

Adult Social Care

Market Position Statement

2016



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Introduction

Purpose

This document is aimed at existing and potential providers of adult social care and support.

It aims to maintain and improve dialogue with providers, people who use services, carers, and others. We want to stimulate a diverse, active market of high quality.

This is a key part of shaping what kind of place Havering is, where people with care and support needs, their families and carers, are included and supported in making choices that sustain their independence.

This Market Position Statement lays out the direction of travel and future needs of Adult Social Care (ASC) in the London Borough of Havering.

The key theme is a focus on supporting people in maintaining their independence, ultimately reducing the need for health and social care services. For each group of service users the document lays out the current market place and commissioning intentions.

Strategic Direction of Travel

The joint vision for the London Borough of Havering and Havering Clinical Commissioning group is expressed in the Joint Health & Wellbeing Strategy as being:

‘For the people of Havering to live long and healthy lives, and have access to the best possible health and care services’

The 3 key themes identified as priorities in achieving the joint vision are:

- **Preventing, reducing and delaying the need for care and support through effective demand management strategies**
- **Better integrated support for people most at risk**
- **Quality of services and patient experience**

The Health & Wellbeing Strategy for Havering, provides the platform for Adult Social Care’s market position statement.

The vision for Havering’s ASC service is: ‘Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence’ and underpinning this vision is the understanding that the Council can only continue by enabling a communal response to the demands faced:

‘Collectively, we recognise that the solutions to many people’s care and support needs rest within themselves, their families, social networks, and communities. Underlying all of our commissioning intentions is our belief that it is in everyone’s interests that they maximise these resources as this fosters individual and community resilience; encourages mutual aid and reciprocity and thereby helps build stronger and healthier communities.

We believe that making these values explicit will support those involved in both commissioning and delivery to make better decisions.’

Prevention and Managing Demand

The Council recognises that drivers of demand have to be identified and addressed to prevent increasing costs.

An Early Help, Intervention and Prevention Strategy focuses specifically on demand management across Council services.¹

Commissioning for Better Outcomes

Havering wants to commission services differently, focusing on outcomes, both at a personal level and in wider service contracts that ultimately promote prevention, independence, personalisation and choice. We recognise we have a way to go to make this a consistent approach but this is our aim and intention. The approach also looks at wider benefits possible from commissioned services. For example reducing social isolation could be an additional outcome targeted within a domiciliary care contract. Improved health outcomes will also be considered as we commission services.

¹ Children, Adults and Housing Directorate Early Help, Intervention and Prevention Strategy

Working in Partnership and Co-production

For Havering to realise these ambitions we need to truly adopt the principles of partnership working and co-production.

We want to work more closely with the market, adults with care needs, carers, health, other council services and neighbouring local authorities.



Overview

Our direction of travel is reflected in each chapter below.

There may be differences in how we complete the journey with providers, but the outcomes required will remain consistent.

We generally want to work with partners who:

- **Adopt a whole family approach to services.**
- **Wish to innovate – we will support those to innovate where it supports prevention and increases independence.**
- **Are prepared to work closely with other organisations and partners.**
- **Have high quality standards and publish the results of their independent monitoring.**
- **Can demonstrate their understanding of demand in Havering and how this changes over time.**
- **Are able to show the impact of their activities.**
- **Can clearly demonstrate the wider social impacts of interventions and their impact on wellbeing.**
- **Do not overlap or duplicate other services**



Context

Havering operates in a wider context, influenced by legislation, national strategies and guidance. **The Care Act, the Better Care Fund and the Social Value Act, are but a few, influencing significantly what and how we commission in future.**



Responding to the Care Act 2014

The Care Act 2014 requires local authorities and providers to:

- **Promote wellbeing.**
- **Prevent or delay the need for care and support.**
- **Promote choice and control to help people plan their care and support.**
- **Ensure carers have an assessment in their own right.**
- **Improve information and advice, including access to independent advocacy.**
- **Shape the market to promote quality services, sustainability and choice.**
- **Manage risks in provision, including financial, safeguarding, and provider failure.**

We need to listen to providers to effectively shape service provision for those who the council support and those who fund their own care and support.

The Better Care Fund (BCF) and Integration with Health

The BCF ensures that health and social care work collaboratively to integrate services. The Council and Havering CCG have worked together to design schemes, designed to improve outcomes through integrated working. The schemes include:

- **Review of the Customer Interface**
- **Intermediate Care Pathway**
- **Developing Integrated Localities**
- **Carers and Voluntary sector development**
- **Learning disabilities**
- **Long Term conditions**
- **Integrated Commissioning**

Providers are important in achieving the objectives within all of these schemes.

Governance of this process is through the Joint Management and Commissioning Forum (JMCF) chaired by a Clinical Director of the CCG and Corporate Director from the LB Havering, ultimately reporting to the Health and Wellbeing Board.

Social Value Act

The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

Before they start the procurement process, commissioners should consider about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, finding new and innovative solutions to complex problems. For example the development of volunteers might be something that would be expected when a service is tendered.

The Locality and Demographics

Havering is the third largest London borough, covering some 43 square miles. It is located on the northeast boundary of Greater London.

According to the latest mid-year estimates the population of Havering is 245,974². This represents a continuing increase in population, largely from migration from other local authorities.

The population is significantly older in comparison to other London Boroughs with around 43,956 residents over the age of 65 recorded in the 2011 census³ and a mean age of 40.4 years, higher both for London (which reduced to 35.6) as well as for England (which fell to 38.6).

Most notably, growth in the 85+ age group saw the largest increase over this period (43%) and is higher than for London or England.

This is of particular importance as this age group are the most likely to require both social care and health services.

In addition, Havering has experienced the largest net influx of children across all London boroughs, the majority originating from other outer London boroughs.

In the context of public sector finances, this projected increase means that Havering ASC and the Council need to think differently about the kinds of services required to meet and reduce demand in the future. It does not mean we will be planning for an increase in services that respond traditionally to an ageing population, such as care homes. Instead, we will promote preventative health sustaining services and those designed to increase and maintain independence and keep people at home, such as Telecare.

The table below⁴ shows how the overall population of Havering is expected to increase.

Ethnic Composition

Havering is predominantly White British (83% from the 2011 census) and although it is one of the least ethnically diverse London boroughs, it has seen the highest percentage increase in minority ethnic groups (including non-British white groups) doubling from 8% to 17% between the 2001 and 2011 census.

Of these groups the largest is Black African, which constituted 3% of the total population. This compares to a mean of 44.9% white British population for London and 79.8% for England. In addition the Schools Census recently reported that nearly 23% of school pupils in Havering were from non-white ethnic groups.

This raises issues for the ASC market, in particular:

- **The need for – and provision of – ethnically appropriate services**
- **The incidence and prevalence of certain long term conditions varies according to ethnic background and these can give rise to an increased need for Social Care services.**

<i>Year</i>	<i>Total Population</i>	<i>Population aged 65 and over</i>	<i>Population aged 65 and over, as a proportion of the total population</i>	<i>Population aged 85 and over</i>	<i>Population aged 85 and over, as a proportion of the total population</i>
2015	247,692	45,851	18.5%	6,991	2.8%
2020	261,390	48,300	18.5%	7,828	3.0%
2025	275,572	52,844	19.2%	8,757	3.2%
2030	279,912	58,007	20.7%	9,775	3.5%
2035	285,099	62,938	22.1%	12,128	4.3%

² 2014 mid-year Estimates of Population ONS

³ 2011 Census

⁴ Data source: GLA 2014 Round of SHLAA-based population projections, Capped Household Size model, short-term

■ Deprivation

Overall, Havering is ranked 166th out of 326 local authorities for deprivation (where 1st on the scale is rated the most deprived)⁵. Havering's levels of comparative deprivation are, however, increasing. In 2010 Havering was 177th.⁶

The population has also increased year on year from 2002, with a 9.3% increase from 2002 to 2014. It is also projected to increase from 247,692 (in 2015) by 6%, 11% and 13% to 261,390 (in 2020), 275,572 (in 2025) and 279,912 (in 2030), respectively. The largest increases will occur in children (0-17 years) and older people (65 years and above) up to 2030.

This indicates a double effect of increasing population and increasing deprivation, putting more demand on Havering services and budgets. Havering contends that there is little government recognition of the additional burden this has placed on Havering and wider public service budgets in the locality. With increased financial pressures (laid out in the section on Financial Context below) falling on Havering because of the particular way funding is calculated, the ability to satisfactorily respond to increasing demand for services (as evidenced throughout this document) is going to be a significant challenge.

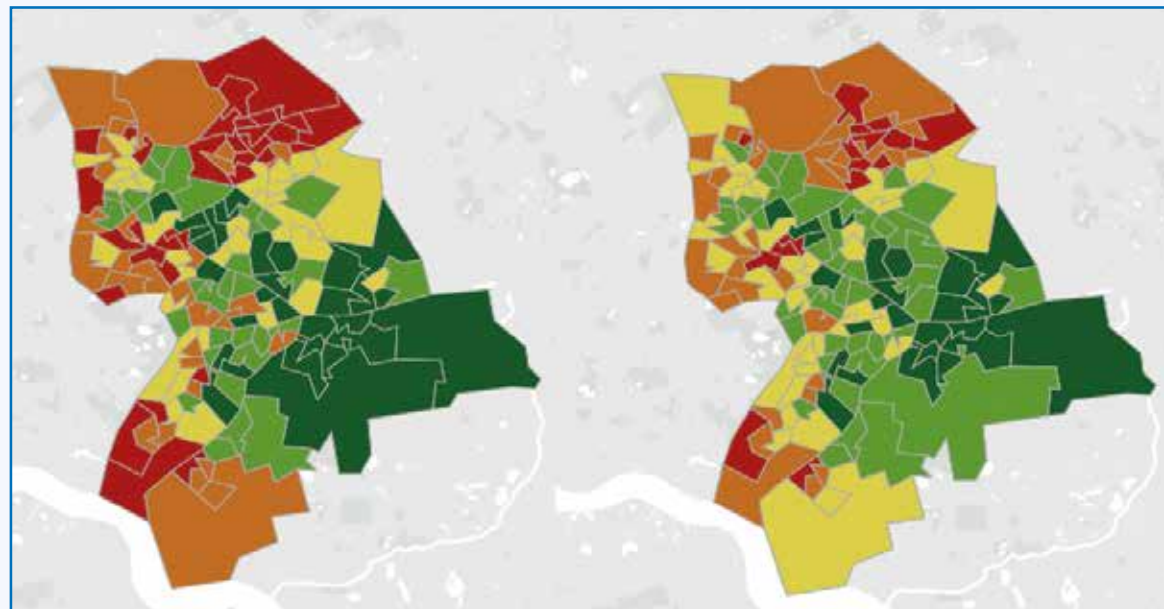
There are also significant differences within Havering.

This is illustrated in the map of Havering below where there are pockets of significant deprivation to the North (Gooshays and Heaton wards) and South (South Hornchurch ward) identified as within the highest 20% most deprived.

This is reflected in the relative affluence of the older population. Havering's older people are more affluent than mean averages but Gooshays and South Hornchurch fall into the 10% most deprived areas in England and a further 11% fall into the 20% most deprived areas in England.

IMD 2015 Quintiles within Havering

IMD 2015 Quintiles within England



⁵ English Indices of Multiple Deprivation 2015

⁶ English Indices of Multiple Deprivation 2010

Financial

Havering, like all councils, is facing a major financial challenge. We need to reduce our overall budget by around a third over the next three years, in response to Government funding cuts, inflationary costs and a growing, ageing population.

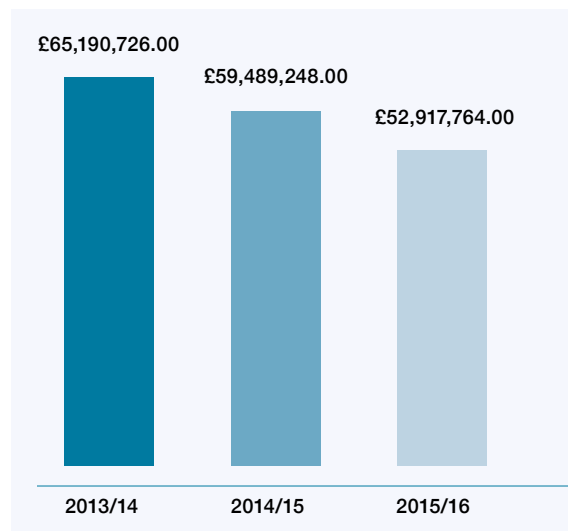
Havering already receives the fourth lowest Government grant in London per head of population and is facing a 96% reduction in Revenue Support Grant (RSG) by 2019/20. These reductions have been made worse than expected by an alternative method of allocating savings which now takes into account Havering's current council tax income.

Those authorities who are relatively self-funded are seeing a greater proportion of the cuts from Government.

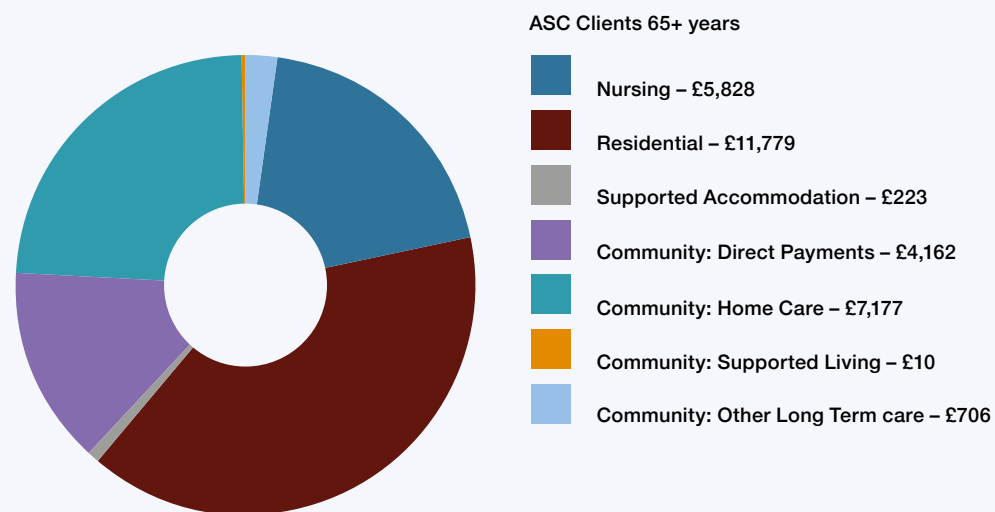
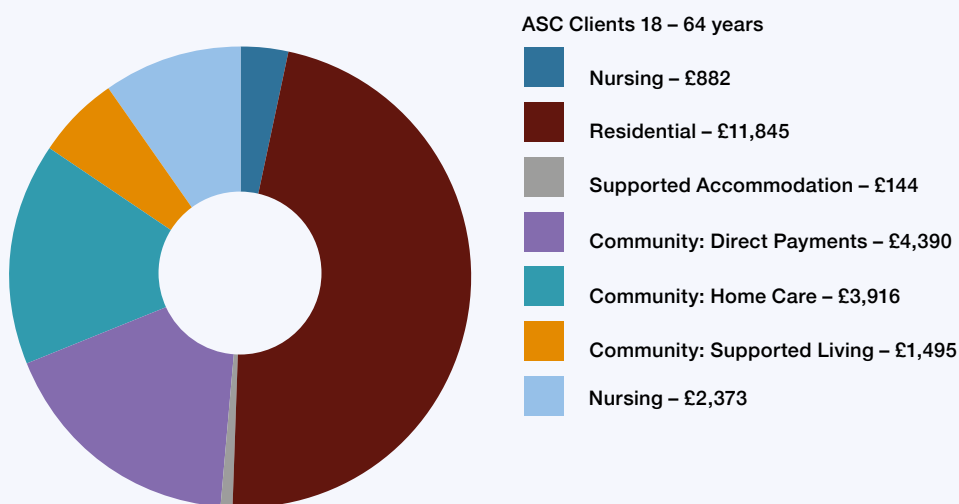
Havering has already saved £40 million over the period 2011/12 to 2015/16 however based on the 2016/17 Local Government Finance Settlement; another £53m has to be found from 2016/17 to 2018/19.

Havering Council has made a strong commitment to deliver all statutory services and improve the services being offered across the borough. We remain committed to protecting the services that matter most to the residents of Havering.

LBH Revised Budgets 2013-16



Gross Total Expenditure by Service Type 2014-15 (The below are in the context of: every £1000 is represented as £1)



Quality and Safety

For all service provisions, quality and safety underpins all our intentions. Havering council is responsible for monitoring the standard of care and support services delivered, whether directly commissioned or not, to ensure services are safe and of a good quality.

The Havering Quality and Contract team works collaboratively with providers to acknowledge good practice and to ensure that services are safe, deliver high quality outcomes to service users and evidence compliance with regulatory and contract requirements.

The team work with a range of individuals and organisations including care practitioners in the community and a variety of teams and organisations within and outside the council. These include the Quality & Surveillance Group with health partners, the Joint Assessment and Discharge team at Queens, the Safeguarding Team within the Council, reporting where necessary to the cross organisational safeguarding board, Healthwatch Havering and the Care Quality Commission.

The team also regularly speak to service users and their families or advocates to obtain their views about what is positive and what improvements may need to be made.

Regular forums and meetings are held to exchange information and ensure providers are fully informed with regard to expectations. Visits to providers are conducted on a regular basis, and are unannounced; where there are concerns and additional support is needed, visits may be more frequent and additional meetings conducted to understand the improvements required.

A range of sanctions can be applied where there are continued concerns, including suspension of placements. Should a suspension or embargo be implemented, this is communicated to other Councils and authorities and kept under close review while the team work with the provider.

Where providers leave the market, by choice or where they are unable to deliver their service to the required level, Havering's Establishment Concerns and Failure Policy guidance is in place and outlines the measures that will be taken to protect the interests of service users and the council.

All providers in the Borough, whether they are regulated or not are required to fully comply with requests from the Quality and Contract team and to provide information and documents within agreed timescales. This is essential given the Council's new duties under the Care Act to facilitate a sustainable market for high quality care and support, whilst managing

provider failure and service interruptions regardless of how services are funded.

Under the Care Act 2014 Local Authorities should be assured that providers are complying with National Minimum Wage legislation. This will include appropriate remuneration for any time spent travelling between appointments and recognising other elements of detail such as recognising that the premium element of overtime and shift premium pay – that is, the amount the higher pay rate exceeds the worker's basic rate – does not count towards minimum wage pay.

From April 2016 providers are required to pay Living Wage to their staff, currently £7.20 per hour.

We will be working with providers on the implications of this.

We want to hear concerns if this causes issues around sustainability and have so far issued two surveys to gather information and followed up with direct engagement.

Generally providers need to be aware of and apply the Care Act principles - wellbeing, prevention, person centred care and support, being aware of how to respond to safeguarding concerns, awareness of carer situations and the general principle of partnership working that runs through the Act.



Residential & Nursing Care



The Marketplace

There are 39 care homes in Havering (21 residential and 18 with the facility to provide nursing care for OP/PSD) with a total of 1,611 beds. Of these, the London Borough of Havering currently places just a third of clients, the rest being self-funders, health placements, out of borough placements and vacancies.

Between April 2014 and March 2015 there were a total of 286 (including self-funders) new admissions into care homes with around 88% being over the age of 75. Over a third of these new admissions came directly from the local acute hospitals (Queens and King George's), the remainder were admitted from the community.

Analysis last done in 2013-14 indicated that around 45% of care home admissions from hospital were admitted as a result of a fall. On average, 50% of those admitted to a care home had an informal carer before being admitted.

Of those new admissions to a care home, 8% had initially been self-funding but subsequently required Adult Social Care funding as their savings had fallen below the threshold. On average, adults with care needs were able to self-fund for 25 months' before presenting to Social Care.

From April 2014 to March 2015 there were, on average, 602 adults over the age of 65 (known to Adult

Social Care) in a long stay placement at the end of each month.

Social Care teams have noted a general increase in the number of adults entering into a long stay care home placement with dementia, more so than physical frailty.

The average weekly cost of a care package prior to admission into a care home in 13/14 to 14/15 was around £215 and the average weekly cost of a long stay placement in a care home was £520.

Commissioning Approach and Intentions

The Council is clear that there is no need for more residential or nursing homes within the borough. Throughout 2014/15, of approximately 1600 available beds, 250 remained vacant each week

Our policy has been and will be to support people in remaining independent and safe at home.

For those residential and nursing care homes currently providing services in the borough we value and appreciate the services provided. We are committed to working together to balance the needs for efficiency in the current financial climate and the quality services we want to see provided for vulnerable older people.

Home Care

The Marketplace

There are 9 Home Care agencies on the Havering framework and 16 that are spot contracted. Of these 25 providers, 8 are based outside of the borough.

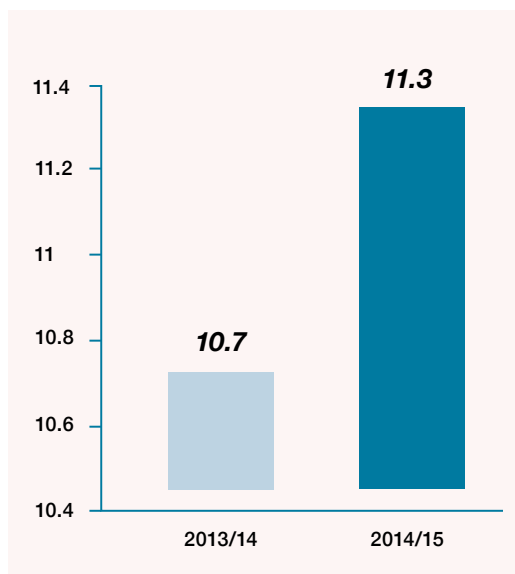
Currently there are around 1,101 adults with home care receiving 12,442 hours of care and support, equalling an average of 11.3 hours per week.

Home Care is currently contracted by hours of care and support, which can be broken down further into prescribed, timed visits (for example 30 minutes three times a day) depending on their needs.

There is capability to bill by the minute but in general we would like to look at how we achieve outcomes rather than pursue time and task monitoring.

The graph right shows an increase in the average number of hours of home care per client commissioned during 2013/14 and 2014/15:

Average Commissioned Weekly Homecare hours per client

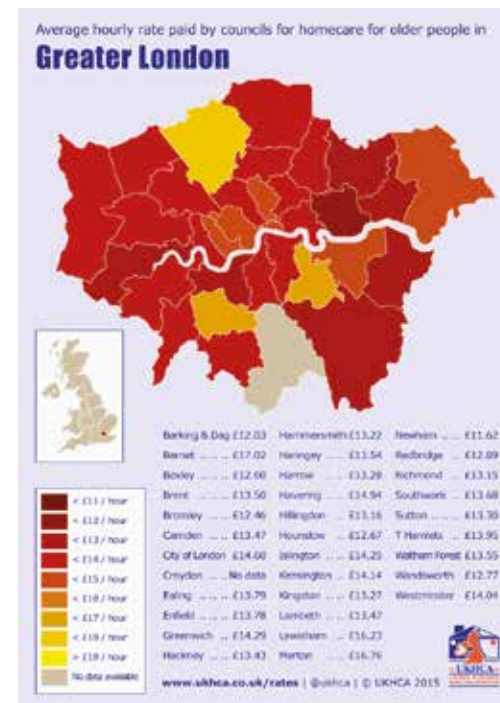


Home Care Workforce

The right infographic was supplied from the United Kingdom Homecare Association and shows comparator figures in 2015⁷.

Havering was the fourth highest in London (with caveats about the impact of the billing method). Research into the market, analysis of impact of minimum wage, cost of travel and consultation with providers led to an uplift of rates in 16/17 to £16.43.

This is also a response to difficulties in retaining employed carers in comparison to neighbouring authorities (see table on next page⁸) and that providers' on the framework face issues in responding to the frequency and type of demand for home care.



^{7, 8} United Kingdom Homecare Association: The Homecare Deficit: A report on the funding of older people's homecare across the United Kingdom 2015

Employed carers in comparison to neighboring authorities

Workforce Stats⁸	Havering	Bexley	Thurrock	Barking & Dagenham
No. of CQC registered services	112	80	67	79
No. of CQC registered services that are care homes	72	38	40	22
Estimated no. of direct care workers	3,800	4,100	2,200	2,500
Staff turnover rate	35.9%	21.4%	26.8%	11.5%
Turnover rate for direct care staff	39.4%	28.5%	31%	13.6%
Current vacancy rate	9.3%	9.8%	2.9%	16.6%
No. of direct care workers leaving their position in the last 12 months	1,500	1,170	680	340

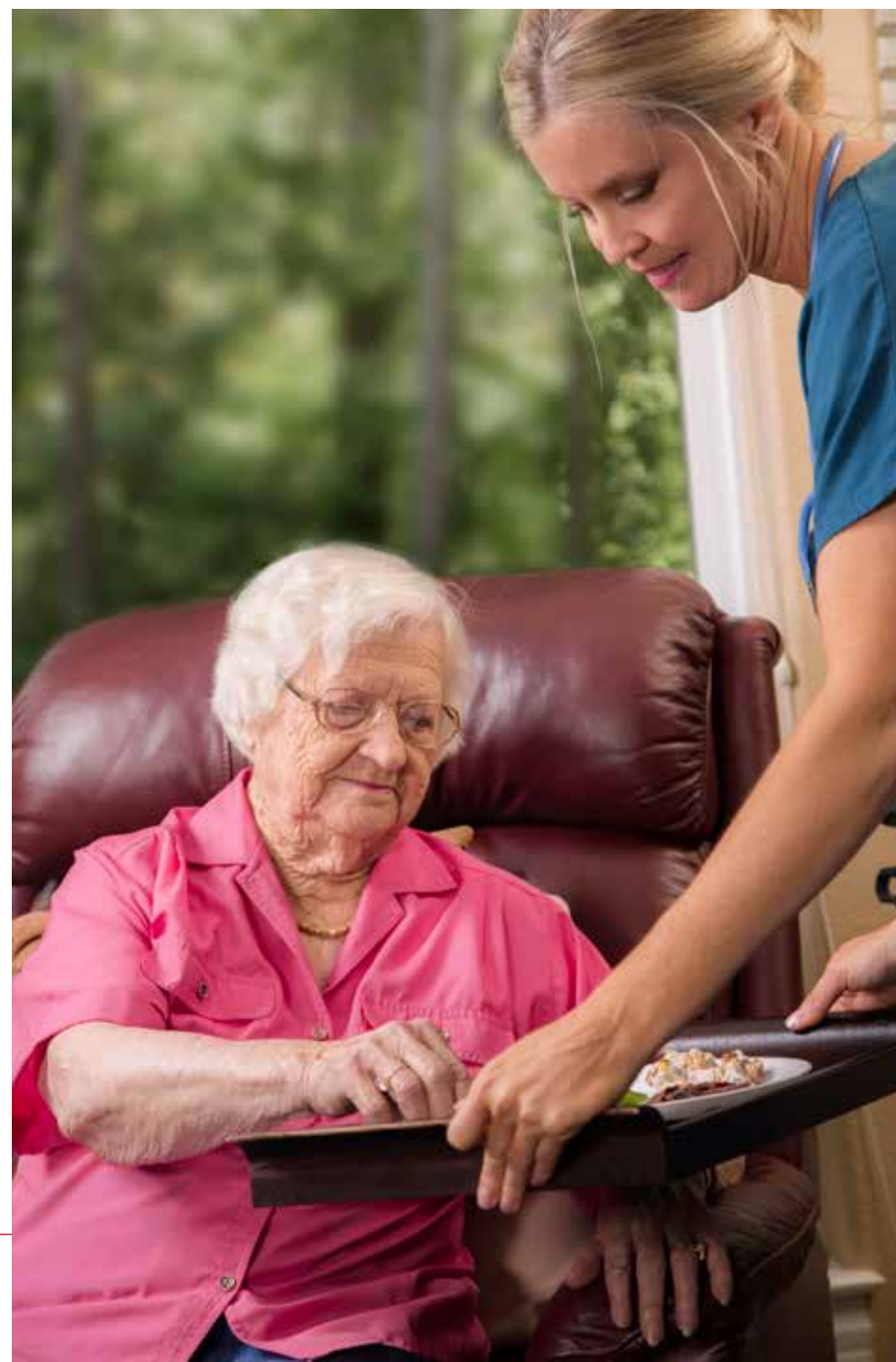
Commissioning Approach and Intentions

The significant 10% uplift to rates in Havering indicates the importance attached to providing good quality services despite the financial challenges faced. The re-commissioning of the service in 16/17 will be crucial in setting the future direction of the service.

We will work with providers to develop an outcome based contracting arrangement, replacing the current framework, which recognises the need for:

- **Positive outcomes for adults with care needs in preventing the worsening of their condition, looking to reable and rehabilitate where possible**
- **Positive outcomes for the Council, particularly in regard to prevention, with associated benefits related to cost**
- **A sustainable business model for providers**
- **We know this will mean a different dialogue between providers and the council and are committed to this in the coming months**

⁸ United Kingdom Homecare Association: The Homecare Deficit: A report on the funding of older people's homecare across the United Kingdom 2015



Reablement

The Marketplace

Reablement services are free for clients for up to six weeks. The aim of reablement is to support the client to get back on their feet following a crisis, and to be as independent as possible.

Havering's reablement service is delivered via three different avenues:

- **Community reablement that takes place in the clients' home;**
- **Accommodation based reablement that takes place in purpose built flats at Royal Jubilee Court;**
- **Reablement day service that takes place at Yew Tree Resource Centre.**

80% of reablement referrals come from the Joint Assessment & Discharge Team at Queen's Hospital with around 20% from the community.

One week in January 2015 showed there were, at any one time, 130 reablement clients with 983 hours of commissioned support.

Commissioning Approach and Intentions

Havering remains committed to reablement and has learnt a lot from the current contract it has in place. The contract is scheduled to run until November 2017.

Reablement sits firmly on the intermediate care pathway and as such will be a key component of the review of the pathway as part of the Better Care Fund.

It is acknowledged that there could be more integration of services to the benefits of patients and service users. Commissioners providers and service users will be engaged with as this develops.



Respite Services

The Marketplace

There are 35 Care Homes with and without nursing provision in Havering who state they provide respite services.

For 2014/15, 266 clients used respite services totalling 638 separate episodes. There were:

- **600 respite placements:**
- **452 as planned respite (for 155 clients)**
- **148 as emergency placements (for 105 clients)**
- **38 short stays (for 14 clients) (which can sometimes be respite) with no fixed end dates.**

Commissioning Approach and Intentions

After respite, on average:

- **88% went straight in to a permanent care home placement**
- **17% had received respite up to one month before a long stay placement.**

This data would suggest that respite is leading to permanent admission to Residential Care, which is not the intention of the service.

There may be many reasons for this and the Council, in partnership with key stakeholders, including providers, would like to understand this better.



Day Services

The Marketplace

There are 10 day opportunity services in Havering, located mostly in the north of the borough. On average in 2014/15 there were 140 clients of day services over the age of 65 in any one week.

There are also other services that provide day activities commissioned directly by Havering, provided largely by the voluntary sector. These include services like:

- **'Singing for the Brain' – a service intended for dementia sufferers and their carers**
- **Neighbourhood day services**
- **Lunch clubs**

Commissioning Approach and Intentions

Havering puts significant investment into day care both across older people and learning disabilities services (see section below). Day services we require should be designed with prevention and positive outcomes in mind.

The intention is to ensure that services provided are aligned with this intention. This may provide opportunities for a review that would benefit from co-production with providers, adults with care needs and carers.



Services for People with Physical & Sensory Disabilities

The Marketplace

The physical and sensory disability market in Havering is relatively small numerically in comparison to other areas such as older people.

However, the number of people with physical and sensory disabilities (PSD) in the borough is expected to rise as health improvements support people to live longer and healthier lives.

Only two of the 39 residential care homes in the borough regularly accept PSD service users under 55 years on a permanent or respite stay basis.

In Havering these types of services are predominately older people focused and are not appropriate for younger adults; because of this some people opt to move into small residential accommodation outside the borough with more specialist or tailored support that is more appropriate to their needs.

- **10 out of 12 PSD service users under 55 years are placed in residential accommodation outside of the borough (Feb 15)**
- **4 out of 5 PSD service users under 55 years stay in respite out of the borough (2014-15)**

Whilst the majority of people who have been diagnosed with a visual and sensory impairment are not likely to qualify for social care funding, initial support is available from occupational therapists to help with enablement and accessing equipment etc. and individuals rely heavily on support from voluntary organisations and local groups to help them access information, advice and support.

From the research of 176 PSD service users there is one provider specially supporting an individual with a sensory impairment.

There are two day opportunities in the borough for PSD service users under 55 with 105 people out of 176 receiving a personal budget.

At least 58 direct payment holders are opting to employ a Personal Assistant to meet their outcomes.

The graph right shows projections for the number of adults in Havering expected to have a physical disability in the next 15 years:

Commissioning Approach and Intentions

Support for people with physical and sensory disabilities should empower people to live as independently as possible.

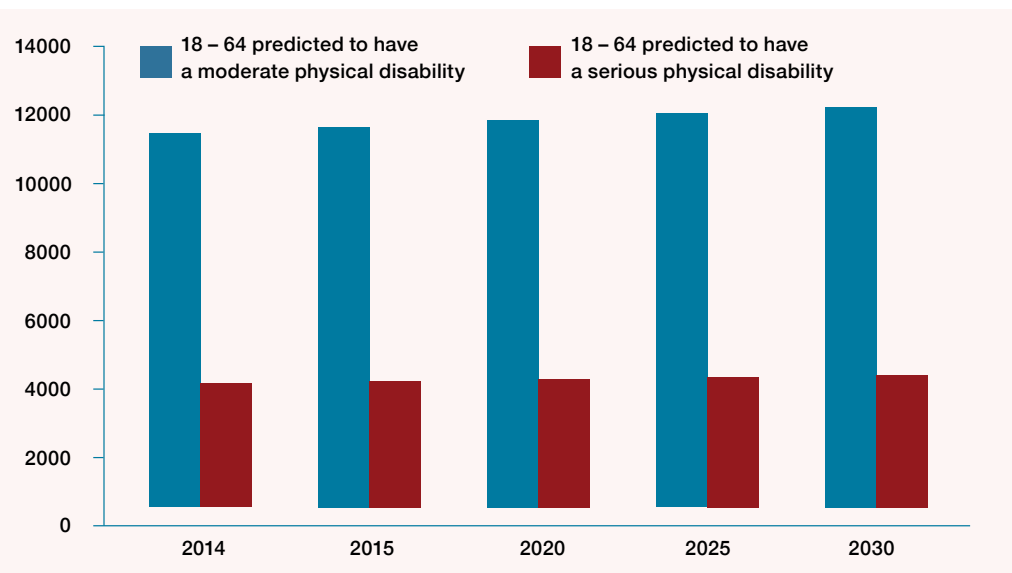
This may involve the development of local housing solutions, greater employment and education opportunities and general empowerment of individuals to lead fulfilled lives.

We anticipate that the development of provision of services in borough will ensure better choice and control for users, help ensure good value for money, and also deliver more beneficial outcomes.

Further exploration of services and costs of residential placements for physical and sensory service users under 55 years is intended.

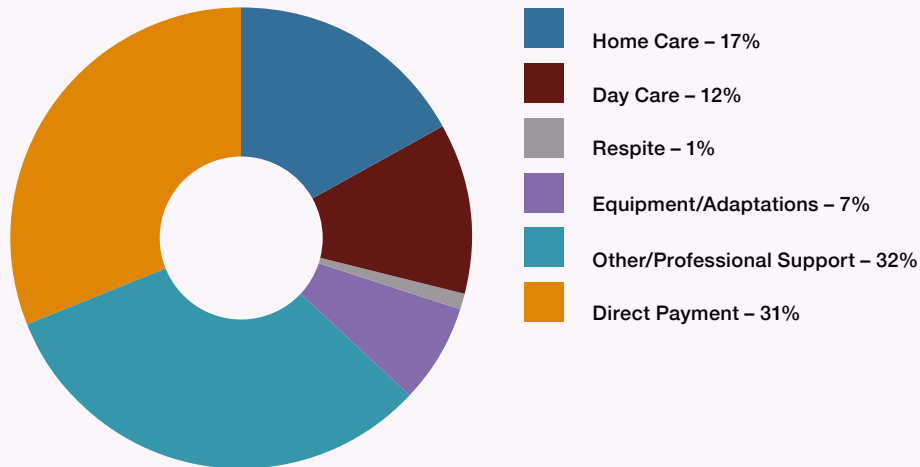
In the longer term we would like to see more supported living accommodation in Havering to enable people with physical and sensory disabilities to stay in the local community and for that provision to be consequently more cost effective.

There is a gap in the market for specialist and flexible respite services for those with a physical or sensory disability– there is currently no provision in Havering and service users must go out of borough.

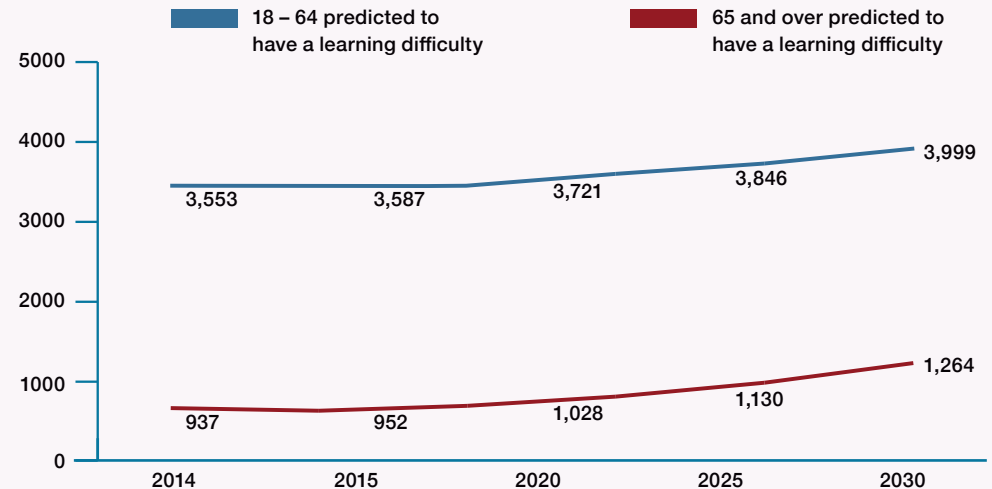


Services for People with Learning Disabilities & Autism

Community Services for Learning Disability Clients at 31 March 2015



Learning Disabilities – Havering Projections



The Marketplace

The number of people with learning disabilities and autism is projected to increase according to projections from national data sets. There are, for example, increasing numbers of young people with learning disabilities and autism transitioning through to adulthood. Many of these will not, however, need services or meet eligibility criteria.

Adults with complex needs are also living much longer often with the associated health conditions that come with old age already present.

The graph above right gives projections for the number of residents in Havering with a learning disability over the next 15 years.

More recent local information suggests that demand in local schools is increasing rapidly. The number of children with special educational needs and disabilities is growing year on year, averaging increases of between 40 to 60% in all groups over the past 3 years. These are particularly marked in respect of children with the most severe and complex needs where there

are disproportionate growths, leading to pressures and shortfalls in relation to both mainstream and special school places. The Council is facing increasing demand for specialist help and schooling for children with autism (ASD) and for those with behavioural, emotional and social difficulties (BESD), including those with mental health issues. Whilst respective increases of 40 and 62% were seen in these two groups over the past 3 years, numbers for ASD in the primary school population are expected to double over the next 5 years.

Numbers for the BESD primary school group are also expected to treble during this period, and these will add to the increases already in secondary schools.

There are also increases in children with moderate learning difficulties and those with speech, language and communication needs. However, mainstream schools are increasingly making successful provision for them. Autism and behaviour difficulties remain major issues, requiring significant help and resources for schools to meet these needs.

Paid Employment

In 2014/15 there were a total of 509 people with a learning disability known to Adult Social Care (ASC) who were of working age.

Of those, 44 were in paid employment; with 11 of these working over 16 hours per week and 33 working less than 16 hours per week.

The remainder were either in unpaid voluntary work, receipt of community services or no services at all (only two clients in residential care were in unpaid voluntary work).



Accommodation

The current commissioned housing options in Havering for people with a learning disability consist of:

- **23 commissioned residential care service providers**
- **17 commissioned supported living service providers.**

In 2014/15 there were 190 learning disability clients known to ASC considered to be in 'unsettled' accommodation. This was made up of:

- **99 clients in residential care homes**
- **3 clients in nursing care homes**
- **88 in accommodation of unknown tenure.**

In 2014/15 there were 319 learning disability clients known to ASC considered to be in 'settled' accommodation. This was made up of:

- **216 clients in mainstream housing with family or friends**
- **83 clients in supported living,**
- **7 clients in a local authority or other registered social landlord tenancy**
- **3 clients in a shared**





Commissioning Approach and Intentions

The commitment of the Council is to develop services that support people to be as independent as possible and to actively discourage long term provision that does not enable full realisation of potential for those receiving services.

For providers considering setting up in Havering the need for consultation prior to set up is paramount. In the absence of this dialogue it is likely that services will not meet requirements and, potentially, receive no Council placements.

What is wanted by the Council is specialist provision of the right sort, fully discussed in advance.

It is necessary for providers and staff of those services to be fully equipped to provide the specialist service required. If this is not the case, staff from Health and Adult Social Care services can be drawn in to supporting those services – drawing on scarce and valuable resources in an unplanned way.

Step down facilities from assessment and treatment units to facilitate the clients to move on successfully may also be beneficial but, again, would require full consultation before establishing.

In general we are looking to support and encourage services that provide imaginative supported living schemes with ‘life skills’ that allow clients to move on.

For both those with learning disabilities and autism we are also looking to develop increased awareness among the Havering community, particularly in regards to employment opportunities and access to key public and private services.

For example a recent initiative has established a shop in the Mercury Shopping Centre designed for people with autism, which will look to provide a safe space as well as information and advice exclusively for those with autism.

Adults with care needs in out of borough placements may benefit from more local accommodation. We will continue to look for suitable provision that is capable of accommodating those adults.

We would like to have provision that prevents the need for moving out of borough in the first place.

To support this aspiration Havering’s long term vision for young people with special educational needs and disabilities post-16 is to provide high quality education and training opportunities which support young people to move smoothly into adulthood.

Havering are developing new post-16 provision that will be aspirational in supporting young people to move towards Entry Level 1 qualifications, alongside building their social and employability skills, and then onto becoming an active and contributing members of their community.

The provision will support young people and their parents to aspire to a life which is as independent as possible and which includes some form of work, whatever this might look like for each young adult, depending on their need.

We want to ensure that we are employers of disabled young people and the organisations we work with follow our lead and offer flexible and supported employment opportunities, as well as work experience, for all of our young people to ensure a positive step into adulthood



Services for People with Mental Health Conditions

The Marketplace

There are increasing numbers of people with mental health conditions. This may, in some part, be attributed to increased recognition and diagnosis but the issue of growing demand remains.

The following graphs show projections for the number of residents in Havering with a mental health condition over the next 15 years.

Health Services

Havering's largest provider of mental health services is the North East London Foundation Trust (NELFT) who provide the following:

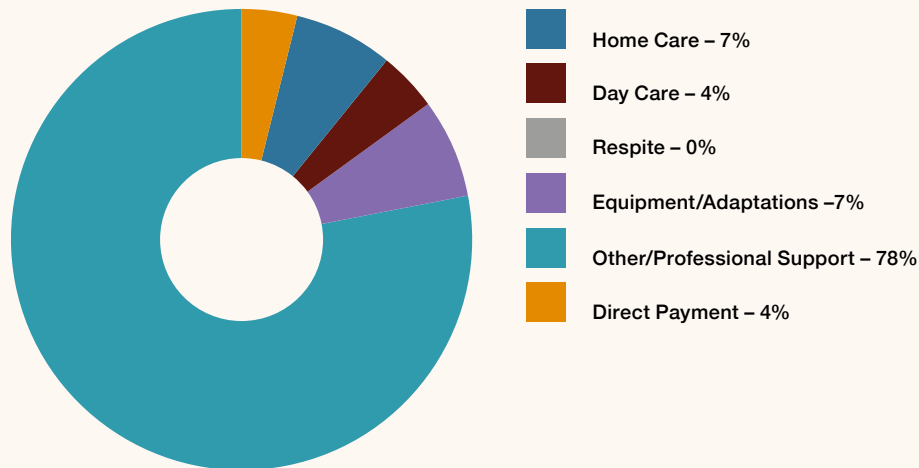
- **Memory clinics**
- **Older adults mental health services**
- **Psychological services and therapies**
- **Community Recovery Teams**
- **Early intervention in psychosis**
- **Access and assessment**

Statistical Performance

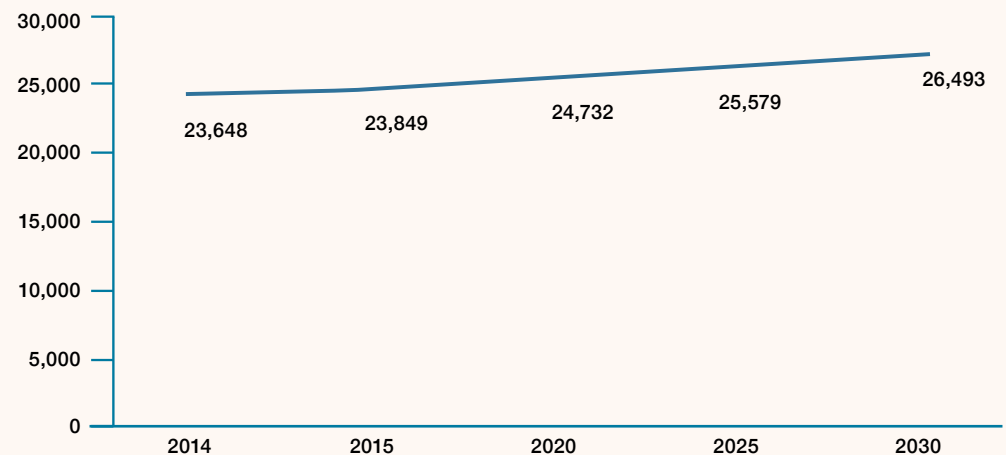
Spend in Mental Health for 2014/15 was around £30.2 Million, equivalent to 10% of all Health Commissioning spend. Mental health spend made up a further 10% of all secondary care spend⁹.



Community Services for Mental Health Clients at 31 March 2015



18 – 64yr olds – Predicted to Have A Common Mental Disorder – Havering Projections



⁹ BHR CCGs Mental Health Commissioning Framework 2014

Commissioning Approach and Intentions

Strategic aims for mental health as set out in Havering's Health & Wellbeing agenda are to support healthy lifestyles and manage risk, support vulnerable adults with mental health needs to access good quality information advice and advocacy, reduce social isolation and increase the number of adults with mental health needs in to paid employment.

We will work closer with Housing colleagues to consider development of appropriate housing and accommodation support (particularly when shared accommodation is not always considered appropriate for mental health clients).

This may include development of more supported living for mental health clients.

We recognise the associated issues of social inclusion and the development of mental health issues and are looking for ways to improve engagement and involvement in the community.

- **The understanding of 'hard to reach' groups where they are isolated or feel they don't need support**
- **Developing clear pathways that are understood across health and social care so that people can be signposted appropriately by professionals within the system.**

Mental Health services are largely delivered through the Health service and the Local Authority is working closely in partnership with both the CCG and NELFT as the main provider. Plans are being developed to ensure that these services continue to provide the best support possible for adults with care needs, taking on the challenges in the national strategy 'Closing the Gap'.



Criteria	Rate	Year	Havering	National
A&E attendances for psychiatric disorder	Per 100,000 of the population	2012/13	291.2	243.5
Emergency admissions for self-harm	Per 100,000 of the population	2012/13	113.7	191
Hospital admissions for unintentional & deliberate injuries, age 0-24	Per 10,000 of the population	2012/13	86.8	116
Detention on admissions to hospital (quarterly)	Per 100,000 of the population	2012/13	3.2	15.5
Social Care MH clients in residential care, age 18-64	Per 100,000 of the population	2012/13	17.3	32.7
Mental health readmissions to any MH trust in 3 months	% of total discharges	2012/13	11.4	15.4
Mental health readmissions to any MH trust in 6 months	% of total discharges	2012/13	13.9	18.7

Services for People with Dementia



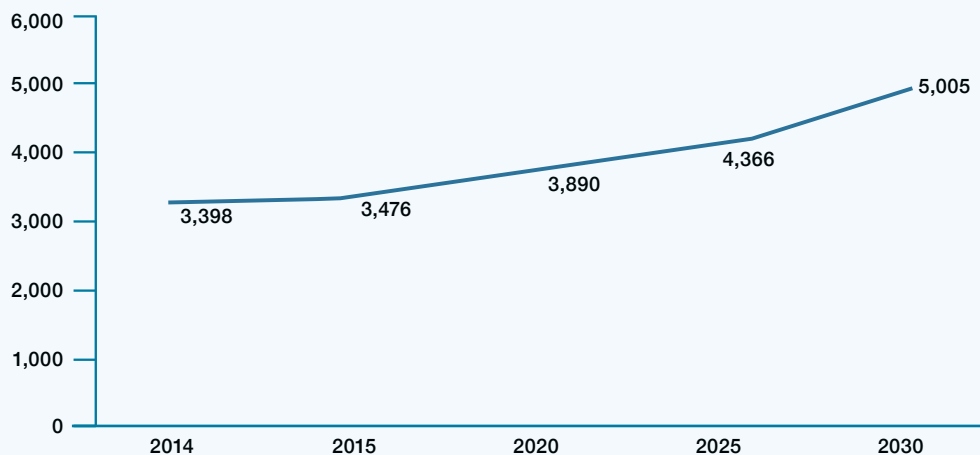
The Marketplace

The graph below shows the number of adults over the age of 65 in Havering predicted to have a diagnosis of dementia in the next 15 years.

The dementia diagnosis rate for Havering in August 2014 was 46.4%. Due to the efforts of the Dementia Partnership Board and strong partnership working the diagnosis rate reported to NHS England in August 2015 has risen to 64.3%.¹⁰

There are 37 care homes (with and without Nursing) in Havering who are listed as providing support for people living with dementia.¹¹

Over 65yrs Predicted to Have a Diagnosis of Dementia – Havering Projections



Dementia Action Alliance

The Havering Dementia Action Alliance (DAA) was commissioned with the aim of making the lives of people living with dementia and their carers better by making changes in the community. To date, the DAA has 74 organisations signed up as members.

One of the aims of the DAA is to raise awareness of dementia within the Havering community through 'dementia friendly' training. To date, there have been 2000 organisations/teams who have received the training with a further 350 who have completed it online and 1965 clinicians who have been trained in dementia symptoms. In 2014 Havering was the second London Borough to be awarded with Dementia Friendly status.

http://www.dementiaaction.org.uk/local_alliances/4789_havering_dementia_action_alliance

Commissioning Approach and Intentions

The Havering Dementia Strategy is overseen by a joint health and social care dementia partnership board which is delivering against a clear and specific action plan. There is a commitment to prevention, enabling people to remain at home with the condition for as long as possible. Commissioning and engagement with providers will be consistently aligned with this intention.

The projected increase in dementia has implications for providers of care in all areas. Providers who have staff trained and capable of working supportively and effectively with those with dementia will be more likely to be able to respond to increased demand in this area.

The development of 'sit-in services' at home and/ or more imaginative day opportunities for people with dementia that support those with the condition and their carers would be positive.

¹⁰ BHR CCGs Mental Health Commissioning Framework 2014

¹¹ Carehome.co.uk/Havering

Services for Carers

The Marketplace

A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. Carers are not to be confused with paid care workers, personal assistants, shared lives carers or volunteer carers.

The Government's National Carers' Strategy describes the term carer as:

“A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.”

Becoming an unpaid carer in your 50s increases your chances of leaving the labour market for good, is associated with health problems and restricts social and leisure activities. Unpaid care is highest for both men and women aged 50-64, most likely to have an elderly parent to care for.

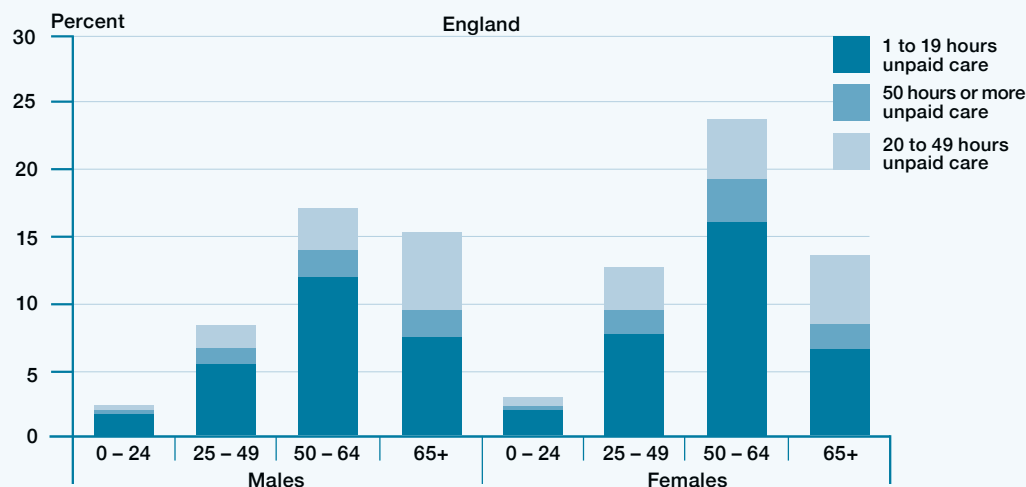
According to the 2011 Census, 25,214 people, 11% of Havering's residents identified themselves as carers, an increase from 23,253 (8.4% increase) in 2001. 5,835 said they provided more than 50 hours care per week.

There are 2,330 claimants of Carers Allowance in the borough and in the past year, 1,936 carers had an assessment of their needs carried out by Adult Social Care.

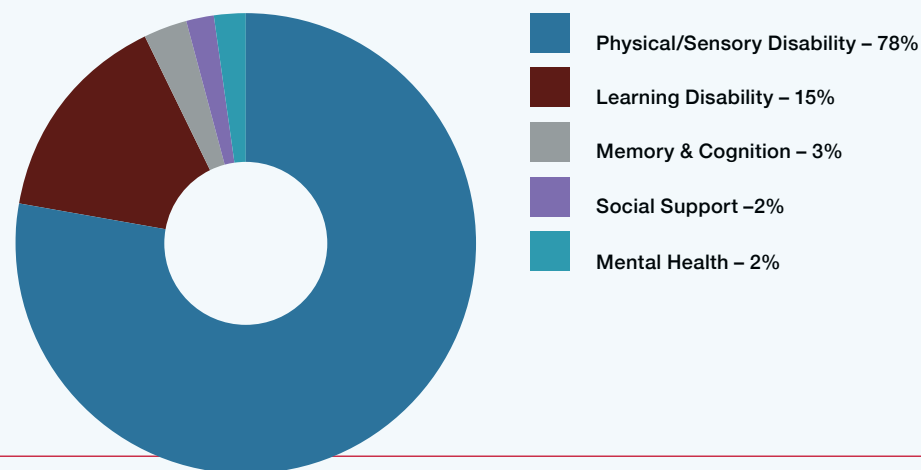
The figure right shows that in 2014-15 the majority of Havering carers supported a loved one with a physical or learning disability.

The Personal Social Services Survey of Adult Carers in England is a biennial survey that took place for the second time in 2014-15. 81% of Havering carers said the person they care for lives with them, 66% of Havering carers responding said they were retired.

Unpaid care provision: by age and sex in England and in Wales, 2011:



Carers – Primary Support Reason of ‘Cared For’ Person 2014 – 15



Commissioning Approach and Intentions

The Care Act sets out carers legal rights in relation to assessments and support. It requires Local Authorities to shape a market that delivers a wide range of sustainable high quality care and support services. Consideration is required for how the services will promote the well-being of carers.

Although this Act gives local authorities the power to charge for the costs incurred in providing care and support to meet the needs of individuals, including carers, Havering Council will not charge for carers services in financial year 2015 to 2016. We will review our charging policy in 2016

In addition insight has been gained into carer and provider perspectives which has and will inform future commissioning and plans going forward.

We are in the final stages of co-producing a joint Council and NHS Havering Clinical Commissioning Group 'Carers Strategy' for Havering, with carers.

As part of co-producing the strategy with carers and consulting with stakeholders, we will continue to identify the priorities for Havering carers which will inform needs led and outcome focused services.

Carers have told us they want:

- **To manage their own health and well-being; services available to support them to get the sleep you need and to manage their stress and anxiety levels.**
- **To balance their caring role with their day-to-day tasks and responsibilities.**
- **To have a life outside of their caring responsibilities.**
- **To feel reassured about the health and well-being of the person(s) they care for, even when they are not with them.**
- **To have the skills, tools and confidence to carry out their caring responsibilities.**
- **To feel less alone.**

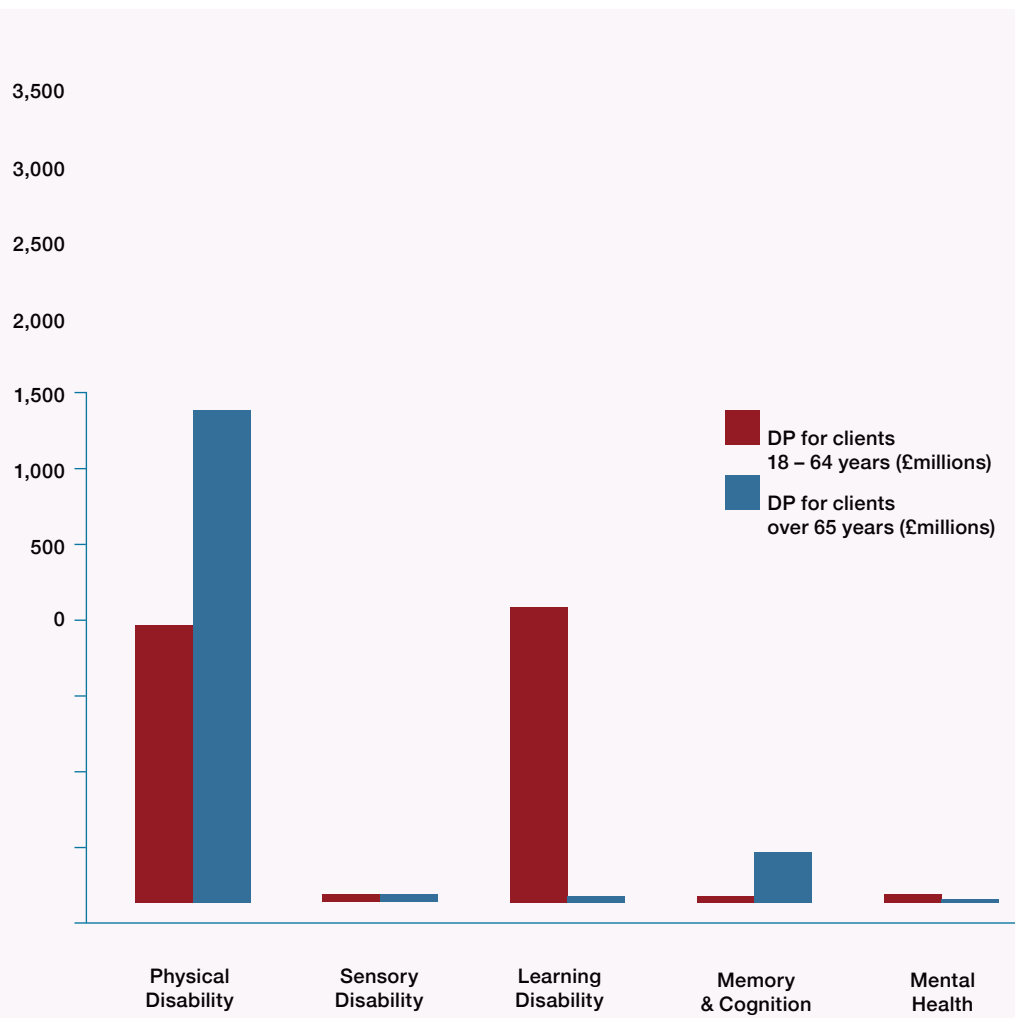
Current support for carers of Havering residents includes:

- **Havering Carers Forum –** These quarterly Forum meetings are facilitated jointly by the Council and Havering CCG. We are actively seeking to identify new and hidden carers who may wish to attend and also wish to work with local providers of support and to encourage their engagement and involvement with the Forum, e.g. to host information stalls, lead on workshops and deliver presentations on specific services.
- **Havering Carers Register –** We wish to work with funded and non funded partners, to promote awareness of the Register. Over 750 carers are currently signed up to the Havering Carers Register and receive:
 - *the Havering Carers Information Booklet (see page 39 for link)*
 - *invitations to carers events including the Havering Carers Forum*
 - *the quarterly Havering Carers Newsletter*
 - *occasional invitations to participate in surveys and/or consultations which influence commissioning.*
- **Carers events –** Over 250 people attended the last Carers Week event in June 2015.
- **Carers assessments and needs reviews of Havering residents –** We wish to work with partners across Havering, to raise awareness, support carers to access assessment and to improve their overall experience.
- **Commissioned services –** There are a range of services and support currently funded by the ASC's Strategy and Commissioning Team which is under formal review. This will enable us to understand if and how the services are directly and indirectly meeting the needs of carers of Havering residents and identify unmet needs



Personalisation (Self-Directed Support)

Direct Payments – Net Expenditure 2014/15 among different client groups



The Marketplace

The table left shows net expenditure in 2013/15 on direct payments among different client groups. The majority of spend is in the older people market which includes all client groups over the age of 65, however there are more registered SDS users with a physical disability as a proportion of those receiving services than any other client group.

Commissioning Approach and Intentions

Havering is committed to increasing the number of people who have self-directed support as part of its Corporate Plan. The commitment is to:

- Increase the percentage of people using social care who receive self-directed support and those receiving direct payments to 82%
- Increase the percentage of direct payments as a proportion of self-directed support to 45%

The implications for the market will be increased opportunities to respond to the demand that comes from individuals looking for choice in services that meet their outcomes.

It will also mean the development of an extended and high quality personal assistant market and we will be looking to further develop regulatory arrangements to ensure quality for service users.

Our approach to contracts will recognise that our long term aim is to increase personalisation and micro commissioning.

There are many interdependencies involved in taking personalisation forward. It is therefore intended that a programme of activities is initiated that will address some of the issues that are preventing the development of the market in Havering.

Assistive Technology

The Marketplace

There are currently 4849 residents using some form of assistive technology with 2997 (61.8%) of these jointly funded with Health as part of the Better Care Fund.

Of these 48% have the basic pendant alarm only (Careline) whilst the remaining 52% have the pendant together with additional sensors from an extensive range including a variety of falls and epilepsy monitors, medication reminders, security door alarms for bogus callers and environmental detectors such as smoke, carbon monoxide, flood and extreme temperature gauges.

The evidence base for taking such an approach is contained in a report developed within the commissioning service. It indicated the pendant and the supporting service (Havering Telecare, based in the Housing directorate of the Council) improved quality of life, delayed residential care and reduced hospital admissions.

The current weekly charge for a basic pendant alarm is £4.74 and for the pendant and two additional alarms, the weekly charge is £6.89 with a further charge of £1.14 for every additional sensor (capped at £10.31 maximum fee).¹²

Commissioning Approach and Intentions

Over the course of the coming year an update of the analysis of benefits arising from AT and a review of the funding approach is planned.

There is on-going commitment to enhance the service in place.

This year, for example, the Havering Telecare Service has partnered with Health to combine a rapid reaction vehicle with the alarm service, with skilled health practitioners getting to falls victims as quickly as possible. This will look to reduce referrals to hospital or get treatment to sufferers quicker so that consequences of the fall are mitigated.



¹² Housing Services, Havering Telecare Centre

The Voluntary Sector

The Marketplace

The approach to the Voluntary Sector mirrors and supports the wider Council approach as set out in Havering's 'Voluntary Sector Strategy 2015-18'. The strategy scoped the volume and nature of voluntary sector services in Havering (see link page 34)

It is clear from this work that the voluntary sector is a much larger and more varied provider of services than is commissioned by the Council. For example 477 charitable organisations were identified but ASC directly commissions 16 that will be included in the review of their services in the coming year.

These services apply to many of the areas referred to in the different sections of this document, for example:

- **Day services to give variety for service users and respite for carers**
- **Support for people to get home from hospital – and to prevent going into hospital**
- **Services specifically for people living with dementia and their carers**
- **Support for people with mental health conditions and their carers**
- **Specifically targeted support for carers**
- **Transport to services**
- **Befriending services**

Total expenditure in 15/16 on these preventative services is approximately £1.1m. but there is no guarantee that funding at these levels will be maintained. Neither will the type of services that are presented above necessarily be those provided in future. This is neither a criticism of the services provided nor a pre-emptive evaluation of their benefits. The services are valued as they are but will be reviewed objectively to assess outcomes and be commissioned within available funding limits.



Commissioning Approach and Intentions

The long-term vision for Havering's 'Voluntary Sector Strategy 2015-18' is to ensure that communities are resilient and supported by an effective and sustainable voluntary and community sector.

The approach being taken within ASC commissioning is aligned with the strategy. There will be a period of change in the way services are commissioned and in the approach to preventative outcomes that will impact on providers.

If services can be shown to increase independence and have a preventative approach, reducing demand and costs, from robust business cases, they are more likely to be funded.

It is recognised however that proof of tangible and cashable benefits, particularly in the short term, are difficult to evidence. There is also finite funding available so at some point even a beneficial business case may not be good enough to release funding.

This can be challenging but will also provide opportunities for incumbent and new providers who can deliver outcomes that produce benefits to service users and the council.

These outcomes will need to be preventative in nature and, for example, will look to support our intentions to achieve:

- **Reductions in hospital admissions or re-admissions**
- **Less need for residential care**
- **Delayed or reduced need for home care services**
- **Maximised independence whilst recognising the need for safety for vulnerable people, meaning they need less support from public services**
- **The creation of services attractive to individuals who have choice about what supports their independence**

This may mean a re-shaping of what is commissioned and what is marketed and provided.

The dialogue between the voluntary sector and the council about the future of commissioned services has already started and will look to re-shape the way that services are delivered in future.



Information and Advice

The Marketplace

Havering went through a tendering exercise for the provision of Care Act compliant information and advice services in 2014/15.

This led to a change of provider and the new service is now in place.

Previous provision was from a shop unit based in Romford that picked up telephone calls and face to face discussions. The service was backed by the CarePoint web site where service users could access independent advice and information about services.

Commissioning Approach and Intentions

The importance of setting up the new service in a constructive way, building positive relationships between commissioner and provider is recognised.

Discussions have already begun to shape a service that is outcome focused. Measures of success are being designed in a collaborative way with the new provider.

The intention is to increase the number of people and groups reached, with higher quality outcomes. This will be both from face to face engagement at physical locations and through outreach initiatives.

Understanding of the parameters around telephone access, being clear about what the council's customer services will provide and ensuring there are minimal duplications or conflicts between the provider and the council is imperative.

An updated web site is being developed, looking to improve the user experience and increase numbers of users.

Care organisations need to ensure that their information is shared with this new service so that the public get accurate and up to date advice and guidance.



Independent Advocacy

The Marketplace

The Care Act has prescribed the need for Independent Advocacy. To understand demand Havering has taken the approach of tendering a pilot service.

Commissioning Approach and Intentions

The new service went live from December 2015. The pilot will run for 16 months and will give a full picture of expected demand and the needs of an advocacy service that delivers effective outcomes for service users.

Learning will be an essential part of the new service and will allow for a more informed and comprehensive approach to the establishment of the service in 2017.



Housing

The Marketplace

More of Havering's older population own their own homes than both nationally and regionally. The numbers of residents in social housing is substantially less than London as a whole and also nationally.

The majority of those older people who own their own home are mortgage free 73% (as per Housing Needs and demand assessment 2012), with over 85% of those responding indicating that they have equity in excess of £100,000.

The overwhelming majority of Havering's older population live in non-specialist general needs accommodation.

There are fewer than 2000 specialist housing units for older people in Havering. The vast majority of these are sheltered or retirement schemes with, in addition, 3 Extra Care schemes.

Around two thirds of the schemes are for social rent (1219 units). Of these 71.5 % are owned and managed by the council in 19 separate schemes with the remaining 28.5% being owned by Housing Associations mainly in 8 schemes.

There are approximately 700 units within 20 schemes which are in the private sector where properties are available to purchase, usually on a leasehold basis.

The council Sheltered Schemes are generally two storey properties, of which:

- **80% are one bedroom**
- **17% are bedsits**
- **Under 3% are 2 or 3 bed.**¹³

They are designed for people over 60 but the majority of residents are older with over 80% of tenants being over 65 and 54% being 80 or over. There is a mobile support worker who is able to give advice and general assistance.

There are visiting services that include: hairdressing, library services, health services, food services. Social activities include outings, seasonal events, music, lunches and general entertainment.

The three Extra Care schemes are owned by Housing Associations:

- **Dreywood Court has a total of 98 units (49 single and 49 double)**
- **Painsbrook Court has a total of 64 units (56 single and 8 double)**
- **St Ethelburga has 33 single units (2 units are designated for extended support where people are unable to return home immediately) with the addition of a Careline service**

St Ethelburga is 100% social rent. Painsbrook is primarily social rent but also has 5 shared ownership units. Dreywood has a greater mix of social rent and shared ownership (78 social rent, 20 shared ownership)

They are primarily for residents over the age of 55 however in some circumstances younger residents with a disability are also eligible. The extra care schemes are designed to enable those who have specific care needs to receive that care within their homes. The council has separate care contracts for each of the schemes. They are currently commissioned on the basis of providing care for tenants who, between them, have mixed dependency levels ranging from low to high. In one week in January 2015 all three schemes had a total of 105 clients with 1,332 hours of commissioned support.¹⁴

Housing for Older People

Tenure	Owner Occ	Shared Owner	Local Authority	Other Social Rent	Private Rent	Living Rent Free
England	74.1	0.5	10.2	8.7	4.4	2.1
London	64.5	0.5	16.6	10.8	6.0	1.6
Havering	82.9	0.2	10.6	2.6	2.5	1.2
Havering	23277	67	2968	721	711	328

¹³ Sheltered Housing Schemes Information 2012

¹⁴ Adult Social Care Commissioning Team: Review of Extra Care Housing 2015

Commissioning Approach and Intentions

Older People

The council has recently undertaken a review of the need for specialist older persons housing within the borough. This review looked at both what was the current and projected need for housing for older people but also what should be the specific type(s) of specialist accommodation. The review acknowledged that the considerable majority of older people will remain in general needs accommodation but that there was a need to ensure that there was the right quantity, quality and type of specialist housing available for older people.

The review concluded that whilst there was an overall need for additional accommodation that this was predominately in the private sector rather than the affordable housing sector. As a result the council will be looking at its own schemes with the aim of ensuring that they are fit for purpose and meet the demand for such accommodation in future years.

The review concluded that there was a need for additional Extra Care accommodation. The schemes would preferably be mixed tenure with varying dependency levels amongst residents.

A further review of how the Extra Care provision in the schemes is delivered is taking place. Consultation with providers will be a feature of any model we develop in the future. The councils own research indicates that there is a general lack of awareness amongst residents of the benefits of Extra Care Accommodation and this can extend to some professionals when considering re-housing options which aim at maximising a client's independence.

The council is also looking at whether developing larger Retirement Village schemes is an effective way of delivering the full spectrum of specialist housing in one complex. We will be open to exploring this and more conventional Extra Care schemes with interested parties.

Future choices about increased levels of provision will be made in partnership with Housing, based on rigorous development of business cases based on robust data collection and the strongest possible evidence base.

Other Client Groups

As has been evidenced in the specific sections relating to both the council's responsibilities for clients with a learning disability, mental health conditions



and older looked after children there is a need for both specialist and long term housing solutions to be found for those groups within Havering.

For those clients with a special educational need and disability who have reached 16, we are developing an integrated post 16 provision which will include effective Housing Provision. This will include the development of further supported living schemes, but also ensuring that there is suitable accommodation available, such as on the ground floor or bungalows that enable individuals to live independently (with appropriate support) in the community.

The council has over 100 looked after children who are accommodated outside of the borough. As these young people reach adulthood we need to be able to assist them in finding their own accommodation, this includes adequately preparing them for being able to live independently within the community.

We are aware that with the difficult housing market and the overall shortage of social housing that long term solution for the council vulnerable clients will include the use of the private rented market. The council will actively seek solutions which provide easy access to good quality accommodation in the private sector.

Communication & Engagement

We want to work closely with our key stakeholders. Effective communication from both providers and the Local Authority is essential in achieving this aim and building better relationships.

A lot of the work between the Council and providers is productive and mutually beneficial. However there are also opportunities for improvement and the Council wants to develop these opportunities.

In recent consultations, providers have also highlighted communication as an area where improvements could realise benefits, including:

- **Building trust between the Council, providers and adults with care needs**
- **Management of expectations between the Council and providers**
- **Improved feedback between all parties**
- **Avoidance of the duplication for requests for information**
- **Clarity on who providers should contact within the council**

Information that providers reported they wanted to receive more of included:

- **Ideas around innovation**
- **Funding opportunities**
- **Tender opportunities**
- **Training and development opportunities**
- **Specific issues that the council were facing where providers could help in identifying a resolution**
- **Data, performance and projections**
- **Information on other services within Havering that providers' clients could also access e.g. to tackle social isolation**
- **Key contact information within the council that is consistently kept up to date**

One initiative that Adult Social Care has piloted this year to address issues outlined above is the provider portal, 'Care Network', a website with log in access for providers. The site allows providers to have a page dedicated to their organisation and the services they provide.

There are opportunities for discussion through online forums and private chat facilities, details on upcoming events through an online calendar and training opportunities and tenders.

Engagement

A series of quarterly provider events will be continued. Indeed this document was launched at a provider event in September 2015. In addition specific events with particular provider groups or on specific topics will be conducted as necessary.

Business Support for the Market

The Economic Development team within the LB Havering are spending some time looking at the ASC market and what could be done to support ASC providers.

They are developing a support package which is due to be made available in the next few months but is considering:

- **1. Working with 10-15 Small to Medium Enterprises (SMEs) to provide business and workforce development support and to assess return on investment for employers before, during and after implementation and to facilitate opportunities for shared activity, learning and networking as peers.**
- **2. To contribute to a sector specific forum of social care businesses to develop leadership, support and to consider ways of working to support the changing and growing service needs.**

- **3. Research into good practice models of care and how they can be implemented and promoted in Havering.**
- **4. A wider action research project aimed at establishing and examining recruitment, retention and business performance in terms of impact of apprenticeships/ workforce development on profitability and efficiency. We also want to be able to find out about the issues faced by various sub sectors within care in adopting progression pathways in care including how the Integration of health and social care can impact on attracting staff into the sector as a result of Integration.**
- **5. Work with both Commissioning and other stakeholders, and market test the next 'generation' of contracts to identify components of sustainable business models.**

Conclusion

Having is changing. Demand on services, as indicated in this document is set to grow. Other demographic changes suggest demand of various types impacting on public services within the borough.

If we continue to respond to this demand in ways we have done previously this will put severe pressure on our ability to meet that demand, both financially and in maintaining levels of quality.

Instead we need to change by shaping the market to be able to deliver in a new context.

The Council needs to play its part in communicating effectively with providers of services but that needs to be a mutually supportive relationship.

The commitment is to maintain and build a dialogue that supports these aspirations.

This Market Position Statement is just one part of that and gives an insight to providers to the current state of the market and what is needed.

This does not mean the end of a process but the start of one.

The document will, no doubt, have gaps and require adjustment.

To enable this there is a commitment to produce a revised document, using feedback from providers and users, to develop and refine the document.

The ways of giving that feedback are detailed below.

Contact Us

We would appreciate your feedback.

To submit your comments or enquiries regarding this document:

If you are a Havering care provider and are registered on Care Network, please submit your feedback online by visiting www.carenetworkhavering.org.

Alternatively members of the public, colleagues, providers and other stakeholders can contact the ASC Strategy and Commissioning team via the Havering website online feedback form.

**[www.havering.gov.uk/
Pages/OnlineForms/Market-
position-statement.aspx](http://www.havering.gov.uk/Pages/OnlineForms/Market-position-statement.aspx)**



Key Related Documents

Local Strategies

The key local strategies that inform how Adult Social Care will respond to the legislation outlined above and the changing needs of Havering residents include:

Adult Social Care Strategic Commissioning Strategy 2015-18 (in development) – consultation to be launched November 2015.

Voluntary Sector Strategy 2015-18 –

www.havering.gov.uk/Documents/Community-Engagement/voluntary-sector-strategy.pdf

Health & Wellbeing Strategy 2015-18 (in development)

This strategy sets out how we will work together as a strategic partnership, as well as with the local community, to improve the health and wellbeing of local people and to improve the quality of, and access to, local health and care services.



The Better Care Fund 2014-15

The BCF supports the transformation and integration of health and social care services to ensure local people receive better care. It is a pooled budget that shifts resources into social care and community services for the benefit of the NHS and local government.

www.havering.gov.uk/Documents/Adults-and-older-people/Care-Act/better-care-fund-planning-1.pdf

Clinical Commissioning Group (CCG) Delivery Plan

This plan outlines clearly the work programme of activity that the CCG are committed to delivering and which will lead to significant improvements in the local NHS.

www.haveringccg.nhs.uk/About-us/Our-plans/Strategy/strategy-csp.htm

Pan London Safeguarding Procedures 2011 (currently being reviewed)

The procedures aim to make sure that the safety, needs and interests of adults at risk are always respected and upheld. This includes upholding human rights.

www.scie.org.uk/adults/safeguarding/policies/

Early Help, Intervention and Prevention Strategy

This strategy focuses on identifying, prioritising and addressing the major causes and triggers of demand for our services.

Corporate Public Consultation Policy & Toolkit (in development)

The policy aims to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of public consultation undertaken by or on behalf of the Council

Havering Carers Information Booklet –

www.havering.gov.uk/Documents/Adults-and-older-people/Care-Act/carers-info-booklet.pdf

Legislation & Policy

The key legislation or national strategies that will underpin and influence the direction of travel for Adult Social Care include:

The Care Act 2014

This act has been the biggest change in Adult Social Care in 60 years and the legislation focuses on the integration of health and social care services.

www.gov.uk/government/publications/care-act-2014-part-1-factsheets

Health & Social Care Act 2012

This act puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health.

www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets

Children & Families Act 2014

This act will give greater protection to vulnerable children as well as a new system to help children with special educational needs and disabilities.

www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Social Value Act 2012

The Act, for the first time, places a duty on public bodies to consider social value ahead of a procurement of a service.

www.gov.uk/government/publications/social-value-act-information-and-resources

National Dementia Strategy 2009

This strategy provides a strategic framework within which local services can deliver quality improvements to dementia services.

www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy

Closing the Gap: Priorities for essential change in mental health

This document supports the mental health strategy implementation framework and suicide prevention strategy, published in 2012.

https://www.google.co.uk/url?url=https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014

EU Procurement Directive 2014

These new changes to regulations will support further reform by making the public procurement process simpler, faster, less costly and more effective for business and procurers alike.

www.gov.uk/government/news/eu-to-open-up-public-procurement-following-uk-government-lobbying



