The London Borough of Havering Adult Social Care and Commissioning Market Position Statement Summer 2013

Havering
LONDON BOROUGH

INVESTOR IN PEOPLE

Contents

1. Who is the document for:

This document is aimed at existing and potential providers of adult social care and support. It represents the start of a dialogue, between the Council, people who use services, carers, providers and others about all aspects of social care, from the vision and future of local social care markets, down to individual discussions around specific services. The ultimate aim is to improve outcomes for customers, within available resources.

We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. This is an important role for the Council, and a key part of shaping what kind of place Havering is, namely a place where people with care and support needs, their families and carers, are included and involved in community, economic and social life.

Providers of adult social care can learn about the Council's intentions as a purchaser of services, and its vision for how services might respond to the personalisation of adult social care and support.

Voluntary and community organisations can learn about future opportunities and what would enable you to build on your knowledge of local needs in order to develop new activities and services.

People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help you to come into social care markets and offer innovative services.

Social care providers and organisations not currently active in Havering could find opportunities to use your strengths and skills to benefit local people and develop your business.

Rather than providing just facts and figures about demand and supply of services and the overall pressure on public resources, this document aims to give providers a high level sense of direction. More importantly it provides details of the key contacts within the Council for each niche of the social care market and area of provision. We feel dialogue with current and potential providers is the key to improving the match between needs and supply of services.

2. Provider Feedback Helping to shape and improve the MPS

As part of the process of preparing this document a good draft was shared with a small but diverse range of providers. The aim was to obtain honest information about how useful the document was for providers and how it could be strengthened before publishing a formal version.

The general feedback was positive, suggesting the Market Position Statement was a useful document that was easy to read and informative setting out context and direction, and providing some very useful demographic data and projections.

We have taken on board the feedback on improvements, some of which are now included in this amended version and some that will feed into future versions.

Questions raised with answers that may be useful to providers:

It would be helpful to know what LBH hopes, or expects, providers to do when they receive the document - discuss with LBH, propose ideas, consultation etc.

We hope that providers will study the document and check the alignment of business plans/strategies to ensure there is a good fit. We hope it will facilitate more dialogue between commissioners and providers. As a result of the feedback we have included a questionnaire to encourage the initiation or continuation of dialogues.

A source of high quality demographic data (and forecasts) on an on-going basis - small organisations do not have the resources to invest in extensive research on their own and it will be helpful if LBH could be a good source of relevant data and played a role in collecting, managing and analysing information on needs, delivery and quality

The Council provides an online data hub. This provides access to a wide range of data sets available to any provider or individual. As a result of the feedback we will hold training sessions to raise the profile of the data hub and ensure it gets used to its full potential by providers. If providers would like access to data that isn't on the hub, please feel free to request it. Where possible we will accommodate these requests and, if the data is appropriate, it will be added to the hub.

The suggested services are of interest but there is an absence of data/ evidence that justifies demand for such services, hence any investment from providers in setting such services up is compromised.

The online data hub contains a wide range of information to support many of the themes highlighted in the document. Some of the evidence is sensitive, such as cases coming through transition that are low in volume but highly complex,. We haven't included data down to this level to avoid creating an overly long document. If providers would like data on specific issues, then please use the questionnaire to highlight this or contact us to start a dialogue.

If existing or interested new providers have been motivated by the document and wish to act on the invitations within, then how do they do it? It is not sufficient to just give a list of telephone numbers.

We have added a questionnaire at the end of the document to highlight any areas that providers would welcome a dialogue on. We feel large provider forums don't always create good dialogues, they can be useful for giving out a message but we feel the format makes it difficult for providers to speak freely. Do you agree? We would consider holding regular surgeries for providers to book a time slot in etc. Would any online communication be appropriate? i.e. Blogs or webinars.

We hope this is the beginning of increased dialogue. Many thanks to providers who have fed back, we found the comments and suggestions very useful.

3. Exploring Current and Future Demand

It is important for us to be transparent with the market about the challenges we face. The future of adult social care is going to see significant demographic change with population increases in Havering affecting most age groups. Particularly high levels of growth will be seen in people of retirement age.

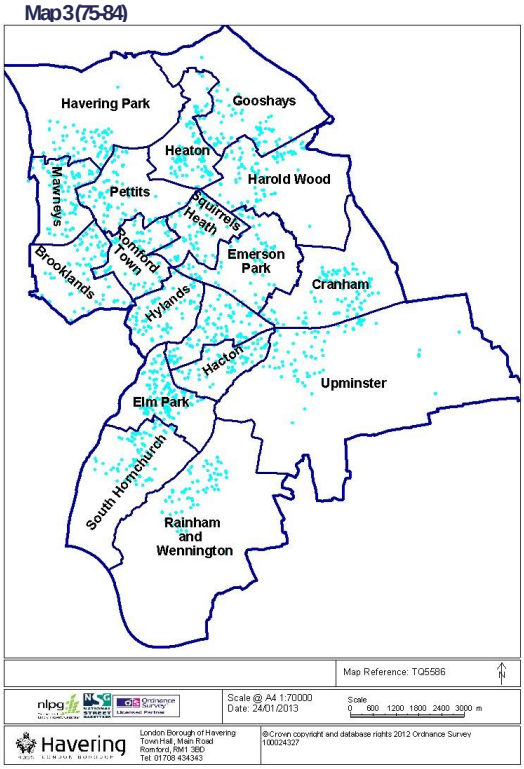
There is expected to be a corresponding increase in demand upon health and social care services.

Maps 1 – 4 illustrate the distribution of Havering service users split by age group.

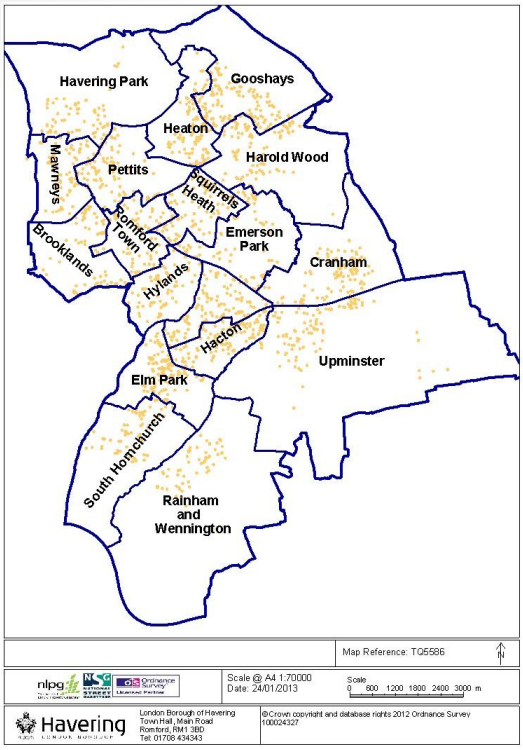
Map 2 (65-74)

Map 1 (18-64)

Map 3 (75-84)



Map 4 (85+)



The life expectancy of adults with learning disabilities has increased significantly and many are developing age related conditions such as dementia.

Table 1 illustrates the key factors that may influence potential changes in demand for health and social care in people aged 65 and over living in Havering

People with a learning disability are more likely to be living with an elderly parent as their main care provider. Society will also see this care role reversing as the person with a learning disability will start to take on the main caring role for elderly parents. The Council anticipates that the support required for this group of service users will grow and that new types of social and practical support will be required.

Table 2 illustrates the predicted population in Havering of people age 18-64 with a disability or a mental health problem

The significant advances in neo-natal care have resulted in growing numbers of young people with very complex needs maturing into adulthood resulting in an increasing number of working age adults who need social care support.

Table 1

	2010 Current Figure	2015 figures and % increase	2020 figures and % increase	2025 figures and % increase
People living with dementia	3,044	3,329 9%	3,692 21%	4,116 35%
People living with a limiting long-term illness	19,120	21,041 10%	22,163 16%	24,477 28%
People unable to manage at least one personal care task	14,330	15,503 8%	16,691 16%	18,298 28%
People unable to manage at least one domestic care task	17,562	18,933 8%	20,426 16%	22,388 27%
People aged 75 and over providing more than 50 hours of care per week	785	820 4%	864 10%	1,009 29%

Table 2

	2010 Current Figure	2015 figures and % increase	2020 figures and % increase	2025 figures and % increase
People with a moderate or severe learning disability	780	808 4%	837 7%	871 12%
People with a moderate physical disability	11,357	11,601 2%	12,111 7%	12,446 10%
People with a severe physical disability	3,379	3,422 1%	3,622 7%	3,756 11%
People with a moderate or severe personal care disability	6,860	6,986 2%	7,358 7%	7,586 11%
People with a mental health problem	23,208	23,768 2%	24,491 6%	25,072 8%

http://www.haveringdata.net/research/jsna.htm

This rise in demand will not be matched by Government funding meaning a new approach is needed as to how social care and support is delivered. All providers working with the Council are expected to offer individual choice and control, and diversify from traditional models of care. An emphasis has been placed on the importance of services which promote social inclusion, including access to work, skills and education.

3.1. Older People

The number of people over the age of 65 is forecast to increase by 10% in 2015, by 16% in 2020 and by 26% in 2025. Furthermore the population of over 85s will increase by 19% by 2015, and the very oldest group (those aged 90 years and over) is expected to grow by 125% by 2025 .

The table below show the potential rise in population for Havering and those most likely to be in need of social care services.

Table 3

	2010 Current Figure	2015 figures and % increase	2020 figures and % increase	2025 figures and % increase
All People aged 65 and over	41,000	45,300	47,500	51,800
% Increase		10%	16%	26%
People aged 85 and over	5,700	6,800	7,700	8,900
% Increase		19%	35%	56%

http://www.haveringdata.net/research/jsna.htm

Table 4 below lists the percentage of older people within each ward in Havering.

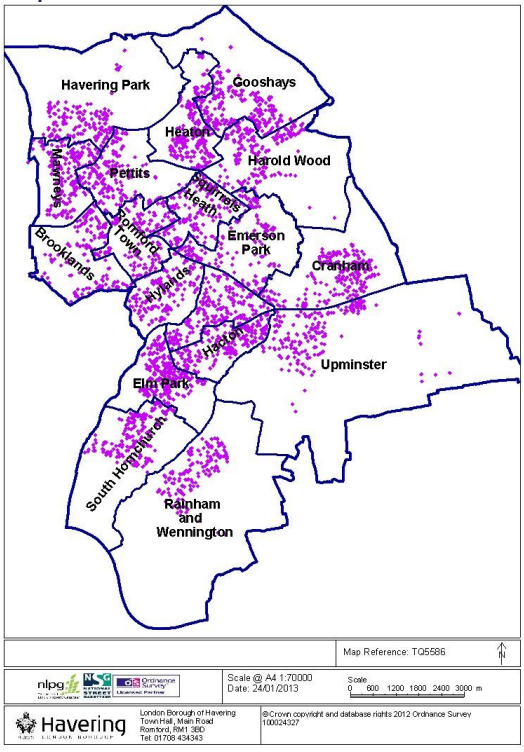
Table 4

Ward	Aged 65+	Aged 85+
Cranham	23.2%	2.8%
Upminster	21.0%	3.3%
Emerson Park	20.5%	2.3%
St Andrew's	20.0%	3.3%
Elm Park	19.7%	2.3%
Hacton	19.7%	3.6%
Pettits	19.1%	2.2%
Mawneys	18.3%	2.4%
Heaton	17.0%	3.0%
Rainham and Wennington	17.0%	1.5%
Harold Wood	16.9%	2.5%
Squirrel's Heath	16.6%	2.4%
South Hornchurch	16.5%	1.4%
Havering Park	16.0%	1.5%
Hylands	15.3%	1.6%
Brooklands	13.6%	2.1%
Romford Town	13.2%	2.0%
Gooshays	13.2%	3.0%

http://www.haveringdata.net/research/jsna.htm

Map 5 below illustrates the distribution of older people in Havering.

Map 5



3.2. Adults with Learning Disabilities

The number of people with a learning disability in the borough is expected to rise. During 2011/12 there were in excess of 500 people with a learning disability in receipt of a care/support package within the borough. The local situation will follow the national trend of people with a learning disability living longer due to advances in medical treatment giving longer life expectancy.

Disabled people may need support for significant periods of their lives so rather than plan and review people's support on an annual basis, we need to consider the support people need for the particular stage of life they have reached. For some this will involve enjoying the greater independence and responsibilities of reaching adulthood; for others this will be planning for old age and responding to the conditions associated with this. We know that an area that we need to improve on is the transition from children's to adult services.

Currently young people and their families not only have to adjust to changes associated with the progression to adulthood (e.g. leaving education and entering the world of work); they also have to cope with changes to the professionals they work with; different funding arrangements and legislative frameworks; and a very different market to choose their support from. In response to this the Council is developing an all age approach to the way it commissions and structures services for disabled people.

Map 6 illustrates the distribution of learning disabled people within Havering.

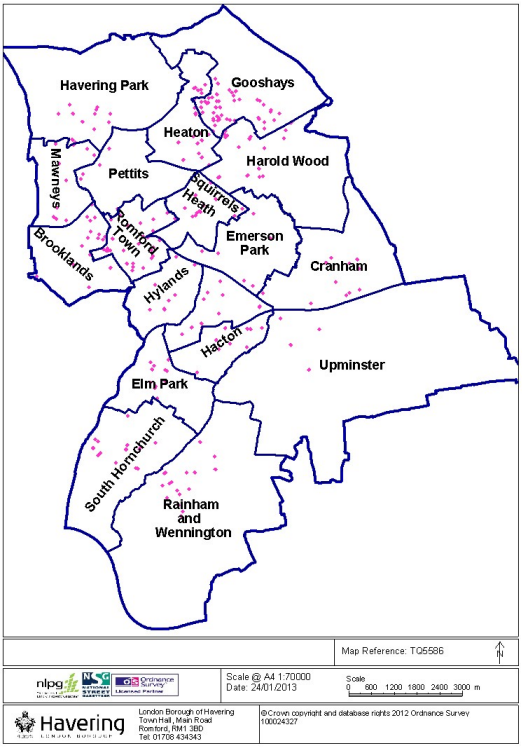
Map 6

3.3 Adults with Mental Health Issues

An increase of 16% in common mental health problems can be expected across Havering for Adults aged 18-64. Demand on mental health services is expected to increase in line with the population growth over the next few years. The majority of social care expenditure on mental health provision is through Health, however, there is some smaller investment within local community and voluntary organisations.

Map 7 below illustrates the mental health service user distribution within Havering.

Map7



3.4 Adults with Physical and Sensory Impairments

The number of people with physical disabilities and sensory impairments in the borough is expected to rise. This is because children with complex needs and recessive genetic conditions including cerebral palsy, physical defects, deafness and blindness are expected to live longer due to medical advances and greater survival rates.

Currently there are over 650 people funded to access services in the borough with the number of people claiming disability living allowance (one indicator of disability prevalence) at 9,510. Those claiming this allowance and those recorded as permanently unable to work are often used as indicators of need. Both measures see a rising pattern over the medium to long term, though numbers could be affected by welfare reform, the underlying need is likely to grow.

A growing older population will also increase the numbers of acquired sensory impairments in the borough as well as more older people who are frail and whose mobility is impaired by physical disability.

Map 8 illustrates the physical and sensory service user distribution within Havering.

Map 8

3.5 Adults with Substance Misuse Concerns

Drugs

Numbers in treatment dropped for the second year running (from 580 in 2009/10 to 563 in 10/11 and 521 in 11/12) in Havering. However, the reduction was mainly in opiate and crack cocaine users (OCUs) which reflected the national trend (there were 19.7% fewer OCUs starting new treatment journeys across England in 2011/12 compared to 2009/10). It is estimated there are 806 opiate and/or crack users in Havering (5.3 per 1000 pop, compared with national prevalence of 8.9 per 1000 pop). 288 OCUs engaged in treatment during 2011/12, a treatment penetration of 36%. We envisage this population continuing to decline and numbers in treatment following suit, but we always aim to improve treatment penetration (i.e. engaging a progressively larger proportion of the drug using population in treatment services). Cocaine use in Havering is the most significant non-OCU drug issue, and we will continue to target this group of predominantly younger adults through various harm reduction, criminal justice and treatment approaches.

Alcohol

The number of dependent drinkers is estimated to be 3316, of these 6% are receiving structured treatment, compared with a national proportion of 13% (2011/12). The methodology for estimating the number of dependent drinkers is developing. Another method using national prevalence estimates and applying these to the population would give a higher number of dependent drinkers and a lower percentage treatment penetration.

268 Havering residents were in alcohol treatment in 2011/12, 180 of which were starting new alcohol treatment programmes. Alcohol use seems stable, and we would expect numbers in treatment to increase as treatment capacity increases and system improvements take place over the next year or so. There will be increasing work to engage alcohol users with services and reduce alcohol harm.

3.6 Carers

There are over 23,000 people providing unpaid care in Havering. Of these over 16,000 provide more than 20 hours of care a week, and over 4500 provide more than 50 hours of care a week.

(Source: JSNA, Havering, 2001 Census Key statistics table KS08)

In supporting family carers to enjoy a good quality of life and maintain their caring role, we assess the needs of over 1700 carers who care for adults and older people each year.

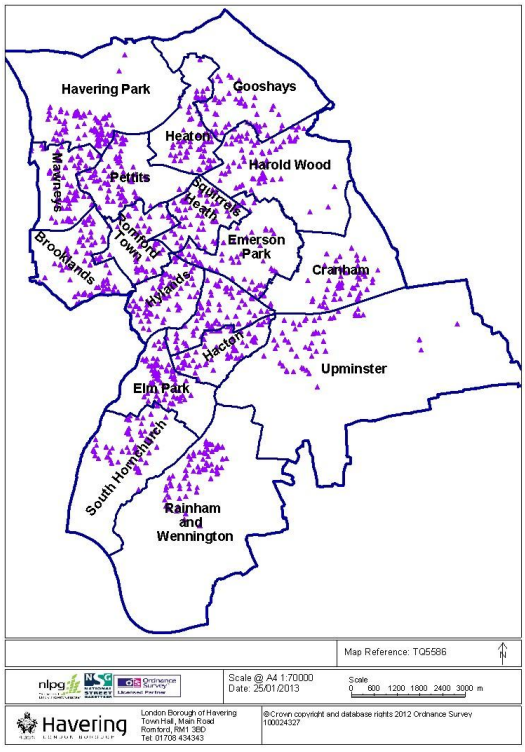
Carers tell us that they need a range of support from advice and information; practical help; support to enable them to continue with employment and learning; to breaks that allow them to sustain their caring role.

In 2011/12 the Council spent £0.5 million on direct access schemes in the voluntary and community sector that supported carers. The Council also funded 756 weeks of residential respite care for older people, very similar levels to the previous year.

A new Carers' Directory has been recently produced. This is a booklet detailing service providers, what services they provide and their contact details. For a copy of the directory, please contact the Havering Carers' Service Team.

Map 9 illustrates carers within Havering. It is important to note however that many carers will live outside of the borough.

Map 9



4. Current Supply and Future Expectations

The London Borough of Havering has adopted a very definite prevention strategy in line with the national direction of travel for social care and, in part, driven by the financial challenges currently felt in local government.

Havering believes that the best response to reducing budgets and growing demand is to shift spend from reactive high cost services towards prevention and early intervention. This philosophy runs through all recent commissioning activity and is planned to continue through to at least 2015.

Havering is investing in prevention at all levels to strengthen communities and build community resilience. This includes investments that are designed to improve outcomes for local people in the short, medium and longer term.

Our priorities are to:

Encourage people to make informed choices about their care, including spending money from their Personal Budgets;

Prevent the emergence of, or increase in need for intensive and long-term care;

Keep people safe;

Reduce the contracted use of residential care whilst ensuring that good quality registered care is available for those people who need it;

Identify need and intervene at the earliest possible opportunity; and

Improve and maintain wellbeing.

To achieve these priorities, we work closely with a wide range of other organisations including the NHS, care providers, and voluntary and community organisations. Most importantly, we work with people who need care and those who care for friends and family, whether funded by the Council or not.

Changing attitudes, expectation and paying for care

Attitudes and expectations are also changing. The expectations of people who will reach older age in the next 10 to 20 years will be different to older people now. People are used to expressing far greater choice and control over their needs and aspirations. Currently, people are much more socially mobile than before and have generally experienced a wider exposure to different goods and services than ever before. People now and in the future will expect more from their local authority and care providers in terms of the range and quality of services on offer.

To meet this rising demand and expectation the social care market will need to respond in ways it might traditionally not have thought of. Demand and funding for long term residential and day care will reduce over time and many older people will want to stay at home for as long as possible. Providers will need to consider how to maintain people at home. This means considering how to

help people maintain good physical, mental, social, emotional and spiritual wellbeing in order to remain healthy, active citizens now and in the future.

People will also fund their care in a greater number of ways, for example, insurance policies, savings, pensions and investments. Significantly, tenure will play a part in shaping the market as a growing number of older people will opt for home ownership. This will increase the numbers of people funding their own care. Older people will enter the marketplace requesting information and advice as well as a broad range of services without approaching the local authority. Although the Council sees this service as an important, centralised role, there will nevertheless be a growing need to offer people the right kind of information and service. There will be a core customer base wanting to purchase services directly from providers in the future. Therefore there are real opportunities for providers to build the link between involving people in the design of services, offering people the information they need to make informed decisions and offering customers new and diversified products and services to help them remain well at home.

4.1 Service User Forums

Service user forums are a great place for providers to meet with local people, carers and service users in order to experience first-hand the needs of the community.

Below are some examples:

The Self Directed Support Forum is made up of a group of service users who direct their own support. This Forum started many years ago as a Direct Payments Peer Support group. Following the introduction of Personalisation in 2008, the Direct Payments Forum became the Self Directed Support Forum in 2009. The profile of the forum has strengthened in the past year as the Adult Social Care Head of Service and other management staff / consultants have sounded out the forum on important issues. The forum is run by a chair and vice chair and is facilitated by the Direct Payments Team.

The Learning Disability Service holds a quarterly meeting of the Havering Learning Disability Partnership board. Representation on this board is made up of council officers, local organisations, advocates, service users and their carers. As this is a public meeting it is also minuted and all are welcome to attend. The purpose of the board is to keep people informed of local and national developments and is a strategic decision making body which aims to address issues faced by the local LD community. The board is co-chaired by the Director of Adult Social Care and a person with a learning disability.

Havering Clinical Commissioning Group (CCG) has a strong track record of proactive and productive engagement with patients locally. Havering has a bi-monthly Patient Engagement and Reference Forum which brings together patients, Patient Participation Group (PPG) members, and members of the public. The core purpose of the independently-chaired forum is to provide patients and the public with the opportunity to give and receive feedback on CCG development, to influence commissioning decisions and to give GPs direct feedback about patients' experiences of local health services. The CCG provides support to the Forum and organises a varied and interesting agenda.

Havering CCG has worked with all member practices to establish Patient Participation Groups (PPGs), which are now attached to 41 of Havering's 52 practices, and rising.

4.2 Health and The Clinical Commissioning Group

The majority of new older people who require intensive social care support come to us via a hospital admission. As a result we will be commissioning many of these services jointly. We know that strokes and falls are key causal factors leading to hospital admission. There are two opportunities here for providers:

1. Developing interventions and service offers that can help prevent avoidable hospital admissions.
2. Working with us to embed outcomes in our commissioning processes so that providers are rewarded for promoting healthy lifestyles and helping people to reduce the risk of falls and other avoidable accidents and illnesses.

Havering's Health and Wellbeing Strategy, sets out how we will work together with local partners to improve the health and wellbeing of local people. This includes opportunities for making services:

- more responsive and adaptable to local needs;
- providing better outcomes for service users;
- providing appropriate services;
- building and strengthening existing joint working relationships across the Council,
- Health and Voluntary Sector to deliver unified services;
- designing services to be people-centred, inclusive, accessible;
- prevention, keeping people healthy, early identification, early intervention and improving wellbeing; and
- better integrated support for people most at risk

Clinical Commissioning Group (CCG) vision and priorities

Our vision has been developed with, and approved by, local stakeholders, including the Health and Wellbeing Board (HWB), the local authority, patients and the public.

The vision of NHS Havering Clinical Commissioning Group is:

- *"We are committed to improving health outcomes for the Havering population through commissioning safe and best value healthcare in partnership with the community.*
- *"We aim to develop, improve the quality and shape all health care services. We will seek to achieve this by striving to commission affordable, safe, innovative health care for the population of Havering. Services will be flexible to the changing and emerging needs of the population, as we understand them, within the limitations of the resources available."*

The following five priorities were drafted, then discussed with our local authority partners and patient groups, and agreed in December 2012 as the priorities that will shape commissioning in 2013/14:

- Commission safe, sustainable, high quality health services for the local population - improving the quality of service and ensuring the safety of acute hospital, primary care, community, mental health and specialist services.

- Enable people to stay healthy - taking action to reduce the need for healthcare and to optimise the health of the local population through joint work with HWB partners and services to ensure total care for our population.
- Integrate care for the benefit of the population in conjunction with our partner organisations - enabling improvements in care provided to individuals resulting in a better experience and improved outcomes.
- Ensure investment in the right capacity of our providers in order to achieve better quality, better utilisation of innovation, deliver the right productivity, and increase prevention of ill-health – Ensuring that we commission high quality services which are also productive; productivity measures will be set to improve outcomes and patient experiences.
- Redesign Urgent and Emergency Care Services, in conjunction with our partner organisations - ensuring patients and the public have access to convenient, high quality, timely and cost effective urgent and emergency care services and know how to access these services appropriately and effectively.

Key work streams that we will be seeking to deliver by commissioning a range of high quality and best value services, include:

- Planned Care and demand management;
- Unplanned Care, acute reconfiguration and redirection from Accident & Emergency;
- Integrated Care and community services;
- Services for frail elderly people, including falls prevention, reablement and nursing home improvement;
- Maternity services;
- Mental Health, particularly dementia;
- Children's Services;
- Medicines Management;
- Primary care improvement and redevelopment of the St George's Hospital site.

4.3 Integrated Care

The development of Integrated Care between health and social care is based upon the development of a case for change identified by a number of priorities and solutions to current issues. The aim is to improve the experience of and outcomes for local people and ensure that resources are more effectively deployed - including moving away from higher cost bed based and acute services to supporting people closer to or in their own homes:

Commissioners have agreed the following:

- The development of a Joint Health and Social Care Assessment and Discharge service to support improved and timely discharge from hospital and support reductions in unnecessary admissions;
- Provision of rapid access / rapid response care packages;
- Improve across the three boroughs (Havering, Barking & Dagenham and Redbridge) current arrangements to reduce falls and increase prevention - including measures to improve bone health;
- Improve access to geriatricians so that practitioners, individuals and their families have appropriate access to specialist support and clinical intervention where required;
- Extending arrangements for Integrated Case Management where community health and social care staffing and resources are clustered around GPs improving co-ordination and identification of people who might benefit from earlier support and intervention;
- Improving palliative care and 'end of life' services including increasing the number of people able to choose to pass away at home.

We are clear that commissioning will increasing be joint with health and where appropriate other LA partners. This is a key part in our resourcing of services in the future. It will be necessary to engage with providers to explore the implications for current contracts.

Improved self-management and care are key underpinning principles which require both a change in approach by staff and providers but also improved usage of support arrangements and services which most readily contribute to this such as enhanced use of Assistive Technology and Telehealth.

We have been successfully promoting Assistive Technology and are beginning to see that this is having an impact in improving independence and reducing the need for on-going services. We believe that providers should be incorporating Assistive Technology as part of their offering to service users. As part of our engagement with providers we would welcome your views on how we can incentivise this approach.

Our work on Integrated Care links both into Health and Wellbeing strategic priorities and is in turn supported by additional governance arrangements through the establishment of an Integrated Care Coalition - involving senior leaders across health and social care.

4.4 Voluntary Sector

Havering benefits from having a good supply of mainly local voluntary sector organisations meeting needs across a wide range of client groups. In 2011/12 in excess of £7m from the Council was spent buying services from, and supporting, the voluntary sector (across the whole council not just social care). By 2013/14 this will rise to around £8m. Havering views the voluntary sector as a necessary social infrastructure required to have a meaningful prevention agenda. As a result, wherever value for money, strategic relevance and good outcomes are achieved, spend with the voluntary sector has been protected. Some providers have seen funding reductions; some have attracted more business and funding. Overall spend on services via the voluntary sector is expected to remain steady or rise, especially in percentage terms, due to the Council reducing the amount of services it provides directly and the protection afforded to the voluntary sector (on the basis of the outcomes achieved and additional social value).

Contracts have been awarded to 17 organisations that provide a service with a social care element to adults within Havering. The grants covered in excess of 30 different activities including:

- Lunch clubs;
- Advocacy;
- Day care;
- Transport;
- Befriending;
- Fitness & exercise; and
- Advice.

As with all providers, we welcome dialogue with the voluntary sector to focus on diversification and new ways of working.

Areas of current interest include:

- Carers support services (including respite, cafes, social isolation, dementia, and mainstream services);
- Registered social landlords;
- Personal Budget advice, guidance and signposting;
- Not for profit organisations; and
- Supported Housing (in partnership with the local authority).

We also recognise the need to build capacity in the community to strengthen voluntary and family support and to prevent, wherever possible, the need for hospitalisation or periods in residential care. For the Government, "social care is not solely the responsibility of the state". Communities and wider civil society must be free to run innovative local schemes including co-production and build innovative networks of support and, in Havering, we intend to create the environment for this to happen whilst not forgetting our 'duty of care' to all our citizens.

4.5 Self-Funders

Based upon our local analysis Havering has a high number of people who are self-funding who are making support and care decisions drawing upon the local market. Approximately 40% of people using Social Care support in Havering are self-funders (as opposed to 25% nationally). It is therefore important that the Council seeks to positively impact upon the local market - in seeking to support improved quality and choice and also to provide timely advice and information to self-funders as to the options available to them.

At any one point there are in excess of 850 clients of Havering in Residential or Nursing Care who have had a Fairer Charging Assessment, 98% of them make some contribution to the cost of their care, (10% who pay in full).

We want to ensure that people who fund their own support can have equivalent access to quality provision and information about the services available locally and that in turn the Council with its partner providers is able to develop a clearer picture of strengths and gaps in provision.

We have a draft strategy that both brings together in one place a range of existing initiatives and additional measures including those of improved engagement with providers of care and support.

4.6 Early Intervention

Prevention and early intervention are well recognised to help people stay well, live independently and remain healthy for longer. It is important to ensure that a wide range of preventative services are available to support people across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This will ensure that people do not go without the support which could prevent critical needs developing in the future. Table 5 below outlines the different types of preventative services that help older and vulnerable people.

Investments and service developments have been made to ensure anyone presenting with social care needs can access appropriate services that support the customer to maximise their independence.

These new investments include:

- A new larger reablement service on a 5 year contract, worth over £10m in total, with a local charity from 5th November 2012;
- Subsidising Assistive Technology to rapidly increase numbers and ensuring everyone who can benefit from it has access to it (currently free at the point of use);

Table 5

	Primary	Secondary	Tertiary
Purpose	Involving older and vulnerable people in the planning and operating of services	Services delivered to people in the community.	Specialist services delivered to people at home or in hospital to offer a seamless transition of care or to prevent an admission.
Suggestions	Consultation, membership of committees, boards and working groups. Offering autonomy to run activities, groups or services themselves.	Housing related support, telecare, support to carers, falls prevention and reablement services. Befriending schemes, sitting services, providing equipment or adaptations, wellbeing cafes, lunch clubs and hot meals.	Facilitated discharge from hospital. Intensive support delivered at home or in extra care housing. Intermediate care facilities
Desired Outcome	By being inclusive and involving people the aim is to prevent isolation and loneliness and encourage participation and a sense of belonging. Improves confidence and independence.	To maximise independence, prevent further deterioration and maintain a good level of health and wellbeing.	To spend no longer than necessary in hospital and to return safely home.

- Promoting independent travel training - in partnership with other East London Councils we have entered a new framework agreement to provide independent travel training ensuring everyone who can benefit from it is offered the service;
- Funding free swimming at off peak times for all Havering residents aged over 50;
- Activate Havering – a brand new and exciting initiative, which will harness the power of the community to meet its own needs. It will work with and build on the already vibrant voluntary sector and the wide range of community activity in Havering. It is hoped that bringing people together will reduce isolation, loneliness and improve people's health, happiness and quality of life. Having communities more connected will help identify people with potential health and wellbeing issues at an earlier stage, before they would otherwise need a more intensive health or social care service;
- Care Point – the service provides information and guidance for any enquiry (see examples below) and then signposts or refers the client to relevant local voluntary organisations and statutory bodies for further advice and support;
    - Health & wellbeing
    - Housing and care home options
    - Disability & sensory loss
    - Benefits
    - Getting out & about
    - Being safe
    - Financial issues
    - Looking after someone
- Care Point also supports those who enquire on behalf of a family member or friend; the requirement is that the enquiry must be a health or social care need and the enquirer or family member / friend must have a connection with Havering.
- Funded by the Council, Care Point is an independent service, delivered by a consortium of local voluntary organisations led by Age Concern Havering, Crossroads Care Havering and Citizens Advice Bureau Havering. In its first 10 months the service supported over 700 individual customers and the website now has over 1000 hits per month. A tender for the provision of Care Point will be launched in early 2013.
- Joint projects with the NHS including among others, Falls Prevention, Help not Hospital, and Telehealth;
- Singing for the Brain – improving the quality of life for dementia sufferers and their carers, helping them to remain as independent as possible. With colleagues from the voluntary sector, we have helped to develop peer support groups including the innovative "Singing for the brain" group, which helps dementia sufferers to improve their memories through singing.

4.7 Reablement and Domiciliary Care

The Council is expanding access to its reablement service enabling a greater number of adults to benefit from opportunities to maximise their independence and choices as to how any on-going support needs might be met. To this end the service has recently been externalised to an independent provider with increased service capacity. The provider will be working with us to support options for service recipients including the provision of Direct Payments or Individual Budgets where applicable. We estimate that in excess of 1200 people will receive reablement following hospital discharge this year.

Havering has just awarded access to a 4 year domiciliary care framework, with 6 current providers and 6 new providers. This went live between January and April 2013. The 12 providers give customers a range of choices, with local and national organisations including both for profit and not for profit organisations. A fair price for care was established at £14.94 for the 12 providers. Those with the highest quality scores gained access to the framework. As there is understood to be a general correlation between rates of pay to front line staff, turnover and quality, for the first time we asked providers to declare their rates of pay in the tender documentation. For contact time with the customers some providers declared rates of over £9 per hour.

We currently spend over £9m via the domiciliary providers per year. We anticipate the demand for traditional domiciliary care is expected to gradually reduce as customers choose to take Direct Payments in greater numbers and buy support direct from Personal Assistants. In partnership with other local authorities Havering stimulated a new social enterprise called 'People 4 People' to match Direct Payment holders and self-payers to personal assistants, with the relevant training and safety checks.

For very specialist services the commissioning authority may be required to use organisations not on the framework. Personal Budget holder can choose to purchase a service from any CQC registered provider, but only organisations on the framework will be recommended.

Table 6 Overleaf shows the number of people that had been in receipt of domiciliary care in 2011/12 split by age and client group.

Table 6

Numbers Receiving Domiciliary Care

Client Type	Age Group	Domiciliary Care
Physical Disability	18-64	184
	65+	2030
	Total 18 and over	2214
Mental Health	18-64	26
	65+	242
	Total 18 and over	268
Learning Disability	18-64	74
	65+	11
	Total 18 and over	85
Substance Misuse	18-64	4
	65+	2
	Total 18 and over	6
Other Vulnerable People	18-64	11
	65+	259
	Total 18 and over	270

https://nascis.ic.nhs.uk/Portal/Tools.aspx

4.8 Day Opportunities

There are six day opportunity services which provide care for 240 older people. There are three in-house Learning Disability day services providing support to 194 service users and the Council is currently funding 30 places for people with Mental Health problems.

We set out to redevelop day services, including its partnerships within the community, to create activities which:

- Are focused on, and tailored to, the needs of the individual;
- Are flexible (not restricted by buildings, transport or time);
- Offer choice through varied and stimulating activities;
- Are local and easy to get to;
- Make best use of community resources;
- Encourage volunteering;
- Provide routes into employment;
- Access mainstream health and lifestyle provision, including health clubs and health monitoring tools; and
- Provide good information and advice.

Table 7 shows the number of people that had been in receipt of day care in 2011/12 split by age and client group.

Table 7

Client Type	Age Group	Day Care
Physical Disability	18-64	29
	65+	181
	Total 18 and over	210
Mental Health	18-64	18
	65+	77
	Total 18 and over	95
Learning Disability	18-64	105
	65+	2
	Total 18 and over	107
Substance Misuse	18-64	0
	65+	0
	Total 18 and over	0
Other Vulnerable People	18-64	5
	65+	42
	Total 18 and over	47

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4.9 Residential Care

Havering has 39 residential care establishments that provide a total of 1,522 beds. There are 17 homes providing 918 beds registered for elderly care with nursing and there are 22 residential homes registered for elderly care with 604 beds.

For Havering overall this equates to 14 residential care beds per 1,000 people aged 65 and over and 22 nursing home beds per 1,000 people aged 65 and over.

There are 29 independent Learning Disability residential homes in the Borough providing 106 places. The Council is currently funding 42 places for people with a Physical and or Sensory Disability.

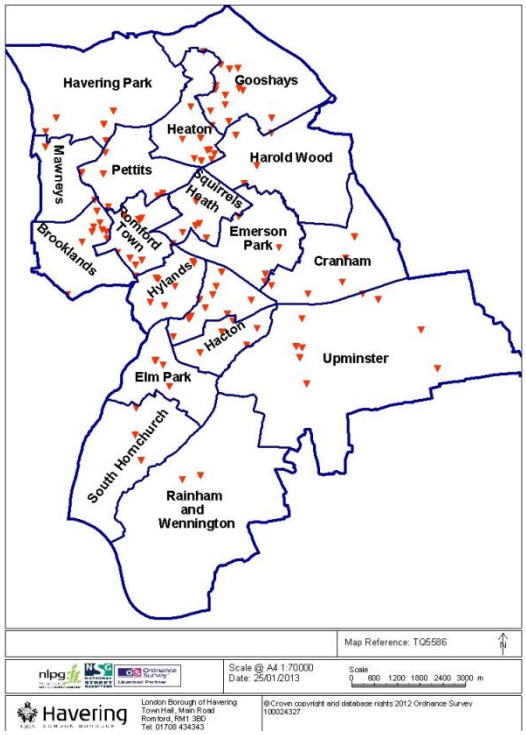
Map 10 illustrates the distribution of care homes within Havering.

Table 8 below highlights the number of new social care funded admissions to residential and nursing care over the last four years

The numbers of older people supported by Havering in registered care has remained fairly static or fallen each year since 2006 despite increased demographic pressures.

This is mirrored nationally with little change in the number of care home places since 2004.

Map 10



However this masks the changes in the needs of people entering registered care. With people being admitted later in life and staying for shorter periods, the average age of entry is now 85. As a result we do not believe that we need more residential care, but we may need to consider the models of registered care and other care that are provided.

Table 8

	08-09			09-10			10-11			11-12		
	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total	18-64	65+	Total
Residential Care	11	116	127	12	138	150	11	130	141	7	128	135
Nursing Care	6	109	115	5	117	122	6	73	79	6	101	107

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Table 9 below shows the number of people funded in residential or nursing care as at 31st March 2012 split by both age group and client category.

Table 9

Client Type	Age Group	Residential Care	Nursing Homes
Physical Disability	18-64	17	9
	65+	153	132
	Total 18 and over	170	141
Mental Health	18-64	15	6
	65+	106	48
	Total 18 and over	121	54
Learning Disability	18-64	126	5
	65+	14	2
	Total 18 and over	140	7
Sustance Misuse and Other Vulnerable People	18-64	0	0
	65+	57	29
	Total 18 and over	57	29

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Table 10 below illustrates that the total population of Havering has increased by approximately 2.81% between years 2009/10 – 2012/13. During the same time period the 85+ population has increased at a rate of 14.06%. With the percentage of the 85+ population increase being so significant, Havering is performing well when looking at the percentage of people aged 85+ in residential placements as a reduction is noted. This means the more people are living independently.

The Social Care department is consulted on planning applications for new registered care homes. We are unlikely to support planning applications for new registered care homes as current vacancies (there are usually between 100-200 empty units at any given time) suggest there is already an adequate supply and choice available for local people. Any application to improve existing provision to make them more fit for purpose, or if the proposed development will better meet specific unmet needs within the area, is likely to be supported by the Social Care department.

Over the last 12 months we have successfully assisted over 20 adults to move to more independent settings through a variety of mechanisms i.e. with packages and accommodation designed around the needs and wishes of the customer. This has included the use of private sector leasing for accommodation with appropriate levels of support from a registered organisation, secured nomination rights to new 'section 106' new build properties, de-registering former care homes to increase independence as appropriate and we are also working with providers to establish new schemes.

As part of our on-going engagement with the market we would welcome discussions with providers about their ideas for potential developments. We can then give an early indication about whether we are likely to support an application, hence avoiding unnecessary costs to providers at a later stage. We would also welcome conversations about developing alternatives to registered care, such as extra care.

Anyone thinking of setting up as a new provider for clients with a learning disability is encouraged to contact the LD Commissioning Team for advice about the Borough's current service requirements and pre-vetting advice.

Table 10

Years	ALL AGES	85+	Percentage 85+	85+ In Residential	Percentage of 85+ in Residential
2009/10	234,125	5,611	2.40%	651	11.60%
20010/11	236137	5894	2.50%	656	11.13%
2011/12	237,232	6,056	2.55%	622	10.27%
2012/13	240,700	6,400	2.66%	629	9.83%

Pre 2011 population data is sourced through the 2011 Census or ONS Mid Year Estimates
Population data for 2012 is taken from POPPI and PANSI data and are projections
The 85+ figure in residential for 2012/13 is provisional at this stage until statutory returns are submitted

The vetting process has recently been updated to include:

1) Scrutiny of recent CQC reports and liaison with local Quality Team to check history of Safeguarding Alerts.
2) Visit by two Commissioners to view accommodation and discuss model with provider and service users/tenants as appropriate.
3) Verification of the following documentation:

- Mission statement
- Boundaries Policy/Code of Conduct
- Support Planning Policy
- Risk Assessment Policy
- Complaints Policy
- Health & Safety Policy
- Safeguarding Policy
- Business Continuity Policy
- Whistle Blowing Policy
- Lone Working Policy
- Corporate Training Policy, noting required induction training, together with details of staff training within the last twelve months.
- Evidence of Continuous Improvement / Service User involvement / change of practice owing to lessons learned from complaints or issues.
- Sanitised list of serious incidents for the last twelve months and actions taken
- Two up to date assessments and support plans (for the same individuals) either sanitised or with service user permission (fictionalised to pen pictures if new provider)
- If Provider is new/sole proprietor, we also need Business Vision/Model, structure and charges/cash flow.

4.10 Extra Care

Currently Havering has three extra care housing schemes totalling 195 flats. These flats are for the over 55's and largely inhabited by those with a primary care need. We are keen to promote a range of affordable extra care developments in Havering for rent and for sale and, as such, further schemes are encouraged within the borough especially private establishments along with shared ownership. An additional 98 units come on stream in spring 2013 with a likelihood of 4 or 5 more schemes distributed around Havering to be required over the next 10 years.

New ideas around housing options for the younger older adults are welcomed.

Please see the published extra care strategy 2010-2020 for further information.

4.11 Personalisation

As of January 2013 around 48% of customers received some form of personalised service in Havering as part, or all, of their care package. This figure continues to rise giving an opportunity for all providers to expand if the cost, quality and model are right for customers.

We are clear that personalised care and support is much wider than Personal Budgets. Personalisation is about how people experience the support they receive on a day to day basis and the relationships they have with the people providing this support. The Think Local, Act Personal partnership consisting of service user groups, commissioners, and providers argues that services still have further to go to deliver personalised support to individuals based on their needs and aspirations.

We are keen to influence models of delivery where providers would need to show that the principles of Personalisation are being applied, such as developing knowledge of the individual to support care and support planning that fully reflects individual experience, choice and self-management.

In Havering we have two organisations that are contracted to support the process of managing Direct Payments and making payments etc. We are looking to pilot an external brokerage and support planning service and we would be interested in discussions with providers who have experience in delivering such services. We anticipate that some people will still want the Council to arrange services on their behalf, and we will use our existing contractual arrangements with the market to support this.

The majority of service users in receipt of a Direct Payment spend their budget as agreed within their support plan i.e. on homecare using care agencies or directly employing Personal Assistants, as well as on respite activities and day services. Some of those with money for social inclusion have spent their money going to theatres, eating out with friends and family and weekends away.

A local Self Directed Support survey run by Havering recently asked the question "Who helped you plan how to use your personal budget?" The responses to this question are listed in the chart overleaf and, as can be seen, there is a strong market for assistance to service users in the area to allow for independent advice away from the statutory bodies of Health and Social Care.

Chart 1

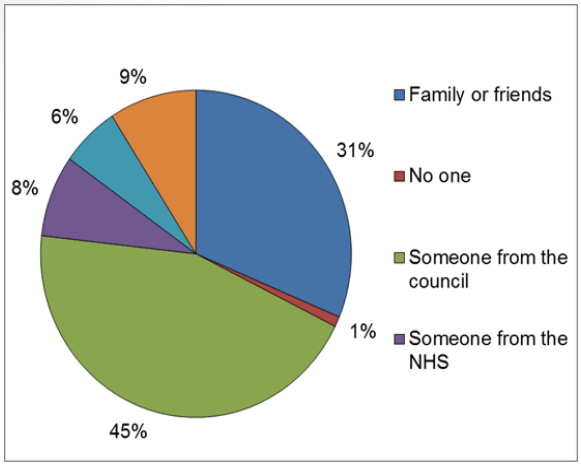

Table 11 below shows the number of people that had been in receipt of Direct Payments in 2011/12 split by age and client group.

Table 11

Client Type	Age Group	Direct Payments
Physical Disability	18-64	135
	65+	211
	Total 18 and over	346
Mental Health	18-64	11
	65+	54
	Total 18 and over	65
Learning Disability	18-64	129
	65+	2
	Total 18 and over	131
Substance Misuse	18-64	0
	65+	0
	Total 18 and over	0
Other Vulnerable People	18-64	3
	65+	33
	Total 18 and over	36

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4.12 Summary

- Demand for care and support services will rise but will not be matched by a similar commitment in public spending;
- Individual accounts will increasingly allow people to choose from a wider menu of activities and options. Demand is expected to decrease for traditional models such as day care. People will be able to choose to use a mix of traditional and mainstream services;
- The partnership between housing, support and care will be strengthened; with provisions such as Telecare and equipment enabling people to continue living at home;
- Spending on residential and nursing care will continue to decrease as a proportion of spending on older people; therefore staying well and independent for longer must be integral to mainstream services;
- There will be opportunities to offer an even wider and more varied menu of options for people to meet their social care and support needs;
- Life expectancy is increasing and entry into services is likely to be later in people's lives;
- Alternative models of housing that offer integrated care and support services will need to enter the marketplace;
- Focus will shift more onto shorter term placements providing rehabilitation and a return home;
- A wider range of home based services will be needed to maintain people staying healthy and with a sense of wellbeing at home for longer;
- Providers will need to offer more services that offer access to information, advice, advocacy and brokerage to demonstrate confidence to customers and generate interest and business;
- Services to meet the needs of people with learning disabilities will need to diversify and offer a broad range of stimulating and rewarding experiences for the service user and carer; and
- Entry into work will be seen as the norm rather than the exception.

4.13 Opportunities for Business Change

- Community activities – you may want to consider offering recreational, educational, social and support activities in the local community;
- Day opportunities – people with cash Personal Budgets as well as those funding their own support may no longer want to use traditional day services. You could consider setting up a club or activity;
- Information, brokerage and advocacy – you may wish to offer a wider range of support to help people find the help they need, arrange their support and express their views;
- Back office services – if people are recruiting their own personal assistants they may need support with advertising, recruitment, payroll, Criminal Records Bureau checks or training;
- Domestic services – you could consider setting up domestic help, gardening or shopping services, for example helping people to shop rather than doing it for them;
- New types of housing provision – you may wish to consider diversifying into extra care housing, assisted living environments and building relationships with key council departments to achieve this;
- Home based services – you may want to consider setting up domestic services, shopping services, sitting services as well as live in or night time care;
- Access to information – you may wish to offer more assistance to people seeking information and advice. More people will have Personal Budgets or their own money to spend this will be a key source of new business; and
- Specialist services – you may wish to consider reablement or rapid response services as well as social, educational and wellbeing opportunities for people with a Learning Disability.

5. Quality and Safeguarding

The Council places great importance on quality assurance as the demand for a range of high quality services rises creating new opportunities for business change and development.

Providing high quality services will be key to long term business success and confidence in the market. The Council sees its role within quality assurance increasing over time as the uptake of personalisation increases. It aims to deliver this through a number of approaches:

- **Integrated quality assurance framework**: The Council is developing an evidence based approach to quality assurance that will be consistent and tailored to the type of service being monitored;
- **Provider frameworks:** This is a list of providers, set by client group, who have demonstrated through a tendering process that they meet high standards for quality and value for money;
- **Approved List of Contractors:** Providers of housing related support who required funding from the authority are required to be on the Council's approved list of contractors;
- **Standard specifications:** The Council and local NHS are developing a standard specification for nursing and residential homes, which will include quality requirements and performance management linked to them; and
- **Registration schemes:** The Council is leading on the provision of Personal Assistant services working with other boroughs in North East London.

These processes complement requirements to register with the Care Quality Commission for a wide range of health and social care services.

The Council sees its role as protecting the interests of all residents with care or support needs, regardless of how they are provided or funded and continues to work with providers to improve and maintain high quality services.

Quality assurance monitoring has extended to include the unregulated day services. A set of minimum standards and a monitoring and reporting process have been agreed with these providers. Focussing on quality – you may consider consulting or reviewing what your customers think of you; as more people manage their own care, recommendations by word of mouth and user feedback will be an important marketing tool. Feedback from service users and carers is an integral part of our evaluation of services and is used to ensure that clear improvements are identified and implemented.

You may need to consider how your organisation communicates with its customers to create a personalised, customer focussed experience. Customers value input into the design and development of services and being able to offer a high quality service helps to recruit good staff and improves motivation and staff retention. You may also need to be aware of who you are competing with as the market widens out as more people start to make their own choices.

The Council is a member of the North East London Procurement (NELP) Group and contributed to the cross borough monitoring process for care homes. This ensures a uniform approach to care home monitoring and sharing of information on the London Care Placements website.

The following is a summary of the report submitted for the latest Adult Social Care quality inspection:

- We have developed and improved information about service user choice for self directed services at the first point of contact, i.e. service and information directories on the internet and distribute this to community venues, libraries, GP's surgeries etc.;
- We have developed accessible information on safeguarding and complaints;
- We have merged the quality and safeguarding teams to better identify and address improvements to quality standards, leading to safer outcomes for service users; and
- We have increased our quality assurance monitoring to the regulated services and strengthened our relationship with these providers.
- This work has enabled Havering to quickly respond to specific concerns or practice issues and work with providers, assisting them to improve standards

Complaints

There were 123 complaints for 2011/12. Of these, 27 complaints related to external home care agencies and 20 related to external residential/nursing homes. It should be noted that the number of complaints for external providers decreased from 2010/11, by 23% for homecare and 31% for residential / nursing homes. The common themes of complaint regarding homecare agencies were around late and missed calls and for residential / nursing homes it was the level / quality of care during respite stays. There is continued close working with the providers between Complaints, Quality, Safeguarding, Commissioning, and through the Quality Suspension meetings. This helps to ensure continued improvements.

How do we protect vulnerable people from harm?

We are proactive in protecting people from injury, abuse and neglect. Our Quality and Safeguarding Team work with care homes and other care providers to ensure that they meet the high standards that we and our clients expect. They undertake inspections of residential care homes and maintain close working relationships with the Care Quality Commission (CQC). We also support people to understand risks in a positive way, so that they can live as full and active a life as possible whilst still remaining safe.

Local Safeguarding Statement

Adult Social Care will continue to prioritise the safeguarding of vulnerable adults, in line with relevant legislation. In the context of the Pan London Safeguarding policies and procedures, Safeguarding is a priority for everyone, including partner agencies, and this is managed through the Adults Safeguarding Board. We will continue to respond to National and Local Safeguarding priorities, including CQC inspections, contracting and commissioning arrangements. In particular, Adult Social Care will:

- Where appropriate, complete enhanced or standard CRB checks for all staff and volunteers working with at risk / vulnerable individuals;
- Advise all new staff of safeguarding issues and how to deal with them, during their induction;
- Proactively deal with any safeguarding

- issues that arise, including those arising through partnerships with external bodies, in line with relevant policy, procedures and guidance;
- Where relevant, fully contribute to serious case reviews;
- Ensure staff are aware of how to deal with safeguarding issues that arise, in a way that is appropriate to the circumstance;
- Identify "champions" within the service who will play a key role in keeping staff informed and disseminating information on safeguarding issues;
- Ensure that staff are given the opportunity to attend training and briefings as required; and
- Respond to requests for information about safeguarding issues, including response to audit reviews.

6. Finance and Funding

In 2011/12 the Council spent £13.841 million (net) with a further £7.436 million from Joint Arrangements, on social care services for adults with learning disabilities and £6.365 million (net) supporting adults with physical impairments.

Our pattern of expenditure with the market is very different for adults with learning disabilities and physical impairments. 62% (£13.9 million) of our expenditure on learning disability services is with residential and nursing care compared to 19.3% (£1.3 million) for adults with physical impairments. 24% (£1.47 million) of our expenditure for adults with physical impairments is via cash payments compared to 5.5% (£1.181 million) for adults with learning disabilities. We would like to reduce our expenditure on registered care for adults with learning disabilities and increase the proportion of our budget spent via cash payments.

We have looked very closely at our budgets, particularly for learning disability services where we appeared to be spending more than comparable authorities per customer, as we look to manage new demand for services within a smaller budgetary envelope. The working age adult market will continue to be a significant area of expenditure for the Council and represents considerable opportunities for providers who can deliver the outcomes that are discussed in this document.

A breakdown of this gross expenditure is provided in table 12. In 2011-12, the Council spent 54% of its overall spend for older people's care services on residential and nursing care representing a rise from 51% the previous year. Public spending will start to be reduced and the Council will need to consider how it allocates funding to users and services. The Council's commissioning approach will be to seek out quality services that offer value for money and maintain high levels of user satisfaction.

Table 12. Gross Expenditure by Social Care including grants Year 2011/12

Item	£M
Services for people with Physical Disabilities	£6.9
Services for people with Learning Disabilities	£22.5
Services for people with Mental Health Needs	£3.6
Services for Older People	£42.4
Other Adults	£1.7
Total £M	£76.8

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The table Overleaf shows how we compare to other councils in North East London in terms of percentage distribution of total gross expenditure on Adult Social Services by client group.

Table 13. Comparison of total gross Adult Social Care expenditure across North East London.

	Havering	Barking & Dagenham	Redbridge	Waltham Forest
Older People (65+)	55.21%	59.47%	51.24%	52.48%
Physical Disability	8.98%	6.29%	10.59%	8.22%
Learning Disability	29.30%	19.89%	24.98%	27.83%
Mental Health	4.69%	7.45%	10.61%	9.79%
Other Vulnerable People	2.21%	6.25%	2.07%	0.86%
Proportion of Older People (65+) of Total Population	17.39%	11.20%	12.17%	10.51%

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It is estimated that there will be a significant proportion of self funders within the Cranham, Emerson Park and Upminster wards. These wards are expected to have a high proportion of older people living there coupled with the relative affluence of these areas. Therefore, the Council expects to see an increasing amount of activity in care and support provision for elderly people in these areas.

It is expected that this share of the market will shift over time and the Council will want to actively support people who choose to fund some or all of their care and support needs. It will offer improved access to information, support, and advocacy to help them decide on the best options for them. The Council will wish to do business with providers who can share this commitment to offering people the right advice, help and support where appropriate. Options for the future funding of social care and support are being considered by the Government and the self funding market is expected to have a significant influence over the way people access and pay for their care and support needs.

The Council, along with the rest of the public sector, is facing a tough financial future; meanwhile demand for adult social care services is set to increase. There are pressures on resources as Adult Social Care will see a significant reduction in its budget over the coming years.

7. Reviewing the Evidence – Delivering Change

1) Demographic growth means that the current pattern of services and investment is unsustainable; a growth upwards of 26% in older people and younger adults with disabilities in the next 15 years will not be matched by public funding. Funding, demand and capacity for traditional models of care provision will reduce i.e. residential and nursing homes. This will mean more people will want to stay at home receiving the care and support they need.

The market will need to be ready to respond to budgetary pressures that are being faced nationally. This may mean providers being able to offer sustainable value for money and quality services at a lower cost regardless of whether service users are spending their own or allocated funding. The Council will be keen to do business with providers who can demonstrate that their services are able to diversify into areas of provision to maintain people at home living healthy lives for longer. This will be the core customer base in the future and the area that represents the most opportunities for success and continued business.

2) The current care and support market offers a range of providers who supply good quality services. There is sufficient capacity in the market as it stands and a good labour market to support the industry. However, the current profile of service provision is unlikely to match the expected rise in demand in care and support services across the borough.

Additional capacity may be required to meet the expected rise in demand for care and support services however the Council does not wish to see an increase in the same type of provision. Its view is that investment and growth in prevention, early intervention and social capital is absolutely vital. This means delivering a range of preventative services from lower level community planning and involvement to higher level housing related support needs such as Telecare, falls prevention and working with carers. The Council will work closely with its NHS partners to deliver these types of services and reduce any duplication of services over the coming years.

Being able to deliver a range of home and community based preventative and early intervention services will be a significant share of the social care and support market that will need to develop.

3) An increasing number of people (notwithstanding any government proposals with regard to the future funding of social care) will be expected to fund their own care.

People who do not require the local authority to fund their care, should still benefit greatly from improved health and social care information and expertise regarding e.g. the alternatives to care homes, in assessing needs, maximising independence, managing risks and supporting carers. More people will want to choose these types of services from a provider who they trust and who has a good reputation.

4) The Council currently commits just under £3m per year within the Supporting People budget, for activities and support which older people (and other vulnerable people) can access directly without a formal assessment. This includes handyperson help, information and 'signposting' (i.e. helping people find out about and access activities and services), day centres, drop-ins and lunch clubs, befriending schemes, well-being cafés and Fitness activities. Most of this activity is grant funded via local community and faith groups, who contribute their own resources such as buildings, volunteers and fundraising. Although we can highlight the recent growth in this investment, it remains a very small proportion of total older people's spending.

The Council will actively seek to do business with providers who can demonstrate commitment to either maintaining or developing preventative services as part of their core business or are prepared to advise, support and guide people to these services as well as deliver more regular forms of social care and support.

The evidence shows that these types of activities are valued by the people who use them. Maintaining health, wellbeing and independence will be vital in the lean years to come. The Council will want to work with providers who can show commitment and understanding to the prevention and early intervention agendas.

5) The number of people requiring home support is increasing however we see that this rising demand will be met by people being supported by short term intervention rather than relying on longer term support.

The Council will want to do business with providers who encourage people to become independent again or require less intensive methods of support and who put people in touch with local organisations to help them maintain their independence. Support planning and brokerage will take a new shape as both in-house and independent organisations will take on this role for service users.

The aim will be to broker short term packages of care and support with the focus on reablement rather than setting up longer term packages of care.

The Council in its commissioning approach will move towards a model of outcome based commissioning and performance management that can deliver greater flexibility rather than the former block contracting of services. It will work with GP commissioning colleagues to appropriately reward this type of approach.

6) The Council anticipates that the numbers of people requiring extra care housing to meet their longer term needs will increase. The Department of Health has recently reiterated the importance of extra-care housing in future plans for older people's accommodation and care. Very positive views were expressed about the model as part of recent consultation on the future of the Council's residential homes. Housing providers are still keen to work in partnership with the Council to develop schemes and are still able to raise funds for development.

The Council wishes to continue working with providers to develop new extra care schemes which can promote independence and well-being for people with housing and support needs and meet the high levels of care needed, including overnight care. The extent of such development will depend on available land, investment, and continued stimulus of the independent sector.

7) We anticipate that the numbers of older people requiring specialist housing and some form of support to live independently will increase.

The Council does not expect the demand for sheltered housing to increase, nor does it see that this area of provision will best meet

the needs of the local population. The Council will want to reduce the distinction between sheltered housing and extra care housing and sees the model of provision it will want to commission being a range of high quality health, social care and support based services that are equipped to be delivered into all types of specialist housing.

The Council will be keen to work with providers who can respond to the increased demand for these types of varied support.

The Council will seek to do business with providers who want to develop their services to help keep older people at home and able to function safely and independently for as long as possible. This may involve floating support, particularly in the private housing market and offering a wider choice of supportive activities that relate to maintaining a good quality of life in one's own home.

The Council will also want to do business with providers who can demonstrate a more personalised and integrated approach to social care and housing delivery, recognising that a one size approach is no longer suitable.

8*)* People have higher expectations and want care provided flexibly in a way that supports their family and social life, rather than people having

to organise their life around care services. We also know that satisfaction with good quality, skilled and appropriately trained staff as well as consistency of care / care worker wherever possible is more important than which agency is used.

The Council will seek to do business with providers who can demonstrate their ability to offer high quality care and support, underpinned by person-centred values and approaches whilst offering value for money.

Service users often say that what matters most is the quality of the individual providing the care and support and their punctuality and flexibility to go the extra mile. The Council will want to work collaboratively with providers to diversify the level of competency and range of duties that care / support workers can provide to meet the rising demand for home based services.

9) Carers make a huge contribution to the support of people with disabilities. An evaluation of schemes funded for carers found some of the best results were from schemes that give relatively small sums of money direct to carers, e.g. for holidays, computers and IT skills, exercise or yoga classes etc.

The Council intends to develop individual accounts for carers, which will lead to opportunities for providers of a wide range of goods and services to promote well-being, education and skills, as well as social and economic involvement.

A simple, easy to access scheme is planned to enable carers to receive a relatively small cash sum; with the option to have a more detailed carers' assessment and resource allocation if the carers' needs require it.

8. Facilitating the Market and Tendering

Increasing demand, greater numbers of self-funders and Personal Budget holders, added to restrictions in local government expenditure will mean significant changes to the social care market in the coming years.

New methods of developing and facilitating the social care market are required which can build on the Council's unique position. The Council can bring information it knows about population and demand of its service users and carers into a dialogue with providers about investment and risk. The aim is to encourage and support providers to shape their services to personalisation, demonstrate good outcomes and improved models of practice and explore ways in which they can complement these approaches and be rewarded for doing so.

The Council recognises that to deliver change providers will require investment. This might include providing new types of service, training staff to improve quality or spending time with customers to plan and tailor services. If we wish to see small and medium-size providers in the market we must consider their capacity to invest money and take risks. Larger providers should not be overlooked either, but they generally have more capacity to take risks and to allow demand for services to build up over time.

It also recognises the need to foster a supportive environment of shared risk taking across the board from assessment and support planning, through to brokering services, frontline service delivery and reviews. Shared risk taking in terms of the packages of support that people are given will reduce dependency and promote independence. We want to work with service providers who can provide effective short term interventions and collaborate with us during the review process to reduce costs.

Development grants are being trialled by other local authorities in the area and have been used with some success to support the development of social enterprises to provide practical support for older people. However, it is important to be clear about the nature and purpose of such grants, allocating funds fairly and in line with restrictions on public subsidy and to link to eventual sustainability of an enterprise.

The Council wants to support voluntary sector providers via infrastructure organisations to come together to build more social capital in the borough. It also wants to reduce the requirements placed on providers to work within complex contractual arrangements and to make it easier for existing and new

providers to enter the market and work with us. The Council aims to continue to encourage local people to help influence local commissioning decisions and will always consult with its residents to shape the services they want and to do what is right for Havering.

The Council would welcome dialogue about how we can best work together and offer

support to focus on outcomes, avoiding performance management systems that inadvertently reward the wrong things. The Council is commissioning enhanced support for developing small providers, supporting voluntary and community organisations and groups to enable them to develop new funding and operating models.

This market position statement is the start of a process. It is intended to serve as an introduction to the many discussions that need to take place between the Council and providers and also as a starting point for providers within Havering to think about their current business models and how they may need to change for the future.

It does not prevent providers seeking a competitive advantage through their own market research and other activities. The right kind of freely-shared and published intelligence could lower barriers to market entry and prevent providers from wasting resources on poorly-targeted initiatives. As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently.

Tendering

All contracts have a life span and, as such, contracts can be up for tender at any point during the year. A published contract register can be viewed at the below address which would highlight potential opportunities.

http://www.londoncontractsregister.co.uk/public_crs/organisations/lb-havering/?search=&filter=all

Private businesses are encouraged to liaise with the Council from the early onset of a business plan to ensure that a need exists and that the specifications would suit the borough. An agreement would likely be made for spot purchasing under these circumstances.

9. Useful Telephone Numbers

Group Director Social Care and Learning – Joy Hollister – 01708 433804

Strategic Commissioning – Joe Coogan – 01708 431950

Strategic Commissioning Lead (Inclusion) Drugs, Alcohol, Children's Commissioning, Physical and Sensory, Homelessness – 01708 432459

Strategic Commissioning Lead (Prevention) Supported Housing, Learning Disabilities, Extra Care – 01708 434012

Commissioning Manager - Residential and Nursing Care, Domiciliary Care, Day Opportunities for Older People, Brokerage and Direct Payments, Reablement, Integrated Care with Health – 01708 433666

Safeguarding Service Manager – 01708 431176

Quality Manager – 01708 433679

Customer Services

Phone	01708 434343

Care Point

Phone	01708 75 24 35
Email	info@haveringcarepoint.org
Website	http://www.haveringcarepoint.org/
Address	Town centre drop in at 36 High Street, Romford, RM1 1HR
Opening Times	Mon / Tues / Wed / Fri 9:30am-4.30pm Thurs 11am-7pm Sat 9.30am-1pm

NHS Havering CCG's Chief Operating Officer

Phone	01708 574919

10. Market Position Statement Survey – Tell us what you think

The last three pages of Havering's Market Position Statement are to be removed and completed by organisations on a voluntary basis. Please use the box at the end of the questionnaire to fill in your organisation details so that we may respond if necessary.

Section 1 - **The Market Position Statement** - Please ✓ one box

Q1 **Have you found Havering's Market Position Statement helpful?** If "No" please use the space below to explain your reasons

Yes	No	Unsure	Not Applicable

Q2 **Will Havering's Market Position Statement help your organisation to plan its service delivery?** If "No" please use the space below to explain your reasons

Yes	No	Unsure	Not Applicable

Q3 Has Havering's Market Position Statement helped you to understand the future needs of the borough? If "No" please use the space below to explain your reasons

Yes	No	Unsure	Not Applicable

Q4 If your organisation does not currently operate in Havering, would you consider working in the area? If "No" please use the space below to explain your reasons

Yes	No	Unsure	Not Applicable

Section 2 **- What issues are you facing?** - Please ✓ all that apply

Havering are interested to know which issues organisations are facing in the market place in order to address these where possible

Q5 Which of the below are an issue to your organisation? If "Other" please use the space below to comment

Understanding Personalisation	Workforce Development	Understanding Future Needs	Premises / Suitable Accommodation	Other

Section 3 - **What support would assist you?** - Please ✓ all that apply

Havering are considering increasing the support offered to organisations

Q6 **Which of the below would be of benefit to your organisation?** If "Other" please use the space below to comment

1:1 Support	Provider Surgeries	Increased Forums	Havering Data Intelligence Hub Training	Business Training	Other

Please use this space provided below to add any other comments you would like to make

Please send completed questionnaires to Adult Performance Team, 8th Floor North, Mercury House, Mercury Gardens, Romford, Essex, RM1 3RX

Contact Name	
Organisation Name	
Address	
Telephone Number	
E-mail Address	

Thank you for completing this questionnaire. All information will be used for future releases of the Market Position Statement and in developing Havering's Social Care market.