities and a separate agreement for the care and support that they require. The schemes also promote independence and increase choice and control. A review undertaken in 2013 confirmed that there is currently sufficient supply of this type of accommodation, but that further marketing of the schemes would raise awareness that extra care was an alternative accommodation option for older people.



## Current Supply - Residential and Nursing Care

Within the Borough of Darlington, there are currently 1134 permanent residential or nursing beds for people over the age of 65 years, which are registered with the Care Quality Commission and at June 2014, 1029 of these beds were occupied. In addition to this there are also 39 out of area placements. Placements are made out of area when providers within the borough are not able to meet the needs of the individual or where the individual has expressed a desire to live out of the area, perhaps to be closer to family etc.

The Council does not directly provide any residential or nursing care all placements are made under an overarching agreement with independent residential and nursing home providers

In 2012, the Council re negotiated this agreement with all 22 residential and nursing providers for a further 4 years commencing April 2013.

Recent social care policy aims to reduce the need for residential and nursing care, by the provision of universal preventative and community based support. Whilst Darlington Borough Council wholly supports this policy aim, it has been evident that numbers of individuals admitted to residential and nursing care on a permanent basis has continued to increase. The use of short breaks in residential care has also been increasing in the last 3 years, despite the introduction of the reablement service.

Clearly the demographic changes of the aging population impacts on these trends. However, further analysis of the admissions to residential care, both on a temporary and a permanent basis is required, to understand how we can better support individuals to remain at home in their community in later life.

### People living in Residential/ Nursing Care 2011-2014

| Year  | 2011-12 | 2012-13 | 2013-14 |
|---|---------|---------|---------|
| Number of people living in residential/nursing care | 619     | 615     | 642     |

### Number of long term placements by Year

| Year                           | 2011-12 | 2012-13 | 2013-14 |
|--------------------------------|---------|---------|---------|
| Number of Long Term placements | 190     | 200     | 201     |

Currently there is sufficient provision to meet the needs of those requiring residential or nursing care and to offer them a choice of placement. However as the demographics illustrate there will be increasing numbers of people 85 years plus, and therefore work is currently being carried out to determine whether further capacity will be required.

| Future Commissioning Priorities for Older People   | Examples of commissioning activity                 |
|--|--|
| Prevent admission to residential care  | Services included in the BCF                       |
| Support people to live independently at home   | Home Equipment Loans Service<br>Reablement support |
| Provide good quality, easily accessible information for all older people not just those supported by Adult Social Care | Community Support Network                          |

# Older People with Dementia

## Demographic Trends

In 2012 1,400 individuals in Darlington were estimated to have dementia.

There has been an estimated increase of 11.9% of people in Darlington with dementia between 2007 and 2012 and a further 20.8% predicted increase of the numbers with dementia by 2020, which will amount to an increase of 300 individuals.

In Darlington the dementia diagnosis rate in 2012 was 56.6% meaning that 43.4% of those who have dementia lack a formal diagnosis. This equates to some 1,300 individuals. There was a 41.9% increase in the number of recorded cases with a diagnosis of dementia between 2006/7 and 2001/12.

The recorded prevalence of dementia has increased in the North East by 35.8% in the last six years (2006-2012), which is marginally higher than the national average. The recorded prevalence is significantly (1/5 higher in the region (618 individuals per 100,000) compared with the England average (529 per 100,000 population).

## Current Demand

In line with the demographic trends, there has been an increase in the number of people with dementia who are placed in residential or nursing care or receive support to live at home. This has impacted on the total numbers of admissions to residential or nursing care and it is expected that the analysis of the reasons for admission will clearly establish the proportion of those with dementia who have had a permanent placement.

In addition, the needs of some people with dementia are such that more specialist support is required. We have seen an increase in recent years in the number of people requiring this specialist support.

## Current Supply

Within Darlington, of the 1134 commissioned residential or nursing beds, provided in 22 homes for people over the age of 65 years, 12 homes are registered for EMI placements with the Care Quality Commission and therefore are available for those with dementia. In addition to these beds, a unit is also available within one of the residential homes, providing specialist support for those individuals who have more advanced dementia or have behaviour which is challenging.

Within one of the extra care housing schemes, 13 flats have been dedicated to be available for those with dementia, and within this service, the support staff are skilled at supporting people with dementia. The success of this type of support has meant that the other remaining flats within the scheme although not specifically designated for people with dementia, are usually allocated to older people with dementia, as evidence has shown that the staff are able to support them very effectively.

The Alzheimers Society currently provide specialist support to people with dementia and their carers via a Dementia Support Worker and a Dementia Advisor.

Drop in support is also available at Dementia Cafes from a number of venues across the borough and are accessible to both people with dementia and their carers

## People with a Learning Impairment/Learning Disability

### Demographic Trends

At the Darlington Learning Impairment Network in April 2014, local self advocates asked that we replace the term learning disability with learning impairment. They felt that this new terminology was more in line with the social model of disability and reflected a new way of thinking about disabled people. In support of this, this document uses that terminology.

The Projecting Adult Needs and Service Information (PANSI) indicate that there are approximately 1,548 people between the ages of 18 and 64 with a learning impairment living in Darlington. The projection is that over the next 5 years there will be a slight decrease in the number of individuals to 1,544.

However when those over the age of 64 are included in the figures, the number overall increases to 1,945 currently with a potential increase in numbers up to 2007.

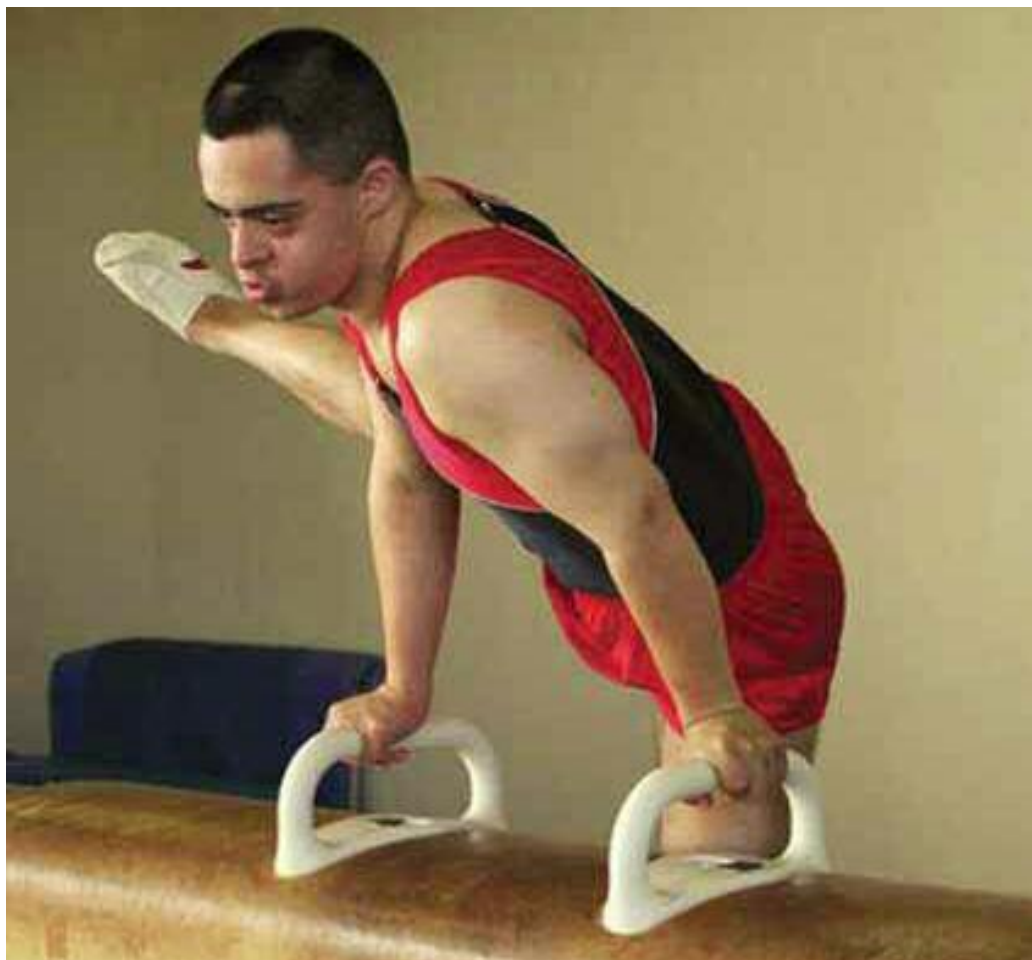
There are approximately 500 adults with a learning impairment who receive support from the Council. 33 people live in residential care, with 4 of these living out of the region. There are five specialist residential care homes in Darlington.

There are about 120 people who live in supported living and the remainder live with family or friends or independently. A small number of people live in sheltered accommodation and extra care.

Of the people living at home with a carer about 45 have a carer over the age of 65.

There are approximately 168 adults who have a direct payment to pay for their support.

There are a small number of people who were identified as part of the Winterbourne View Audit who are the responsibility of Darlington. However there is also a need to ensure that those people with complex support needs can be supported locally. The four individuals who live out of the region do so because at the time they needed support, nothing was available locally.



## Current Supply

The Council currently spends 29% of its Social Care Budget on adults with a learning impairment.

### In - house provision

The Council currently provides a number of direct services to people with a learning impairment:

**Day/Work Opportunities.** The Council has four building based day services that together provide support for up to approximately 70 people per day. These services include some work targeting supporting people into paid work.

**Supported Living.** The Council has three supported living services that provide support to 10 people.

**Residential Short Breaks** – The Council runs and manages a registered residential short break service that has the capacity to offer support to five people 365 days per year.

The annual cost of in house services is approximately £1.4 million a year.

## Commissioned Services

The Local Authority directly commissions a range of services.

**Domiciliary Support/supported and shared living** – The council's model of supported shared living involves an individual tenancy and commissioned support. Domiciliary Support is commissioned through a procured Framework Agreement. The Agreement is in year two of a possible four year cycle.

**Residential Care** – The Local Authority Contract with a range of providers to provide Residential Care. There is now a framework agreement in place of a range of contracted providers. Any commission outside of the Framework is procured through the NEPO portal. Currently on average three placements are made a year

**Day Opportunities** – The Council directly commission with a small number of day opportunities providers to meet the needs of a small number of individuals.

**Shared Lives** – The Council have a procured service to provide shared lives. Shared Lives is when local people use their own homes to offer accommodation and support and are paid for doing so.

**Direct Payments** – There are more than 168 people with a learning impairment who use a Direct Payment to pay for a range of services and support.

The Councils Annual Budget for adults with a learning impairment excluding the assessment and care management function is about £7 million a year

## Future Demand

People with a learning impairment have identified their commissioning priorities as:

- The opportunity to develop more social activities and develop friendships.
- The opportunity for more sport and physical activity
- The opportunity to have paid work
- Having the accessible information about what is available and how to access support readily available.

The Darlington Learning Disability Strategy - One size fits one also identifies these potential areas of need.

- There is a small but increasing number of young people who have complex support needs and their families have changing expectations of the support they want for the future.
- There will be a small increase in the number of people with dementia
- A significant number of people continue to live at home with their families, this is below the national average.
- A very small number of people are in paid work, despite 65% of people saying that is what they want.
- More than 100 people using a direct payment to pay for their support.
- About 20 adults who are supported to live outside of Darlington
- Most adults known to social care are between the ages of 41 and 60
- About 40 people live in nursing or residential care.
- Over the next 10 years there will be a slight increase in the numbers of people with a learning disability, however they will have more complex support needs and live longer.
- Most people known to social care describe themselves as White British



| <b>Future Commissioning Priorities for People with a Learning impairment</b> | <b>Examples of commissioning activity</b>  |
|--|--|
| Nursing Residential Care   | The development of local cost high quality effective nursing/residential support   |
| Access/support for paid employment.  | Developing Social Enterprise, work experience. Setting up own business. Developing pathways into paid work.  |
| Effective use of Assistive technology  | Making effective use of assistive technology to reduce costs and increase independence   |
| Community Connecting   | Supporting people to develop their own social capital and reduce their reliance on paid support. Supporting the development of friendships and relationships                     |
| Opportunities to Pool Resources  | People pooling their resources to use them in the most cost effective ways.  |
| Increasing the take up of Direct Payments                                    | People have the information they need about what support is available locally and are able to use their direct payments.   |
| Supporting Older People  | Development of models of support that understand the ageing process on people with a learning impairment   |
| Short Breaks   | A range of alternative short breaks to traditional residential models e.g. partnership arrangements with non traditional providers   |
| Supporting people with complex support needs                                 | Supported living models that ensure that those individuals with complex and at time challenging support needs can be supported in the area that are built on strong partnerships |
| Council to review its in house provision                                     | The Council will review its day opportunities and supported living provision.  |

### **The Top 5 things Providers need to know**

- There are relatively small numbers of people with a learning impairment in Darlington who access paid support
- People with a learning impairment have told us that they want to be able to have paid work and live their lives as citizens in Darlington
- There are 45 people who live with a carer over the age of 65
- The Council supports innovation and will listen to any ideas you have
- We want to understand and make best use of Assistive Technology

# People with Physical and Sensory Impairments

## Demographic Trends

In 2014 Projecting Adult Needs and Service Information (PANSI) estimated that the numbers of people aged 18-64 in Darlington considered to have a moderate physical impairment was 5,078. This number is expected to increase to 5176 by 2020.

Similarly there is a predicted increase of people with a serious physical impairment from 1511 in 2014 to 1561 in 2020.

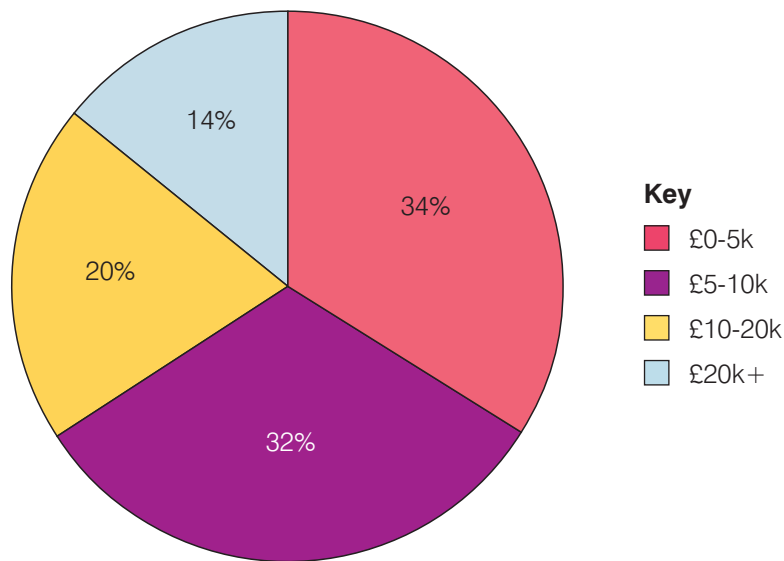
Disease prevalence in Darlington as measured by the Quality Outcomes Framework (QOF (2011/12)) was 20% greater than England averages for obesity, coronary heart disease and COPD.

Cardiovascular disease and stroke also have a higher prevalence in Darlington than England, whilst cancer incidence is not significantly greater.

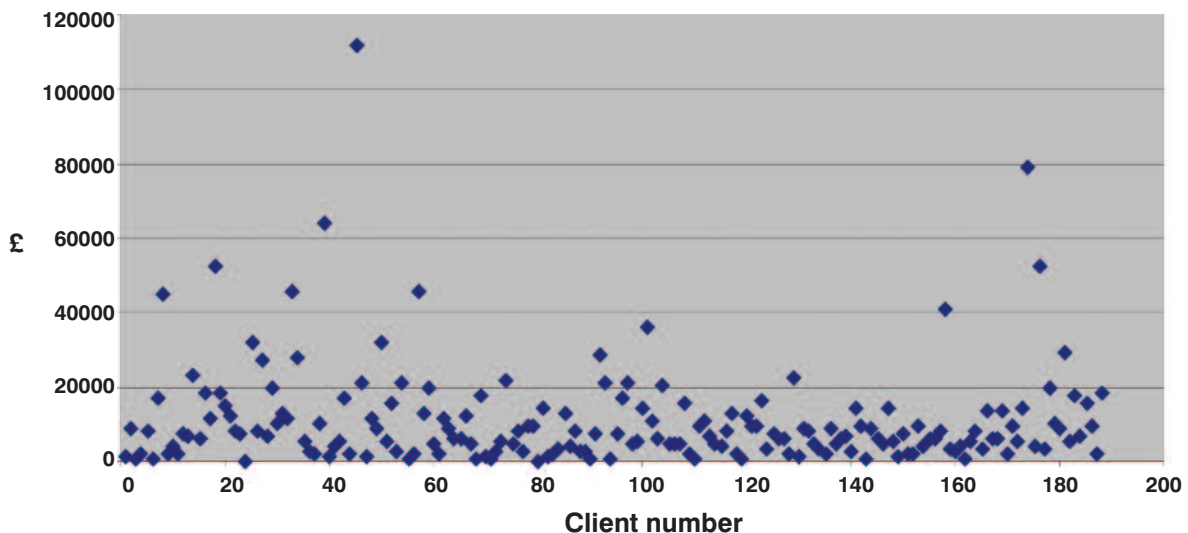
## Current Demand

The scatter graph for those packages for physical impairment, whilst it mainly has lower cost packages (£5-10k), still shows that there are almost equal numbers of clients with greater needs and hence higher cost packages. Almost all of these packages are for out of borough residential placements.

**Cost of packages for Physical Impairment %**



**Physical Impairment Annual Package Costs**



Analysis of the cost of packages for those with a physical impairment shows a different picture with only 16% of packages costing less than £5,000 but 43% of packages costing in excess of £20,000. This is indicative of the complex needs of this client group, but is clearly an area where packages require ongoing close scrutiny to ensue that needs are met in the most cost effective way.

## **Current Supply**

There is a wide range of residential and non residential support in Darlington, however there are limited numbers who offer support exclusively for people with physical impairments. This often means, particularly in the case of residential support, that this is commissioned outside of the Borough.

### **Darlington Association on Disability**

Darlington Association on Disability is a user led organisation that is a Centre for Independent Living. The organisation provides support for people who choose to meet their social care needs via a direct payment. This includes the support to recruit, appoint and then manage their personal assistants. The organisation also provides carer support, citizen experts and peer support as well as an independent living “hub”.

### **Home Equipment Loans Service (HELPS)**

The HELPS service is jointly funded by Darlington Borough Council and the CCG. It often provides the only social care assistance to disabled people, who following the provision of aids and adaptations to assist them with daily living are able to continue to live safely and independently in their own homes.

### **Care and Repair**

This is a home improvement agency which provides advice and support to older people, disabled adults and children with disabilities on a range of options to adapt their homes to meet their changing support needs, this includes support to access a Disabled Facilities Grant and other sources of funding to make adaptations to their home to enable them to live safely and independently.

### **Residential Care**

There is currently one home in Darlington that provides support exclusively for people with a physical impairment. However the development of supported living has ensured that people with a physical impairment have been able to remain in their homes and continue to receive ongoing support.



| <b>Future Commissioning Priorities for People with a Physical impairment</b> | <b>Examples of commissioning activity</b>  |
|--|--|
| Nursing Residential Care   | The development of local cost effective residential support  |
| Access/support for paid employment.  | Develop new models that support people into employment. Providers to proactively recruit disabled people to their workforce.                                 |
| Effective use of Assistive technology  | Making effective use of assistive technology to reduce costs and increase independence   |
| Community Connecting   | Supporting people to develop their own social capital and reduce their reliance on paid support. Supporting the development of friendships and relationships |
| Opportunities to Pool Resources  | People pooling their resources to use them in the most cost effective ways.  |
| Increasing the take up of Direct Payments                                    | People have the information they need about what support is available locally and are able to use their direct payments.                                     |



# People with a Mental Health Problem

## Demographic Trends

In order to be able to plan effective mental health services it is important that we understand the mental and emotional well-being needs of the population. Current information in relation to mental wellbeing is poor. Assessing need in relation to mental health and wellbeing is complex and there are a number of ways in which this challenging problem may be tackled. It is essential to consider sources of information which tell us who and where in our communities people are receiving support for mental health issues alongside the range of wider determinants which impact on mental health wellbeing and cause individuals to be more vulnerable to poor mental health.

It is well recognised that social and health inequalities can both result in and be caused by mental ill health. Many of the acknowledged risk factors for mental illness are linked to deprivation. Measures of deprivation can help to identify geographical areas where the need for mental health services is likely to be greatest.

The North East Public Health Observatory publishes a Community Mental Health Profile for Darlington which is designed to give an overview of mental health risks, prevalence and services at a local level. It is a detailed profile consisting of a range of indicators including:

- Wider determinants of health
- Risk factors
- Levels of mental health and illness
- Treatment
- Outcomes

In Darlington, those at a higher risk of experiencing poor mental health include:

- The most disadvantaged populations
- Those with poor educational attainment
- People without employment
- Older people (associated with loss and bereavement)
- People with long term conditions (limiting long term illness)
- People with a learning disability/impairment

Projecting Adult Needs and Service Information (PANSI) predicts that by 2030 the number of people in Darlington predicted to have:

- A common mental disorder will fall from 9,882 in 2011 to 9,819 (0.6%)
- A borderline personality disorder will fall from 277 to 274 (1.1%)
- An anti-social personality disorder will rise from 212 to 215 (1.4%)
- A psychotic disorder will fall from 246 to 244 (0.8%).

## Current Supply

The Local Authority commission a range of services through a number of private, voluntary and third sector providers:

|                            |                   |
|----------------------------|-------------------|
| Private Contractors        | £21,518           |
| Day Opportunities          | £197,947          |
| Individual Direct Payments | £142,271          |
| Community Support          | £12,120           |
| Domiciliary Support        | £70,035           |
| Nursing Care               | £216,399          |
| Residential Care           | £297,775          |
| Advocacy                   | £27,552           |
| Short Breaks               | £54,612           |
| <b>Total</b>               | <b>£1,040,229</b> |

## Future Supply

The Local Authority has recently in partnership with key stakeholders developed a draft implementation plan to deliver the outcomes of the National Strategy as part of this work this is what local people told us.



**What works well?**

- Collaboration with partners and services
- Carers Support
- Liaison services
- Access to community services

**What’s not working well?**

- Delays in provision
- Personal Health Budgets
- Joint working, particularly information sharing and IT
- Lack of access to services and support

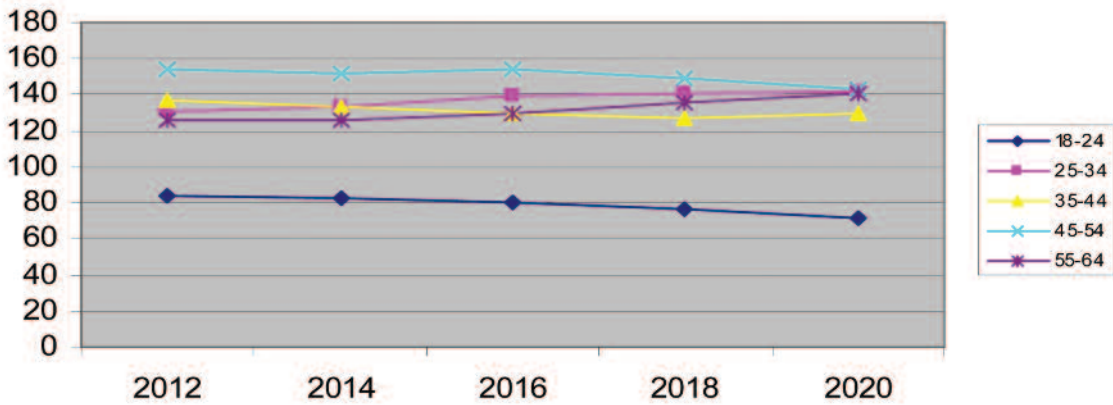
| <b>Future Commissioning Priorities for People with a Mental Health Problem</b>                              | <b>Examples of commissioning activity</b>  |
|---|--|
| Access/support for paid employment.   | Developing Social Enterprise, work experience. Setting up own business   |
| Early intervention and preventative services  | A range of services and support that support mental health and wellbeing at times when low levels of support are required e.g. Telephone support, peer support, Drop in. |
| Specialist Mental Health Services   | Bespoke, person centred responses to specialist needs e.g. Lesbian, Gay, Bisexual and Transgender support.   |
| Community Connecting  | Supporting people to be a part of their local community, reducing isolation and developing individual social capital   |
| Opportunities to Pool Resources   | People pooling their resources to use them in the most cost effective ways.  |
| Increasing the take up of Direct Payments   | People have the information they need about what support is available locally and are able to use their direct payments.   |
| Specialist step down support - for some people the move from hospital to independence is a significant step | Residential or supported living models of short term targeted support, following a recovery model.   |

# People with Autism

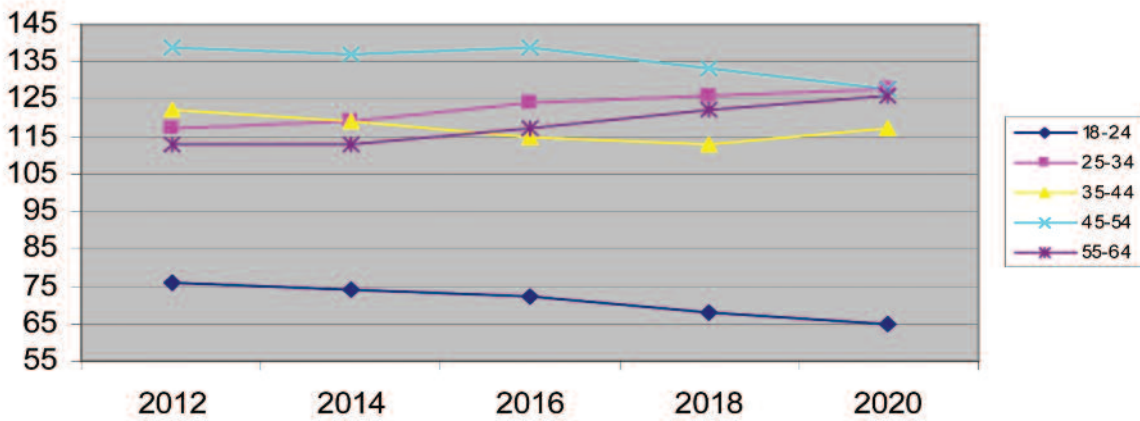
## Demographic Trends

At present it is difficult to determine the actual levels of people with autism living in Darlington. Projecting Adult Need and Service Information (PANSI) have predicted the potential need in Darlington as:

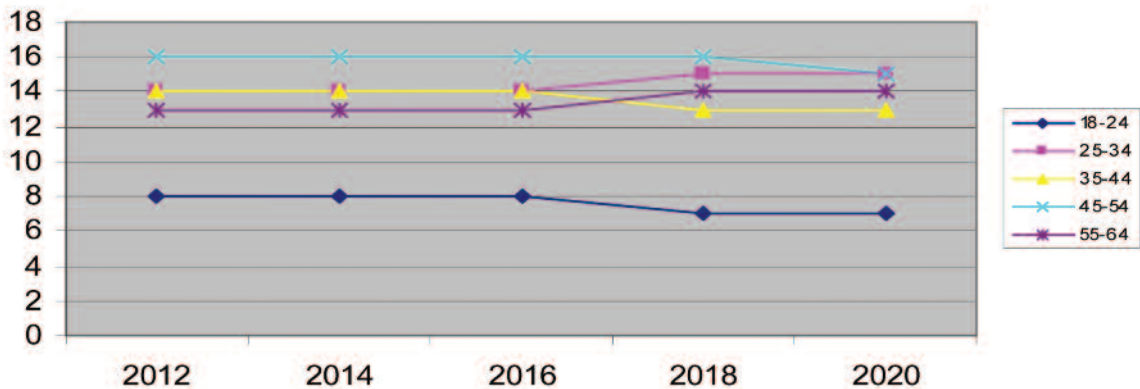
**Autism Population Forecast 2012-2020**



**Male Autism Forecast 2012-2020**



**Female Autism Population 2012-2020**





These figures show a gradual reduction in the number of people with autism living in Darlington, however detailed work needs to be undertaken to establish and understand the actual need in Darlington.

**Current Supply:**

The Local Authority directly commission with a number of support providers who meet the needs of people with Autism. This includes a range of Autism specific providers and a range of providers who are not autism specific, however who are skilled at meeting individual need. This includes

- Supported Living – within Darlington
- Day Opportunities – within and outside Darlington
- Residential Care – Outside of Darlington

**Future Supply:**

People with autism and their supporters in Darlington have identified the following issues/areas for support.

- Access to and support in paid employment
- Support accessing benefits
- Using personal budgets
- Getting a diagnosis of autism
- Getting the right support
- People should know about autism
- Having the right information

| <b>Future Commissioning Priorities for People on the Autism Spectrum</b> | <b>Examples of commissioning activity</b>  |
|--|--|
| Specialist local services  | The development of a range of services and support that can demonstrate their knowledge of autism and their ability to deliver person centred support that is able to understand the impact of autism on individuals and their families. |
| Access/support for paid employment.                                      | Developing Social Enterprise, work experience, Setting up their own business.  |
| Opportunities to develop independence skills                             | A range of models that support the development of the skills that individuals need to support their independence.  |
| Community Connecting   | Supporting people to be a part of their local community, reducing isolation and developing individual social capital   |
| Opportunities to Pool Resources  | People pooling their resources to use them in the most cost effective ways.  |
| Increasing the take up of Direct Payments                                | People have the information they need about what support is available locally and are able to use their direct payments.   |

## People with Substance Misuse Problems

### Demographic trends

There are estimated to be around 700 – 800 opiates and / or crack users in Darlington; with around three quarters known to treatment services. Amphetamine use and injecting of substances is more common in Darlington than England overall. Increasing and higher risk drinking prevalence is estimated to be 22.6% in Darlington, while binge drinking prevalence is estimated to be 29%. Most young people in Darlington do not misuse drugs or alcohol. An estimated 1,700 pupils of secondary school age would be likely to benefit from some targeted input around substance misuse (mostly alcohol). Of these, approximately 300 are estimated to be in need of structured treatment and 500 in need of priority intervention from non-specialist services.

### Current Supply

The Darlington Substance Misuse Strategies (Drugs, Alcohol and Young People) focus on Prevention; Control & Diversion and Treatment / Recovery. Prevention focuses on reducing demand by education, promotion and development of social norms; and early identification and intervention to prevent problematic substance misuse developing. Control & Diversion relates to restricting supply, licensing and criminal justice interventions. The treatment system focuses on engaging and stabilising individuals; providing pharmacological and psychosocial interventions to promote and enable sustainable recovery.

### Future Supply

The Drug and Alcohol Action Team needs all front line services in Darlington to engage in early intervention and prevention. A short assessment and brief interventions are proven to reduce the chance of problematic substance use developing and worsening and these can be undertaken by all support services. Referrals can also be made to specialist services where more problematic use is identified. Services can also support existing treatment by providing opportunities for substance misusers to engage in Education, Training and Employment; providing support around housing; access to healthcare; mentoring support; providing access to their services and working with substance misuse specialist treatment services to address barriers to engagement.



# Carers

## Demographic Trends

Around 2 million people become carers each year. However Carers UK found that 65% of people with a caring responsibility did not identify themselves as carers in their first year of caring. For just under a third (32%) it took five years before they recognised themselves as a carer. ('In the Know: The Importance of Information for Carers', Carers UK, 2006).

For some people, the level of their caring responsibilities increases gradually over time, whereas others become a carer suddenly. Many of the groups of people identified in the other sections of this document rely on support from unpaid carers to enable them to lead their everyday lives, although many of the people providing this support do not readily recognise themselves as carers.

The 2011 census indicated that the number of carers in England and Wales had increased to 5.8 million (10.5% of the population) and that the greatest increase had been in those providing over 20 hours of care per week – the point at which it starts to impact on the health and wellbeing of the carer and on their ability to hold down paid employment alongside their caring responsibilities. (Carers UK Press release, 11th December 2012). There had also been an increase in the numbers providing over 50 hours of care per week.

In Darlington, the 2011 census identified that there was a total of 11,033 carers, an increase of 10% from the 2001 census figure. 738 of these were aged 24 or under; 3720 aged 25 - 49; 4120 aged 50 – 64 and 2455 aged 65+. National census data indicates a 24% increase in the number of carers aged fewer than 24 and a 35% increase in the number of carers aged 65+ (the fastest growing age group). 2758 of the total number of carers in Darlington were providing care for 50 or more hours per week, an 18% increase from the 2001 census figure.

This suggests that there are an increasing number of people who are likely to be experiencing a negative impact on their health and well being as a result of their caring role.

## Working carers

1 in 7 people in any workforce juggle work and caring responsibilities. 90% of working carers are aged 30+ and the peak age for caring is 45-64. Many carers (1 in 6) give up or cut back on work to care which is a loss for both themselves and their employers, who lose valued employees with skills and experience and also incur costs in recruiting new workers.

## Current Supply

Both the Council and the CCG recognise the important role that carers play in underpinning the health and social care market and as such work in partnership to commission a range of advice and information, support and carer break services, including:

**Carers Support Service for carers of adults and disabled children under the age of 18.** This provides information, advice and support to carers, including group activities. It also raises awareness of carers' issues and provides training for health and social care staff.

**Young Carers Service for Young Carers aged 25 and under.** This Service aims to reduce the impact of caring on young people by offering 1:1 support; activities support groups and respite; information, advice and guidance; whole family support; advocacy.

**Carers Emergency Support Service.** This Service provides access to replacement care in a crisis to carers who have already registered with the Service, either by contacting a previously identified person of the carer's choice or by providing support by paid staff.

**Carer Breaks.** These are either provided by the provision of support to the person cared for following a social care and carer's assessment, or through a range of services already commissioned through CCG carer breaks funding.

**Carers Services.** These are either provided by the provision of support to the carer following a carer's assessment by social care, or through a range of services already commissioned through CCG carer breaks funding.

| Future Commissioning Priorities for Carers   | Examples of Commissioning Activity   |
|--|--|
| Continued access to Carers Support Services, including access to support in an emergency | Carers Support Services for all groups of carers<br>Carers Emergency Support Service   |
| Continued access to Carer Breaks   | Ensure access to commissioned support for short breaks.                                |
| Continued access to Carers Services  | Ensure access to a wide range of carers services including access via a Direct Payment |



## 4. Likely resources going forward

### Current Expenditure

Darlington Borough Council's Adult Social Care gross budget for 2014/15 has been set at £40 million. As in line with other councils, Darlington operates within the context of public sector cuts. In particular, Adult Social Care has been expected to deliver savings and over the last 3 years savings have been made as follows:

**2010/11 £192,247**

**2011/12 £864,950**

**2012/13 £894,000**

**2013/14 unconfirmed £1,400,000**

The need to make savings on the budget is set within the context of increasing demographic pressures, particularly in relation to older people and people with learning impairment. Over a number of years Darlington Borough Council has gradually made the strategic shift from being a provider of adult social care to being a commissioning of adult social care. Those services which still remain in-house are kept under review and where opportunities present, they will be considered for decommissioning and re commissioned.

Baseline information on adult social care current costs and predicted year on year demand shows that the annual increase in demand could increase adult social care expenditure by between £900,000 and £1.3 million each year if all current factors remain the same. It is recognised that predicting future demand and costing becomes less exact as the projections cover more elongated time frames and so some caution needs to be exercised when reviewing the table, below. However, the table shows graphically, even if caution is required, that adult social care expenditure could grow at a rate faster than any likely increase in local authority resources.

| <b>Year</b> | <b>Moderated Adult Social Care Budget Forecast</b> |
|-------------|--|
| 2013        | £27,475,437  |
| 2014        | £28,384,349  |
| 2015        | £29,307,036  |
| 2020        | £34,463,258  |
| 2025        | £39,168,067  |
| 2030        | £44,014,332  |
| 2035        | £49,247,174  |
|             | <b>Total increase by 2035 - £21,771,737</b>        |

To continue to provide support for people in the same way as we always have done is no longer an option due to the reasons stated above. Instead the Council aims to meet the eligible needs of individuals in different ways. It is likely that this will involve a move away from the commissioning of traditional models of support and a move to new ways of support, including the greater use of reablement, assistive technology, social capital, personalisation and greater integration with our health partners.

## 5. People who pay for their own support

At this stage the Council is unable to quantify how many self funders (i.e people who pay for their own support without any assistance from the Council) there are in Darlington, however indications are that the Market is buoyant and all indicators are that in future there will be a growing number of older people in particular who will be in a position to fund their own support.

### Requirements under the Care Act will impact on the local care and support market.

- The introduction of a cap on support and care costs. It is likely that “everyone will need to go via their local authority to get their meter running on their care costs”. The amount of care fees that count towards the cap will not be what is actually paid, this will be based on what the local authority would pay for the care and support that is needed. So self-funders will be told in pounds and pence exactly how much the local authority pays for care and support (Ref The Guardian )
- Under the Care Act local authorities have a new duty to arrange care and support for self-funders if they are asked to do so.
- Under the Care Act local authorities will be able to charge fees for arranging care on request for self-funders.

The likely impacts of these changes on the market are not yet clear however they may have some real impact on services such as residential care where Providers use a cross subsidy model to ensure a competitive rate for Local Authorities.



## 6. Suggested models for support delivery in the future

In January 2014 in Darlington, the Local Authority and CCG facilitated an event with in excess of 70 local health and social care support providers. Part of the event involved Providers identifying for them what would make a difference in their working relationship with health and social care commissioners. The responses have been grouped around nine key themes.

### Procurement

- There needs to be absolute clarity and transparency about the tendering process, particularly in relation to how work is commissioned.
- Minimise bureaucracy and red tape
- Be clear about what services/support are wanted
- Be clear about what services and support are not wanted
- Work with your local partners
- Be clear about quality and how it can be maintained if costs are driven down
- Make sure there is a level playing field for providers.

### The relationship with the third sector

- We are equal partners and its our agenda as well
- We can provide excellent services and support at low cost
- Map what support is already out there, understand the market

### Real Partnership

- We are real experts and we can contribute to this agenda , lets work together we can help we have a lot to offer
- Be honest with us, we are adults and we understand the economic pressures.
- We are part of the solution
- We want to work proactively, not just reacting
- The Local Authority and CCG need to have a realistic approach to costs
- We know our business and we have the evidence that it works
- Recognise that our time is important, don't bring us to meetings unless it's productive – don't waste our time!
- Bring specialist providers together with themed work e.g. learning impairment
- A central body like Healthwatch could coordinate services and provide support information.
- Lets have genuine partnership working between providers
- Be clear about what support can the Council and CCG can offer providers
- How can we tell you where the gaps are?

## Social Capital

- Let's make better use of volunteers

## Direction

- Invest in community services to prevent admission into more costly services
- Be less prescriptive about how needs and outcomes are achieved
- How can we contribute to information and advice as part of the strategy?

## Risk

- Let's all be less risk averse
- Understand that a reduction in costs can and does impact on how people are supported
- Be clear about how you will support innovation and doing things differently? How can you support us make the shift?
- How do we share risk?
- How do we share any efficiencies?

## The Budget

- Be clear about what is a fair price for the work completed?
- Develop some clear and transparent pricing models

## Business

- Let us have some real predictions of future demand
- A central data base of services and support that lists all available providers e.g. Resource list
- What does prevention look like? What services or support would be in place
- What's the split between specialist providers/generic providers
- What specialist services are needed
- Make sure the strategic needs assessment is clear and up to date – in real time?

## Co Production:

- Be clear about the framework that's in place to ensure real co production with users and carers and support providers

The Local Authority intends to use this information to develop a template for local service and support development. Some of these ideas are already included within this Market Position Statement and others will be progressed as the Statement is refined and developed.



## Key Messages for Support Providers

- The Local Authority is looking to develop a model of co production that includes support providers.
- The Local Authority is looking to develop a support model that looks to deliver outcomes
- The Local Authority is looking to increase the use of Direct Payments
- The Local Authority is looking to invest in services and support that are able to evidence that they are supporting or maintaining individual independence.
- The Local Authority wants to invest in services and support that support prevention
- The Local Authority is looking to greater partnership working with the NHS
- The Local Authority is looking to support most people locally

## General Service and support priorities for 2014/2015

- Developing paid work opportunities
- Developing Individual Service Funds
- Reducing the reliance on residential care
- Supporting people to connect with their communities and have their needs met through social capital



## 7. Useful Links

A number of key documents have been used in the production of this Market Position Statement. The documents can be accessed using the links below:

### **Single Needs Assessment for Darlington 2011/12**

[www.darlington.gov.uk/dar\\_public/documents/\\_People/ChildrenFamiliesLearning/Darlington\\_SNA-2012.pdf](http://www.darlington.gov.uk/dar_public/documents/_People/ChildrenFamiliesLearning/Darlington_SNA-2012.pdf)

### **Strategic (Single) Needs Assessment Refresh Summary 2013**

[www.darlington.gov.uk/dar\\_public/documents/\\_People/DevelopmentCommissioning/SNA%20Summary%202013%20FINAL.pdf](http://www.darlington.gov.uk/dar_public/documents/_People/DevelopmentCommissioning/SNA%20Summary%202013%20FINAL.pdf)

### **POPPI**

[www.poppi.org.uk](http://www.poppi.org.uk)

### **PANSI**

[www.pansi.org.uk](http://www.pansi.org.uk)

### **Darlington Learning Disability Strategy - One Size Fits One**

[www.darlington.gov.uk/dar\\_public/documents/DLDDLive/LD\\_Strategy.pdf](http://www.darlington.gov.uk/dar_public/documents/DLDDLive/LD_Strategy.pdf)

**A range of other strategies can be found on the Darlington Borough Council website at [www.darlington.gov.uk](http://www.darlington.gov.uk)**







# **Adult Social Care Market Position Statement**

**2014 - 2015**