

**Promoting
independence**
through partnership collaboration
and choice

Market Position Statement

December 2013



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SECTION 1: Introduction

It is a time of significant change for the social care market – this is demonstrated by a shift in the way we commission and procure services through personalisation and a much greater focus on promoting independence. We recognise that we need to develop innovative ways of commissioning and procuring services in order to stimulate growth, flexibility and responsiveness within the provider market in order to meet local needs and new priorities.

We also continue to face unparalleled pressures to identify and realise savings as a result of reductions in central government funding. Working in partnership with the local market has and will continue to be vital to this continued work. We are committed to getting the balance right by developing a more transparent and consistent framework for setting a fair price for care services and supporting and enabling local providers to better promote independence.

The Social Care White Paper “Caring for our Future: Reforming Care and Support”¹ and the Care and Support Bill² 2013 set out proposals to enable local people to choose from a diverse range of quality care services, ensure improvement to the quality of care and place people’s needs and outcomes centre-stage.

Local authorities will have a duty to promote a diverse, sustainable and high quality market of care and support services. Commissioners will need to design sustainable mechanisms for engagement with providers to ensure that key messages can be communicated effectively. This document sets out Hackney Council’s Market Position Statement at this key time of change.

Our initial market position statement

This is our second Market Position Statement. Our Initial Market Position Statement was published in January 2012. The statement set out our intentions to commission a range of innovative targeted preventative services including generic floating support services, health and well-being, volunteering and befriending services; these new services were all in place by late 2013.

The position statement also signposted our intention to commission a support network for carers’ and an innovative network of support for people with mental health problems, both of which will be in place in 2014.

In the development of this document, we have consulted with a wide range of providers through a series of consultation events. This has helped us to produce a Market Position Statement which we hope will answer many of the questions providers have about the Council’s priorities, such as likely future demand and the type of services the Council would like the market to develop in Hackney, so as to meet the needs of local residents. A glossary of key terms has been provided at Appendix 1 to aid understanding of key words and ideas.

Hackney Council supports the diverse range of providers that currently offer care and support, including user and carer led organisations and social enterprises. We will respond to what users and carers want and work with our provider market to reshape and develop services that meet users and carers’ needs.

We are committed to continuing to develop our understanding of the market and enhancing our market shaping expertise by producing a refresh of the Market Position Statement each year.

1.1 Structure of the document

Our Market Position Statement is structured in the following way:

- Section 2: Assess the needs of our population
- Section 3: Sets out the resources we spend on services
- Section 4: Provides an analysis of future demand for care and support services
- Section 5: Identified the key features of current services supplies
- Section 6: Provides the market analysis
- Section 7: Lists Hackney’s Market Facilitation Plan

¹ www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/

² www.dh.gov.uk/health/2012/07/careandsupportbill

1.2 The Purpose of the Market Position Statement

This document has been developed by Hackney Council’s Health and Community Services Commissioning Division. It sets out commissioners’ ambitions for working with providers that support vulnerable adults with care and/or support needs. Our statement reflects our top priorities for the future. Adult social care services in Hackney will need to change and diversify in order to meet changing expectation and needs. Our customers are telling us that they want different and more personalised support. We want to facilitate the development of a diverse range of support options for people, to reduce dependency and promote independence. We want to work with our provider partners in order to make this happen.

The Market Position Statement (MPS) provides key information which should prove useful as a resource for providers. Commissioners have consulted extensively with providers to produce a statement that:

- Provides information about the current market and supply in Hackney;
- Supplies information about current and future demand with sufficient detail to allow providers to plan and make investment decisions with confidence;
- Sets out how the Council wishes to shape and develop the market to meet new and changing needs;
- Sets out the Council’s strategic directions and promoting independence strategy;
- Provides information about resources to deliver change and how the Council intends to continue to meet service user outcomes within increasing financial constraints;
- Sets out how the Council plans to continue a constructive dialogue with local providers, potential providers and providers wishing to diversify their offer locally; and
- Sets out how we will measure the impact of this plan and our market facilitation activities.

This document will be of interest to existing providers and potential providers of a range of adult care services for older people, disabled people, people with learning disabilities, those with

mental health needs as well as those vulnerable adults on the “cusp” of care who may benefit from preventative or health and wellbeing services.

Our MPS sets out Hackney’s ambitions for the market, reflecting our social care pathway and commitment to promoting independence.

Providers have told us that they want to be signposted to our main strategic documents so that they may better understand our direction of travel as a Council. The following section provides a summary of the key strategies.

1.3 Alignment to the council’s key plans and strategies

Our MPS is aligned to the Council’s key plans and strategies:

- i. The Sustainable Community Strategy 2008-18
- ii. The Corporate Plan 2013-14
- iii. The Health & Community Service’s Priorities & Commitment Statement
- iv. The Hackney Compact

i. The Sustainable Community Strategy 2008-2018³

The Sustainable Community Strategy sets out the vision for the Borough agreed by the Council with its key partners.

The Strategic priorities in the Plan are to:

- Reduce poverty by supporting residents into sustainable employment, and promoting employment opportunities.
- Help residents to become better qualified and raise educational aspirations.
- Promote health and wellbeing for all and support independent living.
- Make the borough safer and help people to feel safe in Hackney.
- Promote mixed communities in well-designed neighbourhoods, where people can access high quality affordable housing.
- Be a sustainable community, where all citizens take pride in and take care of Hackney and its environment for future generations.

ii. The Corporate Plan 2013-14⁴

The Corporate Plan sets out Council's priorities drawn from the Sustainable Community Strategy.

1. Helping and protecting those residents who most need support, and working with them to improve their lives and capacity for independence.
2. Keeping Hackney clean and safe; and promoting the quality of life and wellbeing of our residents.
3. Bringing investment and jobs into Hackney, creating opportunities and prosperity, and ensuring our residents have the education, skills and support to benefit.

iii. Our Health and Community Service priorities are;

1. Spending money wisely and delivering agreed savings in line with the Council's Medium Term Planning Forecast.
2. Ensuring all our services are efficient, effective and provide value for money, recognising the demand-led nature of them.
3. Developing our staff, ensuring they have the skills to deliver high quality services.
4. Working in partnership to deliver outcomes.
5. Exploring sustainable models of funding for services.

Our priorities are shaped by our 'Promoting Independence Commitment Statement'. It sets out the strategic direction and outcomes for the Adults Social Care, including Commissioning.

- We will focus on reabling people, helping them to recover and avoid life-long dependency.
- We will assess people's needs and provide them with services to aid recovery and recuperation.
- We will not transfer older people from a hospital bed to a care home without carrying out a longer term assessment.
- We are committed to achieving value for money and procuring quality and affordable services.
- We will use personal budgets and direct payments to give people greater choice and control by choosing services from a set menu or developing their own creative solutions.
- We will develop community-based services that encourage good neighbourliness and help people feel less isolated and socially excluded.

- We will support user-led organisations, social enterprises and other groups that share our commitment to helping people.

The outcomes we want to achieve through our commissioning activities are:

- Improved health and wellbeing
- Helping people to maintain their independence
- Ensuring people are safe in vulnerable situations
- Assisting people to choose and control their own care
- Supporting people in their caring roles
- To promote economic growth and jobs in Hackney.

Working with providers to manage demand through adoption of re-ablement/enablement/ recovery approaches to promoting independence is an important strand of our work as commissioners.

We will encourage and engage providers who are able to share our vision and work in a partnership to contribute to the delivery of our priorities.

iv. The Hackney Compact⁶

Finally, the Hackney Compact is an agreement between public agencies – including the local authority – and the third sector in the borough on the way we will work together to benefit local people.

The principles are to:

- Work in genuine partnership towards shared objectives set out in Hackney's Sustainable Community Strategy;
- Ensure funding regimes support a strong, sustainable and 'fit for purpose' third sector;
- Make the best use of premises to support community activities and services; and to
- Encourage and support volunteering and active citizenship.

We expect to develop a local market which is diverse and responsive both in terms of the types of support offered and in terms of the type of organisations providing services.

³ www.hackney.gov.uk/Assets/Documents/scs.pdf

⁴ www.hackney.gov.uk/Assets/Documents/corporate-plan-2013-14-to-2014-15.pdf

⁵ www.hackney.gov.uk/Assets/Documents/Adult-Social-Care-Services-commitment-statement.pdf

⁶ www.teamhackney.org/pj37598-team_hackney_compact-web.pdf

SECTION 2: Understanding the needs of our communities

The following section provides a summary about Hackney's population. This information will be used to inform future service development and planning.

Hackney has a vibrant mix of different communities and is the sixth most diverse borough in London. Historically, Hackney has welcomed people from around the world and inward migration can be traced back to the 17th century. There are established significant Caribbean, Turkish and Kurdish, Vietnamese and Orthodox Jewish communities as well as newer communities of people from African countries and Eastern Europe.⁷

The 2011 Census estimates Hackney's population to be 246,300. It is expected to grow to 316,500 by 2041; largely through an increase in working age people moving into the borough. Around 40% of the population are from Black and Minority Ethnic groups, with the largest group (approximately 20%) being Black or Black British. 36% of the population are White British and 16% are 'White Other'. Hackney has one of the largest Charedi communities in Western Europe; this community lives predominantly in the north east of the borough and represents 7% of the borough's overall population. 6% of Hackney residents were born in Turkey; this community is spread throughout the borough. An estimated 100 languages are spoken in the borough.

Key features:

- Hackney's communities represent a diversity of religions and beliefs. Nearly 40% say that they are Christian, 28% say they have no religious beliefs, 14% say that they are Muslim and 6% say that they are Jewish.⁸
- Hackney is a young borough with 25% of its population under 20 and a further 23% aged between 20 – 29 years old. People over the age of 55 make up only 14% of the population. Hackney's young population is likely to experience little change between 2001 and 2041. In contrast, the working age population (aged 16-64) is projected to rise significantly by over 45,000 over the next 30 years.
- The 65+ age group is also projected to increase both in terms of numbers and the proportion of the population, particularly after 2021.

- Based on an estimate for London, at least 10% of our population identify as bisexual, gay or lesbian. At present, there is no official estimate of the transgender population. A home office funded study estimates the number of transgender people in the UK to be between 300,000 – 500,000.⁹ Based on national averages, we estimate there are around 60 people in Hackney undergoing treatment for gender dysphoria.

- A key indicator of the size of disability-related need locally is the number of people claiming Disability Living Allowance (DLA). In August 2011 there were 14,890 people - 6.4% of Hackney's population - claiming DLA. The 2011 Census has a much larger number of residents - 35,709 or 14.6% - reporting that they experience long-term limiting illness. It is estimated that there are around 18,000 carers in Hackney providing unpaid support to thousands of Hackney residents who are frail, ill or disabled.

Further information about Hackney demographics can be found at:

www.hackney.gov.uk/xp-factsandfigures.htm#UgG68dKR9rQ

The City and Hackney Health and Wellbeing Profile, also referred to as the Joint Strategic Needs Assessment was last produced in 2011/12¹⁰ and will shortly be refreshed. A detailed mental health needs assessment and drug and alcohol needs assessment are being commissioned and will be available in early 2014. The refresh of the Market Statement will be informed by these sources at this time.

⁷ Equality Framework for Local Government – London Borough of Hackney Self Assessment (May 2013)

⁸ Census 2011. It is likely that the true size of the Jewish population exceeds the Census religion estimates.

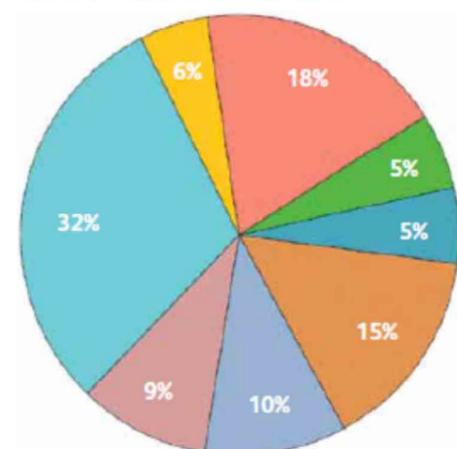
⁹ Gender Identity Research and Education Society 2009/2011

Section 3: Resourcing services

3.1 Adult social care spend for 2012-2013

The charts in this section are taken from our Local Account and show that there is significant investment of resources in social care services, most of which fall within traditional service models. The highest spend across all service user groups are for home care and residential services.

2012-13 Cost of social care



Key

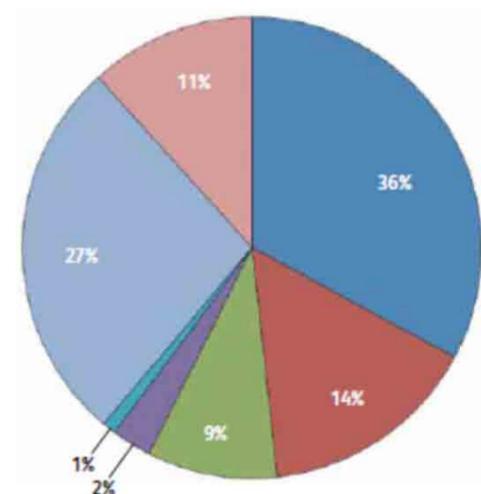
- £19.2m (18%) ongoing services for 483 people with learning difficulties
- £5.6m (5%) ongoing services for 501 people with mental health needs
- £5.8m (5%) short term support services, 2,214 people
- £15.6m (15%) Supporting People services, 9,000 people
- £11.0m (10%) Freedom Pass scheme, 5,000 people
- £10.1m (9%) staff costs, 900 people
- £34.0m (32%) ongoing services for 2,754 older people
- £6.4m (6%) ongoing services for 821 disabled people

The total is greater than 5,380 as some people receive more than one service

Fig 1: Spend on adult social care services

Figure one shows the proportion of spend on adult social care services commissioned through or provided by the Council. The total spend on service was £108m supporting 4559 individuals. The range of service funded in each area of need is shown as a proportion of this figure with the number of people served.

Fig 2: Proportion of spend on services for older people

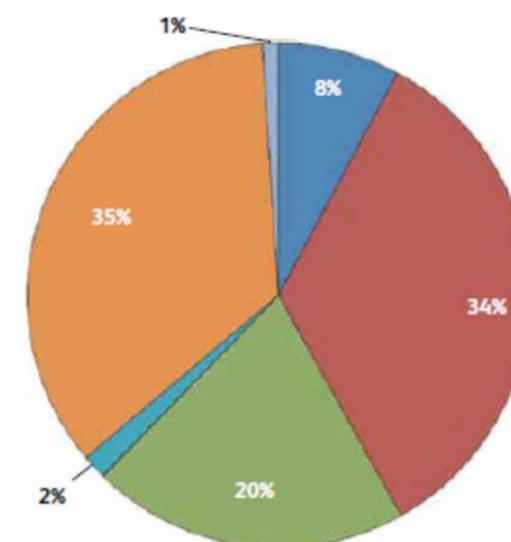


Key

- £12.1m (36%) home care for 1,006 people, most receive around 10.5 hours of care per week
- £4.9m (14%) supported housing schemes - tenancies for 326 adults where personal care support is also provided
- £2.8m (9%) day care, 256 older people
- £0.8m (2%) meals, 282 people
- £0.3m (1%) equipment, 801 people
- £9.4m (27%) residential homes, 470 people (includes respite)
- £3.7m (11%) nursing homes, 162 people

Figure two shows the proportion of spend on services for Older People commissioned through or provided by the Council. The total spend on services was £34m supporting 2754 people.

Fig 3: Proportion of spend on services for people with a learning disability



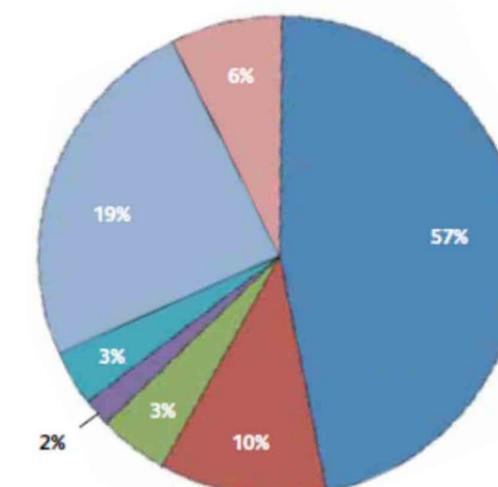
Key

- £1.5m (8%) home care for 117 people, most receive around 17.5 hours of care per week
- £6.5m (34%) supported housing schemes, tenancies for 176 adults where personal care support is provided
- £3.9m (20%) day care, 191 people
- £0.4m (2%) placement scheme, 73 people
- £0.2m (1%) nursing homes, 2 people
- £6.7m (35%) residential homes, 136 people (includes respite)

Some people received more than one service

Figure three below shows the spending on services for people with a learning disability, commissioned through or provided by the Council. The total spend on services was £19.2m supporting 483 people.

Fig 4: Proportion of spend on services for physically disabled people



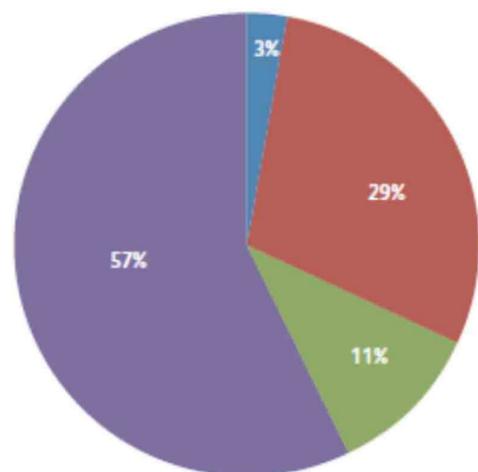
Key

- £3.6m (57%) home care for 388 people, most receive around 7 hours of care per week
- £0.7m (10%) supported housing schemes for 23 adults. These are tenancies where personal care support is also provided
- £0.2m (3%) day care, 48 people
- £0.1m (2%) meals, 26 people
- £0.2m (3%) equipment, 403 people
- £1.2m (19%) residential homes, 36 people (includes respite)
- £0.4m (6%) nursing homes, 15 people

Some people received more than one service

Figure four shows the proportion of spend on services for physically disabled people 18 – 64, as commissioned through the London Borough of Hackney. The total spend on services was £6.4m supporting 821 people.

Figure five below shows the proportion of spend on services for people with mental health needs which are commissioned through or provided by the Council. The total spend on services was £5.6m supporting 501 people.



Key

- £0.2m (3%) home care for 43 people, most receive around 14 hours of care per week
- £1.6m (29%) supported housing schemes, tenancies for 46 adults where personal care support is also provided
- £0.6m (11%) day care, 262 people
- £3.2m (57%) residential homes, 147 people (includes respite)

Some people received more than one service

Fig 5: Proportion of spend on services for people with mental health needs

3.2 Our financial challenge

In February 2013 the Council set out in draft the budget for 2014/15 which delivered savings of £25m and protected front line services. This budget will be formally approved by the Council on 26th February 2014 with no material cuts to services and Council Tax frozen for the 9th consecutive year.

On 18th December 2013, the Government published the Provisional 2014/15 and Indicative 2015/16 Settlements for Local Government. Using the information on the 2015/16 settlement the Council has calculated indicative budgetary forecasts which show for 2015/16 to 2017/18, there are now resource shortfalls in funding of £29m, £25m and £19m respectively – circa £75m – mainly due to reduced Government Grant.

The Council has already started to plan extensively for 2015/16; there are some risks to be balanced across all of Council services, including, most recently the consultation on Parking Income, developments around the Care and Support Bill, the introduction of the Better Care Fund, and the on-going impact of the Government's welfare reforms.

Adult Social Care, which represents about a third of the Council's net expenditure, will need to deliver significant savings to contribute to closing the funding shortfall.

Like all councils across the Country, improving the current social care system is one of the biggest challenges we face today. The system needs to continue to change because:

- society is changing and we need to ensure the system is sustainable for the long term
- people want greater choice and control over their care and support
- people's expectations are rising
- people are living longer.

The continued savings pressure on local authorities, projected increases in demand due to demographic changes and the financial impact of the Care and Support Bill 2013 put the viability of the current system at severe risk.

For adult social care providers in Hackney, this means that delivering models of care support services which are focused on reablement, recovery and promoting independence is critical to maintaining sustainable, good quality and value for money local services.

3.3 ASC financial & resource overview

Our total spend for adult social care last year (2012/13) was £108 million, 33% of the total Council spend. Over the last two years we have delivered £9.5m of savings and for 2014/15 we are planning to deliver a further £3m.

Delivery of our current savings plan is driven through our continued programme of work to Transform Adult Social Care Services (TRASC) with the benefits from its major projects and initiatives delivering the savings. We will continue to ensure transformation and savings delivery is supported by the strong governance, communications and culture change that is needed for a programme of this scale and complexity.

We have started work on a detailed medium term savings plan for Adult Social Care 2015/16 to 2017/18 which will focus on promoting independence. We have already identified £5.75m of savings and have started to deliver these. Promoting Independence is the key to our savings plan, accounting for half of the current savings plan.

Delivering on our Promoting Independence Commitment requires a multi faceted approach to managing the health and social care system from understanding and managing demand, transforming the care management function, engaging providers in challenging negotiations around high care package costs and involving with all partners in care - the service users, their carers and the providers in the redesign of services the challenges the social care system is facing.

Going forward therefore it is vital that we shape our savings strategy with a clear understanding of where the money goes, what is driving costs and the further potential opportunities that need to be explored in partnership with our stakeholders.

SECTION 4: Changes in demand

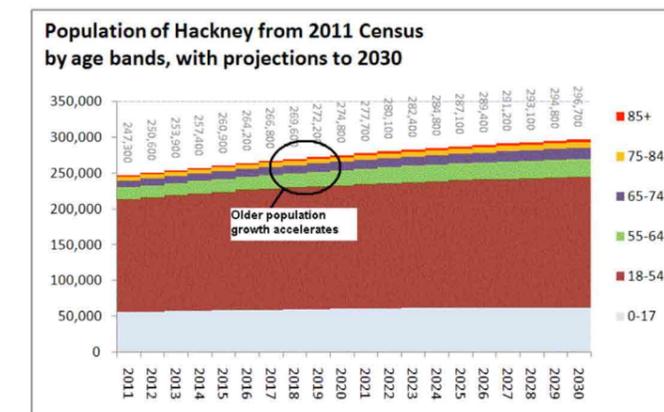
We have improved our understanding of future demand by developing a demand modelling tool. The demand model forecasting tool has used information on Hackney's social care activity from the previous five years and combines it with population projections to project expected activity levels and spend up to 2031.¹²

Data on social care activity has been routinely collected by the Council as part of our statutory returns, in particular the RAP return (Referrals, Assessments and Packages of Care).

The most reliable population projections available are from the Greater London Authority (GLA) Intelligence Unit. The GLA projections use Office for National Statistics Census projections as a baseline, but also supplement demographic growth factors with data from other sources. The combination of these data sets produces a base line for projections.

Fig 6: Population trends by age group

Whilst Hackney has been thought of as a 'young' borough for many years, the population projections suggest that there is going to be a significant growth in the 55-64 and 85+ aged residents from 2017 onwards. This will have significant impact on those in need of adult social care services, particularly older people and adults living with long term conditions.



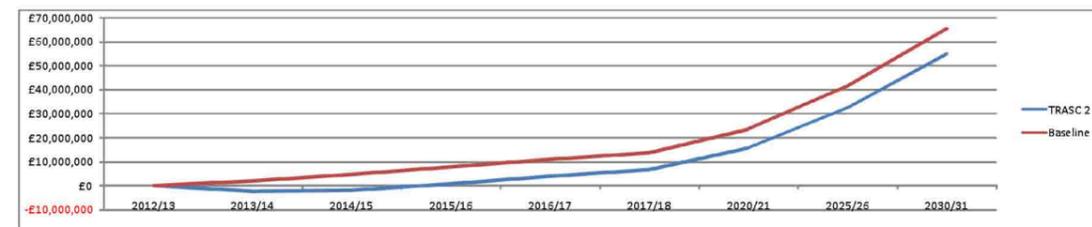
¹² Ernst & Young Demand Model Forecasting Tool Guide, 2013

4.1 Ongoing work to transform adult social care

The TRASC is a continuing programme of work to transform services and is driven by our commitment to promote independence. The programme ensures that all large scale projects are delivered in a co-ordinated way and are focused on the right balance of service and financial benefits.

The following elements of the transformation programme have been used as a basis to inform the planning assumptions used in the demand modelling tool:

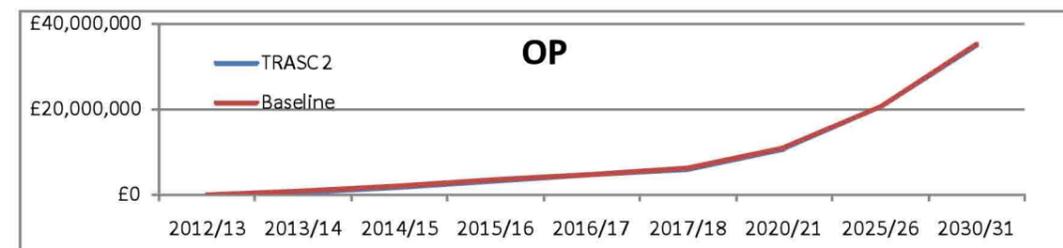
- Targeted preventative services
- Rethinking reablement
- Day care re-design



Source: EY DMF

4.2 Older people (65+ not including dementia)

The demand model shows that the impact of TRASC is not predicted to be significant in reducing demand or spend on older people without dementia. This point is highlighted in the figure eight below.



Source: EY DMF

Fig 8: Impact on TRASC for older people

The projected effectiveness of these transformation projects in mitigating the impact on rising demand and costs are shown in the following charts. It should be noted, that this analysis represents the work completed at a particular time. Further iterations of the demand model based on different planning assumptions and variables may therefore deliver different results.

Figure seven below shows the difference between projected activities and spend baseline for all client groups.

Fig. 7: Projected activity and spend baseline for all client groups

It can be seen in the above chart that the impact of implementing the TRASC programme has the potential to successfully reduce demand on adult social care services across all client groups significantly over the next 19 years.

4.3 Adults with learning disabilities

For services to people with learning disabilities, the demand model predicts the impact of delivering cost reductions through promoting independence and in reducing over provision of care packages.

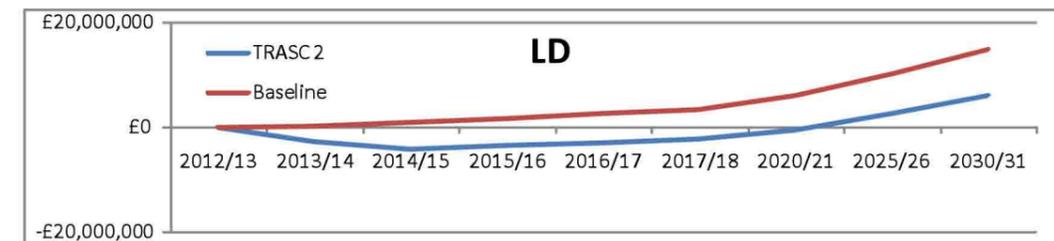


Figure nine below shows the difference in calculated spend and baseline year for Adults with Learning Disabilities.

Source: EY DMF

Fig 9: Calculated spend and baseline year for adults with learning disabilities

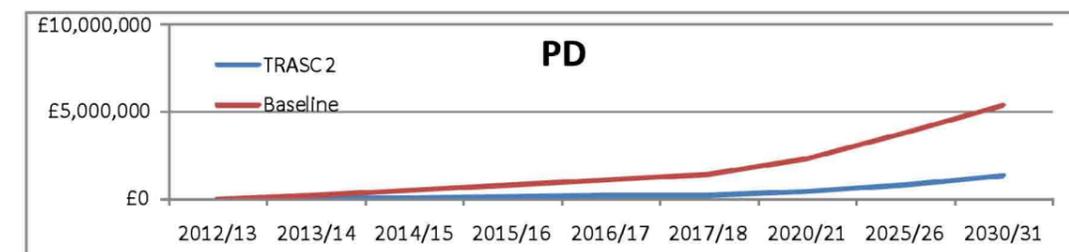
There is likely to be significant gains in managing demand for learning disabilities services. Crucial to this will be the development of an enablement pathway aimed at promoting independence through increasing skills for daily living, travel training and self care.

4.4 Adults with physical disabilities

Figure 10 below highlights the difference in calculated spend and baseline year for Adults with Physical Disabilities. Similar to the projection of demand for people with learning disabilities, our transformation programme is predicted to have a positive impact on demand for disabled adults and those living with long term conditions.

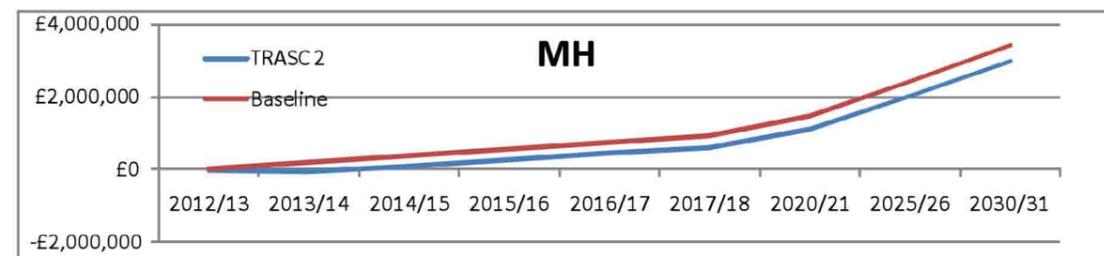
Source: EY DMF

Fig 10: Calculated spend and baseline year for adults with physical disabilities



4.5 Adults with mental health needs

Figure 11 below shows the difference in calculated spend and baseline year for adults with mental health needs.



Source: EY DMF

Fig.11: Calculated spend and baseline year for adults with mental health needs

Similar to the demand projections for older people, the transformation programme is predicted to have little impact on reducing demand for mental health services or spend, as demonstrated in figure 11 above.

In summary, the Council's work to transform adult social care is highlighted in the graphs above which demonstrate the impact of our Promoting Independence Policy and delivery of TRASC 2 programmes. These programmes are predicted to achieve the most significant positive impacts in terms of reducing demand and costs for people with learning disabilities and disabled adults. The TRASC 2 programme for people with mental health conditions is anticipated to achieve a marginally positive affect.

There are important implications for providers in these markets in terms of both their ability to partner with us in delivering models of provision which promote independence. Commissioners will also need to consider the market facilitation initiatives likely to support providers to deliver (see 6.3, page 34).

It should be noted that our model projects future demand for adult social care and preventative services for people eligible for Council services and does not currently factor in the needs of people who fund their own care.

4.6 Demand for personalised services

An important part of delivery our Promoting Independence Policy is the extension of personal budgets, and in particular direct payments in enabling people to make choices about how their support needs should be addresses.

People who are assessed as being eligible for adult social care services are allocated a Personal Budget. They may elect either to have this managed for them by the Council (a Managed Budget) or they may choose to take a direct payment and arrange their own care or choose someone else to manage it for them. It is also possible for a person to receive their personal budget in part through a managed budget and in part, through a direct payment.

Figure 12 below shows the numbers of service users receiving direct payments in each service user group.

A snapshot of direct payment usage was taken in early September. The total number of people with a personal budget at that time was 365, approximately 8% of the adult social care population.

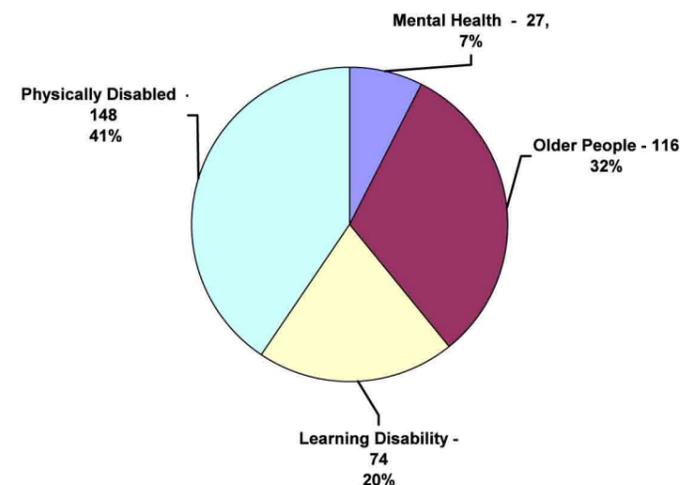


Fig 12: Direct payments by service user group

Figure 12 shows a much lower take up of personal budgets by people with mental health problems and people with learning disabilities. This may be indicative of:

- A need to promote personal budgets to these groups;
- That more support is needed in order to facilitate people choosing direct payments; or
- That the market is under developed and unprepared for people funding their support needs.

Figure 13 below shows the number of services being provided through a personal budget as at 2 September 2013. Some service users use their personal budget to purchase more than one service.

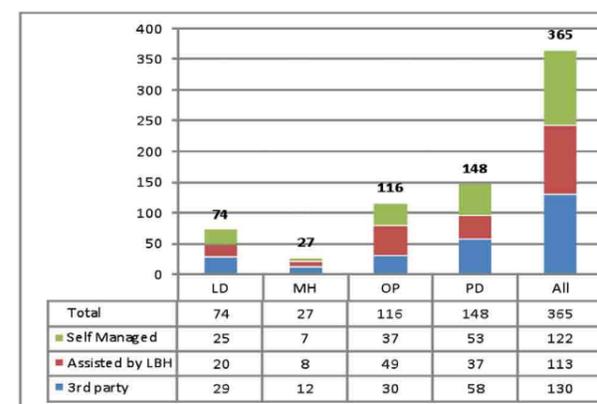
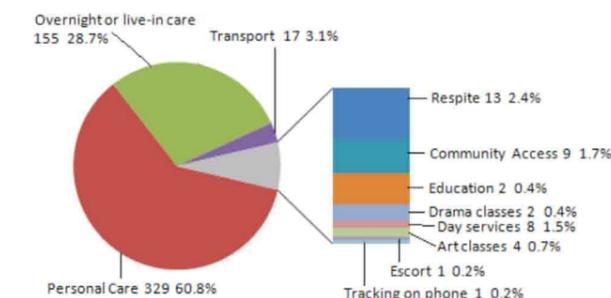


Fig 13: Number of service users receiving direct payments (by client group and type of admin assistance given)

The chart at figure 14 outlines the type of services direct payments are currently being used to purchase. It should be noted that some service users receive more than one type of service with their direct payments.

Fig 14: Services purchased with direct payment



Compared to the chart at figure one on page 10 (Spend on adult social care services), the spend on direct payments represents a small proportion of overall spend on adult social care services. Most people use their direct payment for care needs, in future it is anticipated that a significant proportion of spend on direct payments will be aimed at supporting people to access a wider range of services in the community.

4.7 Demand for accommodation based services

Table one below shows the projected increase in demand for supported housing from 2012 to 2031 for all client groups.

		2012	2031	+/-
Supported Living	OP	161	247	+86
Supported Living	LD	154	181	+27
Supported Living	PD	6	7	+1
Supported Living	MH	29	35	+6
	Total	350	470	120
Housing with Care	All client groups	127	154	27

Tab 1: Projected supported housing demand, by client group

Changes in micro commissioning activity focusing on promoting independence, reablement, keeping people at home for longer and better use of in-borough accommodation with support options, will increase demand for supported housing options and reduce demand for residential care.

Reducing the demand for residential care will result in 119 additional supported living placements in Hackney being required over the next 18 years.

Our Supported Housing Commissioning Strategy provides more detail on the care groups and the need for supported accommodation.¹³

4.8 Demand for Homecare

Using the demand model, figure 15 shows the projected demand for homecare for older people over the next 18 years.

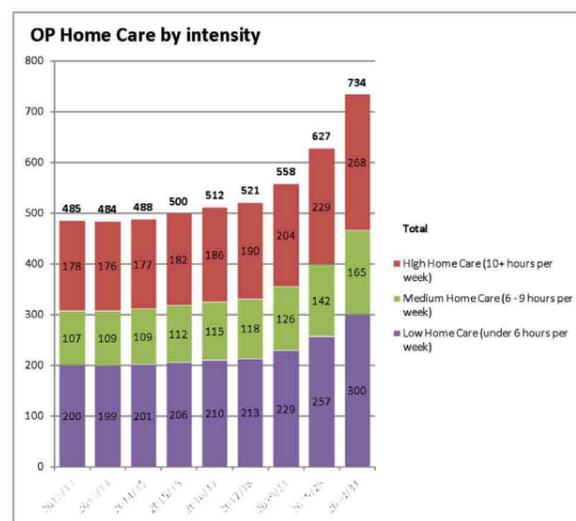


Fig 15: Projected demand for homecare

Factored into the above projection is the impact of the TRASC programme, in particular, the impact of the remodelled reablement service.

It is of note that the Council has initiated a major redesign programme aimed at delivering homecare and meals at home in a different way which is focused on outcomes rather than time and task (for homecare). The current demand modelling projections do not as yet factor in the impact of the redesign of the homecare services.

¹³ London Borough of Hackney, Supported Housing Commissioning Strategy 2013 - 2018

4.9 Demand for residential care

There is a relatively small residential care market for older people in Hackney. A snapshot of residential placements was taken in early May 2013, and the chart below at figure 16 shows the number of older people in residential care both within an outside of the borough at that time. There is currently a ratio of 75:25 in favour of out of borough placements.

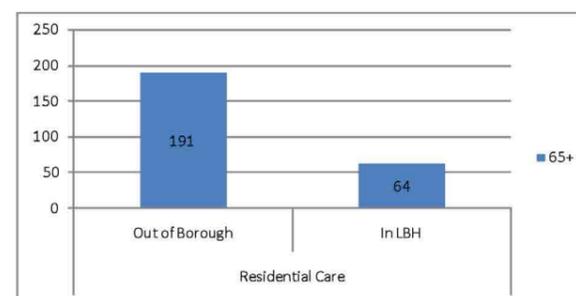


Fig 16: Number of older people in residential care, in and out of borough

Note: Figure 16 includes those over 65 in mental health and learning disabilities placements as well as the general 65+ ASC population.

Figure 17 shows that the demand for residential care for older people will plateau over the next four years and then rise steadily from 2017/8 until 2031. This projection does not consider the impact of the development of Reablement and Intermediate Care services, or the redesign of Homecare services which are both expected to increasingly support people to stay at home, remain in Hackney and reduce the need for residential care.

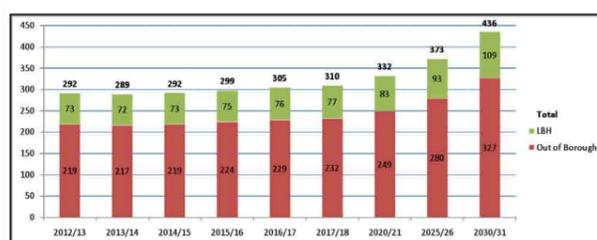


Fig 17: Projection of demand for residential care

If there were no interventions in the market, the demand increase would remain as shown in the above chart. As well as market intervention referred to above, there are other interventions which might reduce demand for residential care, for instance further development and commissioning of Extra Care or Housing with Care schemes.

4.10 Summary of service users and carers views on future demand for services

- The following is a summary of views obtained from service users and carers about gaps and demand for services in the future.
- Older people said they wanted:
 - Better care for people with dementia
 - Better training and working conditions for home carers
 - To maintain their dignity and be protected from exploitation
 - To have access to affordable 'handy person' services for small but essential jobs
 - Better printed information and signposting
 - Better community transport for Orthodox Jewish older people.

People with learning disabilities said:

- They wanted more easy read information about services
- They disliked being spoken down to when they accessed services
- They valued self-advocacy and 'speak up' forums and groups
- Having a learning disability made them feel unsafe in the community.

People with physical disabilities said:

- They wanted a system for collecting OT equipment they no longer needed and better information on how to get emergency equipment repairs
- They liked carers who enabled them to be more independent but felt home carers were sometimes inadequately briefed on their needs or lacked adequate training in lifting and handling
- They wanted assessments to be more 'holistic', taking account of people's mental health as well as physical needs and for care managers to share assessment questions with them

- Those who are deaf and hearing impaired find communication the biggest barrier to using universal services
- Many BSL users have poor literacy skills so printed information can be difficult to understand
- A BSL video link at reception areas would help
- The HSC loop system was poor and some HSC staff lack deaf awareness
- People liked equipment support from sensory services.

People with mental health needs were very keen:

- To get access to work and courses that improved their chances of getting work
- To access specialist arts and crafts projects that helped them express their feelings and aided recovery
- To get more information on how to apply for direct payments and employment and training services suitable for people with mental health needs.

Carers Valued:

- Activity based day centres where staff administered medication
- Foot clinics and physiotherapy services although waits were too long, especially if people were in pain
- Counselling services, arts projects for people with mental health needs and the befriending service.

Carers disliked:

- Home care workers turning up late to deliver personal care as this meant their cared for person missed community transport to day activities.

Turkish and Kurdish speaking carers:

- Wanted more help with translating and completing benefit and other official forms, as waits to see the Carers' centre's Turkish adviser are currently 4-6 weeks
- Said their only service was the support group and they wanted more organised trips for carers.

We have produced a separate summary which provides more details on responses made at each of the user forums visited; this can be found at Appendix 2.

SECTION 5: Key features of current supply

This section provides a summary of Hackney's adult social care and preventative services. For a full description of supply please request from commissioners. Information on the wide range of services available in Hackney to support health, social care and well-being needs can be accessed through Hackney's on-line information portal iCare.¹⁴

5.1 The supply map

This is a time of considerable change and transition in the health and social care commissioning landscape, for instance, the transition of Public Health Services to the Council and the establishment of Clinical Commissioning Groups as Health Commissioners. These changes will have an impact on providers and the market as a whole.

The information in the next few pages provides a summary of information about:

- All in-house provision
- The Council's commissioning activities
- Services in Hackney which are funded by other sources
- Information about the community and voluntary sector.

The services detailed in this supply map fall into two broad categories:

- Services which are accessed through eligibility for adult social care (or through self funded arrangements); or
- Services which might support people in a preventative way from either requiring adult social care funded services or preventing the increase to more intensive provision.

¹⁴ <http://apps.hackney.gov.uk/servapps/hackneydirectory/Search.aspx>

The market has a range of services which provide support across a number of different client groups. Some of these are preventative, whilst others such as homecare support people with ongoing care needs. The majority of preventative services are provided by organisations within the voluntary and community sector.

5.2 Targeted Preventative Services

The Council has recently commissioned a suite of Targeted Preventative Services. These services will become operational between September and December 2013 and comprise of the following services which are accessed through a single point of access:

- Four new neighbourhood generic floating support services for adults of all ages;
- Health and Wellbeing services will provide advice and activities, e.g. healthy eating and exercise; and
- A volunteering and befriending service, which will help maintain and sustain independence and combat social isolation.

5.3 Other floating support services

In addition to the above generic services, the Council commissions a culturally specific floating support service, which serves the needs of the Jewish Orthodox/Charedi Community.

The Council also commissions, a floating support for people who have become homeless. This service will become operational from February 2014.

5.4 Telecare

The Council funds a number of services which can be broadly described as Telecare services which aim to ensure that people remain safe in their homes and are able to maintain them. A recent review¹⁵ of Telecare, proposes the extended use of a variety of devices in order to monitor, support and enable people to live at home safely.

Future developments of our approach to Telecare will position consideration of Telecare solutions as an integral part of people's future care needs.

5.5 Integrated Community Equipment Service

The Integrated Community Equipment Service (ICES) provides people with equipment including grab rails, chair raisers, bath seats and hoists. In 2012/13, 7,464 people received this service.

5.6 Public Health

As a result of the Health and Social Care Act, since April 2013 Public Health commissioning has become the responsibility of local authorities.

The NHS, via the Joint Director of Public Health made recommendations to Hackney Council and the City of London on which interventions were appropriate for continuation from April 2013. In January 2013 we wrote to all these providers informing them of the decision to accept the recommendation of the Joint Director of Public Health.

This arrangement was governed by the issuing and acceptance of a joint contract between the Council and the City of London (not a transfer of the NHS standard terms and condition) for a period of 12 months. We also took the opportunity, where possible, to strengthen the service specifications and key performance indicators. It is likely some of these contracts will be extended into 2014/2015 and we will notify all organisations by the end of November.

This approach has enabled us to ensure there was a smooth transition of the Public Health function to the local authority during 2013 and 2014, and provided an opportunity to review our intentions for future commissioning within a reducing financial envelope.

The interventions cover a range of Public Health related activities, some of which are client group specific for example services aimed at people with mental health problems or substance misuse issues.

This portfolio of services also supports a variety of service e.g. smoking cessation: health Information and advice, tuberculosis, HIV services, sexual health, obesity and a number of services supporting specific health and wellbeing conditions.

Substantial reductions in the region of 40% to future public health funding are expected over the next three years. As such there is a focus on outcomes and prioritisation across the service portfolio.

¹⁵ London Borough of Hackney Telecare Review (Final report) 2013

5.7 Substance use services

A variety of support services are available to support people with substance use issues. A review of these services will determine future service priorities and models. A key focal point will be the design of a simplified and more outcome based support and treatment system.

5.8 Advocacy

The Advocacy for All Service is provided through a consortium of voluntary and third sector organisations. It is commissioned by the local authority and provides people with advice and professional advocacy regarding social care and other services in Hackney, including;

- Accessing and engaging with services in Hackney;
- Their rights and how to exercise them;
- Complaints procedures; and
- Getting legal support.

In addition to this service there are, within the voluntary or third sector, a number of culturally specific services providing advice and/or advocacy which are funded through Hackney's grants programme.

5.9 Reablement

The Council and Homerton University Hospital are currently redesigning and integrating their portfolio of Reablement and Intermediate Care services. Reablement aims to support people to maintain their independence, or help those who have lost skills and/or confidence to regain their independence following a period of illness, hospital stay or crisis in the community.

Key aims of the service are to enable people to continue living in the community with reduced dependency on long term care and to further avoid the need to enter into residential or nursing care on a permanent basis.

5.10 Day Services

The Council is a direct provider of day services and provides specific services for older people and people with learning disabilities. Adult Social Care also commissions a range of specialist and not specialist day care provision.

These services will change over the coming year with:

- More emphasis on community based day activities providing innovative, high quality alternatives to traditional services; and
- The creation of a resource centre for people with dementia and those with profound and multiple disabilities or complex needs.

5.11 Homecare and meals at home

Homecare and meals at home are provided to people across all clients groups; however the majority of users of these services are older people.

The chart below (figure 18) shows the number of currently provided home care packages by service user group as commissioned by the Council.

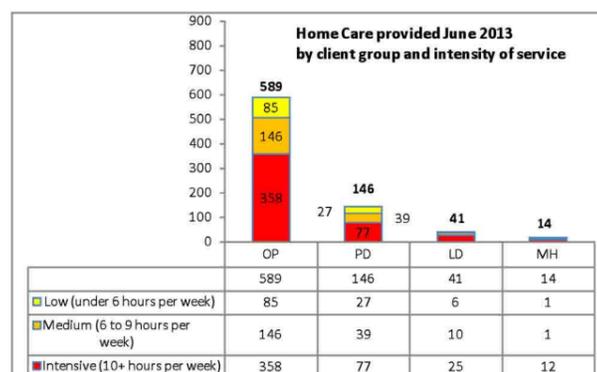


Fig 18 Home care provision

A number of registered homecare or domiciliary services operating within the borough are operated independently and are not commissioned by the Council. People who fund their own care and those purchasing care themselves via direct payments are likely to be using these services.

5.12 Support for carers

The Council currently funds four organisations to provide support services for carers. Commissioning of new services under a new framework model is currently underway.

One of the current four providers receives a centrally allocated grant from the local authority to support and provide information to carers already registered with them.

5.13 Accommodation based services

Sheltered housing

The London Borough of Hackney has extensive provision of sheltered accommodation for older people.

In total, there are approximately 50 Sheltered Housing Schemes which provide 1052 units. Approximately, 617 units receive Supporting People funding, and all but 64 are within Housing with Support schemes.

There is no provision of private or owner-occupier supported housing for older people in the Borough.

In Hackney, a significant number of older people own their own home. According to the latest census data, published in February 2012, 4,600 people over the age of 65.

Housing with support services

A significant proportion of provision for older people within the borough is accommodation which has both housing support and care support available within it. These schemes have been known as Supported Living (SLS) and Supported Housing with Care (SHwC) schemes. In future these services will be called Housing with Care, with the support being provided by Hackney's in-house domiciliary care service. Residents are supported to maintain their tenancy as they age and their care needs increase.

Residential care with nursing

There are three services providing residential care with nursing in the borough. As with residential services in general, significant number of residential care with nursing places are purchased out of borough.

Residential Care with Nursing			
Home	Provider	Capacity	Ages
Res. Care with Nursing Home A	Acorn Lodge Ltd.	98	65+
Res. Care with Nursing Home B	Little Sisters of the Poor	34	65+
Res. Care with Nursing Home C	Homerton University Hospital NHS Foundation Trust	50	60+

Tab 2: Residential care with nursing in borough

Below is a chart (figure 19) showing distribution of nursing care, in-borough & out-of-borough for older people as at 9th May 2013. The ratio of out-of-borough is 44:56.

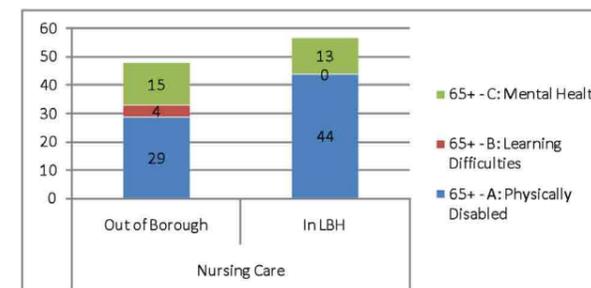


Fig 19: Distribution of nursing care

Supported Housing

There are 117 units of supported housing for people with a learning disability within the following categories

Level of support	Number of units
High	59
Medium	47
Low	11

Tab 3: Number of supported housing clients with learning difficulties, by level of support

Whilst newer developments have self-contained provision, much of the current provision for people with a learning disability is shared accommodation, with communal lounges and shared kitchens and bathrooms.

Hackney's Supported Housing Strategy, published in June 2013, stated that there were approximately 50 people residing in out-of-borough supported living. A count of out-of-borough purchases as of May this year reveals a count of 61. This larger figure may reflect movement in and out of schemes.

5.14 Universal Services

There are a range of services in Hackney provided by the Council & third sector organisations which contribute to our prevention agenda. These include; leisure and cultural services, libraries, parks as well as advice and information services, lunch clubs, carers services and support groups. The below short list of activities are just a few of the support activities available through Hackney's universal services, more information can be obtained through the iCare information portal <http://www.hackneycare.org.uk/kb5/hackney/asch/home.page>

Stamford Hill Library

Computer sessions for people with learning disabilities - Every Wednesday, 10am-12pm

Clapton Library

University of the 3rd Age (U3A) – self-help group suitable for people no longer in full-time employment, but who believe that 'learning is for life'. Sessions are available on the following days: 1st Tuesday of month 2pm-4pm, Science 4th Tuesday of month, 2pm-4pm, Book Reading Group 1st and 3rd Friday of month 2pm-4pm

Shoreditch Library

Therapeutic reading group – Every Monday, 1pm-2pm

Hackney Central Library

- Hackney deaf job club, Every Tuesday 10-2pm

- Careers advice service Every Tuesday, 10am-5pm

- Free community law shop sessions Every Monday, 2pm-5pm.

- Health checks with TLC Care services and the Stroke Project - Fortnightly on a Wednesday 11am-4pm.

Dalston CLR James Library

NHS stroke drop-ins - Every second and last Monday of each month, 11am-5pm.

SECTION 6: Market analysis

This section sets out our analysis of the strengths and challenges within Hackney's social care market. It is informed by service users and carer feedback, our forecast of future needs and demand and an analysis of current supply.

It also describes the way that commissioners currently work with the market and how we plan to work with providers and potential providers over the coming years.

6.1 Market strengths and challenges

Area	Strengths
General	<ul style="list-style-type: none"> Local providers who want to partner with the council to develop personalised support. Strong appetite for doing things differently & innovation. Providers have said that they want a direct relationship with the Council.
Homecare & meals at home	<ul style="list-style-type: none"> 2012-13 the Council worked with Homecare providers to ensure that their staff effectively trained. Increase in the number of care workers with NVQ levels 2 & 3. Purchase of specialist care through framework contract.
Carers	<ul style="list-style-type: none"> Currently 4 providers. Provide a link from assessment and care management to carer assessments accessed in the community.
Older people	<ul style="list-style-type: none"> Services providing floating support. The capacity of these services is 1,500 users, a 1000 of whom are ring fenced for older people. A range of housing with care with potential to be remodelled. Internal/Council run and external services.
Learning disabilities	<ul style="list-style-type: none"> Improved management of voids through the accommodation panel. Training flat model for transitions.
Physical disabilities	<ul style="list-style-type: none"> Use of direct payments. People supported in a range of accommodation settings. Acquired brain injury service.
Mental health	<ul style="list-style-type: none"> Specialist floating support. Over 200 units of supported accommodation. Strong provider market with the ability to be flexible and adaptable.

Area	Challenges
General	<ul style="list-style-type: none"> Lack of information/analysis of self funders Capacity of the market to deliver promoting independence, re-ablement focused services Services are not outcomes focused The council pays for services even if outcomes are not achieved or if service quality is poor Capacity of the market to contribute to managing demand Services for people on the Autism Spectrum
Legislative	<ul style="list-style-type: none"> Implementation of the Care Bill; in particular: <ul style="list-style-type: none"> National eligibility criteria Encouraging plurality of supply locally, whilst not undermining organisational viability Care accounts Support for people who are self funders Health and social care integration Better Care Plan
Financial	<ul style="list-style-type: none"> Reductions in public finance Impact of the changes to the benefits system Implementation of the Care Bill, particularly the "cap on care costs" 2016 Care accounts Better Care Fund Consideration of the London Living Wage Deferred Payment Scheme
Home care & meals at home	<ul style="list-style-type: none"> Traditional approach, time and task model Not outcome focussed or personalised
Carers	<ul style="list-style-type: none"> Carers known to services do not reflect the demographics of Hackney
Older people	<ul style="list-style-type: none"> Limited options for older people who are home owners to downsize Housing with support options operate like residential care, it is not clear if this represents value for money Current provision does not fully support people to plan for older age

Learning Disabilities	<ul style="list-style-type: none"> Lack of capacity in supported accommodation for people with complex health needs Some unclear models of provision Mixed quality of provision Support for more people to manage direct payments Greater understanding is required regarding increasing needs and costs in placements following annual review
Physical Disabilities	<ul style="list-style-type: none"> Use of direct payments for “traditional” services Further understanding of practical opportunities for innovation in promoting independence is needed
Mental health	<ul style="list-style-type: none"> Insufficient high support supported housing Move on is low No long stay supported units Personalisation and the use of direct payments Social Care eligibility and the use of FACS

6.2 What our market is telling us

During the process of developing this statement commissioners have engaged with providers to help develop the content of the document, discuss ideas about how they would like to work with the Council in developing or reshaping services and to discuss the capacity and appetite for innovation in Hackney.

A summary of some of the key messages from providers is provided below, and our response to these messages is shared in our Market Facilitation Plan in section 7. More information about the providers we engaged with and the key messages from each of these sessions can be found at Appendix 3.

Feedback from providers

- The Council crisis manages providers.
- The Council relies on formal transactions/ monitoring rather than building relationships with providers.
- The Council is big on compliance however very little relationship management or co-production.
- More transparency is required from the Council, as it is not as clear as it could be about intentions.
- The Council needs to articulate its key messages more clearly to providers.
- Currently a limited relationship between commissioners and providers which means lack of clarity about the strategic direction and a lack of awareness of the Council’s direction.
- The Council is sometimes not consistent in articulating of its messages e.g. what is/was the strategy behind deregistration?
- Lack of consistency in the Council’s understanding about needs, meaning that providers are being informed about particular needs and investing in Hackney services/properties only for the Council to change its minds.
- Lack of clarity/consistency about the Council’s standards & preferred models.
- What is informing the financial constraints on the Council is not clear. Need to be open about the Council’s financial limitations.

6.3 Implications for the market

- Hackney will see significant increases in demand for adult social care and preventative services and we will be looking at further innovations relating to our promoting independence model to manage demand and continue to meet need.
- Hackney will also see significant budget reductions over the same period of time.
- Providers will need to refocus service to work in a preventative way which promotes independence for all.
- The Council recognises that what practically promotes independence will be very different for people across the spectrum of adult social care and support needs
- Adult Social Care, commissioners and providers will need to work closely together in order to find innovative solutions to meeting customer outcomes.
- Smaller organisations are challenged to develop in a way which might allow people with personal budgets to choose and pay for their services. This is a significant challenge to the market. It also poses challenge for the Council in promoting and facilitating this work.

6.4 Our current market facilitation initiatives

Commissioners are beginning to work differently in engaging with the wider market in our commissioning and procurement activities.

The following are examples of commissioning activities where market engagement has taken place at a very early stage of developing our approach:

- Advocacy tender;
- Targeted Preventative Services; and
- Carers tender
- Care at home services

Engagement with the market has included:

- Informing the market about different opportunities at an early stage;
- Engagement and sharing of ideas regarding proposed service models;
- Seeking views on service specification; and
- Providing information on forthcoming tenders.

6.5 Areas for market development

In developing the areas the Council has prioritised for market development, we have considered a range of information including feedback and consultation from users and carers, providers themselves and our analysis of the market. As a result, Hackney Council has identified four priority areas for market development:

- I. Supported housing;
- II. Community activities;
- III. A supported planning and brokerage pilot; and
- IV. Promoting independence and reablement approaches.

The following list represents some of the opportunities we are interested in taking forward to the market place.

I. Supported housing¹⁶

For older people:

- A model of extra care housing; and
- Opportunities enabling older people to downsize their property.

For people with mental health needs:

- Placements for people with high support needs;
- Models of provision which integrates care, treatment and housing support;
- Accommodation providing long term support;
- Increase in service users able to access direct payments;
- Move on accommodation; and
- Development of the mental health network.

¹⁶ London Borough of Hackney Supported Housing Commissioning Strategy 2013 - 2018

For people with Learning disabilities:

- Local services which support people with complex needs, including mental health forensic placements;
- Disability accessible accommodation;
- Use of Telecare solutions;
- Local support for people with complex needs;
- Support for people transitioning (young people and those who are aging);
- Co-produced models of service provision;
- A “Hackney model” of supported living; and
- Quality services with the ability to be flexible and responsive.

II. Community day activities

- Availability of personalisation ready providers of a range of activities in the community for all client group e.g. unit costing information, hourly/sessional rates; and
- Capacity building within community and voluntary sector & connecting to local support networks.

III. Support planning and brokerage pilot

- For people who want to have a personal budget to receive support to devise their care plan themselves, or to access independent support to plan and broker services on their behalf.

IV. Promoting independence and re-ablement approaches

- Translate our Promoting Independence Commitment Statement into a service standards and assessing quality checklist for peer reviewers/self advocates, when monitoring services.
- Provider put forward good practice examples of reablement, promoting independence to share practice across Hackney and/or good practice models from elsewhere.
- Increase opportunities for cross-borough working and joint procurement

6.6 Immediate market shaping activities

There are a number of opportunities where we will take forward early engagement with the market to share and refine our ideas as well as informing providers and potential providers about our procurement timetable:

- Mental Health Network Tender (Qtr1 2014)
- Housing with care remodelling & re-procurement (Various)
- New developments in Extra-Care Housing (Qtr 2 2014)
- Learning disabilities supported living models & SP accommodation (Qtr 2 2014)
- Homecare and meals in the home (Qtr 2 2014)
- Telecare (Qtr 2 2014)

We intend to engage with users, carers and the wider market in taking forward the above commissioning activities. To this end, we will:

- 1) Continue our engagement strategies initiated when developing the MPS, by holding 4 provider forums/workshops per year. We will use these forums to better understand the challenges faced by providers in Hackney.
- 2) Ensure Commissioners hold individual meetings with providers to share our strategic direction and to discuss the MPS and implications for providers.
- 3) Use forums to build relationships with providers; communicate key messages, consulting and actively involving our local market in future developments.
- 4) Where appropriate we will broker relationships with other Council departments where this improves service user pathways and customer experience.
- 5) Ensure that we use the best available local information; benchmarking, research evidence & best practice, user and carer consultation in order to inform our commissioning priorities & decisions.
- 6) Develop our standards, outcomes and service models through co-production and disseminate to providers through providers forums.

- 7) Use forums to share information where it impacts on expectations of our providers, for example in relation to the Council’s financial challenges as outlined in this Statement.

6.7 Measuring our success

We want to develop our market so it is able offer more individual and personalised services. We will use the following indicators to assess our progress:

1. Commissioners facilitating regular direct engagement with providers;
2. Improved information in key areas, e.g. numbers of accommodation units required and type across care groups;
3. Discrete market facilitation plans developed in key priority areas, e.g. supported housing, community day opportunities
4. Evidence of provider engagement in the early stages of procurement;
5. Evidence of co-production of service design with users and carers as well as providers;
6. Increase in the proportion of people on direct payments;
7. Increase in the number of local providers supporting people through direct payments;

SECTION 7: Hackney's Market Facilitation Plan

This section sets out our Market Facilitation Plan. We will use this plan to launch a different way of working with our providers.

The plan sets out our commissioning intentions and market opportunities and how commissioners will engage and involve providers.

The Market Facilitation Plan is a long-term plan which we will refresh and update annually.

	Current models & approaches	Desired models & approaches	How the Council will support providers to deliver this	Timescales
1	General			
1.1	Communicating with provider markets: There are a variety of forums, Special Interest Groups, client or service related meetings organised by the community and voluntary sectors.	Council commissioners engage with and communicate directly to the market regarding; MPS, commissioning intentions, development of service models, forthcoming procurement and strategies.	Commissioners will establish regular opportunities to communicate key messages and developments with a wide range of providers of care, support and accommodation services Commissioners will organise a seminar/ knowledge café, to launch MPS, Supported Housing Strategy, Telecare review, provide opportunity for providers to share information and highlight local good practices.	Next 6 months
1.2	Short Breaks: Traditional building based residential services, spot purchased from the private sector. Currently no market leader in Hackney	Greater range of outcome based short breaks options available provided by the independent care sector. Commissioners will develop options for future short breaks provision which will consider how this need could be met in more creative ways.	The Council will develop a clear message to care providers regarding the support options for short breaks service which should be available to meet local needs. Note: Emerging models must be linked to outcomes identified in care plans and be considered value for money.	1 year

	Current models & approaches	Desired models & approaches	How the Council will support providers to deliver this	Timescales
1.3	Personalisation Limited range of providers who are personalisation ready in Hackney. Limited market allowing service users to purchase their support and care themselves.	A more extensive range of care & support providers will be available. Telecare, tele-health and assistive technology solutions will be offered to promote and support independence.	Commissioners will provide the strategic lead in shaping and developing a range of solutions, based on service user needs, e.g. community day opportunities & support planning and brokerage. Assistive technologies will be promoted to enable care providers to develop creative packages of support to maintain and promote independence. Outcomes and value for money will be core elements of future service development.	1 – 2 years
1.4	Shared Lives In-house adult social care service	Commissioners will examine models of provision and consult with service user in order to redesign and modernise this offer.	Shared lives continue to have a role in meeting the accommodation and support needs for some. Service provision is expected to become outcomes focused. Council will continue to support the development of this service to ensure it offers excellence as well as value for money.	2 years
1.5	Accommodation based services Generally, provision is limited across client groups, with insufficient step down options mental health and limited availability of the right types of support (particularly high support needs) in learning disabilities.	Consider where mixed models of provision across client groups may be appropriate.	Commissioners will provide clear messages about levels of need and demand for accommodation based services. The detail of demand and need will be worked through, the Supported Housing Commissioning Board sub groups. Each sub group will engage with providers early on in developing their plans. A market facilitation plan will be devised by each sub-group of the Supported Housing Commissioning Board.	1-3 years

	Current models & approaches	Desired models & approaches	How the Council will support providers to deliver this	Timescales
1.6	<p>Supported Employment</p> <p>Mainstream supported employment services are complimented by in-house provision;</p> <p>Lee House,</p> <p>Hackney Recruitment Partnership</p> <p>& from within the DAAT</p> <p>Current adult social care and community and voluntary sector approaches are fragmented</p>	<p>In house provision to be the market leader for high needs supported employment services alongside key partners to meet the needs of a range of vulnerable people.</p> <p>Clear pathway in place from step up (in-house service) to step down employment support solutions.</p> <p>Focus for people with high needs on unpaid as well as paid employment.</p>	<p>The council will refine and extend its offer of supported employment to those with high needs across care groups who may find finding paid or unpaid work hard to achieve and maintain.</p> <p>Pathways from intensive, longer term support provided by in-house, Council services to employment support offered by the third sector, will be mapped and shared with partners, to avoid duplication and provide clear pathways to the right level of support activities.</p>	Next 6 months
1.7	<p>Homecare & meals</p> <p>Current model of home care commissioned services is based on a “time and task” approach.</p> <p>Meals on wheels are provided in a traditional way.</p> <p>The number using both services are falling, new approaches need to be considered</p>	<p>In future services should be commissioned in a personalised and outcomes focused way.</p>	<p>We will meet with homecare providers to undertake a market sounding exercise – to look at the capacity of the homecare market to meet different approaches to service delivery .</p> <p>We will collate information on local and national best practice and innovation and share our thoughts about local initiatives can be implemented locally.</p> <p>We will hold a “Meet the buyer” event to inform providers of our current thinking and explore how we move to an outcomes based homecare model.</p>	Next 18 months

	Current models & approaches	Desired models & approaches	How the Council will support providers to deliver this	Timescales
2	Mental health			
2.1	<p>In-patient services</p> <p>Predominance of inpatient and residential care - lack of step-down options</p> <p>Over reliance on out of borough placements.</p>	<p>Overall reduction in residential provision in mental health.</p> <p>Increase in step down provision, including specialist forensic placements agreeable to Ministry of Justice / Tribunal framework.</p>	<p>Commissioners will provide clear messages to accommodation providers regarding the need and demand for a range of accommodation with support options.</p> <p>As above 1.5 above</p>	1-2 years
2.2	<p>Accommodation</p> <p>Insufficient supply of supported accommodation options.</p>	<p>Market shaping to ensure a mixed supply of accommodation with support options.</p>	<p>Capital investment will be sought to support schemes which meet our local priorities.</p> <p>As above 1.5</p>	1-3 years
2.3	<p>Personalisation</p> <p>Limited range of providers which are personalisation ready.</p> <p>Limited take up of direct payments.</p>	<p>Increase the number of FACS eligible people with mental health issues choosing direct payments.</p>	<p>Support will be provided to community and voluntary sector organisations to become personalisation ready.</p> <p>Establish clear protocols and criteria for agreeing FACS eligibility & direct payments for people with mental health issues.</p>	1 year
2.4	<p>Community and Voluntary Sector Provision</p> <p>A limited range of provision for targeted interventions to support people on the cusp of crisis or to prevent deterioration.</p>	<p>Commissioning of a Mental Health Network.</p> <p>Flexible community based, short to medium term support aimed at preventing deterioration, maintain well-being and avoid preventable hospital admissions</p>	<p>Commissioners will provide clear messages to the market about the models of support and flexibilities needed within the Network.</p>	1 year
2.5	<p>Floating support services</p> <p>Mental health floating support services are based on areas or addresses.</p>	<p>Floating support services which can respond to peoples needs, whatever their tenure.</p>	<p>Commissioners will review arrangements as contracts are coming to an end in order to shape floating support services with the flexibility to respond more suitably to meet need.</p>	1 – 2 years

	Current models & approaches	Desired models & approaches	How the Council will support providers to deliver this	Timescales
3.	Older People			
3.1	Supported Housing A service which is entirely social housing.	Supported Housing strategy: Wider partnerships within the Council, with strategic housing colleagues, planning and procurement, to maximise the opportunities for developing new models of housing for older people.	Supported Housing Commissioning Board and sub-groups to initiate strategic partnerships with RSL, Hackney Home and Housing Needs in order to initiate co-ordination wider consideration of the needs of vulnerable adults in the planning of housing strategies.	1-3 years
3.2	Day care Traditional in-house day care provision	One multi client group centre for people with high needs. Focussing on older people with dementia and who are physically frail.	Day care redesign project group is supporting the redesign of this in-house service.	2 years
3.3	Community day opportunities Limited day opportunities for older people	Mixed supply of provision making best use of activities provided by the community, voluntary sector and universal provision. Social enterprise and user led organisations which are personalisation ready.	Work with existing organisations to develop a market for community based services. Support for formation of micro and social enterprises. Use of brokerage and ICare to disseminate information about emerging services.	1- 3 years

	Current models & approaches	Desired models & approaches	How the Council will support providers to deliver this	Timescales
4	Disabled People			
4.1	Accommodation Too few examples of good models of supported living in the borough. Large number of people placed out-of-borough. Existing supported living accommodation within borough does not meet the needs of client groups, i.e. shared bedrooms, too few high support placements.	Increase non-shared accommodation within borough. Support for people to access Choice Based Lettings and access to generic accommodation for people with low needs. Consider flexible ways of providing 24hr monitoring support.	Capital investment will be sought to support schemes which meet our local priorities. Commissioners will provide clear messages to accommodation providers regarding the need and demand for a range of accommodation with support options. As above 1.5 above	1 – 3 years
4.2	Day care Traditional learning disabilities in-house day care provision.	As above 3.2	Issues are as with Older People above.	2 years
4.3	Services for people on the autism spectrum Limited offer of support services for people on the autism spectrum.	Information about universal offer, TPS and long term care needs to be available to people with ASD and their carers. ASD link into redesigned supported employment offer.	The needs of this client group require more analysis in order for commissioners to consider where targeted support might be needed. Options appraisal to be developed considering the support needs for adults who do not meet FACS criteria. Commissioners will work with the CCG to improve the diagnostic pathways for this client group.	1 -2 years

APPENDIX 1: Glossary of terms

Word used in Market Position Statement	What it means (in this document)
Assessment	The process of gathering information about the services user's circumstances and needs.
Benchmarking	Comparing the performance of our services against other local councils or the best councils.
Broker services/ Brokerage Team	If, as part of their personal budget arrangements, the service user decides to ask the Council to arrange services for them, the Brokerage Team will source and negotiate with service providers on their behalf to make sure that they receive the best service available to meet their support needs.
Commission	Plan what services are needed. Commissioners are the Council staff who do the planning.
Compliance	Making sure that the service provided is that which was set out in the service specification.
Consortium	A group of several provider organisations.
Constructive dialogue	Useful discussion
Co-production	Services that are designed delivered and monitored by the Council with partners (such as health), providers, service users and carers.
Demand	The amount of a particular service that people want and are able to buy (either using their own or public money).
Demand modelling tool	Demand modelling uses statistical methods, financial and activity data to generate accurate demand forecasts.
Differentiated	To become distinct or specialized.
De-registration	Removing a provider from a register or the provider deciding to remove themselves.
Direct payment	Any part of a personal budget, which the service user has chosen to have paid directly to them so they can make their own arrangements to meet the outcomes, agreed in the Support Plan. These are sometimes also referred to as self-directed payments.
Eligibility for adult social care	There are guidelines to work out if a person is eligible or not for services. The criteria help us make sure that councils treat everyone fairly and that the people who are most in need of help, receive it.

Floating support	Support that is offered to assist people with specific problems after which the support ends.
Forensic placements	Accommodation based services for people who have offending behaviours
FYE	Fiscal year end (end of tax year which is 5th April).
Generic service	A service that is for everyone that needs it rather than a service for a specific group.
Governance	Rules by which the council operates to ensure accountability.
Iteration	Repeat of the process.
Mitigate	Reduce the impact.
Model	Information about how a service should be provided
Outcomes focussed	A service that is based on what outcomes the service user wants to achieve as set out in the Personal Support Plan rather than on the time required to do a task.
Packages of Care	All the different types of care and support an individual receives following assessment.
Personal budget	This is the money allocated for your social care, which comes from social care funding only.
Personalisation	A way of describing how support for people will be provided. It affects social care services as well as other public services. The idea behind personalisation is to give people real choice and control over the support they receive as opposed to other people deciding for them. People can choose to be involved in planning and organising their own support or they can choose others to do it for them.
Planning forecast	A way of anticipating what services will be needed by looking at current and past data and trends.
Procure	Buy services from organisations external to the Council
Promoting Independence Strategy	The Council's plan to develop services for residents that help them to live as independently as possible.
Re-ablement	Services that help people to re-learn skills, for example, after a stroke).
Referral	The process of referring the service user to one of the community or specialist teams.

Shape/reshape services	Decide what type of services will be provided,
Social care pathway	A plan of the care different teams will provide over time to help someone with specific needs. The route taken through the network of adult social care services.
Social enterprise	A business that helps people or communities.
Step down	Going from a service for higher level needs to a service for lower level needs.
(Council's) Strategic directions	A course of action that leads the Council to achieving its goals.
Targeted preventative services	Services that help people maintain their health and independence such as: floating support, health and well-being services and volunteering and befriending.
Time and task	A way of calculating the cost of a service by the time it takes to do a particular task.
Transition	The period (and services) when people go from children's services to adult services. Also going from period (and services) going from general adult services to service for older people.
Vulnerable adults	Someone aged 18 or over: Who is, or may be, in need of community services due to age, illness or a mental or physical disability Who is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation

Acknowledgement

Worcestershire County Council's Adult and Community Services

http://www.comfirst.org.uk/mhnetwork/files/microsoft_word_-_glossary_of_terms_-_v_2_for_handbook_-_march11_lgl_approval.pdf

APPENDIX 2: Summary of consultation with users and carers

1. Introduction

1.1 Users, carers and potential users were consulted on what they like and disliked about current services and about what services they felt were missing.

2. The consultation process

2.1 The consultation period ran from February to April 2013.

2.2 Users, carers and service users were consulted at groups they already attend and by an online and paper survey. Versions of the paper survey that were produced in collaboration with Deafplus and POhWER were used with those groups. The survey was available on hackney.gov.uk and was publicised by an article in Hackney Today. A link to the online survey was sent to user and carer groups and voluntary organisations.

2.3 User and Carer views were obtained at the forums listed below. The number of people who attended the meeting is given in brackets:

- Deaf Plus chair and Deafplus forum
- POhWER - Hackney Learning Disabilities Self Advocacy Forum (20 people)
- The People's Network – mental health forum (13 people)
- Older People's Advisory Group steering committee (Seven people)
- Older People Advisory Group meeting on Independent Living (More than 40 people)
- Disability Backup – (28 people)
- Fradel Lodge – Orthodox Jewish older people (11 people)
- Equal partners In Care (EPIC) Carers engagement group (Seven people)

- Turkish Carers (12 people)

2.4 Over 199 service users, carers and potential service users gave their views. The number of people who used each method is as follows:

- Over 140 gave feedback in groups
- 45 took part in an online survey
- 19 completed a paper survey

3. Summary of feedback on key service priorities

3.1 Older People (Age UK's Older People's Reference Group)

Dignity: Having a tidy garden, getting help changing light bulbs and cleaning curtains and windows were considered important for older people's dignity. Older people found it stressful when things around the house went wrong and needed fixing. There was demand for an affordable 'handy person' service for small jobs that make a big difference. Older people feared being 'ripped off' by tradesmen overcharging or doing poor quality work. Older people living in single room apartments often needed help to dry their washing and a laundry service would be helpful for people with care needs.

Quality of care: Older people felt people with dementia needed more time during homecare visits. They felt homecare workers, especially those looking caring for people with dementia, should have better working conditions, training and a background in dementia. Home carers should be more carefully matched to the person being cared for. There is a need to make sure that all people who come into the home are CRB checked.

Information: Older people felt 'digitally excluded' and needed to help to apply for benefits on line. They wanted simple information on where to get help and clearer more knowledgeable signposting when they telephoned the Council for help.

Community response/austerity The Older People's reference group asked for greater transparency and 'honesty about the impact of cuts' and which services were affected. 'We need to know where the pressure points are so we can mobilise resources in the community.' The group called for more

widespread use of time banks and intergenerational projects to help older people

Services: Shopping, money handling and keeping gardens tidy are the main issues people call Age UK Hackney about. In addition to the dignity reasons for wanting a garden kept tidy; a tidy garden is sometimes a requirement in tenancy agreements.

3.2 Orthodox Jewish Older People (Fradel Lodge tenants group)

Quality of care: Residents were very happy with their care

Transport: Many felt community transport provision could be improved as it often arrived too early or late for appointments. A suggestion was made that Fradel Lodge could have its own dedicated car.

Activities: Residents were happy with the variety of activities on offer, for example reminiscence, but also wanted more opportunity to hear classical music (live or recorded).

3.3 People with learning disabilities (Hackney Learning Disabilities Self Advocacy Forum hosted by POhWER, views expressed at forum and in paper survey)

Dignity: People told us they did not like 'being treated like idiots' or 'called names' just because they had a learning disability. They did not always feel professionals listened to them: 'We want to be treated with respect and dignity'.

Information: There was high demand among people with learning disabilities we spoke to for more accessible, easy read information including in GP surgeries and pharmacies, for example easy read information about prescribed medications. Jargon was universally disliked.

Safety: People with learning disabilities said having a learning disability made them feel vulnerable in the community (Learning Disabilities Readers' Group)

Advocacy: Advocacy and 'speak up' forums and groups like POhWER were highly valued. There is also a need for specific advocacy for people with learning disabilities who are parents.

Other services: Double length appointments for example with GP, would be helpful to allow people time to explain.

3.4 People with physical disabilities (Disability Backup Forum)

Out and about in the community: Disability Backup members felt strongly that cyclists' needs in Hackney parks were prioritised over other park users including people with disabilities or people with visual impairments. Direct payments helped some service users attend Disability Backup.

Occupational therapy: People wanted a better system for collecting occupational therapy equipment no longer needed. Some people did not like being told to 'junk it' or 'throw it away'.

Care: People liked home carers who enabled them to become more independent. The quality of carers was 'inconsistent' with some carers inadequately briefed on their needs or not properly trained to lift and handle them. Service users wanted carers to respect their sexuality and/or their religious beliefs. The Council's complaints process was said to be 'good'. 'You feel like you have been heard.'

Assessments: Forum members disliked phone assessments and wanted assessments to be more 'holistic', taking into account of people's mental health or mental capacity needs as well as physical needs. Care managers should be more collaborative with service users in assessments, sharing the assessment questions. Some reported errors on assessment forms going uncorrected.

Information: People wanted better information and signposting on the Council website on how to get emergency care and emergency equipment repairs for equipment.

3.5 People with mental health needs (The People's Network, hosted by Social Action for Health)

Independence: Almost all forum members wanted to work. Members valued computer access in Hackney libraries, leisure centres and courses that improved their skills and helped them gain qualifications. 'We want more services that offered work experience and pathways into paid work'.

Services: Arts and crafts projects like Core Arts were rated as they enabled people with mental health needs to express feelings and aided their 'road to recovery' Often services failed to take account of service users' spiritual needs

Information: Forum members wanted more information on how to apply for direct payments and employment and training services for mental health service users.

3.6 Carers (Equal Partners in Care)

Services: Carers valued activity based day centres where staff could administer medication. Foot clinics and physiotherapy services were popular though most felt waits were too lengthy, especially if people were in pain. Carers rated Hackney Mind counselling, City and Hackney Carers Centre Studio Upstairs (arts project for people with mental health needs), the Council's CRT befriending service, Pedal Power, a cycling club for people with learning disabilities and Mental Health Care for Older People. Services that encourage user to be more sociable are valued.

Information about services: Carers wanted more information on services made available in public spaces and GP surgeries.

Community access: When home carers turn up late to deliver personal care service users are too late for the community transport and therefore miss out on getting out in the community. Improved bus links to the hospital were also suggested.

Other services: It would be helpful if GPs' surgeries had the facilities to carry out blood tests and give results at the same appointment.

3.7 Turkish and Kurdish Carers (Support Group for Turkish and Kurdish speaking Carers, hosted by City and Hackney Carers)

Services: Most carers said their only service was City and Hackney Carers Centre support group for Turkish and Kurdish carers. Lack of English was the main barrier for accessing support services. 'No-one to supports us – we are not aware of services due to the language issues.' Care-workers not arriving on time was a problem as was carer-workers not arriving at the same time if two carer-workers were required.

Information: Turkish and Kurdish speaking carers wanted more help translating and completing forms and letters. Waits to see the Carers Centre's part-time Turkish adviser (who helps them translate urgent benefit letters and complete housing, benefit and DLA forms) typically take 4-6 weeks. Their adviser is overwhelmed.

Short breaks and day-trips Carers wanted more organised day trips to garden centres/Kew gardens. Carers found short breaks useful but due to language problems it now takes too long to apply for short breaks.

Other services: Worker reported that language classes were of limited use as many carers were not fully literate in their own languages and many classes assume people can read in their own language. The times of classes made it difficult for carers to attend.

3.8 Deaf and hearing impaired service users (Deafplus Forum)

Information/Universal Services: Communication is a big barrier to people using universal services like leisure centres. They should provide link at reception so BSL can access an interpreter. Information could be provided via a text message service. Easy read and picture information is preferred by people who are profoundly deaf as often their first language is BSL.

Other services: People who are deaf or hearing-impaired valued front line help with housing benefit and council tax benefit in HSC (provided by Deafplus adviser). However, the loop system is poor in HSC and some staff lack deaf awareness. People also valued equipment support from sensory services.

3.9 Parents of children in transition (views given in survey)

Services: Parents were pleased with the improvements in the Transition Team. They valued the support services for parents of children with autism.

Services for children with autism: Parents disliked the lack of autism-specific services (including for those that are high functioning). They particularly wanted services that allow young adults to become gradually independent.

Activities: Parents liked activities and support to help children be more active.

4. Consultation for future Market Position Statements

4.1 The number of people who took part in this consultation was small in comparison to the number of people who use Hackney's adult social care services. Methods of obtaining the views of a much greater number of service users for use in future Market Position Statements are being investigated.

APPENDIX 3: Summary of provider engagement

Provider engagement events were held on 19 February, 1 May and 27 June, 2013. Each event involved a different combination of providers. The overall aim was to obtain views from as diverse a range of providers as possible: small, medium and large providers providing a range of different service types – e.g. homecare, residential care, supported housing and preventative services - within Hackney; as well as organisations which are currently not providing services within the borough. Across the three events, thirty-four providers attended. These are listed below.

- Abuse Counselling Service
- Age UK
- The Alzheimers Society
- Avenues Group
- Bikur Cholim
- Caretech Holdings PLC
- Centre for Better Health
- Clearwater Care
- Derman
- Domestic Violence and Sexual Abuse Counselling Service
- Elect Care Services
- Family Action
- Family Mosaic Housing Assn.
- Glenholme Mental Health Care
- Good Gym
- Heritage Care
- Hestia Housing and Support
- Hillgreen Care
- L'Arche Lambeth
- Life Works
- Look Ahead Care and Support
- Mencap
- Metropolitan Care and Support Trust
- North London Muslim Community Centre

- One Housing Group
- Outward
- Peter Bedford Housing Assn.
- Praxis
- Providence Row Housing Assn.
- Richardson Partnership for Care
- Single Homeless Project
- St Mungos Housing Assn.
- Stop Falls Group
- Talking Matters

In addition to the three engagement events, we also engaged with providers working within Hackney through the Special Interest Groups for Learning Disability, Older People and Mental Health, which are hosted by the Health and Social Care Forum (HSCF); and with the Health and Social Care Forum itself.

First Provider Engagement Event, 19 February, 2013

This focused on what providers thought a provider-focused Market Position Statement (MPS) would look like, what would be useful and the level of awareness in the market of Market Statements and their relevance to adult social care. Two separate sessions were held and attendees worked on issues in groups. These determined that the following elements would ensure that a MPS was provider-focused.

1. Presentation of honest, accurate reliable information relevant to the market.
2. Detailed and clear ideas about what market-shaping activities are proposed and ideas on how this can be achieved in partnership.
3. The MPS should have enough detail about care groups to allow providers to plan and make investment decisions with confidence.
4. There should be assurance about the role that could be played by 'professional' voluntary and smaller community organisations.
5. Information about council budgets and projections on spend, by client group.
6. Benchmarking information

7. Effective communication with the market about the Council's approach to national policies, e.g. personalisation.

A representative from an organisation not currently providing services within Hackney said: "We want to know Hackney's direction of travel as we aren't established here, and who to talk to, etc."

There was some concern that providers had differing expectations and needs and that one MPS covering the whole of adult social care might produce an overwhelming amount of data. In future, one possible way of avoiding this might be to produce separate statements for each service area.

Several people stressed the need for the local authority to facilitate and drive the market. One provider said: "At the moment you are not facilitating the market, you are the market."

Some providers expressed a lack of confidence in Hackney's commissioning and procurement processes. The Council relied too much on formal transactions with providers and monitoring rather than building relationships. The relationship with commissioners was sometimes limited and there was a lack of clarity about the strategic direction of the local authority.

One provider said that if prices are pushed down, there are unintended consequences such as driving out quality and that this can in turn suck up more resources to fix the problem. Another said that there should be some focus on staff. Their status had been driven down. It was hard for staff to see where their careers were going; this led to high turnover staff; something should be said about careers.

Another complaint was that there was a lack of consistency from commissioners in terms of the understanding of need. Providers had been informed about particular needs and had responded by making investments – particularly in property – only then to be told that the borough had changed its mind.

Another comment was that whilst the Care Quality Commission set standards for providers to work to, providers needed to know what Hackney was going to do about them. Also there was a danger of these and other issues being treated in isolation. Quality and standards and Issues such as safeguarding needed to be brought together.

One representative said that with small providers like themselves, there was a problem with personalised 'pay as you go' services; as there would be no money available up front, it would not be possible to pay staff and there would therefore be problems for the organisation.

Others stressed that culturally specific services will still be important, also that a large proportion had problems with literacy and were unable to use computers; it was also pointed out that people from the Orthodox Jewish communities did not use computers.

Second Provider Engagement Event, 1 May, 2013

This focused on what providers would want to see in terms of the level and type of detail contained within supply mapping and demand modelling.

The key piece of feedback was that as well as detailed information and prediction concerning volume and type of service, it would also be essential to understand the Council's ideas regarding;

- the models of provision the Council would like to move towards
- essential standards
- changes to how the Council expects to invest its resources (contracting models, spot, block, framework and impacts of personalisation).

Also stressed was the need for ongoing dialogue and engagement with providers and for clarity around expected outcomes. What targets did the Council have, for instance reducing demand for residential care through the introduction of more supported living.

The Council needed to be more consistent in articulating its key messages, for instance what was the strategy behind deregistration of care homes?

Providers felt that more clarity was required as to how personalisation would fit into the whole picture. Providers from outside of the borough said they needed to know the mechanisms whereby they could start to market their services within it.

There was support for provider forums as a way of helping to facilitate the market. The majority of people seemed to feel that whilst there were a number of services which cut across client groups, sector specific forums would be most useful.

Third Provider Engagement event, 27 June, 2013

This focused on gaps in provision, services or opportunities from the point of view of providers.

Providers were asked why they thought service users sometimes found it difficult to move on. Sometimes there was simply a lack of provision for people to move on but another reason was that providers sometimes felt it necessary to hold on to people in order to justify additional money they were receiving for complex needs. Again, it was felt that targets needed to be clear and that perhaps the Council should look towards paying for success. The Outcomes Star model was a good way for service users to identify what they have achieved and what they wanted to achieve. Commissioners, providers and care management needed to adopt the same outcome models. These would then be portable – something service users could take with them.

The providers were asked what prevented their organisations from innovating. Sometimes it was a lack of opportunities. Sometimes it was about cost. In addition, it was felt, the tendering process asked for the wrong things. Specifications needed to be less prescriptive and focus more on outcomes. There was, also for some, difficulties arising from being a small organisation. Sparse resources meant it was not always possible to seize on opportunities when they became available. This was a Catch-22 situation. Also, financial requirements of organisations around turnover, excluded small to medium organisations from tendering for certain services.

Also with regard to finance, the Council needed to be clear about constraints and open about financial limitations.

Engagement with Special Interest Groups (SIGS) and the Health and Social Care Forum (HSCF)

- For the most part, the Council's intention to produce the MPS was welcomed by both Health and Social Care Forum and the Special Interest Groups. Positive responses included the following:
- It would be useful to have a comprehensive picture of what was already in the market and what might be required so that providers would be able to see the opportunities that might develop in the market.
- That it would assist, not only with tendering, but with the making of grant applications.

- Providers often struggle due to a lack of specifics and the MPS should go some way to mitigate this.
- Some providers from the Learning Disability SIG felt that provision for people who were not eligible for care under Fair Access to Care (FACS) criteria was urgently needed.

At the Older People's SIG there appeared to be consensus that more support was needed around supporting people on direct payments and that current levels of support were not adequate; also that independent brokerage would be of assistance. Another comment was that some older people perceive the move towards direct payments as amounting to the state washing its hands of them and that this perception needs to be changed.

Some providers at the Older People's SIG also felt that the MPS should incorporate a commitment to local and community-based providers and that social value, as defined within the new Social Value Act, should be an important consideration. It would not be possible for the market to respond to every need. Therefore, we needed to look at support from the wider community, volunteering initiatives and time banking.

Providers at the Mental Health SIG stressed the importance of preventative services. They also felt that over the next five to ten years, supply of housing was going to be an extremely important issue.

Specific engagement with the Health and Social Care Forum centred on a discussion around personalisation, what this meant in Hackney and if it was working. The general consensus seemed to be that within the borough it was not clearly defined and was not working.

One mental health provider complained of a lack of referrals from Hackney whilst at the same time other boroughs were referring significant numbers of people; individuals from other boroughs were also purchasing the provider's services through direct payments.

Again there was consensus that more support for people receiving direct payments was needed and that perhaps through independent brokerage, there needed to be guidance on what people could spend their money on.

Another provider had, in other boroughs, been involved in the creation of Individual Service Funds. This had come about through disaggregating residential and supported living budgets. No work of this nature has been undertaken in Hackney.

