

# Gateshead Council

# Adult Social Care

Market Position  
Statement 2014 - 2016

# Contents

	Page
<b>Foreword</b> .....	3
<b>Section 1 – Introduction and Strategic Context</b> .....	4-27
Introduction and Strategic Content .....	4
Population of Gateshead.....	7
Profile of Change .....	9
Social Care Activity in Gateshead .....	10
Community Based Support – a wide range of approaches .....	12
A Changing Pattern of Provision.....	13
Framework Agreement .....	15
Profile of Current Purchasing and Procurement Approach .....	16
A Commitment to Equality and Diversity.....	16
Market Context .....	17
Self Care .....	18
Involvement .....	19
Carer Support .....	22
Monitoring of Customer Experience .....	24
Market Readiness for Change .....	24
How Might Providers Need to Adapt .....	25
Workforce Development .....	26
<b>Section 2 – Help to Live at Home</b> .....	28-39
Introduction .....	28
Adult Social Care Direct and Care Call .....	28
Personal Care and Community Based Support .....	29
Social Care Reablement, START .....	30
Housing Related Support.....	31
Telecare and Assistive Technology.....	32
Telehealth.....	33
Respite Care Services .....	33
Day Opportunities .....	34
Meals and Shopping Service.....	35
Non Statutory Support.....	35
Dementia.....	36
Market Development Opportunities .....	37
<b>Section 3 – Accommodation</b> .....	40-49
Policy Direction.....	40
Trends in Residential Care .....	40
Residential and Nursing Care – externally commissioned.....	44
Intermediate Care .....	45
Desired Market Conditions – other than care homes .....	46
Market Development Opportunities .....	47
<b>Section 4 – In-house Services</b> .....	50-52
Context.....	50
Services for Older People .....	50
Services for Adults with a Learning Disability.....	51
<b>Section 5 – Financial Background</b> .....	53-55
Current Financial Position .....	53
14/15 Budget Pressures .....	54
<b>Section 6 – Commissioning Timetable 2014/15</b> .....	56
Commissioning Timetable .....	56
<b>Section 7 – Next Steps and Feedback</b> .....	57

# Foreword

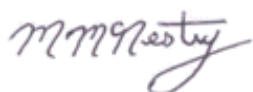
Sustainable, thriving and prosperous communities are at the heart of Gateshead Council's vision for the future. Together with our partners we will play a leading role in supporting opportunities and aspirations. We recognise, however, that many people need help to lead full and independent lives, so part of our core purpose is to ensure an effective mix on community action and flexible, responsive and high quality social care provision.

At the heart of this approach must lie a mature relationship with the organisations which offer services, care and support to individuals, families and communities.

Gateshead is a varied area and solutions to meet local need must be tailored accordingly. We invest a great deal every year in supporting our citizens, increasingly through personal budgets, but people also use their own resources to pay for the care and support they want.

This Market Position Statement (MPS) sets out our current understanding of social care need, service patterns and other responses across Gateshead. Over time, it will become a vital reference point for all those who play a part in social care in Gateshead.

The MPS is published online to allow us to regularly update and refine it – in close dialogue with service users and carers, businesses and third sector organisations. We hope that you will find it useful and look forward to your feedback so that we can continue to improve it.

A handwritten signature in blue ink that reads "m McNestry". The signature is written in a cursive, flowing style.

Councillor Michael McNestry  
Cabinet Member for Adult Social Care

# 1 Introduction and Strategic Content

This document is aimed at both existing and potential providers but will also be of value to those who are interested more generally in the future of local social care markets.

A number of national and local strategies and policy directives have informed this statement, including:

**A Vision for Adult Social Care: Capable Communities and Active Citizens  
(Department of Health, November 2010)**

[http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_121508](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121508)

**Transparency in Outcomes: A Framework for Adult Social Care  
(Department of Health, November 2010)**

[http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/consultations/liveconsultations/dh\\_121509](http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/consultations/liveconsultations/dh_121509)

**Putting People First Programme: A Shared Vision and Commitment to the transformation of Adult Social Care (Department of Health 2009)**

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081118](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118)

**Making a Strategic Shift Towards Prevention and Early Intervention  
(Department of Health October 2008)**

[www.dhcarenetworks.org.uk/\\_library/Resources/Prevention/CSIP\\_Product/MSS\\_-\\_Key\\_Messages.pdf](http://www.dhcarenetworks.org.uk/_library/Resources/Prevention/CSIP_Product/MSS_-_Key_Messages.pdf)

**'A Bill to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.'** (Care Bill [HL] 2013-14)

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

**Demographic change, major reforms of public services and reducing public expenditure – including the end of most ring fenced and area-based grants, combine to present immense challenges both for commissioners and providers. The Market Position Statement (MPS) web page is:**

<http://www.gateshead.gov.uk/DocumentLibrary/CBS/Care/strategies/Market-Position-Statement.doc>

**The MPS should be read alongside the Demand Analysis, which provides further details of social care trends.**

<http://www.gateshead.gov.uk/DocumentLibrary/CBS/Care/strategies/Market-Position-Statement-Demand-Analysis.doc>

As a strategic commissioning organisation, our role is to:

- understand need, based on evidence
- understand how people and communities want to live their lives
- enable self help and community resilience
- understand local markets, determine when to act upon them, and monitor quality
- decide when and how to commission services
- work effectively with providers, service users, carers and communities to make sure that the right services are available, in the right place, at the right time.

This document updates the Strategy for Commissioning Adult Social Care which we published in November 2011 and is a key element of our commissioning responsibilities. It sets out our plans and outlines trends for commissioning for social care across all service user groups. It includes information on purchasing by the Council, some joint commissioning with the Clinical Commissioning Group (CCG) and, increasingly, trends in purchasing arranged by individuals, whether as self-funders or personal budget holders.

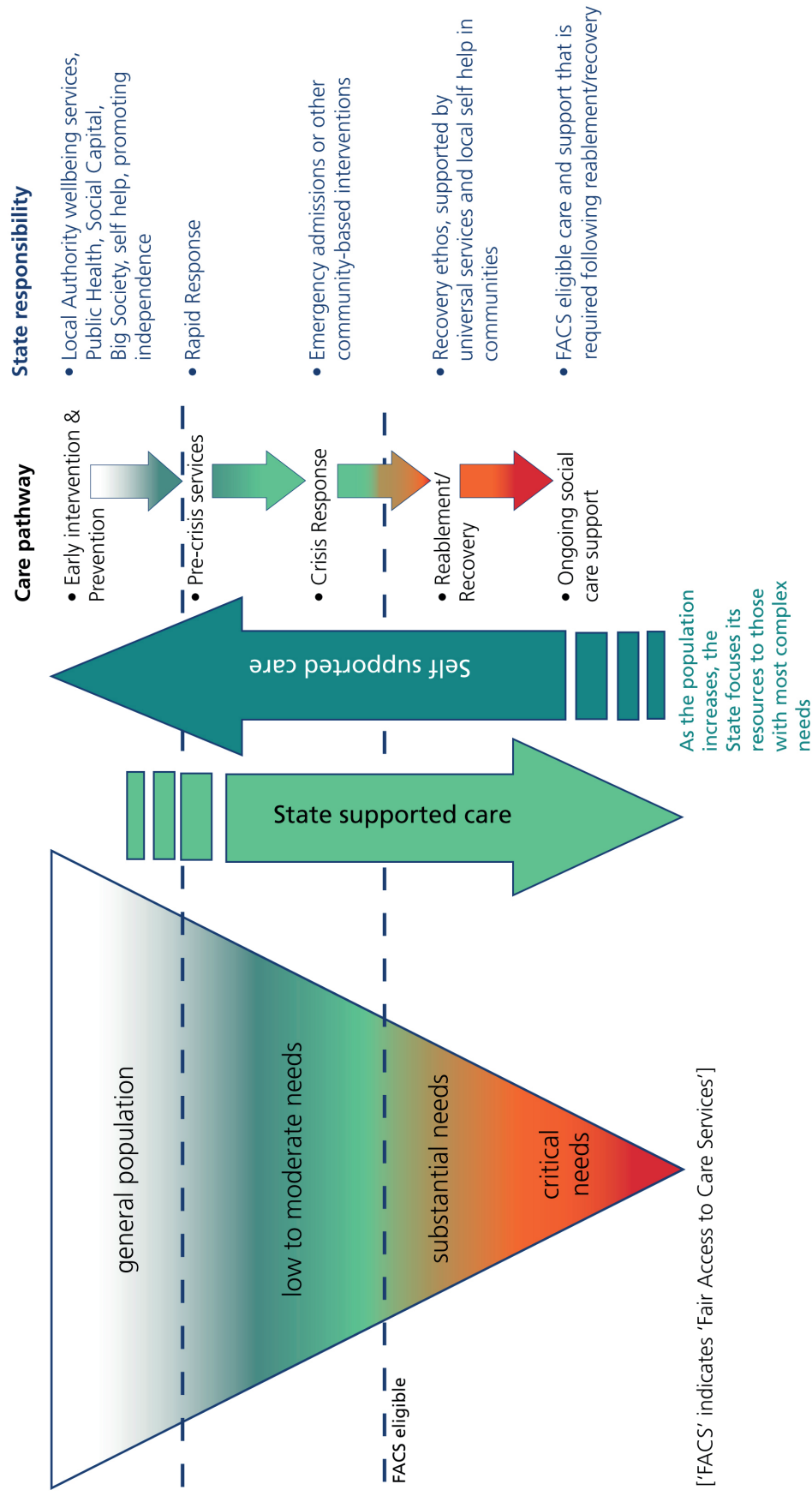
It will be revised whenever major changes occur and at significant points in the commissioning timetable (see Section 6, page 56). We will share updates at the Provider Forum and on the Procurement Portal [www.nepoportal.org](http://www.nepoportal.org)

Although the MPS is a description of Adult Social Care commissioning activity, in areas (in services such as Residential Care) services are jointly commissioned with the Clinical Commissioning Group (CCG). On such occasions our joint commissioning approach is driven by joint health and social care strategies.

Gateshead Council considers eligibility needs in the context of the environment in our provision of adult social care. Please see diagram 1 on following page. Our duties include completing an assessment of needs for every individual and our criteria with regard to our provision of care is implemented following the Fair Access to Care (FACs) Criteria with services provided to those people who meet the substantial and critical needs within FACs Criteria.

# Eligibility Needs in the Context of the Environment (Diagram 1)

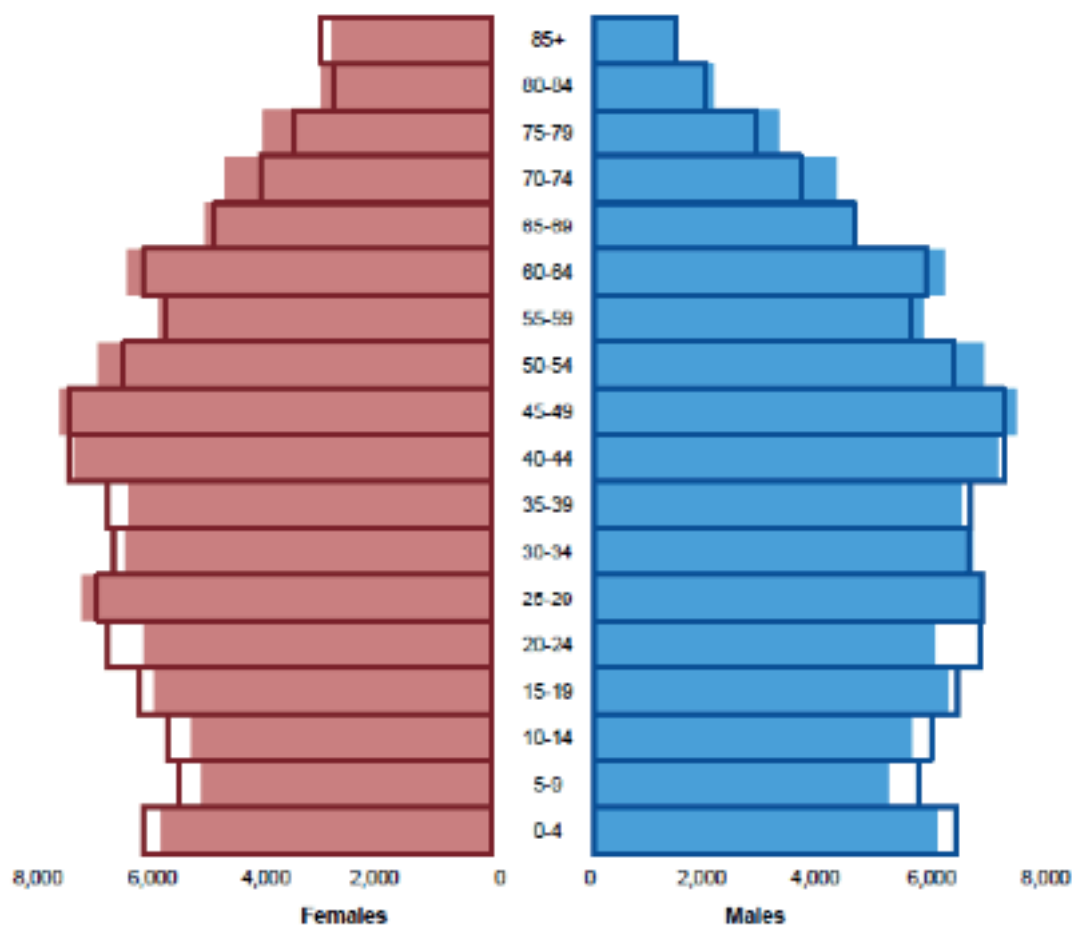
The changing public sector provision of social care and the resulting care pathway



## Population of Gateshead

The population of Gateshead is currently more than 200,000. The age profile (Figure 1) indicates that Gateshead has an older population compared to the national average (especially aged 45 years and over) and a proportionally lower than average number of adults aged between 20 and 24 years and children aged less than 14 years.

**Figure 1**  
**Structure of the 2011 population in Gateshead compared with the England average**  
(shown as dark outline)



The Office of National Statistics (ONS) predicts that the population of Gateshead will increase by 3.1% to 207,100 in 2021. The greatest increase is expected in the population aged 65 years and above. Among people over 85 years, the section of the population with the greatest care needs, the number of people in Gateshead is projected to increase by 30% from 4,300 to 5,600 over the same period.

**Current models of service delivery and available resources will not keep pace with that demand.**

**Table 1 Predicted population in Gateshead of people aged 18-64 with a disability or a mental health problem, 2012-2020:**

Table	2012 Figures	2015 Figures and % increase	2020 Figures and % Increase
People with a learning disability	3,016	3,019 0.1%	3,031 0.5%
People with a moderate physical disability	9,723	9,707 -0.16%	9,876 1.57%
People with a serious physical disability	2,867	2,859 -0.35%	2,877 0.35%
People predicted to have 2 or more psychiatric disorders	8,924	8,929 0.06%	8,977 0.59%
People with a mental health problem (common mental disorder)	19,988	19,971 -0.09%	20,059 0.36%

Source PANSI – Projecting Adult Needs and Service Information accessed 25/02/2013

**Table 2 Predicted population in Gateshead of people aged 65+, 2012-2020:**

Table	2012 Figures	2015 Figures and % increase	2020 Figures and % Increase
People 65+ living with dementia	2,431	2,555 5.1%	2,836 16.66%
People with a limiting long-term illness	20,152	21,141 4.91%	22,191 10.12%
People unable to manage at least one personal care task	12,033	12,600 4.71%	13,490 12.11%
People unable to manage at least one domestic care task	14,703	15,402 4.75%	16,523 12.38%

Source POPPI – Projecting Older People Population Information accessed 25/02/2013



## Profile of change

- The Office of National Statistics predicts that the population of Gateshead will increase by 3.1% to 207,100 by 2021.
- The long-term trends are of increasing numbers of people who:
  - are assuming a caring role
  - are living to an older age, especially above 85
  - have a serious or moderate personal care need
  - have increasing needs resulting from a growing incidence of dementia
  - have a Learning Disability and are living longer with complex needs
  - have a Mental Health condition.
- Two-thirds of those people with dementia in Gateshead wish to live in the community.
- Increasingly, good quality services will be required to prevent unnecessary hospital admission and to support people on hospital discharge.
- Increasingly, support in the community will be important, together with help to access local universal services.
- Overall, the demand for residential and nursing care is reducing as more people are successfully supported at home.
- Currently there are 12,590 people in Gateshead with a moderate or serious physical disability. This figure is not predicted to significantly increase over the next 8 years.
- For those who are reaching the end of their life, more support is needed so that people can die where they choose – currently 63.6% die in hospital which is often not their or their family's preferred choice. ([http://www.endoflifecare-intelligence.org.uk/end\\_of\\_life\\_care\\_profiles/la\\_2012\\_pdfs.aspx](http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/la_2012_pdfs.aspx))

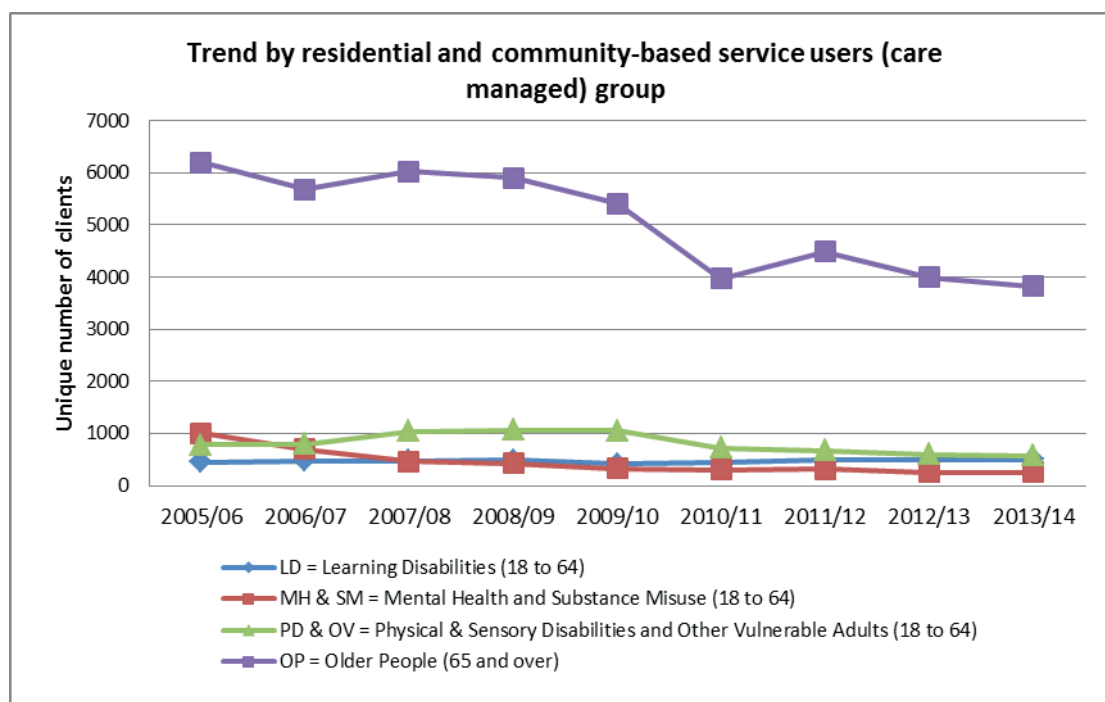
## Social Care Activity in Gateshead

### Care Managed Services (provided following assessment)

Figure 2 shows overall service user volumes from 2005/06 to 2013/14 during the reporting year:

- By service user group, in receipt of either a residential, nursing or community based service
- Following an assessment and as part of a care-managed service package

**Figure 2:**

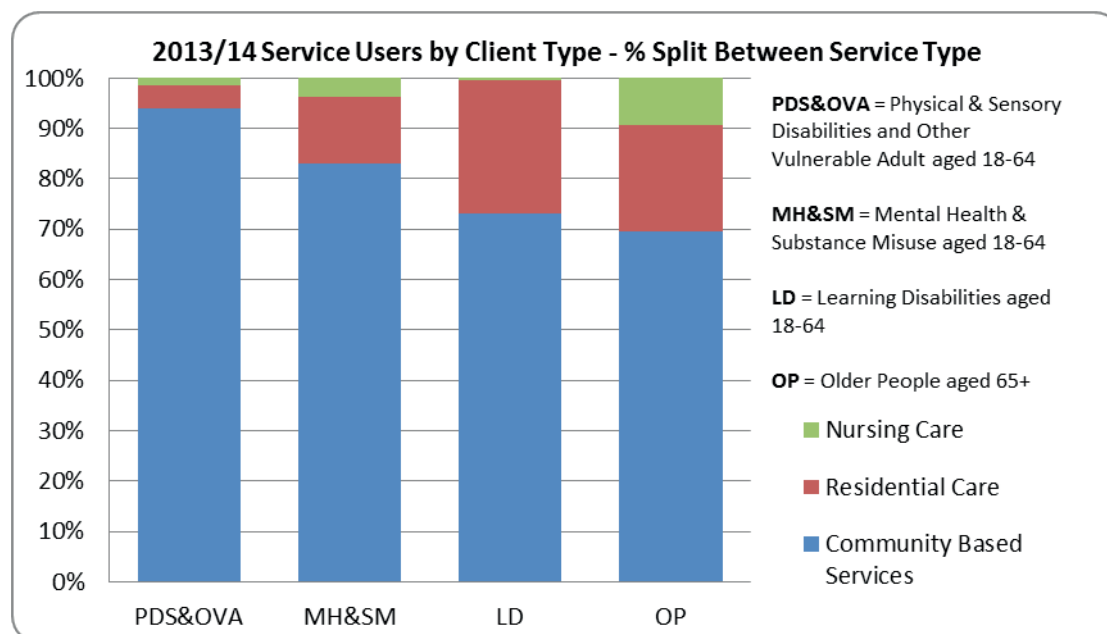


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- The most significant proportion of people receiving services is that of Older People 65 and over, who on average represented 74.2% of service users over the past 9 years. Older People using services during 2013/14 represented 74.1% of all service users.
- The proportion of people aged between 18 and 64, those with a Physical Disability or Other Vulnerable People represented 11% of service users in 2013/14. Mental Health and Substance Misuse represented 5% and people with Learning Disabilities represented 9.7%.
- The proportion of people with Learning Disabilities has increased since 2005/06 with 9.7% of all service users in 2013/14 (500) compared to 5.3% (450) in 2005.

**Please note** the trend analysis is affected by improvements in data capture and recording across the years so should be considered with some caution. **More people are supported to live in their own homes**

Service user volumes can be understood by broad service types of community-based care, residential care or nursing care for each group.

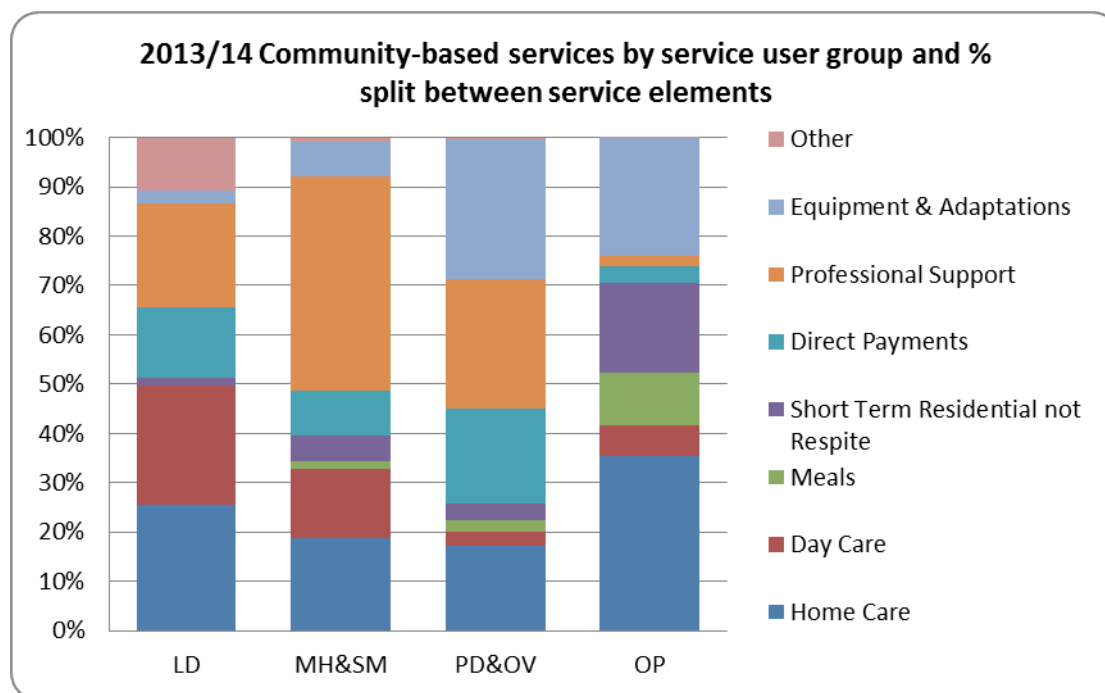


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- Older People (aged 65 and over) have the highest proportion of people within residential or nursing settings (30%). This is higher than the average rate (20%) between the periods of 2005/06 to 2013/14.
- The proportion of people aged 18-64 supported by mental health services in residential settings decreased between 2005/06 and 2013/14 (down from 60 to 45, a 25% decrease). 83% of people with mental health problems aged 18-64, who received funding from social care, were supported in the community during 2013/14.
- Physical & Sensory Disabilities 18-64 has seen a 42% fall in the number of people in residential settings between 2009/10 and 2013/14 (60 down to 35). 94% of people with a physical or sensory disability aged 18-64, who received funding from social care, were supported in the community during 2013/14.
- For Older People aged 65+, 9% of people receiving social care live in care homes with nursing and a further 21% in residential care. 70% are supported in the community, a proportion that has decreased compared to 2005/06 (82% supported in the community).
- The number of community based services that were reported has reduced in recent years due to changes in national reporting requirements.

## Community Based Support – a wide range of approaches

The following analysis looks at the make up of community based care (by service elements) across different service user groups for 2013/14. A person is counted only once within each service type regardless of how many times during the year they receive the service, but can be counted within different services (counted once within day care and once within professional support, for example).



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- Within Learning Disability 18-64, the predominant service during 2013/14 is Home Care (26% of all services). In line with the Personalisation agenda, there has been a significant increase in the uptake of direct payments, (11% for 2009/10 compared with 14% for 2013/14).
- Professional support is the most frequently provided service to people aged 18-64 who are in need of mental health (MH) services (43% of all MH services).
- For physical and sensory disabilities, 28% of services are for equipment and adaptations. 17% of services relate to domiciliary care and 19% of services were for Direct Payments.
- For Older People, the main service provided is domiciliary care (35% of all services provided). This is closely followed by equipment and adaptations provision (24% of services).

## A Changing Pattern of Provision

Public policy is increasingly focusing on the role of the state and the appropriate balance between public provision and self help. It encompasses the ideas of localism and the 'Big Society' and the view that communities, not just individuals and their families, should play a greater role in meeting local need.

The rapid change arising from personalisation and greater choice and control for people eligible for state-funded social care, supported by the rapid growth of Personal Budgets and Direct Payments, is refocusing the role of the Council.

Our historic role as the primary purchaser of services is changing and local authority and CCG commissioners and providers need to think more carefully about the purchasing power of individuals – using their own money, personal budgets or both.

For the period of April to March 2012/13 the number of people with a Personal Budget was 2,445 (54.7% of all community based service users), with 45.6% taking this as a managed service and 9.1% as a Direct Payment.

The 2012/13 North East regional average for this indicator was 51.9% and the England average for 2012/13 was 55.6%. We are currently performing in line with the North East average and slightly lower than the England average.

**We need new ways to help people to manage their personal budget.**

Our policy and commissioning priorities focus firstly on helping people to find the support they need within their communities and to avoid dependency on services in the long term. Where people have an eligible need, the emphasis is initially on intensive, short-term 'reablement' which restores maximum independence.

Where a needs assessment identifies that people need a longer-term service, the focus will remain on models that promote independence and ensure that people are able to make full use of community resources.

#### **This will mean:**

- focusing on the outcomes that the person wants to improve upon, the level of response required and assertive monitoring of whether their life is improved as a result
- helping individuals to make informed choices about what to buy and from whom
- rebalancing the profile of spend away from institutional settings to support in the community, reinforced by a wider range of accommodation options
- continuing the shift to more flexible arrangements that encourage responsiveness to the needs and choices of people based on affordability, choice, quality, and accountability in service provision
- focusing on the needs of individuals rather than defining them by service user group, purchasing highly specialist services where needed
- emphasising co-production with communities, with eligible people and their carers, and with providers

#### **This will require:**

- encouragement of a robust voluntary and community sector infrastructure that can reliably deliver services and other opportunities
- a firmer evidence base, informed by more effective monitoring of outcomes and feedback from residents to shape future commissioning intentions
- a close relationship which continues to share market intelligence to further understanding of any potential gaps in provision and clarification of respective roles in responding to need
- an increasing emphasis on the provider's ability to demonstrate productivity, cost effectiveness and value-for-money
- the potential for commissioning on an experimental basis (accepting some risks) in order to encourage new services and new providers.

## Framework Agreement

Gateshead Council traditionally commissioned services through a block and spot contract basis. Whilst this approach has many advantages, it doesn't adapt well for a personalised approach to commissioning.

An EU Directive defines a framework agreement as 'an arrangement with one or more suppliers where the terms (including price and quality) are clearly set out for future purchases during a given period'.

Framework agreements can have a term of up to four years, during which time contracting authorities can purchase (call off) services without the need to conduct a full procurement exercise (either by calling off without competition or by mini competition).

Although a framework agreement sets out the terms and conditions for subsequent call offs there is no obligation placed on an authority to use the framework for an assured level of business. The framework will always be used wherever it can deliver good quality and value for money. Contracts for services are formed only where goods and services are 'called off' under the framework agreement.

In Gateshead there is the potential to develop the following Frameworks in 2014-16:

- Autism Support Services
- Community Based Support Services
- Independent Supported Living
- Personalisation linking with direct payments, ISF's and brokerage services

In summary the main aims of the framework agreements are to:

- reduce institutional care and increase community based services
- improve the quality and competition of providers
- improve outcomes for service users
- use services more efficiently
- provide service users with greater choice and control
- promote innovative responses from the market

## Profile of Current Purchasing and Procurement Approach

The new frameworks will initially relate to new business from the date of implementation, although some existing business will be timetabled to move to the Framework. Maintaining stability for both service users and the businesses who provide services to them will be a priority throughout the procurement process and beyond.

This is an area of tremendous market opportunity, which may emerge in a number of ways:

- those wishing to become sole or lead provider will be able to develop their business and that of partners to secure greater efficiency and to drive forward a focus on quality and innovation
- those who do not wish to fulfil this role will be able to free themselves to focus on delivering a quality service
- providers (whether on the framework or not) will increasingly be able to secure business through direct payments
- potential for continuing transfer of in-house services may offer new opportunities for providers to build capacity – in discussion with commissioners about the pace, scale and location of change
- those providers who adopt a reablement ethos and connect service users with wider community opportunities are likely to gain more business
- it continues to be difficult to source timely and responsive domiciliary care services in many more remote rural areas. Further work is being undertaken to better profile these gaps and addressing them will be a key part of market development with providers through the new Framework Agreement

## A Commitment to Equality and Diversity

Gateshead Council is committed to achieving a society where everyone can participate and has the opportunity to fulfil their potential. Freedom from discrimination and equality of opportunity are fundamental rights and we will challenge inequality, while valuing diversity and mainstream equality in all of our work.

When contracting and commissioning services our objectives are to ensure:

- all contracts are procured and delivered in a way that is non-discriminatory and promotes equality of opportunity for staff, the general public and the business community
- the goods, works and services provided by contractors and suppliers are non-discriminatory and cater equally for all users' needs
- the recipient or the service user enjoys equal access to – and is equally satisfied with – performance and quality irrespective of any other factor
- the procurement process incorporates equality standards at all stages
- existing contracts and providers are monitored to ensure compliance with equality standards
- appointed providers share and help deliver our equal opportunities goals
- all procurement practitioners incorporate equality into their processes



- suppliers and the organisations which tender to work with us operate a policy of continuous improvement for all elements of equality.

Find further information about our commitment to equality and diversity at: [www.gateshead.gov.uk/People and Living/equality/home.aspx](http://www.gateshead.gov.uk/People%20and%20Living/equality/home.aspx)

## Market Context

### **Economic value of social care in Gateshead:**

**In the calendar year 2012/13, social care enterprises turned over £169m, with 56% of that value relating to residential care**

(Inter-Departmental Business Register (IDBR): Enterprise Turnover, March 2013).

This data is not directly comparable with the Council's spending on Adult Social Care. The IDBR data covers the whole social care market (both adults and children), covers a calendar year, rather than the April to March financial year we use, and excludes small providers if they are not registered for VAT. More significantly, the Office of National Statistics is unable to confirm whether or not their data on turnover includes the service user contributions we receive for care, or – if this is the case – how they have managed to differentiate income received for care provided directly by the Council from that commissioned from the independent sector.

Social care enterprise is a major source of local employment employing over 5500 people in Gateshead and the GVA (Gross Value Added) of each member of staff within the sector in Gateshead is £30,480.50 (Inter-Departmental Business Register: Enterprise Count, Employment and Turnover, March 2013).

### **Social Capital and the role of the voluntary sector**

The communities and environment in which we live affects our mental health and wellbeing. The Foresight Project: Mental Capital and Wellbeing: Making the most of ourselves in the 21st century (Government Office for Science 2008) indicates that:

- sustainable development and a healthy environment improves wellbeing
- social isolation increases the risk of developing mental health problems
- Social Capital connects communities and supports sustainability and wellbeing
- increasing access to green spaces can enhance wellbeing, increase social interaction and increase physical activity
- discrimination and stigma create social exclusion and contribute to mental and physical ill health as well as socio-economic inequalities.

We and our partners cannot meet all the aspirations of people and communities, nor should we try to. We do, however, have an important community leadership responsibility and we will work with communities and play our part to help them to improve quality of life and wellbeing.

We will do this through:

- co-production – involving communities in the design of services and other responses
- responding to community-led planning (for example, where a community has a plan, developed with clear evidence of the participation of local people, like a town or parish plan and where it wishes to develop solutions to improve health and well-being)

The background to these approaches is set out in Think Local Act Personal 2011:  
[www.puttingpeoplefirst.org.uk](http://www.puttingpeoplefirst.org.uk)

Putting People First 2007: [www.dh.gov.uk](http://www.dh.gov.uk)

Big Society: <https://www.gov.uk/government/publications/big-society-faqs-and-useful-links>

Public Services (Social Value) Act 2012: <http://www.legislation.gov.uk/ukpga/2012/3/enacted>

We recognise that voluntary, community, and faith-based organisations make a distinctive contribution to the needs of service users. Their responsiveness, flexibility, independence and capacity for innovation are valued qualities. Their ability to develop self help groups and to reach organisations and individuals who may be overlooked, as well as their capacity to lever in additional human and financial resources, is vital.

Further work is underway to establish a commissioning framework for the third sector. We also wish to:

- evaluate how to demonstrate ‘social value’, particularly but not exclusively in relation to third sector procurement
- be clearer about when grant funding, rather than contracts, may be most appropriate
- establish a clearer position in relation to the potential for support planning and brokerage delivered by the third sector
- extend the involvement of individuals, carers and third sector organisations in monitoring quality.

## Self Care

People are clear that wherever possible they want to provide care to their families with only minimum involvement from local authorities and health professionals. The Gateshead Carers Strategy (2014) aims to provide carers with the support to carry out their caring role with this viewpoint in mind. However, Gateshead is approaching tough times in relation to balancing the needs of carers with the increasing need for services for the cared for.

Self care is a broad concept, encompassing both social and health realms. Social care services increasingly emphasise the principles of reablement and recovery, maximising the capacity of individuals to care for themselves. The department of health definition ranges from everyday health maintenance to the care of complex long-term illnesses.

It is projected that Gateshead will have an increase in overall population of 3.1% between 2012 and 2021. However, an increasing proportion of the population will be over 65. The resources that we have available, and the way we currently deliver services will not keep pace with that demand.

National Census data recently gathered (2011) showed that although the number of carers who have provided up to 19 hours of care in the past has decreased in comparison to 2001 figures, it is evident that people across Gateshead are now providing substantially more care to the cared for person. In Gateshead there was a 23% increase in the number of carers providing over 20 hours per week of care which lifts these people into the high risk category of facing health problems in their own right. Gateshead is potentially facing a double impact scenario not only supporting an aging population with complex health issues but also the ever increasing need for care services for carers who invest substantial time in supporting loved ones who also become ill or more likely to require NHS services due to the increase in their caring responsibilities. There was a 14% increase in the number of carers providing over 50 hours of care per week.

So our approach to developing and commissioning care services and activities in the future will be to do as much as possible to help individuals be as independent as possible and to support carers to continue in their caring role and to look after their own health and wellbeing.

Although there are unquestionable benefits for both the local authority and service user in continuing to promote supported self care arrangements a balanced approach is a necessity in continuing to manage the health of both the carer and cared for.

As services and contracts are reviewed or developed, we will include mechanisms to support this approach. We will also work on raising awareness and support for this approach across social care and health organisations and providers, across the council, partners, the community and voluntary sector, and among individuals and communities.

## **Involvement of the people who use our services and their carers**

The Council is committed to the active involvement of residents and communities in the key decision regarding the design and delivery of services. This is supported by the Social Care Involvement Strategy which affirms Adult Social Care's commitment to involvement and sets out options available to officers with a comprehensive guide as to how and when Adult Social Care and providers of services should engage and involve with the people who use our services and their carers. <http://www.gateshead.gov.uk/Care%20and%20Health/PoliciesandStrategies.aspx>

Effective involvement is vital within social care and in transforming services to deliver more personalised care. This priority is also reflected by our partners at Gateshead Clinical Commissioning Group (CCG) as we continue to work in partnership to deliver improved services for Gateshead people. The CCG have also made the involvement of patients and the public a key priority to ensure their views are heard at all stages of the CCG commissioning process. This is highlighted within their Commissioning Plan 2012-17 and commissioning intentions. <http://gatesheadccg.nhs.uk/about-us/commissioning-plan/>

Gateshead Council has developed an overall framework to demonstrate its commitment to community involvement in the Gateshead Communities Together Strategy 2012. This brings together all services of the Local Authority, the CCG, Public Health and the third sector to make best use of resources and help to address the wider determinants of health. It provides a comprehensive range of measures that the Council and partners have at its disposal to engage and involve its communities with the Social Care Involvement Strategy being a significant element within Adult Social Care's overall approach to involvement and engagement.

The Involvement Strategy sets out the social care commitment to involving local people in key decisions and in the design and delivery of a range of local services. It also supports a number of objectives in delivering council priorities 'Engaging our communities' within the Corporate Plan and; aiming to engage communities and empower people; to deliver efficient, joined up, high quality services which meet individual and specific needs in Vision 2030.

### **Listening to the people who use our services:**

We use the information feedback to improve the services we deliver, to develop a better understanding of what people need now and how this might need to change in the future. We are committed to hearing the views and experiences of people who use our services and we use a range of methods to help us do this including:

- User forums
- Postal and online questionnaires
- Focus groups
- Public meetings
- Targeted satisfaction surveys
- Statutory surveys
- Feedback from service users via the services
- Comments and complaints
- Specific consultation exercises
- Quality checkers
- Scrutiny reviews
- Mystery shopping

In 2011 Adult Social Care introduced a survey to understand the experiences of people who had undergone a social care assessment or review. The second survey was completed May-July 2012. A significant number, 32% (55 people out of 170 responses to this question) said that a Carers Assessment was not offered to a family member or friend who helps to look after them. Through the Carers Partnership, officers, services and local providers considered opportunities to improve in this area and developed a pilot to address increasing the number of carers who are offered an assessment.

## Outcomes

- **For services:**

Through increasing engagement in the design, delivery, commissioning and monitoring of services, and discussions about how best to meet changing needs we give people a real say in the services we offer, how we deliver them, and how we can better adapt our services and processes to meet people's individual needs in the future.

- **For people who use services and their carers:**

The desired outcome of being inclusive and involving people is to prevent isolation, encourage participation and a sense of belonging and feeling valued which will, in turn improve confidence and independence.

## Gateshead Healthwatch

Gateshead Healthwatch will be the consumer champion for publicly funded health and social care. It will gather people's views on and experiences of health and social care which will be used to influence those who commission and provide services for local people at the Health and Wellbeing Board. The key objective of this is to ensure that public engagement is central to commissioning decisions and the strategic planning of health and social care services. Adult Social Care will support the Health and Wellbeing Board action to continue to develop a cohesive approach to involvement. We will also ensure our commissioned services are aware of Healthwatch and develop an interaction with them to feed in the views of people and carers using their services.

## Challenges:

- Rationalising and refocusing involvement capacity to consolidate a more streamlined approach
- Improve the focus and impact of involvement work on commissioning decisions
- Make best use of shared resources
- Ensuring all providers incorporate user and carer involvement principles into everyday work, ensuring their staff fully understand these and information is fed back as a part of every contract review.
- Working together with care providers to enable people to develop social and support networks within their communities including the facilitation of genuine community engagement.
- Balancing the valuable perspective that service users and carers bring alongside the pressure to make decisions quickly
- Keeping lines of communication open with service users, carers and groups that represent them at a time of significant budget pressure and financial reductions.

## Conclusion

It is clear that a one-size-fits-all approach to delivering personalised care and support will not meet the varying needs and preferences of different client, age and ethnic groups. It will be an on-going challenge to ensure that there is a coordinated, good understanding of the range of needs and wants being expressed locally and there is a need to develop more mechanisms for involving a diverse group of people who represent a wide range of constituents. Approaches by which citizens are empowered to contribute their own resources (time, expertise and effort) to have greater control over public and their own resources to achieve a valued outcome is referred to as “co-production” (Cabinet Office 2007). Co-production also fits with the current Government’s concept of the Big Society and localism. There are many tools and articles relating to how we might use co-production models to continue the transformation of our services (see Putting People First and SCIE websites).

Providers may need support and encouragement to be more outward looking and flexible (to deliver a wide range of goods and services to promote well-being, education and skills, social and economic involvement) in order to make themselves more attractive to individuals with their own budgets to spend. However, our service users and carers need continued support to express their preferences and have their views shape the market so that they then have choice, the opportunity and know how and where they can spend their money locally. Therefore streamlined and effective local involvement mechanisms are key

## Carer Support

The majority of carers either see their role as part of their commitment to their family or loved ones, or don’t actually see it as caring at all. Many carers do not wish or need to access carer support services as they provide this support with a number of key family and community support networks. However we are committed as a partnership in Gateshead to make sure carers are fully supported in the vital role they provide.

## Assessment

Adult Social Care Direct and other frontline services will assess need and deliver community care services to FACS (fair access to care services) eligible people. We will promote and offer separate carers assessments to carers who provide regular care. This can be done jointly with the person they care for, or preferably separately to make sure the carer has the freedom to speak candidly about their circumstances without the fear of upsetting the cared for person.

Gateshead has been piloting a new approach to carers assessments. The new pilot involved 4 organisations Gateshead Carers Association, Crossroads Care, Alzheimer’s Society and Sight Service were involved in a 3 month pilot to provide a greater level of choice and control over whom supports the carer to complete the carers assessment. The learning from this pilot is currently being gathered to inform our future direction in relation to separate carer assessments.

## **Carer's Breaks**

A unique partnership between Gateshead Council, Gateshead Clinical Commissioning Group and Crossroads Care has developed a "Take a Break Service" for carers. This service is free for carers to access and could provide them with much needed funding towards a short break or activity that supports their overall caring role. Over 300 carers have accessed this service since it was developed in 2011.

## **Carer Emergency Support Service**

The free of charge Carer Emergency Support Service operated by Gateshead Council, enables carers to plan for emergencies and should one happen, will provide up to 48 hrs of emergency support, which can be extended over a bank holiday. The trained support staff will assess the situation and contact other relevant services if care is required for a longer period.

Gateshead Council supports carers to develop their own personal plan of what should happen if the carer is unable to look after their loved one in the event of an emergency, including who will help ensure that this person is safe and well. Carers are issued with an emergency card, identifying them as a carer in the event of an emergency.

## **Key Carer Targets**

Although we feel that services for carers are robust and flexible to meet the needs of carers across Gateshead it is clear that key areas of development are required to continue to provide excellent services these are:

- Continue to improve the information advice and support available to carers to support early identification of carer issues.
- Tackling social exclusion and isolation by supporting carers to access services that support their needs as carers and allows them access to vital services through separate carer's assessments and sign posting services.
- Developing clear pathways to support young carers to reach/exceed locally agreed attainment targets by supporting young carer services through commissioning arrangements. This links directly into making sure that the young people of Gateshead are supported to achieve (2030 vision).
- Making sure that the needs of minority carers are being supported and addressed.
- To refresh and re-launch the Carer's Strategy for 2014-2017.
- To ensure that all developments in relation to carer's services link directly to the Care Act.



## Monitoring of Customer Experience

Gateshead Council recognise the importance of listening to service users' experiences and comments about Adult Social Care Services. This also includes user experiences of Council commissioned services.

To ensure that service users or their representative have full confidence that any concerns are taken seriously and responded to in a clear consistent way, all commissioned services are required to have their own complaints procedures in place. This procedure must comply with the Social Services and National Health Service Complaints (England) Regulations 2009.

We require providers to regularly inform us of the numbers of, subject of, and responses to complaints received with regard to the services they provide. A mechanism for this monitoring will be detailed in framework agreements.

We encourage feedback on our services and monitor levels of satisfaction or comments on particular services. In 2012/13, 88% of all representations received were compliments. This illustrates the value that our customers place on the services provided and the regard for the workers who carry out this role.

The National Adult Social Services User Experience Survey 2013 shows that:

- 74% of people said that care and support services in Gateshead help them to have control over their daily lives
- The overall score for quality of life of users of social care in Gateshead was 19 out of 24, slightly above the England average
- 66% of people said that they were extremely satisfied or very satisfied with the care and support services they receive
- 71% of people said it was easy to find information about services
- 75.8% of people said that services have made them feel safe and secure.

## Market Readiness for Change

The social care market in Gateshead is diverse both in scale and geographic distribution. In some areas, gaps in provision are evident and need to be addressed. The relationship between providers and commissioners is positive but commissioners are keen to develop closer relationships with providers to make the best use of joint intelligence, knowledge and skills. The evidence is that providers wish to respond to this but, for many micro and small providers, capacity is a problem.



The Provider Forum is developing and is starting to develop diverse ways to involve providers. We are currently engaging more providers in developing personalisation through 'making it real' tools.

Providers are very realistic, understand the challenges that we all face over the coming years, and accept the need for change. This is not to deny that there are some significant challenges including:

- the pressure on budgets and profitability from reducing public expenditure
- a shift towards more integrated and personalised models of care
- the increasing numbers of people with individual budgets
- a wider use of partnerships and consortia.

## How might providers need to adapt?

### **Recognising the diversity of purchasers**

Providers will need to increasingly respond not just to the Council and its partners but to individuals or small groups who may want to commission bespoke packages through personal budgets. This increasing range and diversity of customers will require providers to market their service and improve access.

### **Involving service users and carers**

Providers will increasingly need to look at new ways in which their services can be designed, working with service users and carers, both individually through personal plans and reviews and through overarching service design and general ways of working.

### **Engaging with universal services and opportunities**

Delivering a high quality service is clearly important but, in order to pursue the reablement ethos, providers will need to consider how to better engage with and link service users with other opportunities in the community.

### **An expectation of improved outcomes for all users**

The focus should be on recovery and independence. People who are very frail or who have other complex needs or long-term disabilities may need a higher level of sustained support. Even so, providers should be seeking to maximise independence.

### **Focusing on quality and outcomes**

Price competition is clearly important but – increasingly – quality and reliability will differentiate providers, especially where markets are more mature and price differences are narrower. Providers who demonstrate an outcome focus and a reablement ethos are likely to secure more business.

### **Commitment to equality**

Providers will be expected to demonstrate a high commitment to equality.

### **Innovation**

Responding to personalisation by developing new approaches – either marketed to service users direct, or engaging with strategic commissioners. Assistive technology should be used wherever appropriate.

### **Safeguarding**

Following safeguarding practice, providers will need to ensure that staff think carefully about the person and the environment in which they live and take any necessary steps to ensure their safety and security.

### **Complaints procedure**

All providers must have an appropriate complaints procedure in place which is accessible to all people for whom they provide a service.

### **Working with other providers**

This will vary according to different markets but may include sharing expertise and resources and back office costs to increase impact and efficiency, working through a range of both formal and informal models.

### **Being increasingly proactive with commissioners**

The commissioning role is changing fast and providers and commissioners will need to work in different ways to share market intelligence, develop new service models, and look to long-term partnerships and co-production where possible.

### **Responsiveness to our approach**

The general trend is towards more generic service design and commissioning solutions that respond to individual need in a more personalised way. This will be achieved through innovative and new ways of engaging with all involved in both delivering and receiving adult social care.

## **Workforce Development**

As we see our population ageing and more people requiring support with complex needs, the social care workforce has ever increasing demands on its resources and services.

The government's personalisation agenda, which aims to promote choice and independence, brings with it new challenges that stretch our thoughts and feelings around traditional models of care, support and service delivery.

At the same time, recruitment and retention of the workforce is becoming an increasing issue. A number of factors influence this and include reduced numbers of working age adults available for recruitment, competition with other sectors for young people, and significant numbers of the workforce approaching retirement age.

There is growing recognition that an organisations most valuable asset is its people, and that the quality of services depends, first and foremost, on its workforce.

It is vital therefore, that workforce development activities are planned in a considered and strategic manner to ensure that the right people, are in the right place, at the right time.

Examples of where skills development and monitoring is important:

- Meeting national minimum standards for workforce training and development including safeguarding
- Ensuring National Minimum Data Set return is kept up to date and be able to comply with commissioners requests for workforce data
- Working in a person-centred way to achieve the best quality service
- Working with people with Dementia - including managing risk
- End of Life Care
- Autism Awareness

# 2 Help to Live at Home – What's in Place

## Introduction

A number of changes need to happen for services to respond to demographic changes and the requirements of personalisation. This section examines the range of services that are in place which are designed to help the individual remain in their own home where wished.

Where available, we will link to detailed Commissioning Statements, relevant policies, Joint Strategic Needs Assessments and the Demand Analysis:

<http://www.gateshead.gov.uk/DocumentLibrary/CBS/Care/strategies/Market-Position-Statement-Demand-Analysis.doc>

Towards the end of this section the market development opportunities are detailed.

## Adult Social Care Direct

Adult Social Care Direct is a call centre and a single point of contact for people and organisations in Gateshead to make enquiries or referrals for Adult Social Care. The service operates 24/7 and is accessible via telephone and email.

The aim of the service is to resolve enquiries at the first point of contact where ever possible and to provide a high level of customer satisfaction by ensuring that people are not waiting for a response to an enquiry. The service can deal with specific issues relating to social care and can also provide advice and signpost people to other organisations to meet their social care needs.

### Adult Social Care Direct Service:

- Apply FAC's criteria by implementing a robust screening process to determine eligibility of need
- Provide a rapid response to urgent need through accessing appropriate services in crisis situations
- Access the Early Intervention / Prevention, reablement service and Intermediate Care support
- Direct allocation to social care assessors to enable timely response / assessment
- First point of contact for all adult safeguarding concerns
- First point of contact for Mental Health Act assessments
- Provide advice to users and carers and refer onto appropriate Universal Services

You can contact Adult Social Care Direct by:-

Email: [adultsocialcaredirect@gateshead.gov.uk](mailto:adultsocialcaredirect@gateshead.gov.uk)

Telephone: 0191433 7033

Fax: 0191433 2334

## Care Call

The Care Call Service is a nationally accredited service through the TSA (Telecare Services Association) and currently provides an emergency telecare alarm and response service for older, disabled and vulnerable people living in Gateshead. The service currently has over 10,000 connections and is available 24 hours a day 365 days a year. The service also provides out of hours response to a variety of social care enquiries and interventions.

The service can provide professional advice and information on a wide range of assistive technology including telecare and telehealth to providers and organisations who wish to explore the use of those technologies to support their client base.

Carers can access the Carers Emergency Response service through Care Call by registering for a carers emergency response card. This service can provide up to 48 hours support for carers in an emergency situation.

The Care Call service can also provide lone working monitoring for any organisation or individual with an easy to use telephone logging system with an automated monitoring and response feature.

## Personal Care and Community Based Support

The Metropolitan Borough of Gateshead is split into five neighbourhood areas Central, East, South, Inner West and West. The borough has a number of sizeable urban concentrations with some rural areas located in the West and South of the borough.

- There are 9 independent providers delivering generalist home care services in the borough through a mixture of block and spot framework agreements. There are a maximum of 4 providers in each of the neighbourhood areas identified above.
- All of these providers are paid at the same hourly rate.
- Robust monitoring systems are in place for these providers. Regular reviews are carried out and weekly monitoring information is gathered.
- There are 14 independent providers delivering specialist care services in the borough (excluding Independent Supported Living). All of these services are purchased on a spot purchase basis and providers are not restricted to operating in certain neighbourhood areas.
- Hourly rates for specialist care differ.
- Commissioned providers are a mix of large national organisations and smaller local organisations.
- There are 57 providers of Non Statutory Services across Housing Related Support and the Voluntary Sector.

### Personal Care (at home)

- 80% of provision is currently delivered by 9 organisations with an historic mix of block and spot arrangements.
- Personal Care is delivered by a mix of small and large private sector providers who are well established, with a variable base of private service users.

## Enabling (supporting people)

- There are block contracts in place for enabling services
- Some are Care Quality Commission (CQC) regulated but many are not subject to CQC regulation.
- This market is mainly a mixture of local and national Voluntary & Community Sector (VCS) providers and Housing Associations. There is also a specialist provider market within it.

## Social Care Reablement, START

The social care reablement service, START, commenced in November 2010, with the overall objective of maximising people's independence and reducing reliance on long term personal care services. START now work with around 1000 people each year. Most people who access the service are aged 65 and over but the service is available to people from 18 years. For the period of April to March 2012/13 Gateshead performance for the percentage of people who have no ongoing care needs following completion of a reablement package was the highest in the North East, with 79.9%. The North East average for this indicator (10 local authorities) was 65.4% for the same period.

The service aims to:

- reduce the need for long term home care services
- reduce the length of stay endured by people staying in hospital by offering opportunities for service users to learn or relearn skills necessary for daily living within their own home
- delay or avoid care home admission
- reduce admissions and readmissions into hospital by providing effective social care related support and interventions in an individual's own home
- facilitate timely hospital discharges - ensuring physical and / or mental recovery and facilitate the service user's return to optimal functioning within the their own home.
- reinforce and enhance carer's ability to continue for longer in their caring roles
- improve the early identification of individuals at risk of abuse, falls and dementia
- improve the experiences of service users, by providing timely access to assessment and reablement and securing the individual at the centre of care planning to maximise choice and control

Further consideration will be given to:

- the potential for integration with health intermediate care services and the direction of 'unscheduled care'
- the potential for further community engagement in partnership with Public Health services
- continuing the approach of ensuring that social care reablement is the standard offer to all adults approaching social care with personal care needs or nutritional needs
- inclusion of people on a targeted basis who currently receive personal care services
- linking people more effectively into their communities through services such as community mentoring / ABCD approaches, with the inclusion of post discharge befriending support
- Implementing unorthodox skills-based approaches such as Systematic Instruction into everyday reablement provision to ensure service users reach their optimal functioning.
- Ensuring the service embraces all principles contained within a 'Gold Standard' reablement toolkit

- The service's versatility in responding to Gateshead's ill health issues with significantly higher levels of individuals with strokes, COPD, dementia and coronary heart disease conditions than comparative national average levels.

## Housing Related Support

Services are delivered by the voluntary and community sector, registered providers and through in-house local authority services.

Housing Related Support Services are defined as "support services which are provided to any person for the purpose of developing that person's capacity to live independently in accommodation or sustaining his/her capacity to do so"

Gateshead Council have strategic reviews planned to look at current services, needs analysis and future demand. We will continue to remodel and reshape housing related support services to meet the changing needs with a reduced budget.

## Changing Needs

Demand for housing related support services has increased significantly following the Welfare Reform Act 2012. The Council's Housing Support Teams have stopped advertising services as for the first time they are unable to meet demand within the current arrangements. Case management is being reviewed to address this issue and enable an increase in capacity.

The Act introduced the following changes:

- 'Under Occupation Penalty' - A reduction in Housing Benefit for under occupancy in relation to bedroom requirements for working age claimants
- a benefit cap placing a limit on the amount of benefits a household can receive to bring benefit income in line with average working wages
- payment of benefits as one comprehensive lump sum (Universal Credit) made directly to the claimant. The housing benefit component will no longer be paid directly to the landlord
- payments of Universal Credit to be made monthly in arrears

There has been an increase in general financial difficulties, including housing related debt. The demand for one bedroom properties has out stripped supply while people are desperately trying to move out of properties that they can no longer afford. The number of households demoted (stripped of priority due to poor record of tenancy management) on the housing register has increased dramatically and there has been a large increase in numbers of households applying for social housing. Other advice agencies are reporting high levels of distress in people presenting within their services.



## Telecare and Assistive Technology

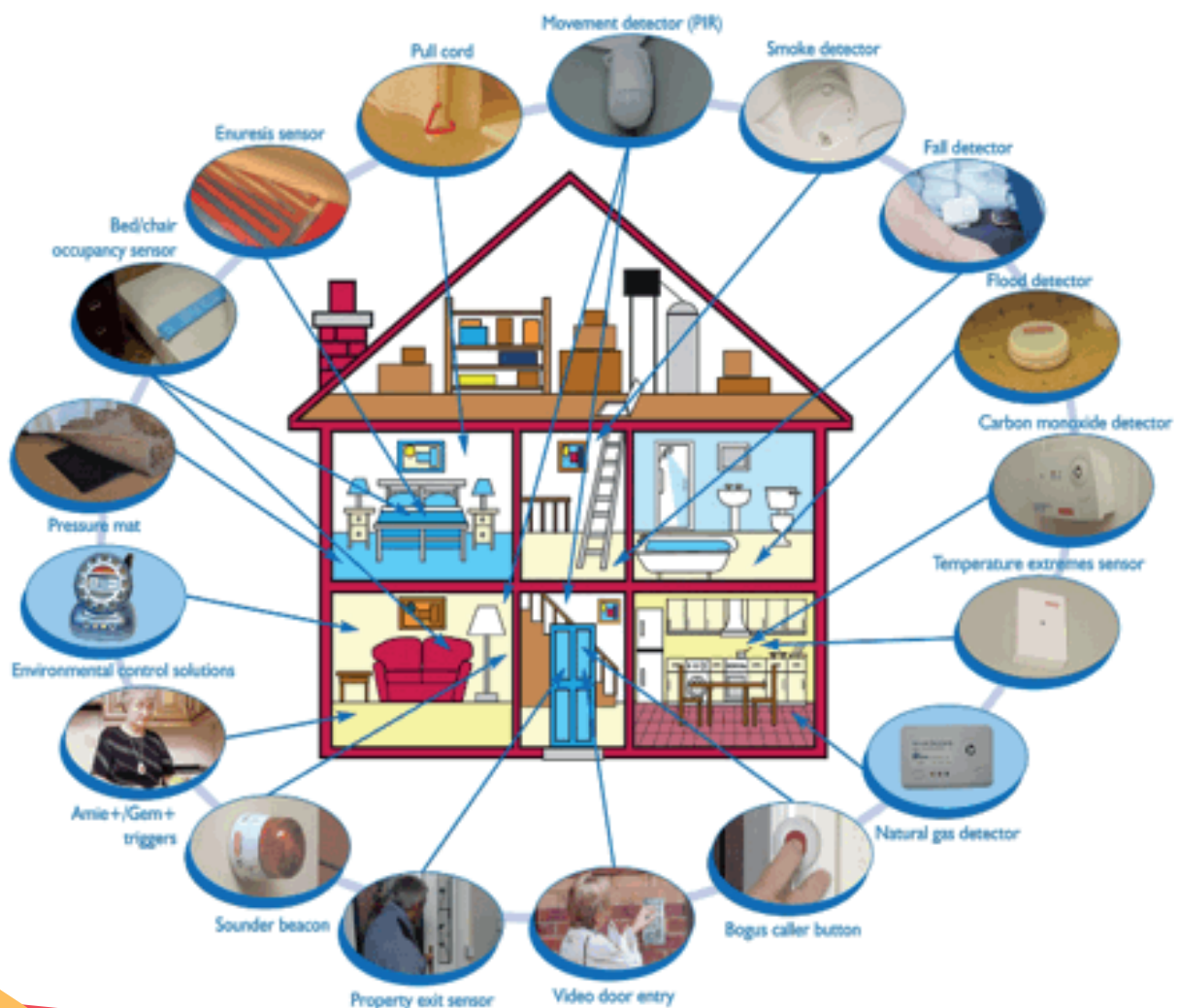
Telecare and Assistive Technology is an important service development. It is the name given for care which uses sensors to detect emergencies in the home. Some sensors can detect falls, and some can tell whether someone has left their bed or house at night and not returned. The sensors are set up to contact a call centre, family or live in carer if it is triggered.

The primary role of Telecare is to enable people to live as independently as possible, safely and with dignity. It offers reassurance and peace of mind to individuals and their family members.

The telecare service is predominantly focused on those people who have been assessed as eligible for social care assistance with immediate complex needs. However, we know that telecare can also play an important prevention role, with services aimed at monitoring an individual's health and wellbeing.

The current service is provided through Gateshead Council Care Call, who have attained national accreditation through the TSA (Telecare Services Association).

### Examples of Telecare and Assistive Technology





## Telehealth

The telehealth service enables the remote capture of vital life sign measurements, e.g. blood pressure, temperature and weight. This is done whilst at home for clinical review and when necessary early intervention. This enables people to live independently, confident in the knowledge that the system will pick up any early warning signs of a decline in their health.

### **Telehealth generally reduces:**

- the need for people to seek medical intervention as often, for example through GP appointments or unplanned hospital visits
- the need for face to face visits such as home nursing visits
- potential hospital admissions by identifying early warning signs, enabling clinicians and practitioners to adapt medication routines

### **Telehealth enables individuals to:**

- have reassurance and support where they have concerns about their health
- improve awareness of their condition
- increase self management
- improve the information available for proactive clinical management which can have a significant impact on the number of patients who are admitted to hospital, and when they are admitted to hospital, their lengths of stay

### **What providers should be aware of:**

- The promotion of the use of assistive technology solutions as a means to aid independent living is ongoing. The expectation is that the use of this sort of technology will grow considerably in the future.
- Research studies are leading us to increasingly see these services are a way of driving down cost. We therefore urge domiciliary care and care home providers to consider using telecare, assistive technology and telehealth as a cost-effective way of:
  - Meeting an individual's outcomes and person centred goals,
  - Managing risks more cost effectively and
  - Improve the efficiency and interventions.

## Respite Care Services

### **Respite is provided to FACS eligible individuals in the absence of the carer.**

We are revising our analysis of need, demand, supply and costs – including essential benchmarking information from other authorities and future modelling of demand and costs.

Traditionally respite care services have involved the cared for person to be placed into a residential care setting for a period of one or two weeks enabling the carer to remain at home or go away on holiday giving them a break from their caring role.

Many respite placements provide the carer with the security that the person they care for is safe and secure while they have a break from their caring role.

Gateshead Council recognises the importance of carers being able to have a break, it supports the mental health and wellbeing of both the carers and the cared for. However, with changes in the way care is delivered it is timely to also consider different ways to support people to have a break from their carers role.

## Day Opportunities

We will be encouraging a greater use of community based day opportunities and will engage service users, carers and providers to explore best practice, market conditions, market readiness for change and appropriate procurement models with us.

We have made a commitment, through the Provider Forum, to work with the market to consider the issues and opportunities for providers that will arise from this approach.

Day centre (and care home) models will still be required particularly for people with high levels of dependency and those with the latter stages of dementia where respite for live-in carer(s) is essential. Nevertheless centre-based opportunities will need to be modernised to provide a personal service that takes into account and addresses an individual's interests, choices, ethnicity and faith. Day centres will also be required to develop non centre-based options.

We will seek to promote a wider range of activities and opportunities and shift towards:

- an offer based on an individual and personalised service irrespective of whether the activity is provided in a centre, at home or in the community.
- activities and facilities based in the individual's own community.
- an increase in day opportunities provided within the person's own home.
- promotion of healthy living, and prevention programmes.
- flexible and responsive services that appeal to all individuals and their carers – including those with direct payments or individual budgets and self-funding individuals.
- service models that adopt principles of enablement, recovery or rehabilitation. Such models should reduce demand on state-funded day opportunities (and other health and social care services) and promote involvement in community support and universal services.

Day opportunity providers will continue to deliver an increasing proportion of services within the community. Demand remains high and is likely to increase over the next 5 to 10 years especially for older people and those with low level dementia. Alternative models of delivery are being explored with a potential change from the traditional day centre models to a community-based approach for service users with disabilities.

We will increasingly commission our day opportunities from the independent, not-for-profit and user-led sectors. We will encourage community/social enterprise and user/carer-led models. Consortia approaches may also be appropriate to deliver a broader range of activities.

The council will continue to promote the use of direct payments with individuals to enable them to tailor their own individual package of care.

## Meals and Shopping Service

### Hot Meals Service

A hot meals service is offered to those people aged 18 years and over who are unable to prepare and cook a hot meal but would like to maintain their independence and quality of life in their own home.

This may be a permanent situation due to a physical or mental disability, sight loss or other illness or perhaps it's a temporary situation such as recovering from an illness, operation or injury.

Eligibility will be determined following a community care assessment.

### Shopping Service

A shopping service is offered to residents who are unable to go shopping themselves or have no one else to help, but would like to maintain their independence and quality of life in their own home. This may be a permanent situation due to a physical or mental disability, sight loss or other illness or perhaps it's a temporary situation such as recovering from an illness, operation or injury.

Eligibility will be determined following a community care assessment.

## Non Statutory Support

Gateshead Council funds housing related support services (previously Supporting People) and the voluntary sector to provide non-statutory services which prevent people from moving into the Fair Access to Care criteria of substantial and critical and accessing our statutory services. These services work with people who have a lower need than the Fair Access to Care criteria in Gateshead and would otherwise not be eligible to access services. If a service user has been assessed as meeting the Fair Access to Care criteria they may also access these services to meet a support need that is in addition to the assessed need.

### Housing

The Preventing Homelessness Strategy 2013-2018 is designed to help some of the most vulnerable people in the community and continue to work towards the eradication of homelessness.

The Housing Strategy 2013-18 will support the Corporate Plan by focusing on three key objectives:

- **SUPPORT:** To support residents to find and maintain, a home of their own which promotes their wellbeing
- **STANDARDS:** To improve the quality, condition and management of housing so that residents benefit from safe, healthy and energy efficient homes
- **SUPPLY:** To ensure the supply of new, and use of existing homes best meets current and future, residents needs and aspiration

The Strategy will help deliver the housing policies in the Local Development Framework over a 5 year period. We have consolidated some existing ancillary strategies such as the Private Sector Renewal Strategy, Empty Homes Strategy, Older Persons' Housing Strategy, thereby providing a single point of reference for members, officers and partners.

The strategy identifies how we will use our resources to deliver our priorities. Aligning and pooling budgets where necessary and practical, clarifying roles and responsibilities for delivery within the Council and ensuring that current partnerships and groups are best able to support us to meet local needs and aspirations.

## Dementia

**60.4%**  
**of people with**  
**dementia**  
**are diagnosed**  
(Sept 2013)

	Total with Dementia	Undiagnosed with dementia
2013	2627	1040
2021	3007	1293

The Gateshead figures and projections for dementia clearly show dementia rates are rising, resulting in the need for increased awareness leading to diagnosis. Pressure will therefore increase on existing services available for dementia resulting in a number of work areas identified across Gateshead:

Gateshead Council's Healthier Communities Overview and Scrutiny Committee has completed a review into Dementia in 2013/14. Priorities have been identified under the following themes:

- Raising Awareness
- Dementia Pathway
- Carers Support
- Early Diagnosis

## Market Development Opportunities

Social Care Reablement, START	
Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>Demonstrating skills with a reablement ethos will make providers more attractive.</li> </ul>	<ul style="list-style-type: none"> <li>Information/briefings to the market, through a variety of sources including Providers Forums, newsletters and social media for providing additional information to take this forward.</li> </ul>

Assistive Technology, Telecare and Telehealth	
Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>Commissioners would like to explore with providers the use of assistive technologies like telecare and telehealth and look at how the use of Care Call and its expertise could support providers of care with opportunities to facilitate technology.</li> <li>Providers who actively use telecare and assistive technology as part of their service model are likely to secure more business.</li> <li>Services designed around the use of assistive technology, telecare and telehealth in both care home settings or in people's own homes so that older and disabled people or those people with long-term conditions or who are vulnerable get the opportunity to gain more control over their immediate environment, experience enhanced independence and quality of life, improve self-care, and reduce dependency on health and social care.</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to develop or reconfigure existing service models and housing options to meet the growing needs of older people especially in relation to extra care, adaptations, assistive technology and any other age related care requirements.</li> </ul>

## Housing Related Support

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>• Concierge Service for Learning Disabilities clients.</li> <li>• Independent Supported Living developments.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of housing related support services.</li> </ul>

## Respite Care Services

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>• Providers who can respond to respite care needs which cover a range and balance of services across home, community and care setting for complex needs and / or challenging behaviour.</li> <li>• Services available to accommodate vouchers, direct payments and individual budgets as well as self-funding individuals, based upon an individual budget allocation across service types.</li> </ul>	<ul style="list-style-type: none"> <li>• The potential for a breaks service where the carer is a co-beneficiary of the service and the service is only offered on the basis of a carer's assessment.</li> </ul>

## Day Opportunities

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>• Providers who can respond to the day opportunity needs will be more likely to secure business in the future.</li> <li>• We intend to develop thinking in relation to day opportunities and respite in an integrated way.</li> <li>• There is potential for non statutory services to be remodelled to meet the changing needs of service users and to accommodate a reduced budget.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to develop new day service models with a focus on maintaining independence, self care and prevention; these may be home or community based.</li> <li>• The outcome of a strategic review of day services which will analyse the market and prioritise non statutory services in line with and reductions to funding in this area.</li> <li>• Opportunities may be created for new or existing providers through a competitive tendering process.</li> </ul>

## Housing – Non Statutory Support

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>We will continue to strategically review services and analyse the market to prioritise non statutory services in line with any reductions to funding in this area. We will continue to remodel and reshape non statutory support services to meet the changing needs of service users with a reduced budget.</li> </ul>	<ul style="list-style-type: none"> <li>Review of housing related support services</li> <li>Competitive tendering exercises which may be created through changing needs.</li> </ul>

## Dementia

Market Development Opportunities	Look out for:
<p>Focus areas for dementia work:</p> <ul style="list-style-type: none"> <li>create a 'Dementia Friendly Community' in partnership with all sectors</li> <li>improve access to reablement services for people with dementia</li> <li>support to carers through a range of interventions including training, access to psychological therapies, short breaks, respite care and peer support</li> <li>housing options for people with dementia based on current and future need</li> <li>specialist services for people with early onset dementia</li> <li>supporting people with dementia to plan for the future</li> <li>training and awareness raising through a range of ages, including education in schools.</li> </ul>	<ul style="list-style-type: none"> <li>Report findings from 2013/14 Dementia Review; opportunities may present themselves if there are identified gaps in the Dementia pathway and carer support, with particular emphasis on the areas identified in the Market Development Opportunities.</li> <li>The publication of Gateshead's Older Persons Strategy and the Older Peoples Mental Health Strategy.</li> </ul>

# 3 Accommodation – What's in place now

## Policy Direction

A clear strategic aim for Gateshead Council is to help to provide appropriate community based accommodation choices for vulnerable adults; both for those for whom we have a statutory duty to provide care, but also for those who make and pay for their own arrangements.

Appropriate, cost-effective, community based accommodation options are key to giving people greater choice and control and helping them to live as independently as possible in their own homes, whilst maximising value for money for all.

The provision of housing in the community needs to be linked to the strategic planning of a range of community based care and support services, capable of providing 24-hour cover, to help people within their home of choice. Implementation of this policy direction aims to restrict state-funded admissions into residential care homes.

The number of older people over the age of 65 years we have placed in residential care has been maintained at a stable level over recent years.

However, due to demographic changes and pressures, if there is no targeted action to improve accommodation options and ensure availability of 24-hour community care and support services, there is the potential for numbers of placements to grow due to the increase in the number of people aged over 85 years.

## Trends in Residential Care

This section of the Market Position Statement should be read in conjunction with the Demand Analysis, which contains further detail, including at a locality level: <http://www.gateshead.gov.uk/DocumentLibrary/CBS/Care/strategies/Market-Position-Statement-Demand-Analysis.doc>

Reference should also be made to the 'in-house' services section which refers to Gateshead Council provision.

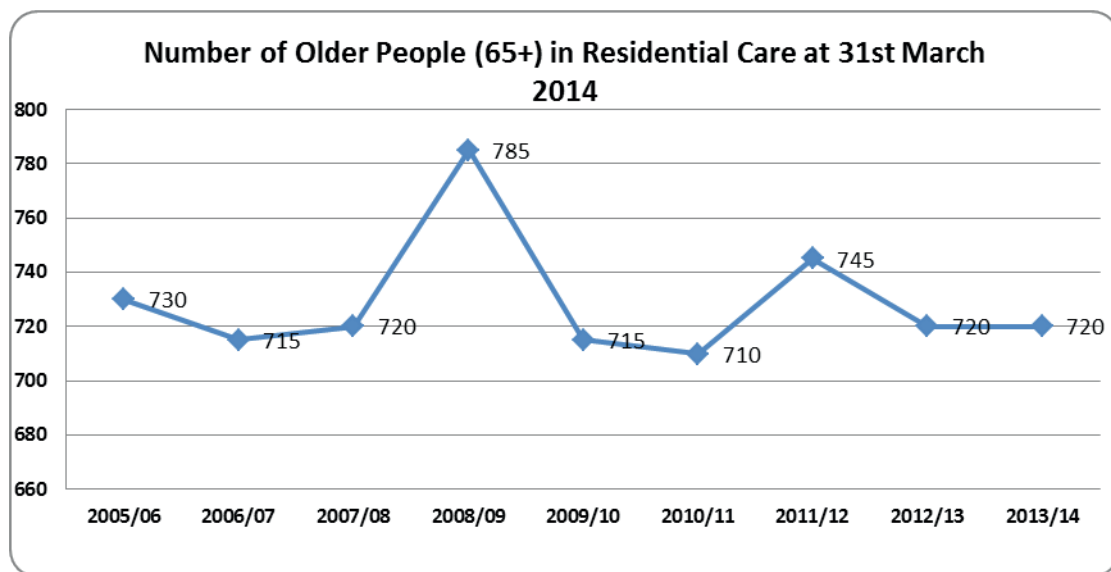
This is a market in which Gateshead Council contracts for a significant amount of business but where there is also a large level of private purchasing. The information that follows only relates to that which is commissioned directly by the Council as people who purchase privately, and the homes that accept them, are not required to notify us of those arrangements.



The main points that emerge from an analysis of externally commissioned activity are:

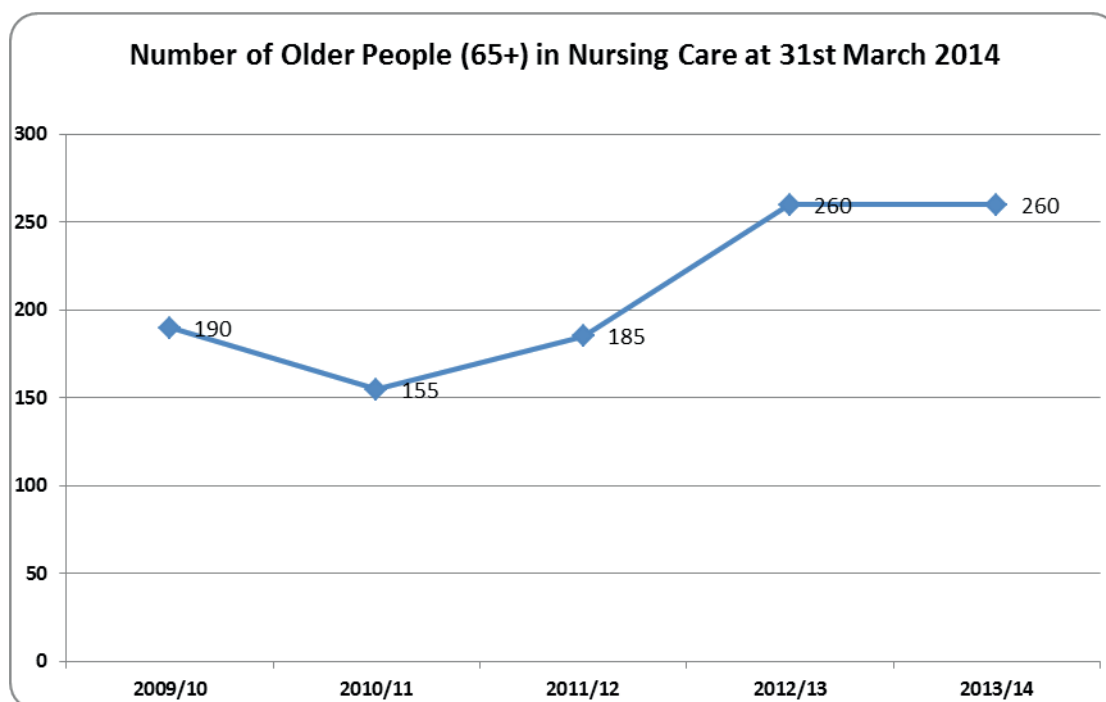
- Since 2005/06 there has been a varied market in older people's residential care, although for the past few years this has remained relatively static (see figure 3).
- The market for older people's nursing care following a dip between 2009-11 has seen an increase in placements over the past three years.
- For people with a physical disability the numbers are relatively small and broadly stable, although there has been a reduction overall in nursing care between 2011/12 and 2013/14.
- For learning disability the trend is broadly level for both residential and nursing care (with an increase in numbers during 2011/12, compared to previous years).
- For mental health services there is a downward trend overall, although we have seen an increasing number of people in residential care since 2008/09. There was also a small increase in the number of people in nursing care in 2010/11. From 2005 - 2013 there was an overall drop in the combined numbers from around 65 to 60.
- Some variations are apparent in different localities and this is a factor of not just varying demand pressures, but the pattern of supply and of service user choice.

**Figure 3 In relation to older people in Residential Care**



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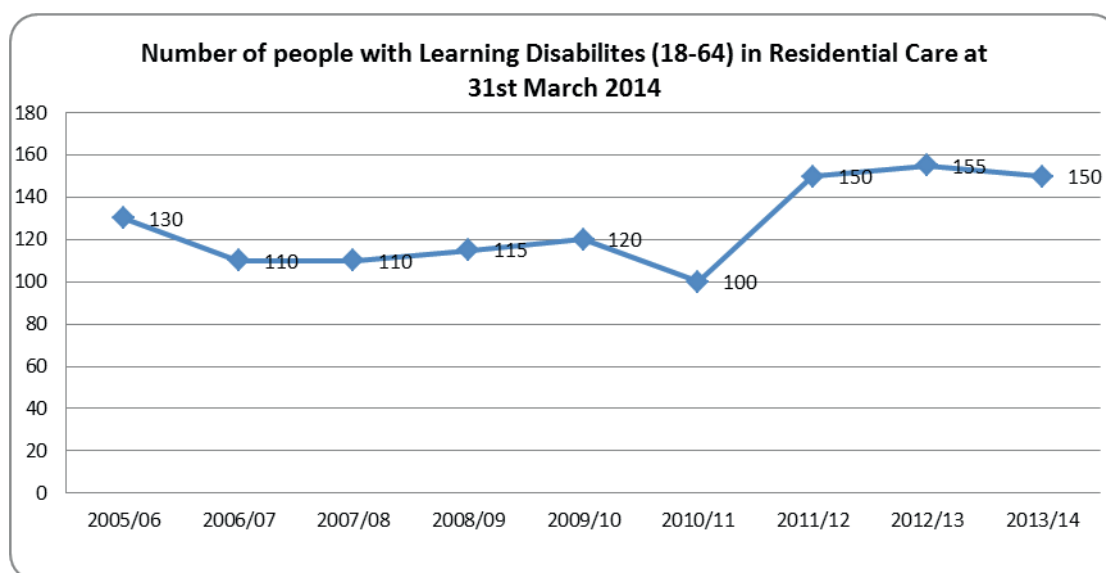
**Figure 4 In relation to older people in Nursing Care**



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In relation to learning disability, the overall trend is an increase of 15% as shown in Figure 5:

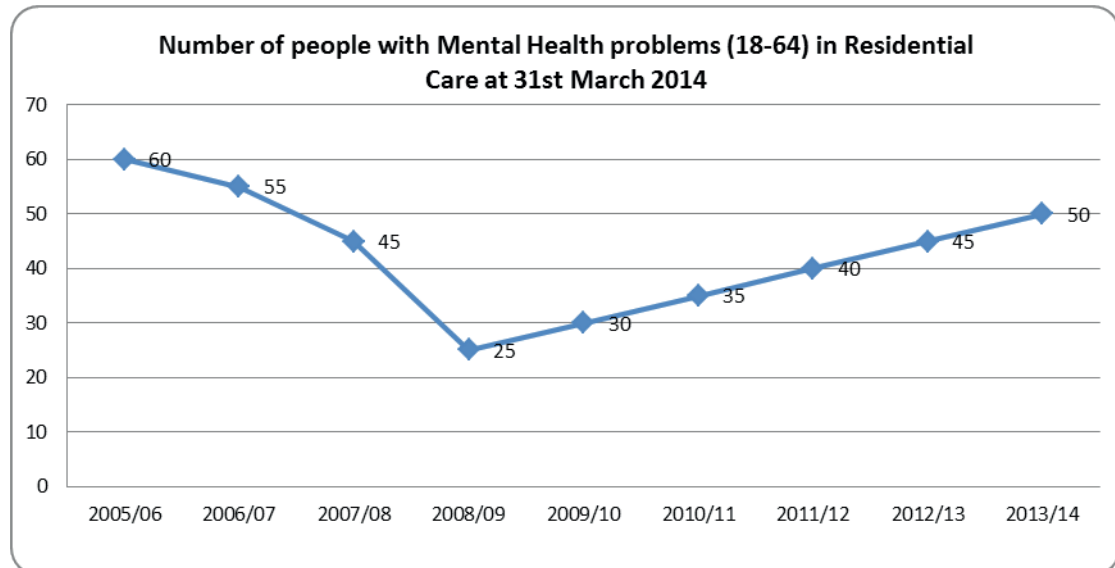
**Figure 5 In relation to learning disability**



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In relation to mental health services, there is a downward trend overall, although there is a recent small steady rise in numbers since 2008/09. From 2005 - 2012 there was an overall drop in the residential numbers from around 60 to 45. Figure 6 shows the total number of people with mental health issues in residential care across Gateshead at year end.

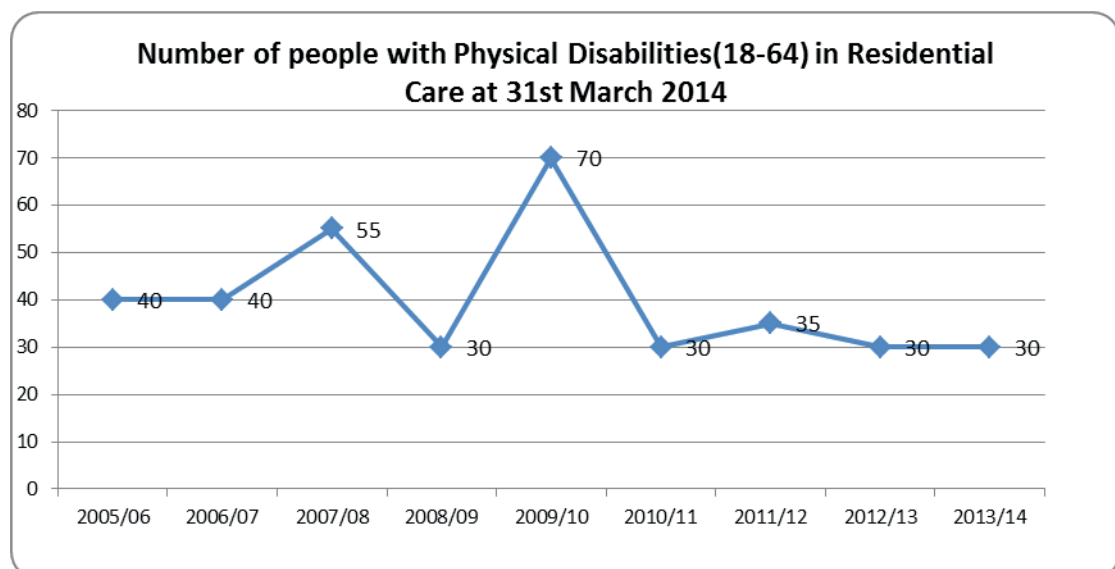
**Figure 6 MH Numbers in Residential care**



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Figures 7 & 8 in relation to Physical Disabilities.

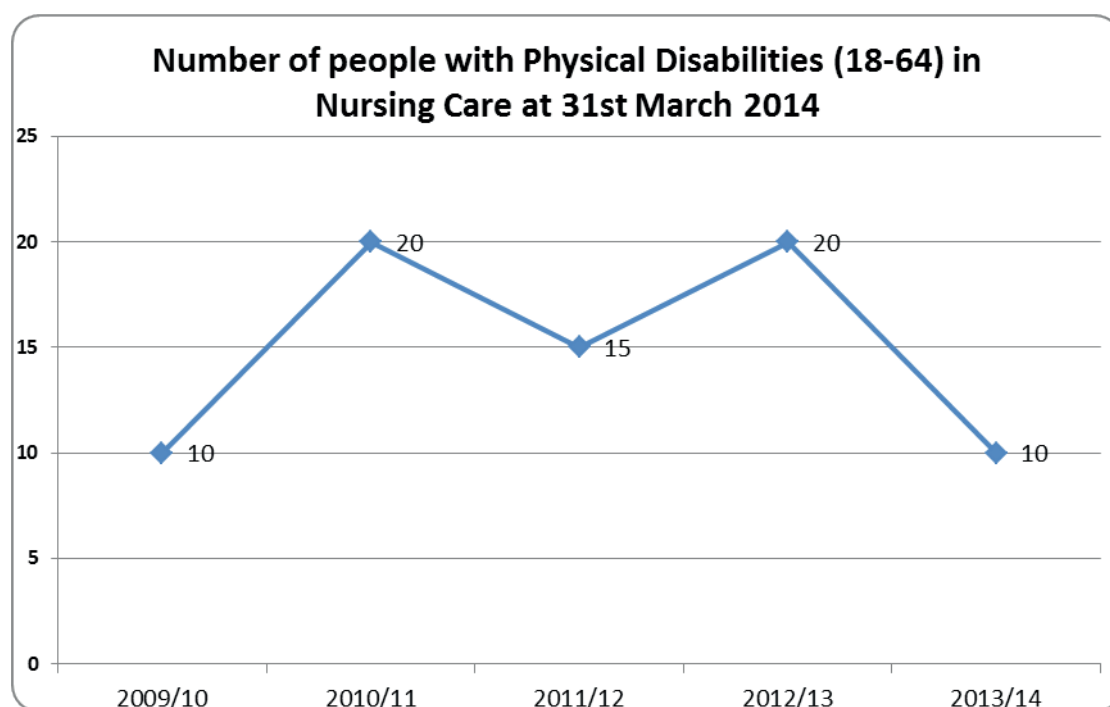
**Figure 7 Physical Disabilities Numbers in Residential care**



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## Figure 8 Physical Disabilities Numbers in Nursing care

(Data is rounded to the nearest 5 to prevent any individuals from being identified.)



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## Residential and Nursing Care – Externally Commissioned

Gateshead contracts with the independent sector for residential and nursing care under Section 21 of the National Assistance Act 1948 on both a temporary and permanent basis across a range of service users groups, underpinned by pre-placement agreements and individual placement contracts.

Under Section 47 (1) of the National Health Service and Community Care Act 1990, Gateshead has a duty to carry out an individual's assessment of need if it appears that they may need community care services. We base our eligibility criteria for services on national guidelines from the Department of Health called Fair Access to Care Services (FACS). People who have been assessed as having a substantial and critical need are eligible for services in Gateshead.

If it is decided that the individual's assessed need is most appropriately met through a care home placement in a home that provides nursing care, an NHS nurse will help to assess and confirm eligibility for NHS Funded Nursing Care (FNC) or Continuing Health Care.

When we arrange or provide a place in a care home, we have a general obligation under Section 22 (1) of the National Assistance Act 1948 to charge for accommodation in care homes. We have to assess how much the person should contribute – based on their income and capital resources in accordance with the National Assistance (Assessment of Resources) Regulations 1992 (as amended) and with regard to the statutory guidance known as "Charging for Residential Care Guide" ("CRAG").

Other than in exceptional circumstances, we only contract for people who need financial support from the local authority as a result of their needs and the fact they have either income or capital under the financial thresholds set by legislation.

In the last two years the average number of older people in residential placements has been stable, while there has been an increase in nursing care placements. Gateshead Council is aware that the numbers of placements remains above that of comparator authorities. Action continues to be taken to limit the growth and wherever possible negate the need to place older people in residential and nursing care. The Council predicts this position will remain under control for the short to medium term, but beyond 2018 current predictions are that numbers of people in care will begin to increase. An increase in the number of nursing placements was predicted in last year's statement, together with shorter periods of occupation. This trend has been confirmed in placements in the last year, and it is anticipated this trend may accelerate with the current approach on admissions to, and discharges from, hospital settings. At this stage there is no overall growth in costs, but providers in the sector are reporting increased cost pressure through nursing provision and related pressures such as end of life care. There has been no significant increase noted in the numbers of placements in relation to specialist dementia and mental health services for older people, but this is anticipated to grow as part of the overall longer-term trend in growth of numbers of placements, as commented on above.

Whilst the Council contracts on behalf of people who need a local authority financial contribution, advice is still available to anyone who requests it (including those who pay privately) to enable them to make an appropriate choice of care home.

Guidance is available at [http://www.gateshead.gov.uk/Search/SearchResults.aspx?search\\_keywords=facs](http://www.gateshead.gov.uk/Search/SearchResults.aspx?search_keywords=facs)

The Care Quality Commission is the independent regulator of health and social care in England and registers, regulates, inspects and reviews all care homes: [www.cqc.org.uk](http://www.cqc.org.uk)

## Intermediate Care

Intermediate care is an 'umbrella' term to describe a range of health and social care services that deliver reablement, rehabilitation and recovery-type services, some of which are delivered through integrated health and social care teams.

Services could include, for example, bed-based rehabilitation services in care homes or community hospitals, rapid response services and homebased treatment, reablement and rehabilitation services. Currently Gateshead Council and the CCG invest a considerable proportion of resources in Intermediate Care services.

## Desired Market Conditions – other than care homes

A desired market outcome is a range of affordable and value-for-money accommodation options that offer choice for individuals over where they live, which also support personalised care and support services.

Appropriate options range from:

- Extra Care Housing – self-contained housing for people who also require access to 24/7 support and personal care to live independently in the community
- Independent Supported Living - for specific disability needs
- Independent Housing arrangements (including clustered or dispersed, within the social housing sector, private rented sector or owner occupied)
- ‘Shared Lives’ – adult placements

### Relationships with Commissioners

Adult Social Care commissioners work in partnership with the Development and Enterprise team. They are key stakeholders in the development of the Housing Strategy and in particular, play a vital role in the Vulnerable Persons Housing Group.

Key relationships with commissioners in meeting accommodation needs are likely to be through the new Framework Agreements for independent supported living personal care and community based support.

New relationships with private sector house builders are expected to be required in order for us to maximise all opportunities for delivering new accommodation options.

### Market Readiness for Change

Gateshead currently commission for extra care provision. The Council’s strategic housing market assessment, 2013, looked at the impact of the growth in numbers of older people on the strategic direction of housing needs. The need for ‘extra care’ accommodation for the growing frail elderly population was identified. The assessment showed that there will be an increased demand for affordable sheltered accommodation due to the growth in the number of people in the 65+ age group.

There is a significant development in the accommodation market in Dunston which is developing into a provision that cuts across ‘extra care’ and sheltered accommodation.

## Market Development Opportunities

Accommodation	
Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>Adult Social Care and CCG are committed to redressing the balance in Intermediate Care service towards home-based provision and aim to increase investment in reablement and rehabilitation services that support individuals in their own home particularly where such services support discharges from hospital.</li> </ul>	<ul style="list-style-type: none"> <li>How we implement our Better Care Fund plan for Gateshead, working with the CCG and other partners and providers.</li> <li>The opportunity to develop the provision of step up / step down community beds.</li> </ul>

For Older People	
Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>Gateshead actively work with the 'Shared Lives' scheme and we are keen to explore how we can use this family-supported accommodation option for more vulnerable adults.</li> <li>More sheltered accommodation will be needed as a result of the growth in the 65+ population age group.</li> <li>More specialist accommodation will be required to meet the changing requirements of the increasingly older population.</li> <li>For the 75-85 age group, even if we allow just 2.5% of the older population needing some kind of supported housing in the next five years there is a need for 325 units in Gateshead; and 117 units for those aged over 85 (Strategic Housing Market Assessment).</li> <li>Even allowing for existing higher level supported housing it will be challenging to meet the demand.</li> <li>By 2021 there will be 19,445 of Gateshead's population over the age of 74 with a large number requiring some kind of supported housing.</li> <li>475 bed spaces have been added to the Older People's Care Home estate in the last two and half years, making 1,654 beds available for residential care for older people. We think growth will be limited over the next few years but some development may be encouraged in specific areas such as specialist dementia care or in some aspects of nursing care.</li> </ul>	<ul style="list-style-type: none"> <li>The re-commissioning of home care services, with the view that a new service is on place for April 2015.</li> <li>ISL &amp; Specialist Home Care re-commission – services to commence October 2015.</li> <li>Emerging discussion opportunities about the development of a rapid response home care service.</li> <li>Opportunities to develop or expand services which provide direct support to carers (including an emergency response service)</li> <li>The outcome of a current review of the market to ensure the choice of consumers / customers can be fully exercised.</li> <li>Opportunities which may arise in relation to specialist dementia services or some aspects of nursing care.</li> </ul>

## For People with a Learning Disability

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>Gateshead Council would like to explore options for delivering other forms of accommodation with the market; in particular building on the 'cluster peer support' development for people with a learning disability. We will be working closely with the Vulnerable Persons Housing Group in order to develop the market.</li> <li>Over the next five years we will require additional independent accommodation for people who wish to move out of residential care or live apart from their families. Further work to analyse this unmet need down to the service user level is being considered, to better inform where and when this accommodation would be needed.</li> <li>A range of accommodation options and tenures will be needed which include individual flats, cluster flats with shared care and support services, and shared houses in respect of independent supported living.</li> <li>Future additional capacity continues to be required across the Borough. Some 44 of the people with the most complex health and social care needs are currently in out-of-area residential placements and work is being undertaken to address how many of those people might be choosing to move back into Gateshead.</li> </ul>	<ul style="list-style-type: none"> <li>Opportunities to get involved in potential service design for cluster peer support.</li> <li>Specialist ISL and Home Care re-commission – services scheduled to commence October 2015.</li> <li>The development of provision for people with complex needs which will include support to people with a forensic background.</li> </ul>

## For People with a Mental Health Problem

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>There is a need for step down services to enable people with a mental health condition to move out of high support accommodation.</li> <li>There is a need to develop housing related support to enable people to move out of residential care and back into the community.</li> <li>A continued focus on moving people with mental health needs on from residential care to appropriate services.</li> </ul>	<ul style="list-style-type: none"> <li>The development of the Community Based Care Framework will improve quality and choice of support for people living in the community.</li> <li>Work with community based providers to review and improve the services that they offer so that people in residential care are moved on to less intensive support and their own accommodation.</li> </ul>



## For People with a Physical Disability

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>• There is a need to ensure more suitable, adapted accommodation is available for people with a physical disability and/or sensory impairment. Housing problems include homes which are unsuitable to meet people's needs and require physical adaptations or improvements in their location of choice.</li> <li>• A continued focus on moving people with a physical disability from residential care back into the community.</li> <li>• Work with housing to ensure a choice of suitable adapted accommodation is available.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to get involved in the design of step down services to enable people with a physical disability to move out of residential care and back into the community.</li> </ul>

## For People with an Autistic Spectrum Disorder

Market Development Opportunities	Look out for:
<ul style="list-style-type: none"> <li>• We are currently looking at the numbers of people with an Autistic Spectrum Disorder and their needs which will help us develop services for the future.</li> </ul>	<ul style="list-style-type: none"> <li>• The outcome of the review of Autism services; any potential services would be tendered for a scheduled start date of April 2016.</li> </ul>

# 4 In House Services – What’s Currently in Place

## Context

Whilst this Market Position Statement is largely concerned with the Council’s externally commissioned services, any analysis necessarily needs to take account of the nature and extent of the provision it should continue to directly provide. Such decisions are kept under constant review and take account of service user wishes, market conditions, business efficiency and the timing and costs of change.

The purpose of Council provision is not to duplicate that which is available in the market but to contribute to a viable mix of provision.

## Services for older people

### Residential Services

The Council continues to be a direct provider of respite care for older people. The Council possesses 4 Promoting Independence Centres (PIC) as residential services for older people, which comprise 100 beds for respite and assessment inclusive of 15 beds for emergency and intermediate care purposes.

### Day Opportunities

Gateshead Council provides day opportunities for older people from four Promoting Independence Centres and Blaydon Day Centre.

### Home Care Services

The home care service has experienced rapid change over recent years. Over the last two years, in house long term mainstream home care provision has reduced by approximately 40%. Discussions continue about the future direction of travel for this area of business.

Despite a reduction in provision, Gateshead Council continues to provide long term home care support, to individuals with high level complex needs. People can be supported within the service if they possess:

- A debilitating condition such as Parkinsons disease, M.S, etc
- A dementia condition
- Significant physical impairments, thus, requiring moving and handling support
- An ‘end of life’ condition

## Social Care Reablement

Refer to pages 30 and 31 in section 2.

## Services for Adults with a Learning Disability

### Day Services

There are nine day services, projects or centres, across Gateshead that are open to people of all ages with a disability, to help maintain and develop skills, by providing leisure, education, employment and volunteering opportunities.

The physical disabilities team helps adults aged 18 to 65 who have physical disabilities or neurological conditions that restrict mobility and/or a person's ability to care for themselves. They can help access educational, housing and employment opportunities and also arrange fun and social activities to get involved in.

The housing and family support service can provide support to adults with a learning disability to live independently and safely in their own home.

### Shared Lives

The Shared Lives Service supports adults aged 18 – 65 years with a disability to access a wide range of activities and opportunities in their local community and achieve their aspirations.

The Shared Lives Service can provide the following types of care and support:

- Long term accommodation - People live with Shared Lives carers, sharing their lives and their home
- Short breaks - People stay temporarily with a Shared Lives carer to get a break from routine or to give their carers a break
- Day time support
- 'Kinship' support – Shared Lives carers support people in their own home and community

The service places adults who are looking for somewhere to live with trained and approved Shared Lives carers.

### Employment & Volunteering

Support is available to people with a learning or physical disability, or mental health need, to learn about, obtain and maintain employment and to take part in enterprise activities across the Borough.

The council provides information, advice and support to individuals whilst in employment. The team can also work with employers to ensure smooth induction and training for people when they start work.

Gateshead Council also supports a range of enterprise activities, including New Vision (training), Harvest & Help (gardening, horticulture and leaflet distribution), Your Store (retail), Food for Thought (catering) and Guidepost (drop in service).

## Short Breaks

The Short Break Service provides short breaks for people with a learning disability that live at home with their carers, and breaks for carers who have an assessed need for a break from their caring role. A short break can either take place in the person's home, within the community or specialist buildings. The allocation of breaks that people are entitled to each year are agreed as part of a care plan, following a community care assessment and based on personal circumstances.

Types of Short Break include the specialist two bed short break service in Blaydon is for adults with learning disabilities/autism and who may present behaviour that can be considered challenging and a caravan on a busy leisure site on the outskirts of Berwick upon Tweed. The Shared Lives Service provides short breaks for adults with learning disabilities in the homes of Shared Lives carers across the borough.

## Supported Living

Gateshead Council has 6 supported living services across Gateshead supporting 19 people with learning disabilities to live in their own homes and to lead active, socially inclusive lives. Support is provided 24/7.

In some services people choose to share the accommodation and support and other services are on a 1-1 basis. The support is designed individually, with the active participation of the person to be supported and those who know them best. Supported living focuses on what people can do, provides support for things people cannot do, and creates opportunities for people to learn how to do things they want to do.

## Housing & Family Support

This service supports adults with a learning disability in Gateshead who live in their own homes or tenancy, or who live with their families. Currently they provide support to 5 service users who receive family support, 24 service users receive housing support.

Housing support can include:

- Supporting people to maintain their tenancy and home
- Assisting people to move to accommodation that better meets their needs
- Providing home safety checks and offer advice to manage risks
- Assisting people with managing money, budgeting, paying bills, reading letters and completing housing or benefit forms
- Assisting people with managing shopping, meal planning, cooking and household tasks
- Support to access activities and services within the community

Family support can include:

- Support at home or in the community
- Help to access activities and services within the community
- Provision of breaks for person with the learning disability and their carer

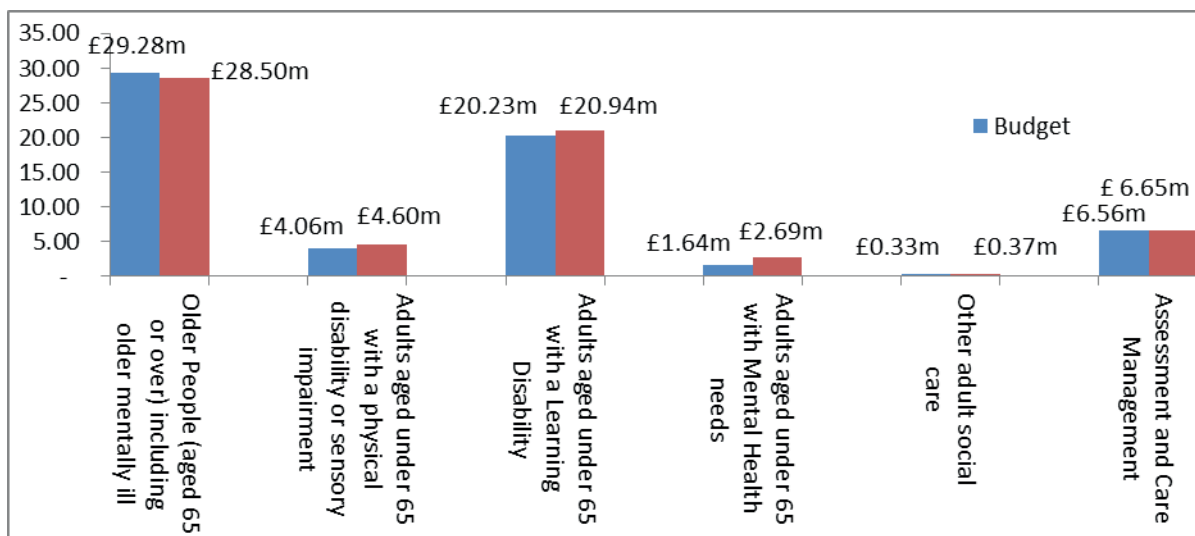
# 5 Financial Background

## Current Financial Position

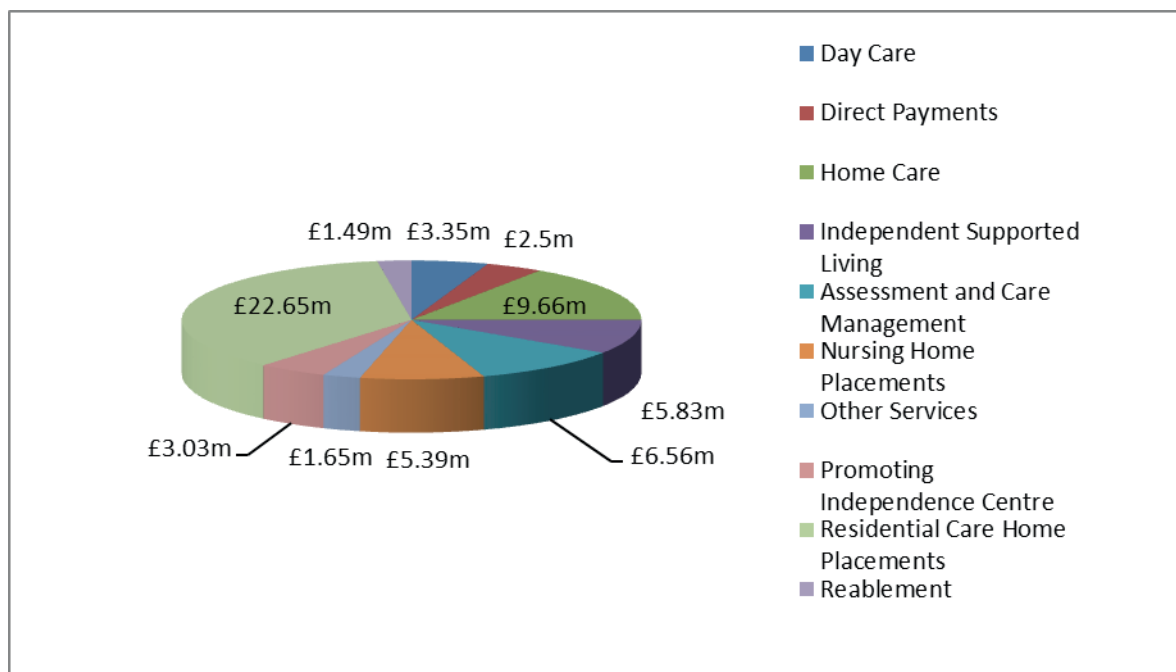
### 2013/14 Projected Outturn

As at quarter 3 2013/14 spending was projected to be £1.636m above the approved budget of £62.104m. A breakdown of the projected outturn by client group and type of care is shown in table 1 and 2 below.

**Table 1**



**Table 2**

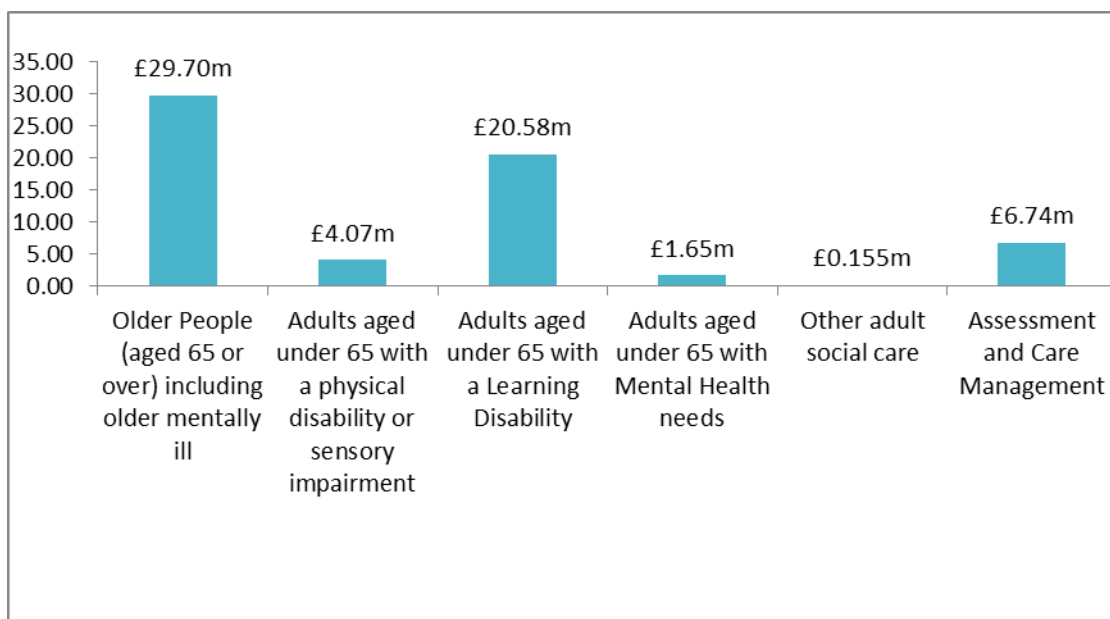


## 2014/15 Budget Pressures

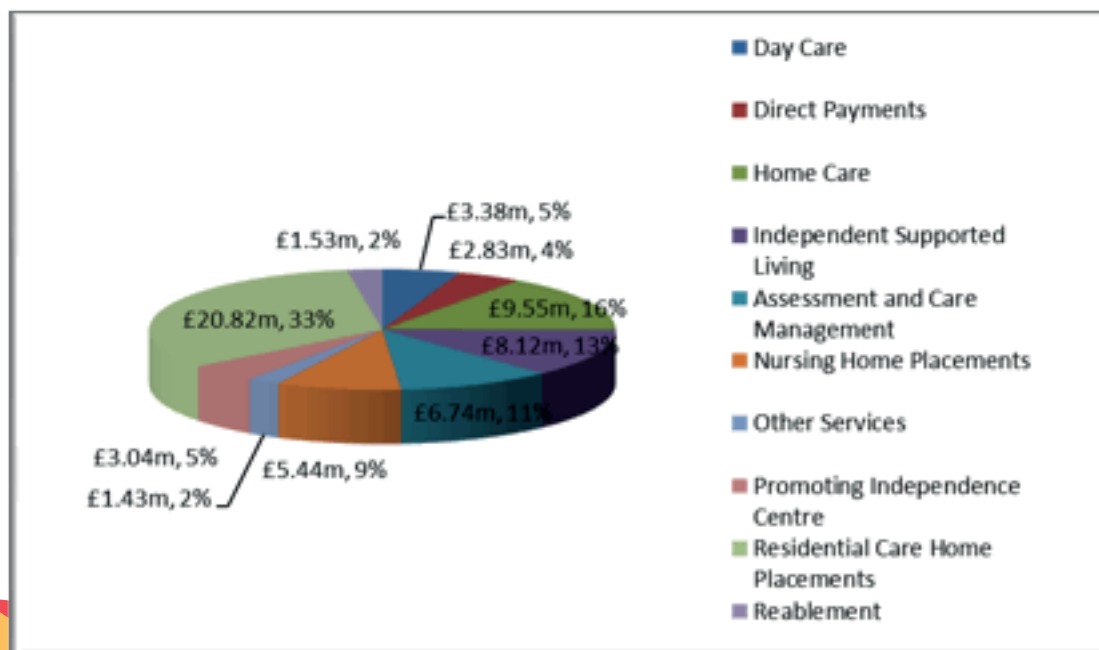
The Adult Social Care direct budget for 2013/14 is £62.885m. The movement in the budget includes the impact of changes to local government pension contribution rates and the projected impact of agreed contractual inflation. Demographic growth is provided for within the overall Council budget and will be made available to the Adult Social Care Budget as required.

A breakdown of the budget by client group is detailed in table 3 below and by type of care in table 4.

**Table 3**



**Table 4**



The social care environment has already undergone significant change with the passage of the Health and Social Care Act 2012 with the most relevant change being in the way health services will be commissioned.

The transfer of responsibility for Public Health to local authorities could have adverse consequences for the Council if it is not adequately funded beyond 2014/15 but it could also bring some opportunities for greater economies of scale and a more cohesive approach to commissioning and contract management.

The Better Care Fund was announced in June 2013 as part of the Spending Round. It provides an opportunity to transform local services so that people are provided with better integrated care and support. It encompasses £17.2m in 2015/16 for Gateshead. The Fund will support the aim of providing people with the right care, in the right place at the right time. This will involve a shift in the way services are commissioned with the expansion of care in community settings.

The Care Act currently going through Parliament will establish a new legal framework putting wellbeing of individuals at the heart of care and support services. The Act marks the biggest transformation to care and support law in over sixty years. It introduces:

- Significant changes to the way in which people contribute to their care
- All people with eligible needs being entitled to support in assessing the best way of meeting their needs regardless of their financial circumstances
- Carers having a legal entitlement to the assessment of their needs
- A national consistent minimum threshold for eligibility
- Advice and information being available to those without eligible needs of the support available locally to help them]
- Personal budgets becoming a legal requirement

In the next 2-3 years the service will experience significant challenges which include:

- Demographic pressures, including a growing number of older people, those with complex needs and dementia. The recent census data demonstrates an increase in the population of Gateshead as a whole
- Continued geographical dispersion of families resulting in higher proportions of older people becoming increasingly isolated and without support networks
- Growing demand for carers advocacy services
- Maintaining the competitiveness of directly provided services
- Maintaining quality care provision despite substantial financial challenges
- Safeguarding adults, particularly vulnerable adults, victims of domestic abuse and hate crime
- Commissioning for complex conditions such as autism

## 6 Commissioning Timetable 2014-15

The following chart sets out the major commissioning milestones for the coming year. Please note all time-scales are provisional and maybe subject to change. Providers should ensure they are registered on the Procurement Portal [www.nepoportal.org](http://www.nepoportal.org)

Major commissioning milestones for the coming year.	2014									2015					
	2nd Quarter			3rd Quarter			4th Quarter			1st Quarter			2nd Quarter		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1 Assess Strategic Needs of People with Autism															
4 Framework for Residential Care & ISL Home Care															
6 Develop Service Model and Potentially Commission End of Life Services															
9 Review & Re-commission Carers Service															
12 Home Care Re-commission															
15 Re-commission of Advocacy Services															
18 Review of Older Persons Alarms															
20 Review and Re-commission of Complex Needs Floating Support															
23 Review of Extra Care Services															
25 Review of Autism Services															
28 Review of Mental Health Services															
31 Development of ISF's in Borough															

Procurement is an important driving force in Gateshead Council for identifying and realising cost efficiencies and guiding the improvement of Value for Money in the Council's annual spend.

Procurement also works closely with local business support organisations to ensure improved access to business opportunities with the Council and assist's Small to Medium Enterprises (SMEs) and Voluntary & Community Sector (VCS) organisations to understand and engage with the tender process and produce quality responses to invitations to tender.

Social care commissioners and the procurement team work closely to design procurements that are sensitive to local market conditions and that takes account of the views of providers.

Gateshead tender opportunities are available via [www.nepoportal.org](http://www.nepoportal.org)

The purpose of this website is to support the procurement process by providing an e-tendering solution, advertising of tender opportunities and electronic tendering. Within the **Suppliers Area** of the NEPO portal website providers can:

- register for FREE
- receive notification emails of new tender opportunities that match your company criteria
- search facility to find current tender opportunities.



# 7 Next Steps and Feedback

## Next Steps

The Market Position Statement (MPS) is published electronically to allow us to update it easily and can be found on **<http://www.gateshead.gov.uk/DocumentLibrary/CBS/Care/strategies/Market-Position-Statement.doc>**

The MPS is a document that will be periodically updated as and when data information and the adult social care market changes.

## Feedback

We welcome your comments to assist us in improving the MPS for the next update. Please email any comments to **[commissioningteam@gateshead.gov.uk](mailto:commissioningteam@gateshead.gov.uk)**

We are also keen to work with providers via our provider engagement programme which will allow us to include market intelligence and important learning from providers.

