

Hartlepool Borough Council



**‘Making Care Our Business’
Market Position Statement for
the care of adults and older people**





A sense of direction

Hartlepool Borough Council wishes to stimulate a diverse market of care, offering people a real choice of provision. This may come from existing providers, from those who do not currently work in the Council's area or from new start-ups

In order to achieve this aim, the Council recognises the need to know how best to influence, help and support the local care market and achieve better outcomes and values. This Market Position Statement is an important part of the process, initiating a new dialogue with care providers where:

- We will engage with all providers about our future strategic direction which is outlined in this document
- We will better analyse information about people who fund their own care in line with the Care Act 2014
- We will conduct a market review of care consumer's priorities, including those who self-fund their own care provision
- We will work with the Hartlepool and Stockton on Tees Clinical Commissioning Group to promote integration of health and social care

- government requirements are met and hopefully exceeded
- the Council is transparent about its strategic commissioning intentions, how it influences services in the future and how more choice can be extended to care consumers

Key drivers of the Council's approach are:

Universal approaches

- providing clear advice and information to help people make informed choices and to remain independent
- maximising community capacity and greater choice and control
- promoting health and well-being and avoiding unnecessary admissions to hospital or residential care
- offering social care assessments in a timely way

Targeted Support

- offering crisis support, adaptations, reablement, intermediate care, personal budgets, care management, carer support and safeguarding services to those in need and targeting prevention.
- Working with housing providers and the third sector to support innovative housing options including extra care housing and supporting living options

Monitoring Performance

- Using the views of people who use services, complaints, lessons learned, peer reviews, benchmarking and local accountability to improve services

Workforce

- Developing our workforce for the future and exploring innovative ways of sharing services to maximise efficiency and effectiveness where possible.

The Hartlepool Market Position Statement

The aim of the Market Position Statement (MPS) is to identify future demand for care services and act as a starting point for meaningful discussions between the Council and providers of services. The MPS contains information and analysis of benefits to providers of care and support services in Hartlepool to inform these discussions.

It contains information about:

- Hartlepool's position in terms of demography and service provision
- The Council's intentions as a facilitator of care and support for adults
- The Council's vision of how services might look in the future and how they might respond to changing need for care and support

Care Act 2014

The Care Act 2014 introduces a number of key changes for Hartlepool Borough Council's Child and Adult Services Dept. From April 2015 local authorities have a number of new duties including:

- Promotion of wellbeing and the reduction or prevention of care needs (prevention);
- Provision of information and advice (including advice on paying for care);
- Shaping the care market;
- Implementing a national eligibility criteria;
- New duties regarding assessments for carers and self-funders;
- Statutory requirements in respect of Personal Budgets and Support Plan;
- Statutory requirement to offer deferred payment agreements.

Source: Adults Service Committee report Sept 1 2014



Key messages in the MPS

Whilst the number of adults aged 18-64 with a learning disability or a mental health need is likely to remain relatively stable, there will be a rise in the number of people aged 55 to 64 years who have a serious physical disability and also in people aged 65 years and over. The largest change will be in the proportion of older people aged 65 years and over. This is expected to rise to 11% by 2020 and 37% by 2030. However the increase in those aged 85 years and over is significantly greater -28% by 2020 and 71% by 2030. This latter group are more likely to require care services and to develop dementia with up to 1 in 3 expected to show signs of memory problems or dementia.

The Adult Social Care budget is under significant pressure with the growth in demand occurring at a time of reducing budgets. To address this, the Council will continue to promote access to universal services, signposting to non-statutory resources and support access to rehabilitation, reablement, intermediate care and assistive technology to maximise people's independence.

Housing is a key component in supporting people with care needs in the community. Hartlepool has a well established domiciliary care market. The town also has well developed extra care housing options offering a range of tenures. The residential care sector has high occupancy levels, especially in the nursing sector. This issue is particularly acute for people living with dementia. Many homes operate their own waiting lists.

Vision

The document "*Moving Forward Together – A Vision for Adult Social Care*" sets out seven principles:

- **Prevention:** people can maintain their own independence. Support focuses on helping to regain independence
- **Personalisation:** individuals control their care. Eligible people have personal budgets. Information about care and support is widely available regardless of whether or not people fund their own care.
- **Plurality:** diverse needs are matched by diverse service provision. Councils stimulate a broad market of high quality service providers and encourage new local support initiatives and social enterprises.
- **Partnership:** services are developed in partnership with the NHS, other agencies and local communities. Services are co-produced with the people who use them.
- **Productivity:** services are efficient, innovative, give value for money and support autonomy rather than dependency.
- **Protection:** safeguards are in place against the risk of abuse or neglect but risk is not used to limit people's activity.
- **People:** the workforce delivers support with skill and imagination. Staff and people using services are empowered to take positive risks and respond creatively.

Key facts

For older people

- We expect service providers to recognise the pressure on the health economy due to dementia, long-term conditions, end of life care, stroke and falls.

For people with a moderate or severe learning disability

- We expect providers to be planning for how they will support people with learning disabilities who are older and may develop more complex health and social care needs, including dementia.

For people with a physical disability

- A 13% increase predicted in people aged 55-64 with a serious physical disability between 2014 and 2020, from 661 to 748.

For people with mental health needs

- Little change is forecast for people aged 18 to 64 suffering from psychiatric disorders including early onset dementia but there is a likely increase in people with dementia aged 64 years and over from 1171 in 2014 to 1358 in 2020 rising to 1811 in 2030.

By 2030 Hartlepool will have around 7,000 people who are aged 80 and over.

Hartlepool is one of the most deprived areas in Britain, ranked 24th most deprived out of 354 Local Authority areas. High levels of deprivation occur in 6 of Hartlepool's 11 wards.

Hartlepool faces challenged in terms of deprivation, an ageing population and an increasing number of people with disabilities.

- Level of life limiting long term illness – 24% (national average 18.8%)
- % of working age adults receiving key benefits – 19.4% (national average 11.1%)
- Unemployment claimant rate at July 2014 – 5% (national average 2.4%)

(Source: Tees Valley Joint Strategic Unit)

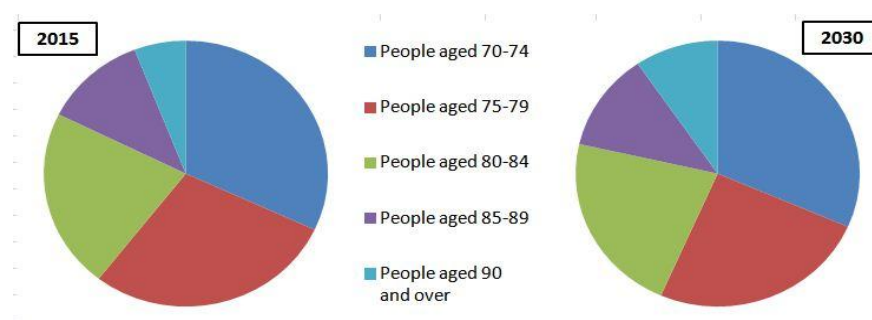
Analysis of deprivation information confirms a high number of households which have:

- Poor diet and health
- High levels of unemployment
- Income support
- Financial worries
- Social problems

Demanding Times

By 2030 nearly 25% of the population of Hartlepool will be aged 65 and over, this is roughly in line with national demographic growth although some wards will have a higher percentage than this.

Current and predicted population of Hartlepool aged 65 and over	2015	2030
People aged 65-69	5,400	6,500
People aged 70-74	3,800	5,300
People aged 75-79	3,400	4,200
People aged 80-84	2,600	3,700
People aged 85-89	1,400	2,000
People aged 90 and over	700	1,600
Total population 65 and over	17,300	23,300



Although life expectancy of people in Hartlepool is increasing it remains significantly lower than the national average. There is also significant variation within the town. An example of this is a 9 year difference in male life expectancy between the most advantaged and the most disadvantaged wards in Hartlepool. There is also a higher than average rate of limiting long term illness and health problems 24% compared to a national average of 18.8%. [Source Tees Valley Unlimited]

There is a decreasing working age population and increasing population of over 65s and over 85s. Within the growing older population there is an increasing prevalence of dementia and depression. The rate of people aged 65 years and over whose day-to-day activities are limited significantly is estimated to be 31% compared to a national average of 23% [source POPPI]

People are living longer which is clearly to be welcomed. The challenge for adult social care is that people who live longer often have complex health conditions and require significant levels of support to remain independent. In 2014/15, 4,402 people were supported to live independently through adult services provided by Hartlepool Borough Council. Support was also provided to almost 3,000 carers, including information & advice and universal services.

At the last census the population of Hartlepool of 92,670 was 97.6% white British. **National data available from the Office of National Statistics (ONS) and from POPPI.**



What the people of Hartlepool say...

Hartlepool was rated 1st out of 152 councils in 2014/15 in the annual national carers survey in terms of satisfaction of carers with the support they received.

58% of respondents had been looking after someone for over 5 years with 35% having caring responsibilities for over 10 years.

The majority of carers provide more than 3 hours of care a day.

High levels of support are being provided with 69% of the carers advising that they dispense medicines to the person they care for; 60% provide personal care; and 79% help with paperwork and financial matters.

Lots of carers reported that they had their own health issues, with 31% having a long standing illness and 58% having physical or mental problems themselves.

The survey found that

- 90% said that they were able to spend their time as they wanted; doing things they valued or enjoyed.
- 91% felt that they had some control over their daily life.
- 93% had no worries about their personal safety
- 90% had some social contact with the people they liked
- 87% felt that they had some encouragement and support in their caring role

What people say

People who are consumers

Analysis of data indicates that Hartlepool is mid-table out of 150 councils in England against the questions used to inform the Adult Social Care Outcome Framework in 2014/15. The annual Social Care Survey 2014-2015 found:

- 92% of the people surveyed are satisfied with the care and support they received
- 67% of the people surveyed said that having help makes them think and feel better about themselves
- 87% of the people surveyed advised that care and support services helped them to feel safe.

A Healthwatch Hartlepool investigation into domiciliary care indicated there was general satisfaction with services but people who used services were concerned about continuity of care and keeping to allotted times. The Council is working with service providers to monitor these issues.

Residents within care homes were questioned as part of the Quality Standards Framework operated by the Council. Results were positive:

- 87% of residents rated their satisfaction with regard to care support services positively.
- 68% of residents felt they had adequate control of their lives
- 83% of residents felt that care and support services helped them in having control of their daily life.
- 71% of residents felt that the way they are helped makes them think and feel better about themselves.

People who are not care consumers

Healthwatch Hartlepool hold regular public meetings designed to promote and support the involvement of local people in the commissioning, provision and management of local health and social care services. Healthwatch Hartlepool volunteers take an active role in representing the public voice at the Learning Disability Partnership Board, Mental Health Forum, Adult Services Committee and Health and Wellbeing Board.

What the people of Hartlepool say...

'Need ways of accessing approved handy men to do odd jobs and move furniture as it is difficult for older people to trust'

'More awareness on what activities are out there both day and night'

'Need to build confidence of those who have lost it using public transport'

What people say

Although overall feedback is very positive, we have listened to the concerns raised by people who use services and their carers.

Common issues are:

Information - often exists but it is not easily accessible or appropriate, "signposting" was inadequate and individuals felt they often needed to chase the information, sometimes being referred to several organisations.

Transport - this can be problematic as public services have been cut; taxi rates are varied and bus services reduced. Closure of the local accident and emergency unit and services transferring to other hospitals mean people have to travel out of town.

Hospital - issues were:

- Changes to hospital services delivery has meant that people have to travel further afield to University Hospital of North Tees, Stockton or James Cook Hospital, Middlesbrough.
- Usage, purpose and function of the "One Life Centre Minor Injuries Unit" where some services were transferred remains unclear to many of the public at large
- Changes have exacerbated issues with hospital discharge. A perceived lack of clear processes means patients and carers are unclear about next steps including intermediate care, reablement, care at home and self-care. A recent Healthwatch investigation has validated these concerns.

Housing options - Information on the various options was insufficient. Many older people have large or unsuitable homes that no longer meet their needs but don't have the means to adapt them or move.

Low level support –Many people would either leave the job they couldn't manage, wait until family or friends could help or attempt the tasks themselves unsafely. Not everyone knew of the handy person service.

Social isolation –People, particularly those on their own or who are carers felt that social isolation impacted adversely on their health and wellbeing.

Engagement – People wanted wider engagement in service planning, decision making and consultation.

The current state of supply of care services

Hartlepool's care service market is diverse. Independent and third sector organisations offer a wide range of nursing and residential care in care homes, domiciliary care and day opportunities. There is also strong extra care provision.

Hartlepool Adult Services do not operate any residential care facilities.

Residential care is a solely commissioned service. A significant number of people in residential care in the town are supported, at least in part, by the Council. People paying full cost are also offered the opportunity to utilise the Council's "terms and conditions."

Hartlepool's picture of the current state of supply: accommodation based services.

Residential Care

There are 794 registered beds available in Hartlepool across 24 care homes contracted with the Council offering a mixture of residential and nursing care for older people and people with physical disabilities as well as older people with mental health needs (previously referred to as EMI), adult mental health (2) and learning disabilities (7, one is respite only). Occupancy levels are generally high, especially for homes caring for older people, averaging 86%, with 8 homes having occupancy in excess of 90%, of which 8 are fully occupied.

Source: Occupancy survey 4.1.2016

The Council uses a "Quality Standards Framework" linked to the CQC standards framework to evaluate care homes. This is used to grade the homes into 4 bandings which are linked to payment levels.

Banding	Older People and Physical Disability & Adult Mental Health Services	Older People – Mental Health
1	£488	£506
2	£463	£482
3	£439	£458
4	£415	£434

Care homes for people with Learning Disabilities are currently being evaluated with a rating expected by April 2016.

Residential Care Services placements in Hartlepool during the year

	2012-13	2013-14	2014-15
Residential care 18-64	65	78	72
Nursing care 18-64	15	17	23
Residential care 65+	477	450	440
Nursing Care 65+	125	150	140
TOTAL	682	695	675

Approximately 20% of the care home placements (150) qualify for the Council's additional fee for dementia.

Currently there is pressure for nursing placements in the locality, particularly for the provision of dementia nursing. Complexity of need of individuals living with dementia is on the rise and variety of specialist nursing placements for individuals is limited. The Council works in partnership with the local Clinical Commissioning Group to address these issues. There are low numbers of individuals with Mental Health issues living in residential care, individuals are generally supported close to home, there has been a requirement to place out of borough in neighbouring authorities for Mental Health nursing needs.



The current state of supply of care services

Integrated working between health and social care delivers intermediate care and reablement services which assist people to regain and maintain their independence. Assistive technology is also used as a preventative tool to maintain people's independence within their own home and in the local community.

The Better Care Fund will provide £3,8 billion nationally, allocated to local services to give the elderly and vulnerable an improved health and social system through the deployment of pooled budget arrangements. Local plans have been developed for Hartlepool's proportion of the funding to join up health and care services around the needs of patients, so that people can stay at home more and be in hospital less.

Hartlepool's picture of the current state of supply: accommodation based services.

Extra Care

Hartlepool has 2 purpose built Extra Care housing schemes with a total of 302 units, the larger scheme built and operated by the Joseph Rowntree organisation was developed in partnership in 2008 with the Council being successful in winning a bid for government funding. The second is owned by the Thirteen Group (previously Housing Hartlepool) and the care services are delivered through a contract with Comfort Call.

Thirteen Group also operate 3 other virtual schemes within sheltered accommodation complexes with floating support services covering an additional 155 units. There are units available for sale/rent in both building schemes.

The Council works with partners in the allocation of units to ensure the care balance of the schemes is buoyant, therefore ensuring the correct levels of care can be provided. Hartlepool has approximately 1,200 units of sheltered accommodation spread over 37 schemes - a mixture of flats, bungalows and alms houses; these are of good quality with an excellent level of assistive technology. There are currently 80 new units being built by our partner housing organisation.

Supported Living

As part of the drive for choice and control there has been work undertaken to transfer group homes into more person centred provision taking into account the individual needs of those living there – this has been implemented through the use of Individual Service Funds (ISFs) – see below.

Housing Related Support

Housing related support is delivered in Extra Care schemes, sheltered schemes and supported living schemes to enable individuals to remain independent and living in their own homes. The Council funds the majority of these costs, other elements are funded by the organisations themselves or individuals through service charges.

Other services that are supported through housing related support offer support to people with drug & alcohol dependency, offenders, people who are homeless and adults with learning disabilities.

Current New Build Developments

There have recently been two new build developments for residential accommodation: one service for adults with learning disabilities 12 units (which will potentially develop further with an additional 15 units of supported tenancy accommodation) and a 47 bed facility for adults with complex needs including neurological conditions and physical disabilities.

A number of planning applications for residential care have been made but as yet there are no firm plans for provision.

The current state of supply of care services

Most domiciliary care is commissioned externally with the exception of Telecare response and specialist intermediate care/reablement services.

Two main contractors supply domiciliary care for older people in Hartlepool to 2 geographical patches in the North and South of the town. There are a number smaller specialist providers principally for people with Learning Disabilities.

A Hartlepool Borough Council Direct Care & Support Team provides domiciliary care to people receiving intermediate care. This team also provides a physical response for the Telecare Service and the Carers Emergency Respite Care Service.

Intelligence tells us that approximately 11% people accessing services are self-funders who fund their own care in the community both in residential and domiciliary care services.



Hartlepool's picture of the current state of supply: accommodation based services.

Personal Budgets and Direct Payments

People assessed by the Council as having eligible and stable care needs are offered a personal budget. Personal budgets can be delivered through services managed by Council staff, such as domiciliary care, day opportunities or via a Direct Payment, where the person receives a sum of money to buy their own care or an Individual Service Fund where the money is given to a provider organisation who agrees with the person how they will use the personal budget to meet their care needs. 12% of the Council's budget for social care services is spent on Direct Payments.

Domiciliary Care

Domiciliary care services in Hartlepool were tendered and commissioned by the Council in 2010 and a retendering process is due to take place in 2016, these contracts are to be extended for a maximum of 18 months whilst a review is undertaken to look at alternative methods of delivery. Currently 2 independent sector providers provide the majority of care for older people in people's own home. Between them they provide approximately 5,300 hours of care per week to an average of 525 people [Source: HBC monitoring reports] A number of smaller providers offer specialist support for complex needs including mental health and learning disabilities.

Community Support and Day Opportunities

Day opportunities outside the person's own home have recently been retendered and activity is being realigned. One of the current domiciliary care providers has taken over a generic service for older people with eligible needs whilst the exiting provider for support of older people with dementia has re-orientated its activity to promote more social inclusion. Both contracts run till 2019 with the option for 2 further year's extension.

The Council continues to run two building based services offering day opportunities for people who have physical and / or learning disabilities. These are attended by approximately 85 people per week the majority of who are under the age of 65. There is currently a building programme underway for the provision of a new Centre for Independent Living which will bring the activities of the two locations into one new purpose built building. The services currently provided organise activities to help people access the local community.

For those individuals living with mental health issues there is a range of community services available ranging from cafes where individuals can meet and engage in various interests to an art studio which creates exhibits and sells artwork. There are no contracted services currently as users access community activities through the use of direct payments. This has proven successful in 'services' becoming mainstreamed and easily accessible.

Details of services available can be found in the Beautiful Minds Directory.

www.hartlepool.gov.uk/beautifulmindsdirectory



Housing

There are about 25 million homes in the UK, of which seven out of 10 are owner-occupied. The number of home owners has risen by more than one million since 1997.

The number of older people in England mirrors this proportion with the vast majority of older people aged 65+, approximately 73.13% owning their own home. Approximately 20% rent accommodation from Councils or other social rented sector providers.

In Hartlepool the proportion of people aged 65 and over who own their own home is significantly lower at 64% with the number of people aged 85 years and over who own their own home falling to 59.7%.

Accommodation of older people in Hartlepool

	65-74	75-84	85+
Owned	68.02%	64.77%	59.70%
Rented from council or other social rented providers	25.3%	29.9%	32.6%
Private rented or living rent free	6.61%	6.15%	7.75%

Carers Emergency Respite Care Service

The in-house Carers Emergency Respite Care Service supports approximately 600 registered carers. It offers up to 72 hours care in a person's own home in an emergency when their carer is unable to care for them.

Assistive Technology/Telecare

There are over 2,200 people with telecare installations in their own homes. This is run in partnership with a housing partner whose staff are co-located with the Council. The housing partner operates the call handling element of the service and Council staff provide a physical response service.

Safer Walking

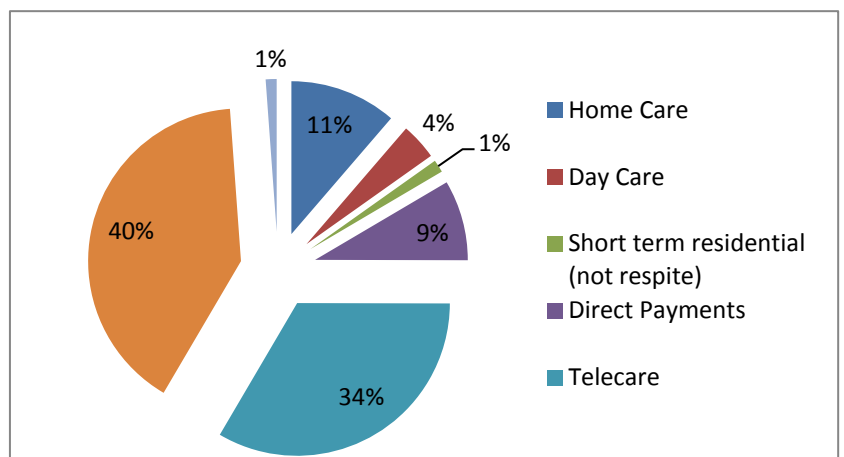
In partnership with a national "Safer Walking" provider, the Council offers a location detection based technology and response service for up to 67 vulnerable people. The service gives them confidence to access the community knowing that they can summon help if they become distressed or if they become lost.

Telehealth

There is also some limited use of tele-health equipment to help people with long term conditions manage their condition. This is provided by the NHS.

2014-15 Service Breakdown

	2012-13	2013-14	2014-15
Home Care	718	702	667
Day Care	326	224	228
Short term residential (not respite)	82	72	79
Direct Payments	401	441	502
Individual Service Funds	-	17	59
Supported Living	24	18	9
Telecare	1102	1615	1970
Equipment & Adaptations	2694	2471	2380



Resources

In 2014/15 £18.6 million was spent on funded residential care and £12.1 million on non-residential services including domiciliary care, extra care, day opportunities and housing related support with an additional £5.3 million on direct payments out of a total social care budget of £31million.

Nationally 55% of all social care expenditure is spent on older people services. Of the £17 billion expenditure some £4.9 billion is spent on older people's residential care.

From April 2015 a national eligibility criteria was introduced where significant impact must be evident in at least two areas before care will be funded.

As part of the overall Council's savings there have been significant cuts in Adult Social Care budgets:

- £1.3m in 2014/15,
- £1.1m in 2015/16.
- £.6m planned for 2016/17

To date Hartlepool Council has experienced a 39% reduction in funding compared to 2010/11, equating to £31m.

Over the next two years Hartlepool's budget reductions will need to be in the region of £14.2m

Hartlepool Borough Council wages are equivalent to at least the National Living Wage. The Council is positive around supporting the changes in the National Living Wage and will work with providers to ensure quality of services. Fees have been increased from April 2016 to manage the impact; these increases are having a significant impact on budgets which will not be fully offset by any Social Care precept.

Current and future level of resourcing

The Adult Social Care Budget 2014/15

Last year the Council spent approximately £30.5 million net – this included £9.8 million from charges for care services.

Percentage Distribution	2012-13	2013-14	2014-15
% on residential care	43.7	41.8	43.6
% on non-residential services (exc Direct Payment)	27.7	27.3	28.5
% on Direct Payments	10.9	11.8	12.3
% on assessment & care management	17.8	19.1	15.6
TOTAL	100	100	100

In addition to the above expenditure, it is estimated that a further £500,000 was spent supporting carers, £130,000 of which was given in the form of Direct Payments.

The above table demonstrates a steady level of expenditure in residential and non-residential services. There is a positive increase in Direct Payments expenditure indicating the continued practise of individuals being able to exercise full choice and control of their support. Savings have been made in non-frontline services.

Intelligence indicates that approximately 11% of people in receipt of residential and domiciliary care services are self-funders.

We wish to give care consumers greater control over their services and create a care economy that is based on funding for outcomes rather than cost and volume contracting. We have very few block contracts; the only ones we have are for transitional residential services and respite services for adults with learning disabilities.

We operate a framework outcome focussed approach to our contracting. We have in the last 2 years embedded the provision of Individual Service Fund contracts which seek to give greater control to the individual and more flexibility to a trusted provider when supporting individuals in the way they want to live.

We recognise the need for greater financial certainty within the market, we work with providers at regular forums to advise of our financial position and, in partnership, try to identify ways to make efficiencies and improvements that benefit both the provider and the Council.

The health of people in Hartlepool

The health of people in Hartlepool is generally worse than England averages. Deprivation is higher than average and life expectancy for both men and women are lower than the England average.

Public Health priorities in Hartlepool include reduction of smoking prevalence, reducing drug and alcohol related harm and reduction of obesity.

Within Hartlepool, it was estimated in 2011 that:

- The number of people with a moderate or serious physical disability aged 18-64 is expected to peak within the next 8-10 years and then begin to fall slowly. In contrast the number of people aged over 65 with a limiting long-term illness is forecast to increase by 8% by 2016, and in 2025 the number will be 27% higher than in 2012 and continuing to increase further by 2030
- Mental health needs in Hartlepool are higher than the national average.
- Hartlepool has 40% greater need in relation to mental illness compared to England and 14% higher need in relation to common mental health problems.
- Incapacity benefit levels for mental health in Hartlepool are more than 70% higher than the English average and above the North East average.
- More than half of the older people population (8,500) had life limiting long term illnesses.
- 980 older people were estimated to be living with dementia.
- There were 1,310 older people with depression, with twice as many women as men having this condition. Of these, 400 were predicted to have severe depression.
- About 4,000 older people will have falls resulting in over 300 requiring hospital admission.
- About 350 older people will have a long lasting health condition caused by stroke. Men are disproportionately represented (62%).
- About 750 older people will have a long standing health condition due to a heart attack. Again men are disproportionately represented (55%) but the proportion is much higher for men aged 65-74 (70%).

Where are we now – a summary of supply and demand

- Demand for care and support services is likely to rise but will not be matched by levels of public spending over the next 3 to 4 years.
- The number of young people with complex physical and learning disabilities moving from Children's Services into Adult Services continues to be a financial pressure. Aspirations and expectations to lead happy and fulfilling lives are embraced and work is continuously underway with the local community and providers to create a local economy to enable expectations to be met.
- Life expectancy is increasing and entry to all care services is likely to be later in life but from people with more complex support needs
- The rise in the 'oldest old' population is not just a challenge for social care but for the whole of our local council and community
- Part of the challenge of the changing demographic is the growth in the number of older people living with dementia. We currently serve this population well keeping people at home for as long as possible with a range of support available such as social inclusion, low level support, community activities and one to one support. This is all supported by a dementia hub operated by the organisation we contract with for the majority of services that support people living with dementia.
- From a variety of existing surveys it is recognised that the majority of older people do not wish to end their days in residential care, although we equally recognise this is often an outcome created through the exceptionally complex needs and frailty of the individuals we serve. We expect the population in residential care to decline slowly, become frailer and be in care for a shorter period of time
- Appropriate housing is a key part of well-being for people. Hartlepool has a healthy and vibrant Extra Care stock, good sheltered housing and a variety of new and existing supported living environments. We acknowledge that this needs continuous review and to ensure that older stock is updated and assistive technology remains at the forefront of developments. The council runs a choice based lettings system for rented accommodation and various schemes have allocation processes to ensure the most relevant properties are provided for the most vulnerable in our communities.
- DFG's (Disabled Facilities Grants) are administered effectively throughout the town to allow people to remain in their properties and have the necessary adaptations carried out to meet their changing needs.
- We acknowledge that there has been a shift in the residential care population from frailty to dementia and are keen to provide more innovative provision for residential care when necessary.
- At the moment our services for carers are excellent as is reflected in feedback from the carer survey regarding satisfaction. We are successful in offering carer assessments and providing Direct Payments as a matter of course, along with a range of other services, such as emergency respite.
- Our web site and information, advice and guidance provision has not been as user friendly as we would like to support informed choices; '**Hartlepool Now**' was launched in October 2015 with a requirement from all our providers to keep their information up to date to enable the community to make valid and informed choices.

The Care Act – market shaping commissioning and provider failure

There is a diverse market for care services in England. Public, private and voluntary sector organisations can all provide these services.

The Care Act seeks to ensure Local Authorities facilitate and shape their market. New duties include:

- focusing on outcomes and wellbeing;
- promoting quality services, including through workforce development;
- remuneration and ensuring appropriately resourced care and support;
- supporting sustainability; and
- ensuring choice.

To ensure this happens Local Authorities should:

- design strategies that meet local needs;
- engage with providers and local communities;
- understand the market;
- facilitate the development of the market;
- integrate their approach with local partners;
- secure supply in the market and assure its quality through contracting.

“Everyone who receives care and support wants to know they will be protected if the company in charge of their care goes bust”

Norman Lamb, Minister of State for Care & Support

As in any market, providers leave the market sometime because they have failed financially.

The Care Act seeks to ensure that provider failure is managed locally. Local Authorities have a duty to:

- Temporarily ensure the needs of people are met no matter what type of care they receive
- Take steps to ensure an individual does not experience a gap in care
- Provide information and advice on alternative services

The Care Act also establishes that the Care Quality Commission has a new responsibility to assess the financial stability of providers; this may be linked to the size, concentration or specialty of the care provider.

Our Commissioning Intentions:

If the Council does nothing to reduce demand for care and support and the population changes as expected, then demand for state funded care would look as follows by 2030:

	2014	2030
Domiciliary care (hours per week)	7,646	10,322
Day care (placements)	123	166
Residential care (placements) – older people	473	639
Residential care (placements) – 18-64	95	91

- The Council wishes to continue fostering strong relationships with providers which work well for all who need care in the local area. We also wish to ensure that there is a level playing field across all providers, whether private or voluntary, large or small, whilst at the same time developing a diverse market that has real choice for service consumers at its heart.
- These are difficult financial times and the local authority will be funding fewer services. However, it wishes to use its funding to stimulate new forms of care and support activity that are community focussed and co-produced with individuals who use services.
- All funding needs to focus on the outcomes that can be achieved for the expenditure made and driving down long term demand. Therefore, we will work with the sector to explore how we best measure outcomes, pay by virtue of those achieved and where a service is subject to a Local Authority tender, ensure our procurement processes are outcome focused.
- We will look to commission more care jointly with our Clinical Commissioning Group (Hartlepool & Stockton on Tees CCG) so that joined up health and care services can be made widely available.
- As more people will be care purchasers through direct payments and directly as self-funders, we recognise the need to ensure there is better information about local care and support services. We also need to better signpost people to local and national sources of information on quality (see page 13 for some examples). This will predominantly be driven through our on line resource ‘Hartlepool Now’ but we will continue to ensure information is provided in our community facilities such as libraries, community centres and GP surgeries.
- We also wish to monitor how funding is spent and how we can demonstrate cost effectiveness.
- We will work with providers to ensure there is more comparative data available about care and support both for consumers and for providers.

Hartlepool needs you

You and your organisation can book an appointment to discuss how we can work with you as a potential care provider. We particularly wish to meet with

- Residential care providers who wish to provide nursing care, specifically dementia nursing care.
- Residential care providers.
- Home care providers who feel they could take on a wider range of services
- Community organisations that wish to extend their work in dementia care
- Providers of supported living for working age adults.

For all providers, we would welcome meaningful conversations and have various provider forums you are welcome to join. For further information:

- Write to the Commissioned Services Team, Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY
- Phone 01429 523393
- Email : Jeanette Willis, Head of Strategic Commissioning at Jeanette.Willis@hartlepool.gov.uk



...and the providers we want to work with are those who:

- Have explicit quality standards and publish results of their independent monitoring.
- Are prepared to work to an open book accounting approach.
- Can demonstrate an understanding of demand and how this is changing over time.
- Are able to show the impact of their activities in terms of the outcomes they achieve rather than in terms of the number of people for whom they provide a service.
- Wish to innovate. For those we are prepared to support and help fund innovation where it reduces demand for care.

Care for the Future

- **Integration** – Establish integrated health and social care pathways / services that facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges, through implementation of the Better Care Fund (BCF) plan and other initiatives for working age adults. We will do this by strengthening preventative services, reablement and assistive technology. Ensuring that there are appropriate step up services that wrap around vulnerable individuals enabling them to be cared for in a non hospital setting.
- **Choice** – Increase choice for people in terms of the services available to them regardless of how those services are funded. This is not simply a choice of provider offering the same or similar services, but a genuine, well-informed choice in terms of what is on offer, when it is available and choice over the person who delivers the service.
- **Drive down demand** – Recognise that at times of financial constraint, services purchased using public funds need to drive down demand and be cost effective. This applies just as much in broad based community services as in high intensity provision. Therefore, we will try to make sure nobody leaves hospital and goes straight to a care home without the offer of reablement and/or intermediate care, and we will at the same time assess with the local voluntary sector the nature of their offer to the local community and ensure we are not funding services which may increase the demand for care rather than reducing it.
- **Support for Self-Funders** – Look to provide more support to self-funders and particularly ensure that people are aware of the range of provision that is available to help people remain within the community.

Sources of information

In addition to the data supplied in this document there are a range of other sources of information:

Hartlepool's vision for adult social care is available at www.hartlepool.gov.uk/movingforwardtogether

The Local Account of Adult Social Care Services 2016/2017 is available at

www.hartlepool.gov.uk/localaccount2016/2017

General information about adult social care in Hartlepool is available at

www.hartlepool.gov.uk/factsheets

Information about all local extra care and residential care home providers is available on our web site at:

www.hartlepool.gov.uk/extracareandcarehomes

Information about all care services that are registered with the Care Quality Commission including quality reports on each service is available on the CQC web site [follow the links] at: www.cqc.org.uk

More detailed information about care homes is available at:

www.cqc.org.uk/content/care-homes

More information about community services can be found at:

www.cqc.org.uk/search/services/community-services

Information about services is also available from NHS Choices at: <http://www.nhs.uk/aboutNHSChoices>

Elderly Accommodation Counsel (EAC) is a national charity that aims to help older people make informed choices about meeting their housing and care needs.

Web Lin - www.eac.org.uk

More statistical information is also available from the NASCIS data portal, which contains a wide range of information about comparative local authority performance.

Web link – www.nascis.ic.nhs.uk

Information about current and future trends for older people against a range of key health conditions and indicators is available at

www.poppl.org.uk

Care for the Future

- **Information and Advice** – We will ensure that 'Hartlepool Now' is a current and interactive system that enables individuals and their carers to navigate the care market in a simple and straightforward way. We will continue to develop the website and our information leaflets to ensure they are written around vulnerable people's needs, expectations and outcomes and not configured around how the Council delivers services. We will continue to ensure that appropriate advocacy services are accessible locally and in a timely way.
- **Diversity** – We will encourage the development of new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect people to use personal budgets to purchase these services and will explore ways to make the Direct Payment process simpler without lessening Council responsibility for ensuring public money is well spent.
- **End of Life Care** – We will work to identify and improve end of life care services, not only due to the ageing population but also to the requirement to give people choice about where they receive their care particularly those living with dementia. We will work with health partners to deliver this aspiration.
- **Residential Care** – We will continue to actively monitor the quality of residential care in our area. We will ensure that the new methodology employed by the Care Quality Commission (CQC) is incorporated into our plans, to ensure that residents and their families are not confused by different methods and language. We will support the Clinical Commissioning Group (CCG) to develop the market in the area of residential nursing provision and ensure that the relevant support is provided to keep and attract providers in this area of provision.
- **Dementia** – We will continue to work with Tees Esk & Wear Valleys NHS Foundation Trust and wider partners to deliver more training to both care staff and nursing staff in hospitals and care homes in managing dementia and carry out mapping exercises with the CCG to review current services with the aim to improve pathways and services to meet the needs of individuals with dementia and their families / carers.
- **Home Care** – We will continue to work with providers to ensure outcome focussed practise within our contracts and support providers as they work towards meeting the standards set out in the Ethical Care Charter.
- **Disability/Long Term Conditions** - We will develop an independent living centre that improves outcomes for adults with a disability and / or long term condition.
- **Transforming Care** - Developed to improve the lives of children, young people and adults with a learning disability and/or autism there is a Teeswide Local Authority and CCG collaborative framework to meet the challenges. There are less than 10 people identified from Hartlepool on the programme. There will be personalised plans developed for each individual with accommodation being identified on an individual basis reflecting new models of care.
- **Autism** – We will continue to work collaboratively across the Tees Valley for specialist autism provision. We have a framework contract with eleven providers which lasts until September 2017 with an option to extend for a further 12 months.
- **Mental Health** – We will implement the actions identified by the Mental Health Implementation Plan to improve mental health services for the people of Hartlepool.