

# Adult Social Care Market Position Statement 2015 - 2018



# Contents

Foreword	3
The purpose of the Market Position Statement	4
National Developments	5
Local Developments – Health and Social Care Integration	6
Local Context	7
Current and future demand for Adult Care Services	8
Quality	12
Financial Challenge	17
Commissioning Intentions 2015/16	22
Workforce Development	23
Homecare	24
Home Based Reablement	26
Personal Assistants	26
Carers	28
Advocacy	28
Residential and Nursing Care	29
Extra Care Housing	31
People with Mental Health difficulties	33
People with Dementia	33
People with Physical Disabilities	34
People with Sensory Impairment	35
The Integrated Community Equipment Service (ICES)	36
People with Learning Disabilities	37
People with Autism	38
Future aspirations and next steps	39



# Foreword

---

“Pressures on the care system are increasing. Providing adequate adult social care poses a significant public service challenge and there are no easy answers.... Need for care is rising while public spending is falling, and there is unmet need. Departments do not know if we are approaching the limits of the capacity of the system to continue to absorb these pressures.” (National Audit Office 2014)

The National Audit Office describes a financial landscape that applies in Lincolnshire as elsewhere. However, [Lincolnshire County Council](#) (the council) has prioritised Adult Care and sought to protect services for vulnerable adults as much as possible. This means additional funding for commissioned services has been secured, though the council recognises the levels of funding available are not ideal. In Lincolnshire the council are proud of the quality of service provided by independent colleagues and in some measure this is due to the quality of relationship with providers and Lincolnshire Care Association (LINCA). (See page 12).

The council will continue to prioritise quality and safeguarding and encourage providers to improve consistency and supply of service. We will also continue to find ever more creative ways of improving services and relationships with both other commissioners (such as the NHS) and providers themselves.

The council recognise that nothing is possible without an adequate supply of good quality, well trained and motivated staff. In particular care workers are a vital component.

The Care Act 2014 addresses quality of service, a sustainable mixed market of provision, and an open and constructive dialogue, which the council will strive to honour.



**Cllr Mrs Patricia Bradwell**

Deputy Leader of the Lincolnshire County Council, Executive Councillor for Adult Care and Health Services, Children’s Services

# The purpose of the Market Position Statement

The council is committed to stimulating a diverse market and this Market Position Statement (MPS) has been produced to encourage dialogue with current and potential providers of care and support. It will help providers to:

- decide how to respond to the personalisation of social care
- identify tendering opportunities
- develop their services to meet local need and demand

The council needs to be fully engaged with people who use services, carers, providers and partner agencies about the vision for the future of the local care and support market. The intention is to build a creative and vibrant market, which promotes independence, choice and control, for people and their carers. The council is also keen to support providers who work collaboratively to improve the range of services and support on offer.

The MPS should be read in conjunction with the [Joint Strategic Needs Assessment](#), which includes a detailed demography of Lincolnshire.

The council commissions a range of social care services for adults, but this MPS seeks to highlight those services that are subject to being reviewed or are scheduled for tendering in 2015/16.

The MPS is a dynamic document that will be updated regularly to ensure that emerging policy developments and financial challenges are addressed. The council will therefore continue to involve and engage existing and potential providers and key stakeholders in the future versions of this document.

Feedback is welcome from providers and other interested parties. If you have any comments about the MPS then please email [commissioningsupport@lincolnshire.gov.uk](mailto:commissioningsupport@lincolnshire.gov.uk).





# National developments

## The Care Act 2014

The [Care Act 2014](#) is the single biggest legislative change affecting the most vulnerable adults and their carers in more than 50 years. The Care Act 2014 provides the new social policy framework for developing adult care and support into the future. The promotion of people's wellbeing will be at the heart of everything the council does and the focus will be on all adults needing care and support in Lincolnshire whether they receive care through the council or are self-funding.

The Care Act 2014 identifies the following duties for local authorities, in relation to prevention, information and market shaping:

- make services available that help prevent or delay people deteriorating such that they would need ongoing care and support
- provide information and advice about local care and support services
- support a market that delivers a wide range of sustainable, high quality services accessible to their communities
- consider services that might affect a person's wellbeing

In addition, many other aspects of the Care Act 2014, influence the council's role as a market shaper, such as:

- personal budgets recognised in law and direct payments must be given if a service user requests them
- creation of a single consistent route for establishing entitlement to public care, and a national eligibility threshold for the statutory needs assessment
- bringing the rights of carers into line with those of the people they care for. Carers will no longer need to be providing a "substantial amount of care on a regular basis" to qualify for an assessment

The council have calculated that in order to satisfy the duties imposed by the Care Act

2014 an additional £157m will be needed within the first ten years, with £6m required for 2015/16.

The [Dilnot Funding Reforms](#), are expected to come into force in 2020. This will introduce a cap on care costs, so that the maximum anyone will have to pay towards their personal care in their lifetime is £72,000.

Whilst the government has committed to 'fully funding' the Care Act 2014 and subsequent Dilnot Funding Reforms there remain significant gaps in the available intelligence. For example there is no detail about the costs arising from meeting the new duty to [prisoners](#) and, although there is an estimated increase in the number of self-funders or carers seeking assessment and support, it is not yet known how many more assessments this will mean. In Lincolnshire, Adult Care supports approximately 6,000 carers but estimate the total eligible carer population is 79,000.

The Care Act 2014 reduces the level of discretion available to councils to help them manage budget pressures and make necessary savings. For example new national eligibility criteria will apply and opportunities to increase income will, in time, be limited by the consequences of the Dilnot reforms.

The Care Act 2014 presents both commissioners and providers with a new set of challenges, which in turn become opportunities for business development.

## Better Care Fund (BCF)

The second national driver with a profound effect upon adult care is the [Better Care Fund](#). The national allocated budget is £3.8bn with an additional 'top-up' from local systems which makes the total for 2015/16 £5.3bn.

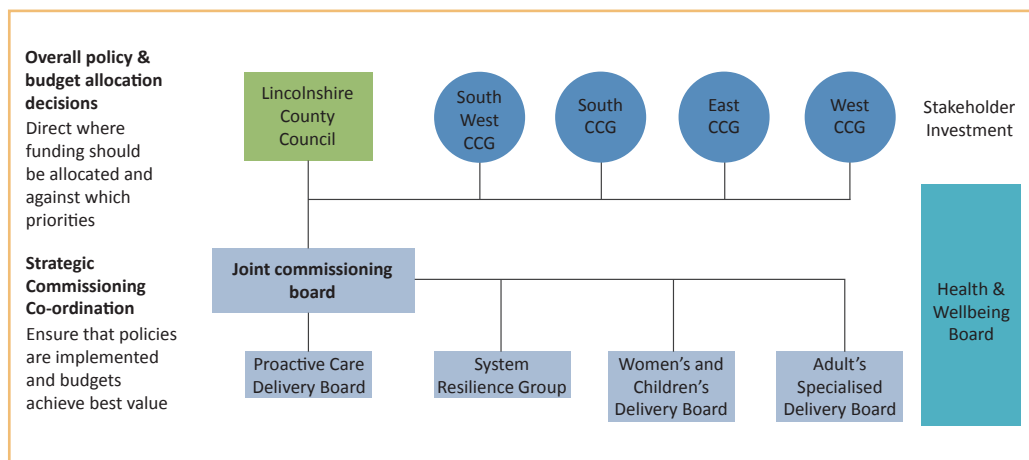
The BCF is one of several significant policy initiatives for determining future market opportunities. It has been established to support integrated health and care provision with a particular emphasis on preventing, reducing and delaying the need for care to be provided in hospitals unless that is the appropriate setting. BCF spending must be agreed by the council and the four Lincolnshire Clinical Commissioning Groups (CCGs).

In 2015/16 the value of the pooled fund in Lincolnshire will reach £197.3m, demonstrating the potential for market growth and diversification and our collective ambition to integrate services.

# Local Developments – Health and Social Care Integration

The council continues to work proactively with key partners across Lincolnshire, including the four CCGs and the three NHS provider trusts, (United Lincolnshire Hospital's NHS Trust, Lincolnshire Community Health Service and Lincolnshire Partnership NHS Foundation Trust). Together, we are working to integrate services, improve outcomes and minimize cost, whilst improving service design and delivery. This work is overseen by a Joint Commissioning Board that advises the Lincolnshire Health and Wellbeing Board as demonstrated in **figure 1**.

Figure 1: Demonstrates the health and social care governance in Lincolnshire



## Lincolnshire Health and Wellbeing Board

[The Health and Social Care Act 2012](#) established Health and Wellbeing Boards. The Board is a forum for health and care leaders to work together to improve the health and wellbeing of their local population, reduce health inequalities, and work on integrating the health and social care system through a joint [Health and Wellbeing Strategy](#). [Lincolnshire Health and Wellbeing Board](#) meets a minimum of four times per year. All formal meetings are open to the public to attend as observers.

## Lincolnshire Health and Care

[Lincolnshire Health and Care \(LHAC\)](#) began as a result of health and social care organisations in Lincolnshire who recognised that current services did not adequately meet the needs of local people or have a financially sustainable future. This led to a significant step forward in partnership working to design new models of health and social care.

The development of [neighbourhood teams](#) is an important pillar of the council's work to improve the level of coordination between health and care professionals in supporting vulnerable adults in local communities. There are currently eight neighbourhood teams in Lincolnshire, with plans to introduce more in 2015, leading to twelve in total covering the whole county. These teams continue to evolve and represent a clear intent to bring services closer together for the benefit of local communities.

## Integrated Personal Commissioning and Direct Payments

Lincolnshire has been chosen by NHS England as one of nine areas in the country, (called 'demonstrator sites') where a new system for combining health and social care funding, named the [Integrated Personal Commissioning Budget \(IPCB\)](#) is now being developed. The IPCB is an amount of money that a person with both health and social care needs can use to purchase services to improve their health and wellbeing. This proposal gives greater choice and control to adults with profound needs in securing services to better support them at home.

The aim of the programme is that people accessing services, their carers or families have better outcomes and quality of life through greater involvement in their care. People will be able to design their own support around their needs and circumstances.

Direct payments have been in operation for over ten years and are a precursor to the development of personal health budgets and integrated personal commissioning. There is clear evidence that where people have greater choice over their care, who provides it and when, they have better outcomes and feel more in control. The council is committed to increasing the provision of direct payments and fully supports the integrated personal commissioning agenda.

# Local Context

The population of Lincolnshire is one of the most dispersed in the country and this represents one of the biggest challenges in providing a consistent range of quality services.

Lincolnshire is made up of seven district councils (**figure 2**), four clinical commissioning groups and three NHS provider trusts. This makes the local context particularly challenging given the need to work collectively in securing the most cost effective and high quality services at a time of severe financial constraints.

Figure 2: Map of Lincolnshire with districts



The population of Lincolnshire is currently estimated to total 724,500 people, however, the GP registered population is approximately 764,325 people. **Figure 3** shows the number of people the council supports of those registered and the expenditure for 2013/14.

In Lincolnshire 12% of the population (using the Indices of Multiple Deprivation 2010) lives within 20% of the most deprived areas in England compared with 11% in 2007. Eighteen per cent of Lincolnshire live in England's least (20%) deprived areas and 70% live in the middle (**figure 4**). The most deprived Lower Level Super Output Area (LLSOA) in Lincolnshire is in Lincoln. This is now the 132nd most deprived in England, out of 32,482 LLSOAs.

Figure 3 : Lincolnshire Clinical Commissioning Group (CCG) Registered Population and the number of people supported by The Council 2013/14

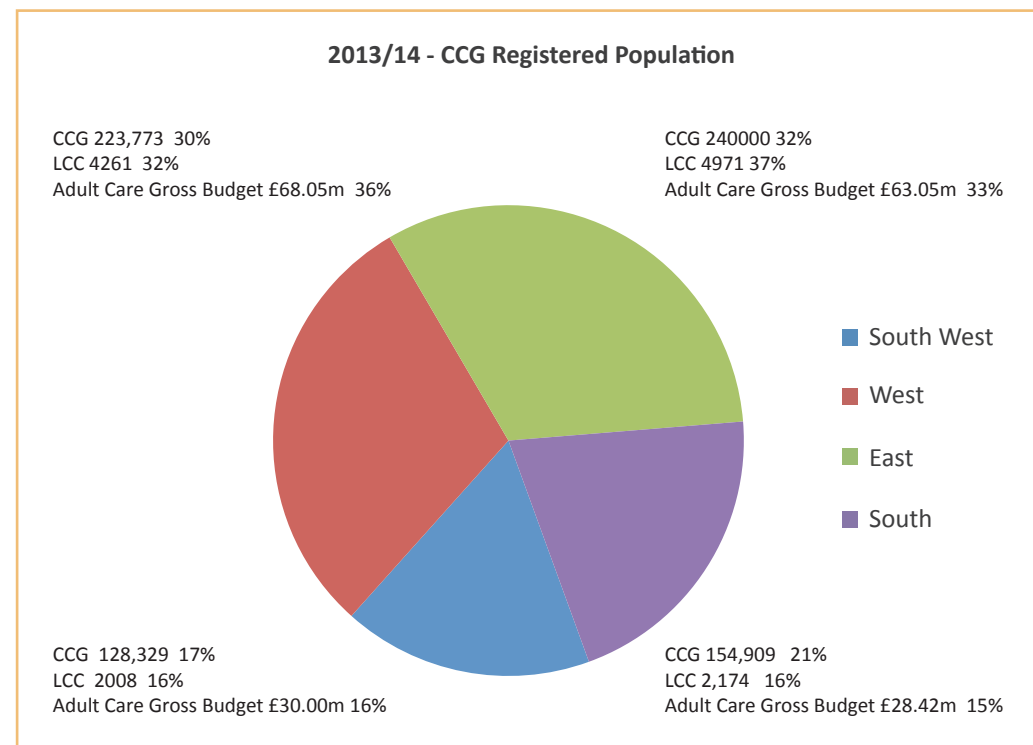
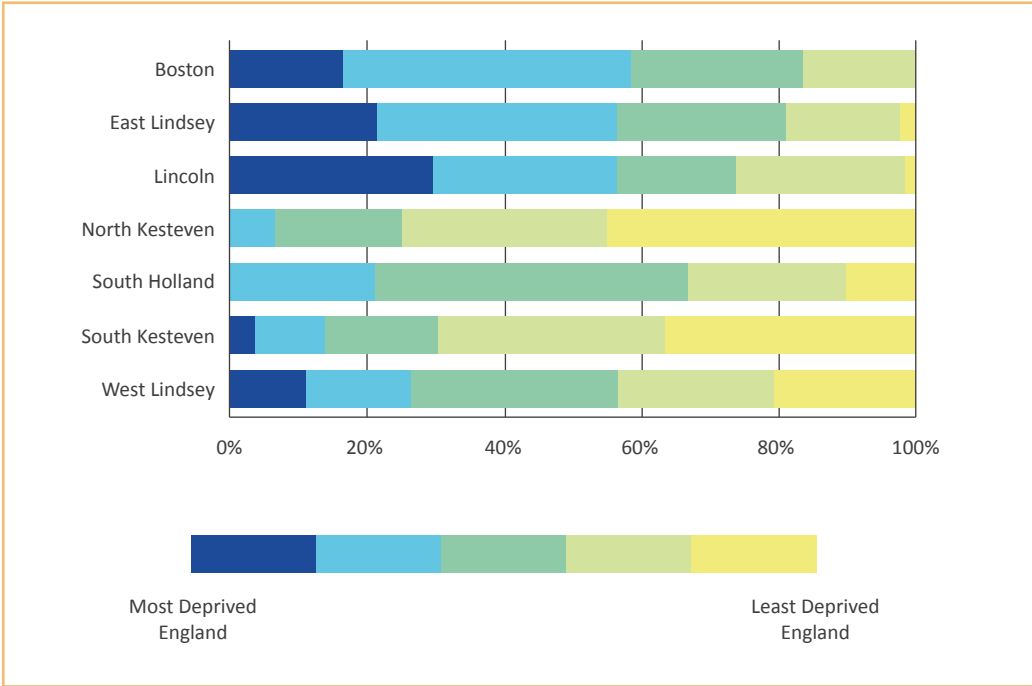


Figure 4: Deprivation in Lincolnshire by district compared to England





# Current and future demand for Adult Care Services

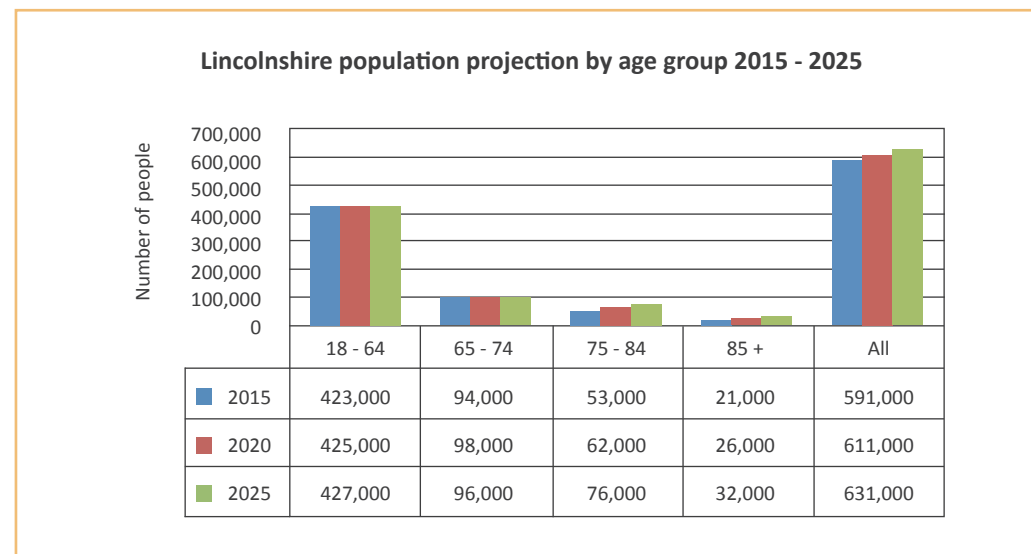
A large proportion of the most vulnerable adults and older people in our communities have needs that are becoming more complex, more demanding and more expensive to support. There are more people coming into the county who are legally entitled to care and support through [ordinary residence](#) rules (estimated to cost £450,000 pa) and more young people coming through with profound needs that will live longer than before.

Counties such as Lincolnshire have a higher percentage of older people with care needs, as people choose counties like Lincolnshire to retire. According to the [County Council Network](#) (CCN) counties such as Lincolnshire have on average 20% over 65s, 9.2% aged over 75 and 2.7% aged over 85. These proportions are significantly higher than the national average and the averages in other parts of the country. (APPGCounty: The State of Care in Counties)

According to the Office for National Statistics the 18+ Lincolnshire population estimate for 2015 is 591,000, of which 168,000 are estimated to be 65+ years (**figure 5**). It also states that East Lindsey has the greatest proportion of the population aged 65+ in England.

It is predicted that the elderly population in Lincolnshire will increase by 3.4% in the next 10 years. The rate of increase in people aged 85+ years is particularly pronounced with an expected increase of 52.4%.

Figure 5: Lincolnshire population projections by age group



\*Source – 2012 based Subnational Population Projections (Office for National Statistics)

**Figure 6** demonstrates the current and potential demand for health and social care services in Lincolnshire for those aged 65+. The demand will be influenced by the potential increase in long term conditions **figure 7**. According to statistics in Lincolnshire County Council’s [Short and Long Term LTS001a return](#), over 10,000 people were in receipt of long term support. Nationally, people with more than one long-term condition account for £7 in every £10 spent on health and social care. The average cost per year to the NHS of someone with one long-term condition is approximately £1,000, with the cost of someone with three conditions £8,000. (CountyAPPG: The State of Care in Counties)

Figure 6: Demonstrates key factors that may influence potential changes in demand for health and social care in people aged 65+ living in Lincolnshire

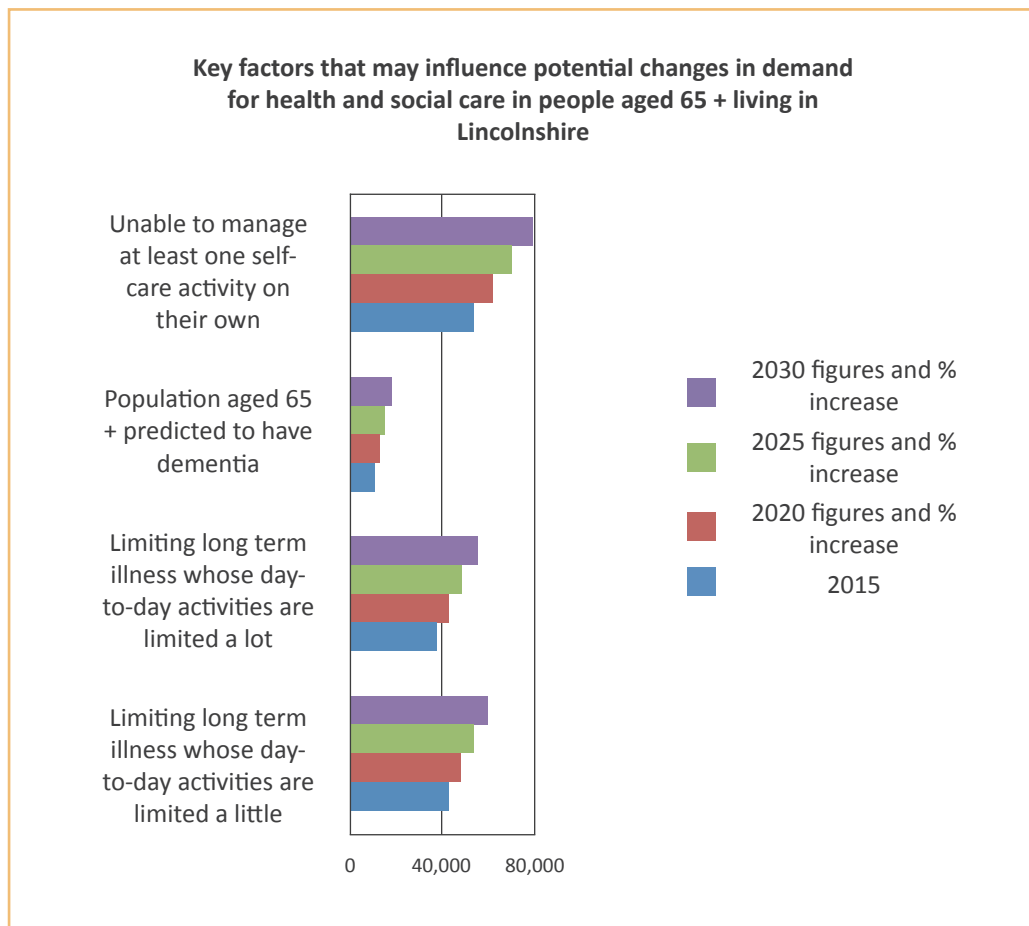
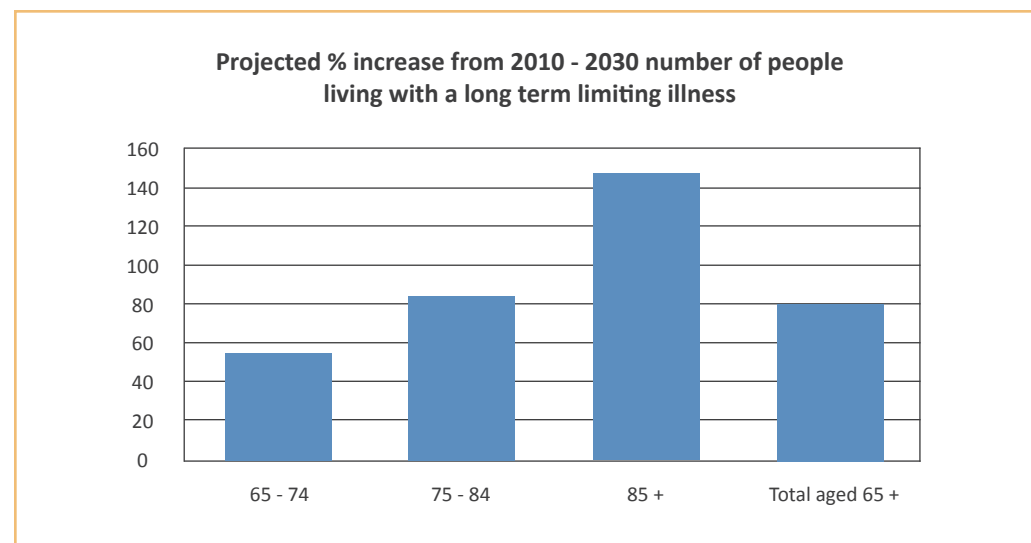


Figure 7: Demonstrates the projected increase between 2010 to 2030 of people aged 65+ living with a long term condition



The current and future demand for services in residential care (**figure 8**), nursing care (**figure 9**), and community based services (**figure 10**) is set out below. **Figure 11** demonstrates the projected change in number of people by service setting and age group. It should be noted, that although predictions can be made, there is an expectation that the Care Act 2014 will have an impact on demand and therefore uptake on services.

Figure 8: Actual and projected number of people in residential care in Lincolnshire 2012- 2025

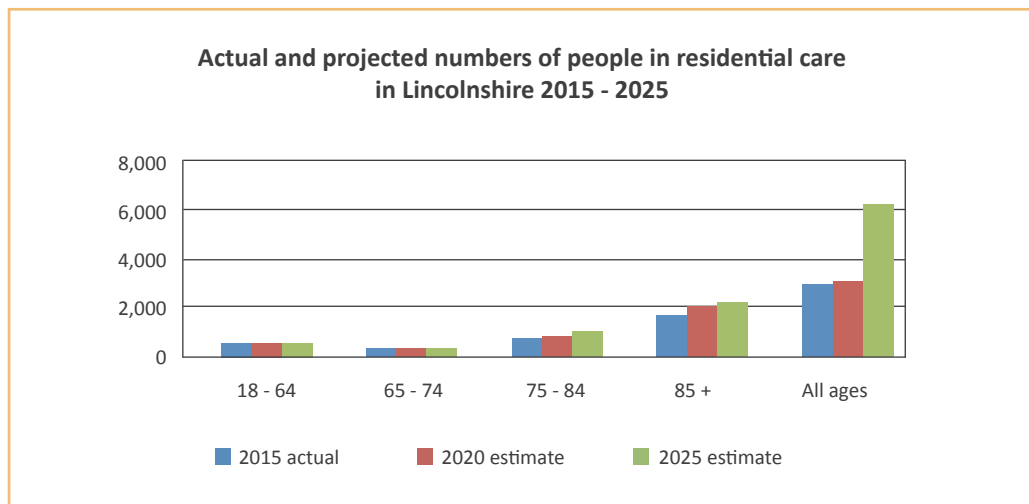


Figure 10: Actual and projected total number of people accessing community based services in Lincolnshire 2015 - 2025

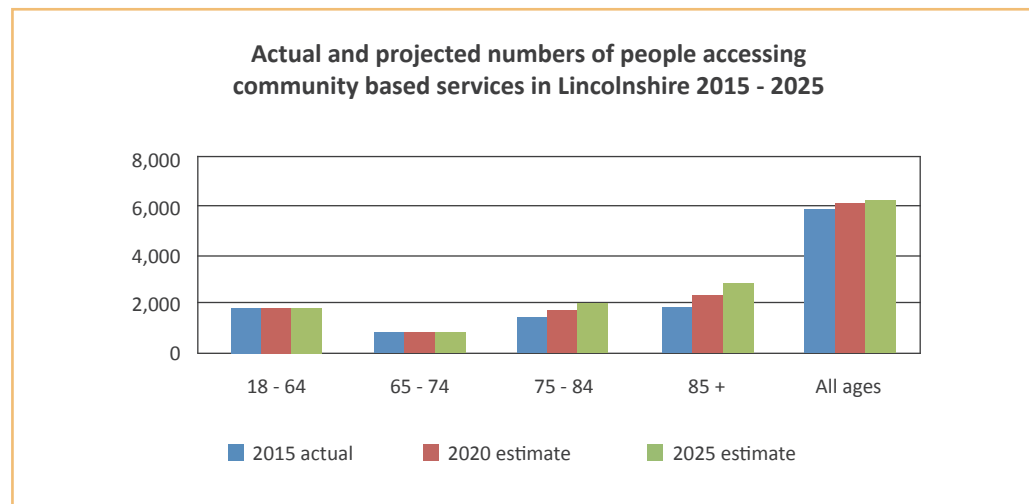


Figure 9: Actual and projected number of people in nursing care in Lincolnshire 2015 - 2025

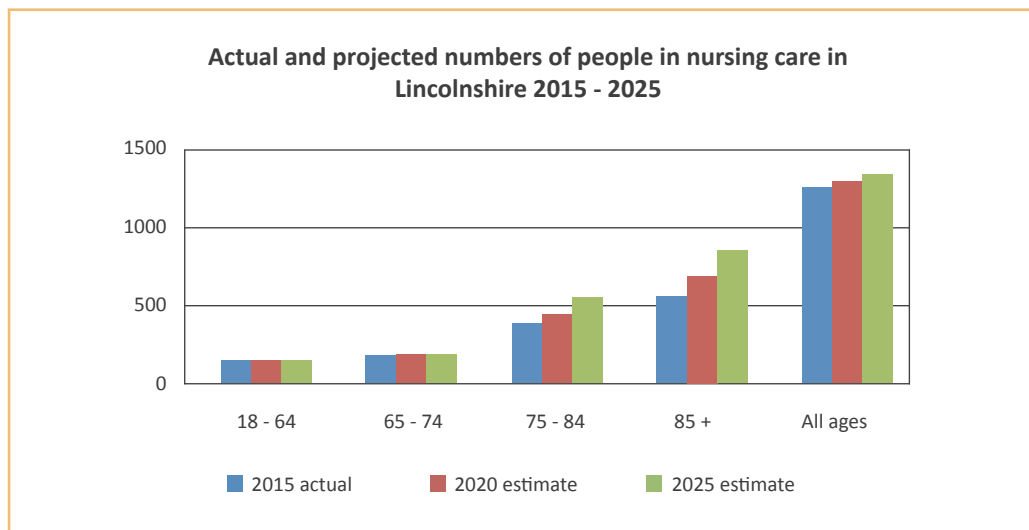
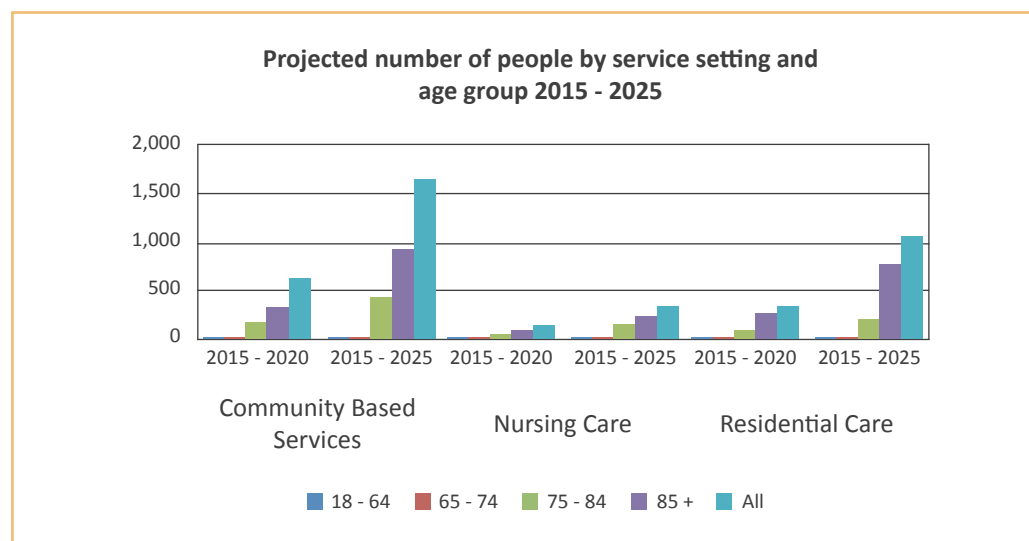


Figure 11: Projected total number of people by service setting and age group in Lincolnshire 2015 - 2025





# Quality

## The Council's approach to quality services

Of the total Adult Care budget over 90% is spent on services provided by independent providers and there is a legal obligation for the council to meet eligible needs. This means that the care market must be healthy enough to supply services when required whether residential, nursing or community based support.

Not only must a service be arranged to meet an eligible need, but that service must meet certain standards. Quality of service is a high priority for the public and notably those who require services and their families. The council is committed to delivering high quality care and support services for the people of Lincolnshire. Quality services are a prerequisite to achieving wellbeing outcomes. The principle of wellbeing is enshrined in the Care Act 2014; therefore the council is committed to making sure that there is a market which offers quality care services for people.

Quality means services which are safe and effective and where people receive a positive experience. People's experience of their care is seen as a key measure of quality.

The council's Quality and Safeguarding Board, chaired by the Director of Adult Social Services, meets monthly to oversee the market at a strategic level. Associated with this are a diverse set of formal and informal meetings with providers, the Care Quality Commission (CQC), health colleagues and representative bodies – notably the Lincolnshire Independent Care Association (LINCA).

LINCA has a membership that makes it the most representative body for regulated residential providers in Lincolnshire. It also incorporates some of the housing associations and a minority proportion of homecare providers. LINCA's intention is to expand the stakeholder group representation, which the council supports.



## How the council assures quality services

During 2014/15 the [Care Quality Commission \(CQC\)](#) made changes to regulatory inspections and introduced judgement ratings. In response to these changes, the council aligned its definition of quality against the measures in the [Adult Social Care Outcomes Framework \(ASCOF\)](#), in conjunction with the new CQC Key Lines of Enquiry.

The rationale for this is to set clear expectations to current and future providers of care and support within Lincolnshire.

Figure 12: Lincolnshire County Council Quality Framework

Assuring quality	Safe	Effective	Positive Experience
Adult Social Care Outcomes Framework	<b>Domain 4:</b> Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	<b>Domain 2:</b> Delaying and reducing the need to care and support	<b>Domain 1:</b> Enhancing quality of life for people with care and support needs
			<b>Domain 3:</b> Ensuring that people have a positive experience of care and support
NHS Outcomes Framework	<b>Domain 5:</b> Treating and caring for people in a safe environment & protecting them from avoidable harm	<b>Domain 1:</b> Preventing people from dying prematurely	<b>Domain 2:</b> Enhancing quality of life for people with long-term conditions
		<b>Domain 3:</b> Helping people to recover from episodes of ill health or following injury	<b>Domain 4:</b> Ensuring that people have a positive experience of care
CQC Regulatory Framework	<b>Safe</b> key lines of enquiry	<b>Effective &amp; well led key</b> lines of enquiry	<b>Caring &amp; responsive key</b> lines of enquiry

The framework (**figure 12**) will support high standards of quality throughout the care and support process and ensure that those standards are met through effective monitoring.

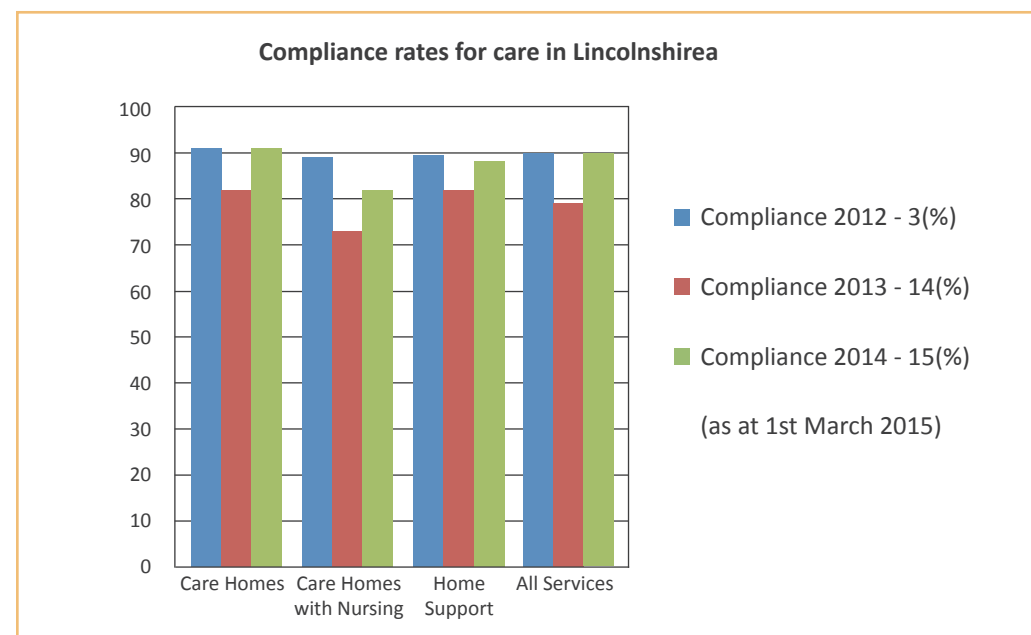
The council will work with all stakeholders to ensure a thorough understanding of the quality of care is understood and to take appropriate action when it is not of the required standard.

The council recognises that quality care is dependent on the skills and commitment of the people providing the care and is committed to supporting the care workforce. The council will set out expectations in contracts, in addition to reviewing and further developing the approach to workforce development.

## Provider quality performance in Lincolnshire

**Figure 13** demonstrates the current level of compliance with the sixteen CQC Standards. Lincolnshire's regulated services have a record of high compliance rates by the CQC.

Figure 13: Compliance rates for care in Lincolnshire



**Table 1** shows that Lincolnshire in comparison with other East Midlands authorities has a high level of compliance. However, as can be seen in the table below, levels of compliance were lower in 2013/14 than in 2012/13.

Table 1: Compliance with CQC standards in the East Midlands region

2012/13	Compliance in % order		2013/14
Lincolnshire	91%	91%	Rutland
Leicester & Leicestershire	86%	83%	Lincolnshire
Rutland		82%	Leicester
Northamptonshire	80%	78%	Northamptonshire & Leicestershire
Derby	76%		Derbyshire
Nottinghamshire	70%	74%	Nottingham
Derbyshire & Nottingham	64%	55%	Derby & Nottingham





# What people who use services say about quality

As part of the government's programme to consult with people who use services, the [Health and Social Care Information Centre \(HSCIC\)](#) asks all authorities in England to conduct an Adult Care user experience survey on an annual basis. The survey aims to learn more about whether or not council funded services are helping people to live safely and independently.

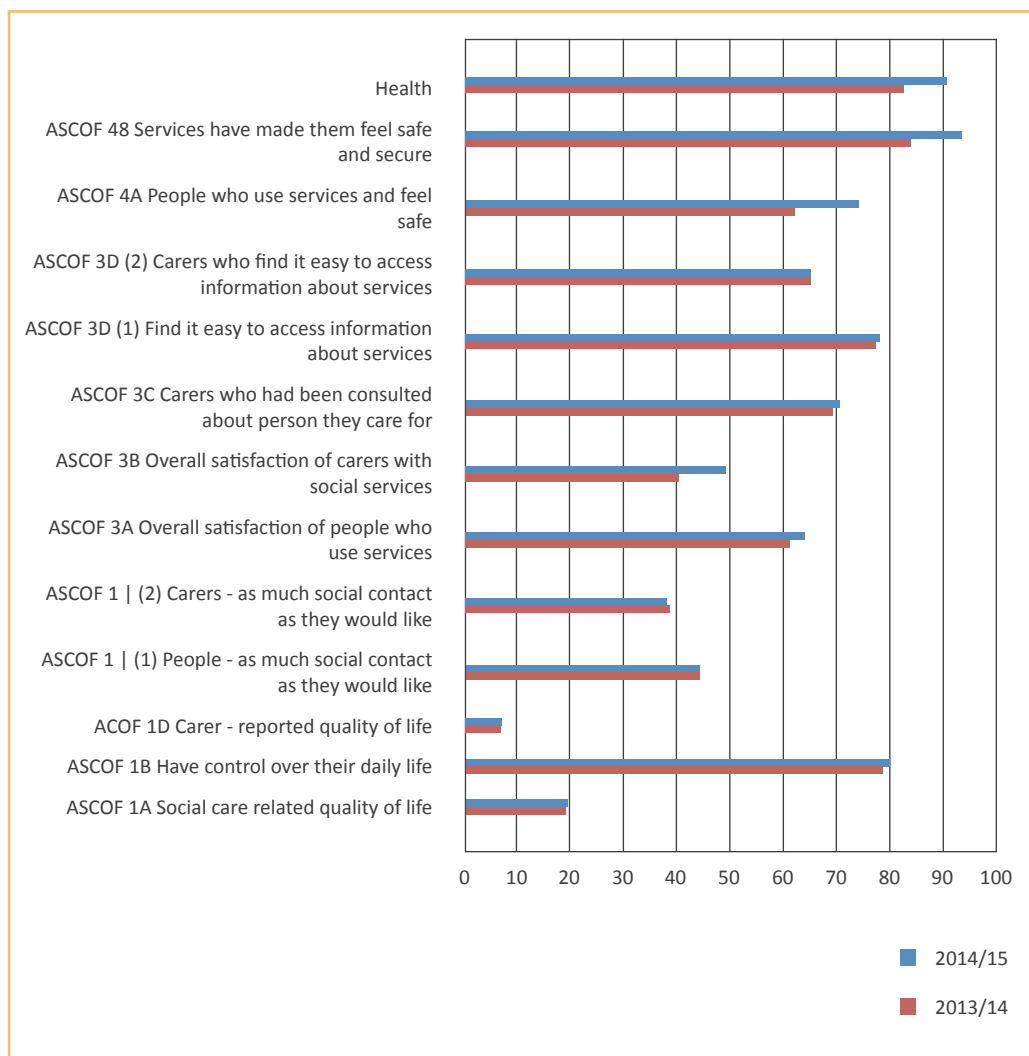
In Lincolnshire, 914 people who use services were randomly selected from across the county to take part in the survey. In total 442 people responded, equating to 48.4%, which is higher than the national average response rate of 37%.

The main findings from the survey are detailed in **figure 14**, on page 16.

Local people also raise issues with [Healthwatch Lincolnshire](#) - the local consumer champion for health and social care. Healthwatch ensures that the service user's voice is heard in the quality and provision of services. The statutory role and function of Healthwatch is laid down in the NHS and Social Care Act 2012, but local areas have discretion about how their local Healthwatch delivers its services. As a provider of health and social care services it is important to understand the role and function of Healthwatch Lincolnshire and its statutory powers.



Figure 14: Demonstrates service user opinion about local care and support services across Lincolnshire



## Market Opportunities

The following suggestions are ways in which providers can improve the quality of the services they deliver:

### Work with stakeholders

Involve relevant council staff, people who use services, their carers and family in any services. Their feedback is key to improving the quality of your service. Consider how feedback can be applied practically to develop new or improve existing services. Apply the learning from feedback surveys and complaints to develop new services or improve existing ones.

### Monitor and review performance

Tracking performance and auditing service delivery ensures you can identify ways to improve quality, identify good practice and benchmark with others in order to improve services. Assure quality with clear standards, consistency and compliance to service delivery expectations. A cycle of plan-do-check-act ensures improvement can be monitored and demonstrated.

### Review marketing tools used

Providers can promote their services in the most effective places. Consider whether information provided to people regarding services is accessible and easy to understand.

### Improving outcomes for people

As part of the increased focus on quality for people who use services, commissioners need to see good quality outcomes for people. The council will be looking for providers who can deliver flexible person-centered services. The council will expect good providers to recognise that the people using their services and their carers are experts in their own lives and are therefore essential partners in the design and development of services.

### Focus on workforce development

Appropriately trained, qualified and competent staff who are well supervised and managed improves the quality of the service delivered. Regular supervision and low turnover levels are important as well.

# Financial Challenge

## National financial profile

The social care system is facing an exceptional financial challenge at a time of rapidly increasing demand. A few national statistics illustrate the scale of the issue:

- The Association of Directors of Adult Social Services (ADASS) says that since 2010 spending on social care has fallen nationally by 12%.
- At the same time, the number of those needing support has increased nationally by 14%.
- This has forced local authorities to make savings of 26% in their budgets – the equivalent of £3.53bn over the last four years.
- The Local Government Association (LGA) estimates that the funding gap between March 2014 and the end of 2015/16 for adult social care alone stands at £1.9bn, nationally. By 2020 the gap will be £4.3bn
- Total spending on adult social care and support accounts for just 2% of total public expenditure.
- On average, excluding dedicated schools grants, adult social care will account for 49% of all expenditure for the average county council by 2019/20. (LGA Future Funding Outlook 2013)

Whilst all local authorities are facing similar pressures, the situation is particularly acute for county councils and county unitary authorities ([CountyAPPG](#): The State of Care in Counties). Whilst councils, especially counties, have done their utmost to protect social care budgets, there has been an inevitable impact on local services and those needing to access care.

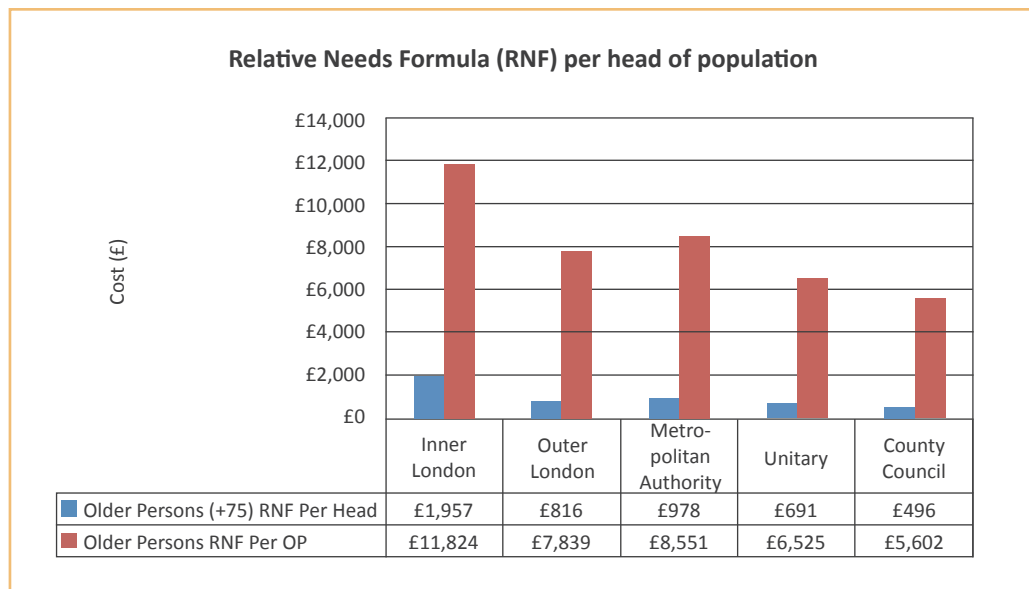
Counties are underresourced in comparison with inner city areas, receiving around a quarter of the funding per head of that received by inner cities (**figure 15** on page 18).





The County Councils Network (CCN) recently published [‘Our Plan for Government 2015-20’](#) which showed that counties receive significantly less funding per head for those aged 75 and over and less funding for adult social care per person.

Figure 15: Demonstrates the Relative Needs Formula (RNF) per head of population



Source : CountyAPPG: The State of Care in Counties



# Local financial profile

Since 2011 the council has found savings of approximately £150m. However, due to reductions in government funding, the Council needs to save an additional £120m annually by 2019.

Meanwhile the demand for services is rising and the council has additional cost pressures to consider. This means changing the way the authority works in order to fulfill its statutory duties and provide a range of quality services to the people of Lincolnshire.

During 2013/2014 the council's spend was £494.3m net, of which approximately £133.1m was attributed to expenditure in Adult Care. In 2014/15 Adult Care expenditure had risen, with a net spend of approximately £138.68m with a gross spend of approximately £215.31m.

The projected increase in older people, younger adults with complex disabilities, and for meeting the support needs of the growing number of family carers based on the current pattern of spending is not affordable in the future. In addition to this, the council has estimated the annual cost of inward migration for adult social care services to be £450,000.

To date, Adult Care has made the following savings:

- £13.078m in 2011/12,
- £8.981m in 2012/13,
- £11.012m in 2013/14
- £9.479m in 2014/15

Adult Care has agreed to save an additional £8.983m over the next three years though more maybe needed.



Figure 16 and figure 17 demonstrates the breakdown of total expenditure in Adult Care during 2014 – 2015.

Figure 16: Demonstrates the breakdown of expenditure in Adult Care 2014-2015

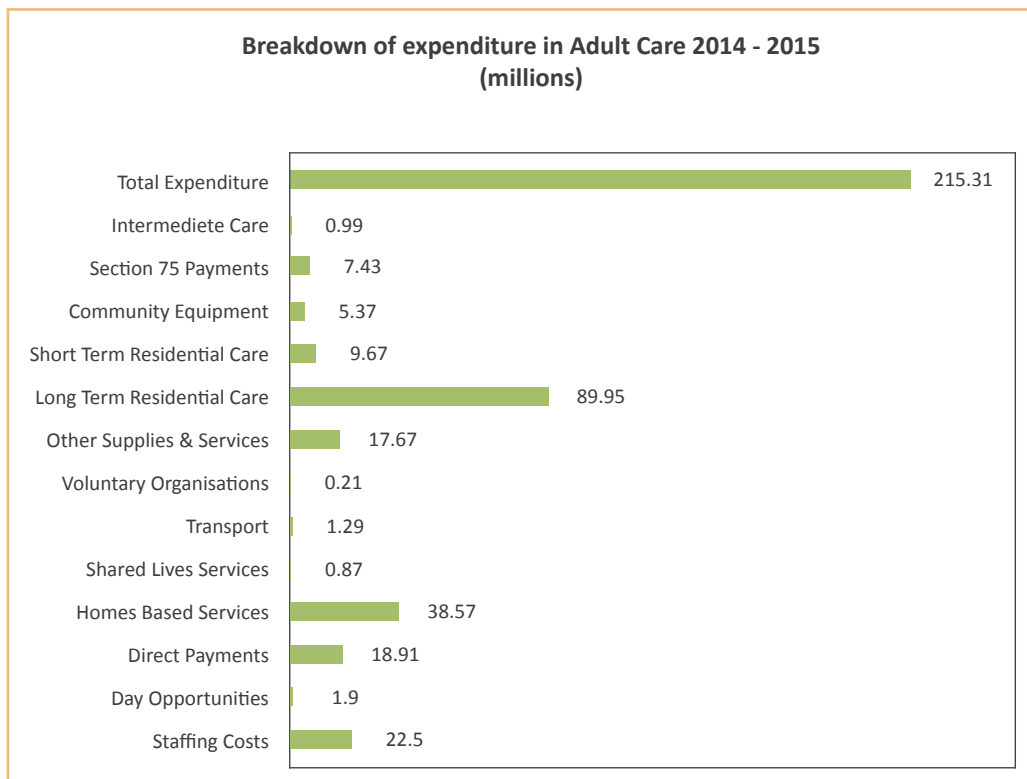
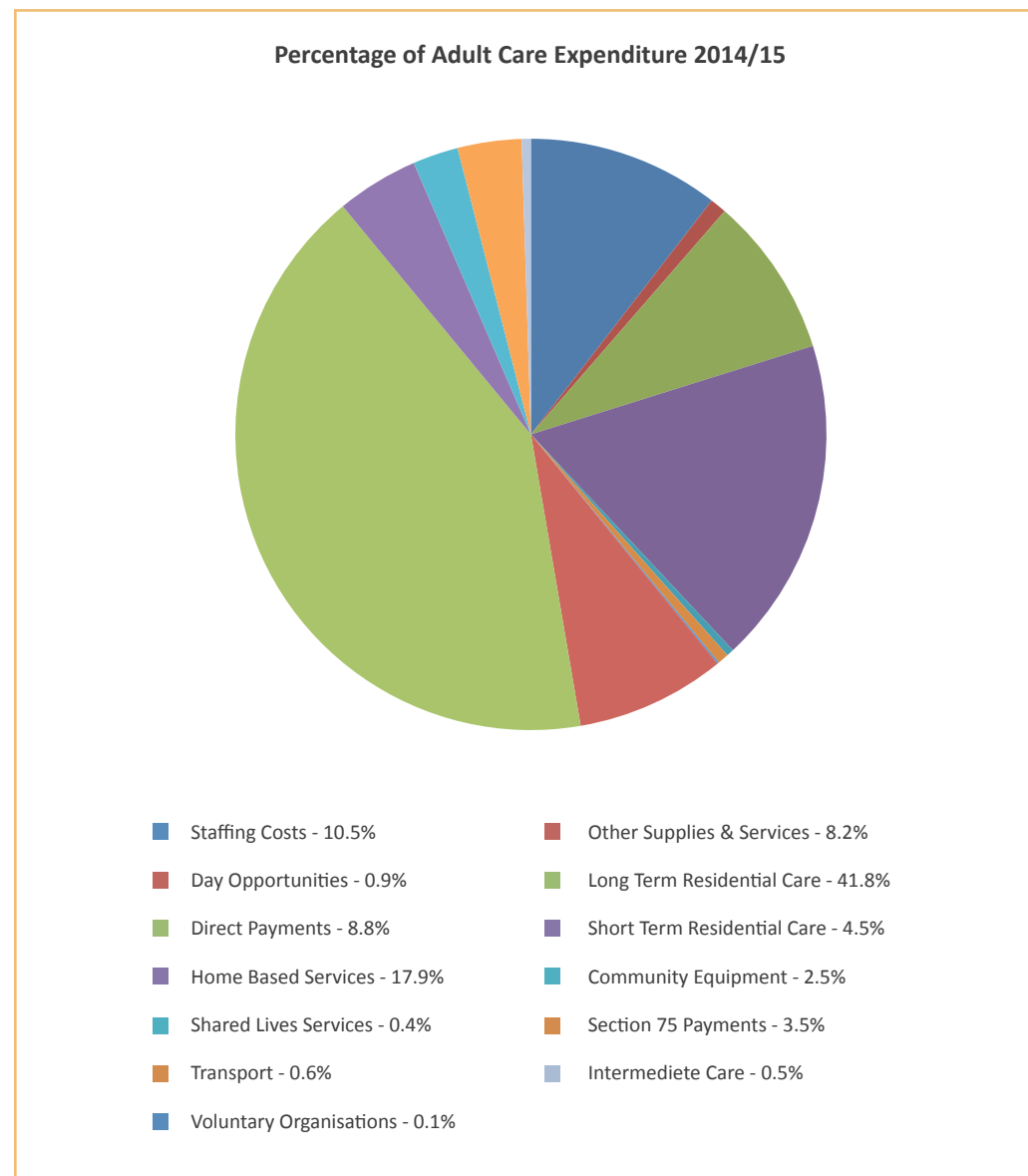


Figure 17: Demonstrates the percentage of Adult Care Expenditure 2014/2015





**Figure 18**, demonstrates the actual gross and estimated spend on residential, nursing and community based support services within Lincolnshire. **Figure 19** shows the actual and estimated number of people receiving services 2015 to 2025 and **figure 20** demonstrates the unit cost. It is evident that there will be an increase in demand for services and hence will create further budget pressures for the council.

Figure 18: Actual gross and estimated spend on services for residential, nursing and community based support services in Lincolnshire 2015-2025

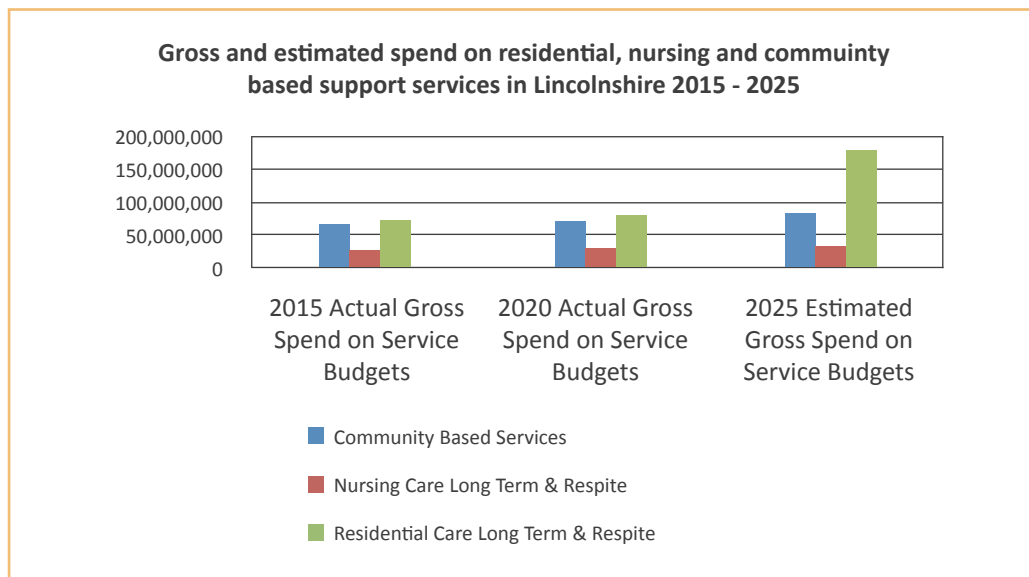


Figure 19: Actual and estimated number of people receiving services in residential, nursing and community based support services in Lincolnshire 2015-2025

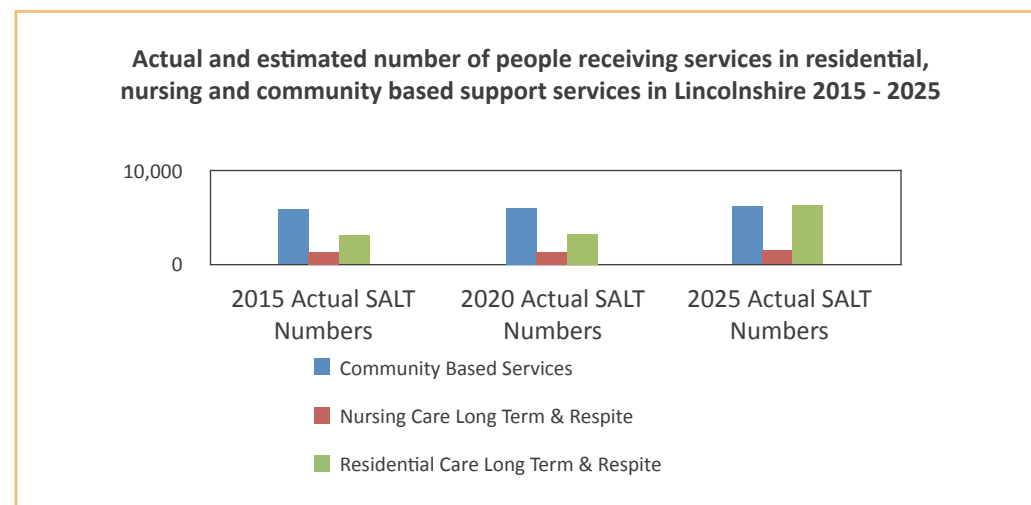
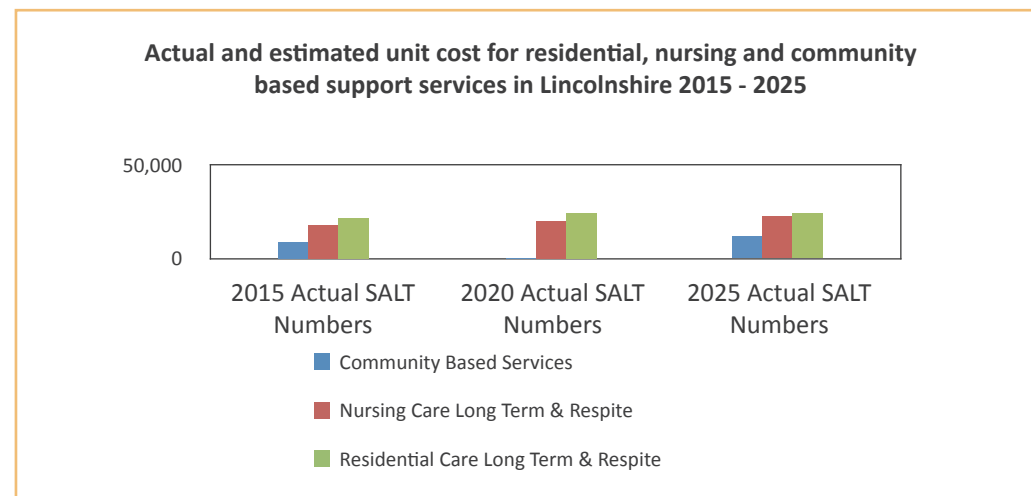


Figure 20: Actual and estimated unit cost for residential, nursing and community based support services in Lincolnshire 2015-2025



# Commissioning Intentions 2015/16

Lincolnshire County Council intends to use the following principles when commissioning Adult Care services in 2015/16:

## Enhancing quality of life for people with care and support needs

- Helping people manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs
- Carers are supported to balance their caring roles and maintain quality of life
- People with care and support needs are able to find employment, maintain a family and social life, contribute to community life and avoid loneliness or isolation

## Delaying and reducing the need for care and support

- Adults with care and support have the opportunity for the best health and wellbeing throughout their life, and have access to support and information to help them manage their care needs
- Health and care organisations working in partnership to achieve earlier diagnosis, intervention and reablement so that people and their carers are less dependent on intensive services
- When people develop care needs, they receive care and support in the most appropriate setting (most often at home)
- People are enabled to regain their independence

## Ensure that people have a positive experience of care and support

- People who use health and social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to and who to contact when they need help
- People with care and support needs are treated with respect and dignity and support is sensitive to the circumstances of each person



# Workforce Development

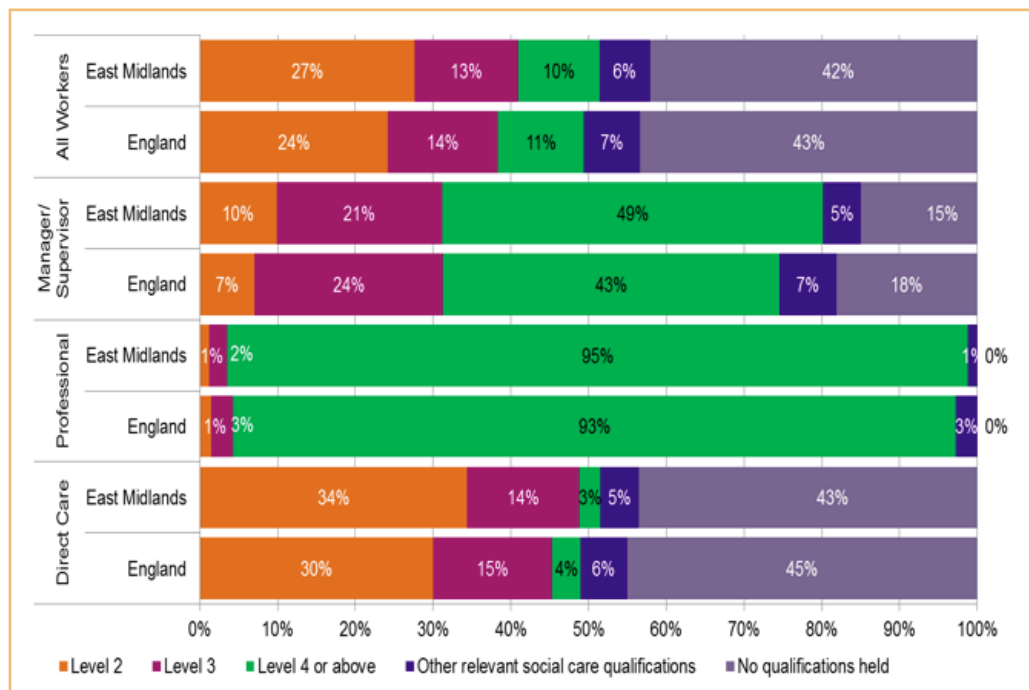
## Care workers and professionals working in social care

In Lincolnshire the council estimates that more than 10,000 people work in the care sector providing critical support to the most vulnerable people in local communities. Nationally, it is perceived that care workers are not as valued as they should be and their terms and conditions are not always competitive when compared to other sectors.

The council supports improved skills training for care workers in Lincolnshire, to ensure the workforce is able to continue to undertake its vital role.

The East Midlands branch of ADASS and Skills for Care have recently analysed the skills gap for care workers providing direct care both regionally and nationally. This indicates that a large proportion of care workers have no qualifications as demonstrated in **figure 21**.

Figure 21: The percentage of qualifications held by Care Workers



Source: Skills for care NMDS



# Homecare Services

Throughout the financial year 2013/2014 the council contracted with 73 providers to deliver more than 1,550,000 hours of homecare services to approximately 5,500 people. Despite significant spend on homecare services within the market in Lincolnshire, the operational framework is not financially sustainable if the council is to continue to provide high quality. This problem is not unique to the marketplace within Lincolnshire. Local Authorities around the country are facing these issues, as identified in the recent [‘Homecare Deficit Report’](#).

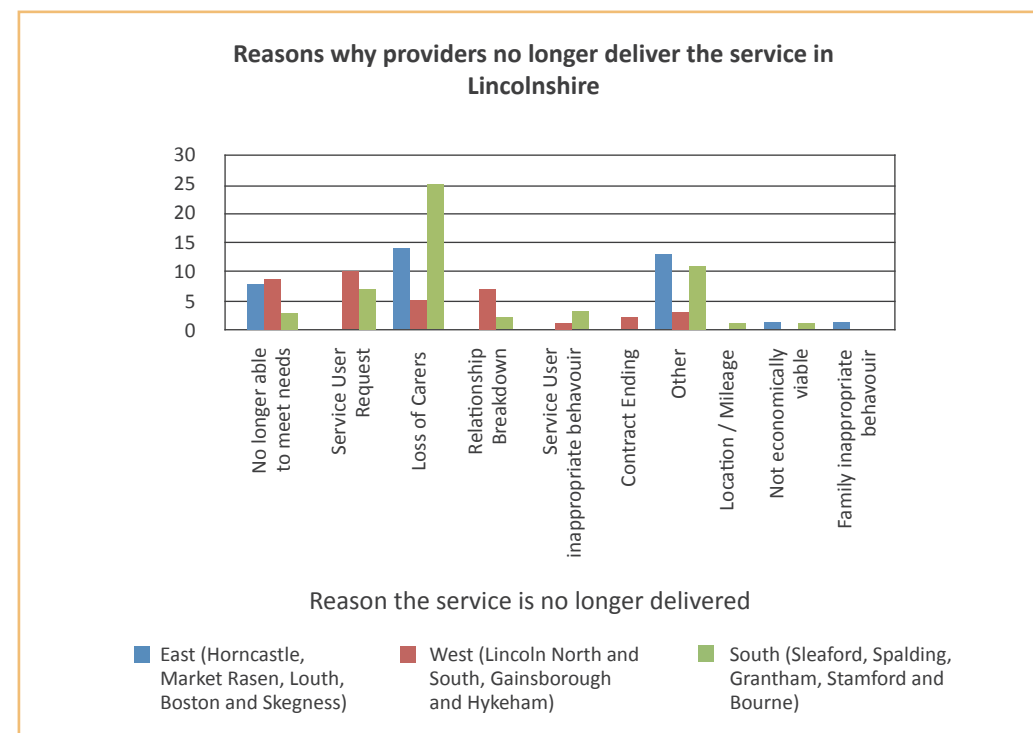
The latest national figures on delayed transfers of care, a key indicator of local pressures, show an increase in the number of people ready to leave hospital but who are prevented from doing so, due to lack of service provision, such as homecare. However compared with other authorities, Lincolnshire has far fewer delayed transfers of care solely caused by Adult Care. In the last three years the council has had one of the best performing Adult Care services, in relation to delayed transfers of care. Keeping delayed transfers of care low will continue to be a priority.

Over the last eighteen months the demand for new homecare packages in Lincolnshire has risen by 8.4%. This increase in demand coupled with an increase in demand for reassessments escalates demand to 17.8%. The greatest demand can be found in the east of the county at 22.22%.

It has become increasingly difficult to find providers who are able to deliver packages of care to people in their own homes. Consequently, this is causing delays for newly assessed people, taking on average, an additional seven days to place a person.

**Figure 22** demonstrates the principal reason for providers unable to deliver care packages.

Figure 22 : Reasons why providers no longer deliver the service in Lincolnshire



The council has redesigned the model of homecare delivery in Lincolnshire, with the aim of creating a more flexible, personalised service that should improve people’s satisfaction and address the growing demand. The new model divides the county into twelve zones as demonstrated in **figure 23**. The concept of the new model is that within each zone, there will be one main provider, who may subcontract to other providers if appropriate.

The aim of this exercise has been to ensure people continue to receive the services they need and at a price that is fair to the providers. This new model for homecare will allow providers to deliver a more reactive service for people and support the market to meet rising demand.

Figure 23: Demonstrates the twelve zones for the delivery model of homecare in Lincolnshire



# Homebased Reablement

Reablement provides services for people with poor physical health to help them accommodate their illness by learning or relearning the skills necessary for daily living. This enables them to live as independently as possible in their own home. Reablement services primarily encourage a person to regain motivation and confidence to learn new ways of coping with their health and care needs.

The council is working with its health partners to redesign models of care and support for frail elderly people in the community in order to avoid and/or reduce the length of stay in hospital. People will need to be enabled or reabled to stay independent at home.

In 2015 the council will be seeking a service provider to deliver a countywide home based reablement service. They will be solely accountable for meeting the required hours and outcomes. The provider will be expected to ensure that people across the county get the same level of support, including those living in more rural and remote areas.

# Personal Assistants

Demand for personalised social care is growing in Lincolnshire. Many people who use personal assistants take a direct payment to pay for the service they receive. Currently 5,725 people and carers are in receipt of a direct payment, which continues to increase steadily (**figure 24**). In Lincolnshire direct payments are significantly higher than the national average (**figure 25**) and are expected to continue to grow. This will increase demand for personal assistants.

Adult Care has recently recommissioned its direct payment support service in order to respond to requirements of the Care Act 2014 and the increasing demand for the service.

Figure 24: Percentage of direct payments provided in Lincolnshire 2012 - 2015

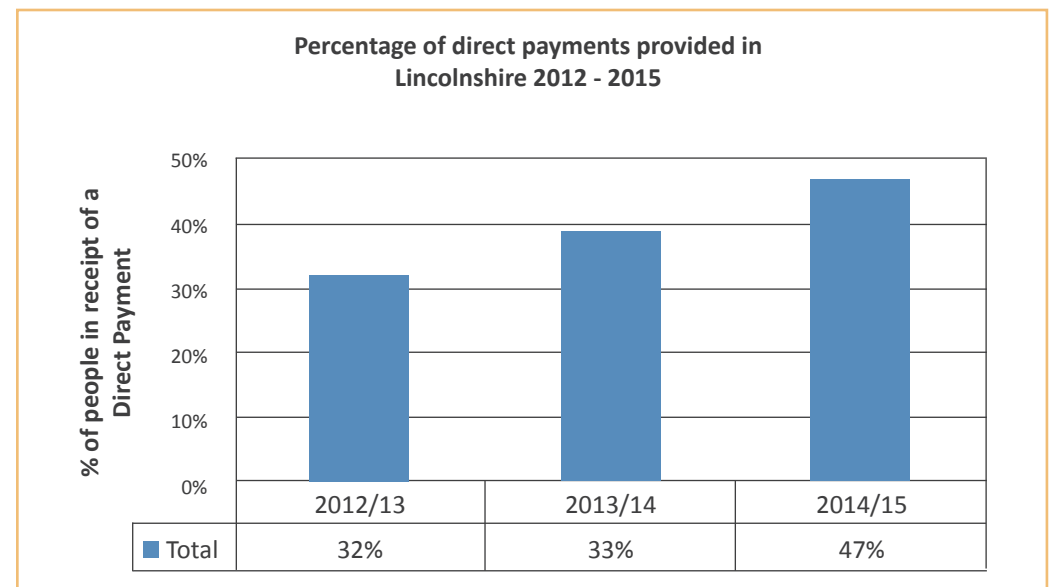
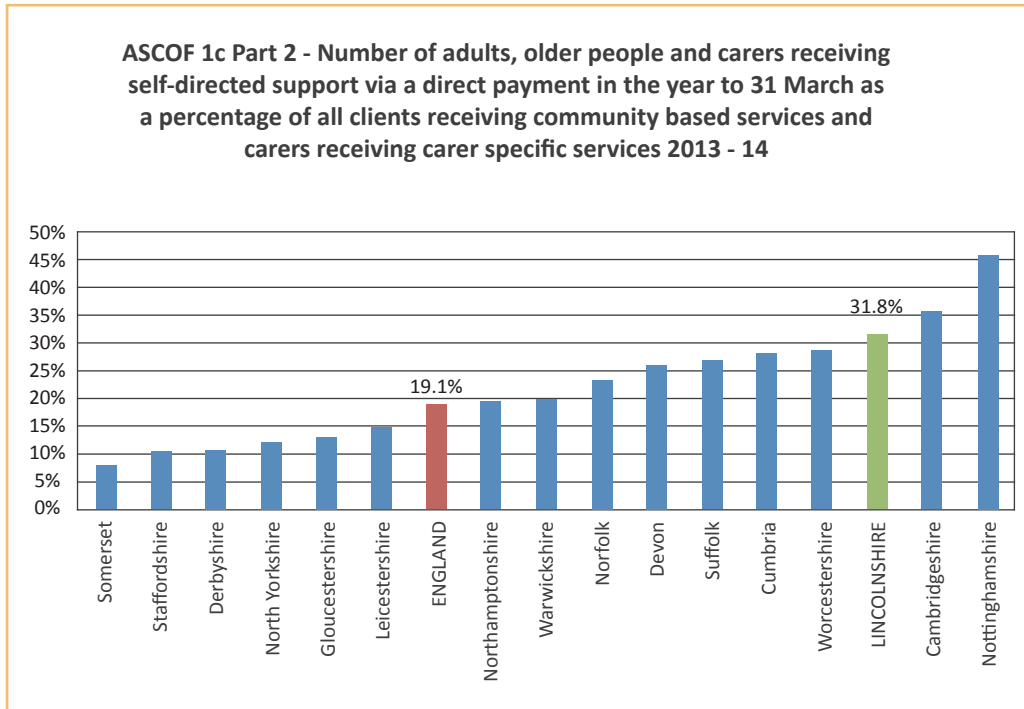




Figure 25: Number of people in receipt of direct payments Nationally



Source: NASCIS online analytical processor

**Market Opportunity**

Opportunities still exist in providing a range of services for personal assistants and direct payment support to self-funders. Given the right market there is huge potential for market entrants.



# Carers

The Care Act 2014 significantly improves the rights of carers in England. In this context carers means those that are unpaid and typically are family and friends. For the first time in law, carers are placed on an equal footing with those they support as local authorities now have a duty to assess carers where they appear to have a need for support. This means more carers will be entitled to an assessment and, if eligible, receive support from Adult Care.

The 2011 census identified 79,000 carers in Lincolnshire. A well informed and supported carer will be more able to sustain their caring role and approximately 6000 carers currently receive support from the council to access a range of preventative services. This support can reduce or delay costly impacts on primary and acute health services, and long term social care.

In May 2014 the [Joint Carers Strategy 2014-18 'And how are you?'](#) was published. The strategy identifies the issues faced by unpaid carers in Lincolnshire and a vision of how health and care organisations aim to resolve them.

Taking into account new rights for carers alongside the challenges facing health and care, the council intends to remodel its carers' support services to make sure that they are sustainable, and provide high quality services that meet a range of needs.

## Market Opportunity

In 2016 the council will recommission the face-to-face delivery of its carers service. The council will be looking for expert providers, with a strong track record of delivering similar services, to deliver comprehensive support to carers in Lincolnshire in partnership with the council and Serco. The service will include statutory carers assessments, support planning and signposting to information and advice to support carers in their caring role.

# Advocacy

Following extensive market engagement with providers, a new joint adults and children's advocacy service in Lincolnshire will be delivered from July 2015 by [Voiceability](#). The service will provide an 'advocacy hub' and a single point of contact for people to give improved accessibility to independent advocacy. It will also consider all implications of the new statutory requirements from the Care Act 2014 and Children's and Families Act 2014, and the likely increase in Deprivation of Liberty referrals.



# Residential and Nursing Care

As of 2014/2015 data, there are approximately 202 residential homes and 92 nursing homes some of which are dual registered within Lincolnshire. The council contracts with around 98% of these care homes.

The rates of residential care placements funded by the council are falling (figure 26) and people who do require residential care will have more complex care needs such as specialist dementia care and nursing. Initiatives such as the Better Care Fund (BCF) have contributed towards the continuing reduction of residential care admissions by providing community based alternatives. These reductions are a key outcome of the BCF and are in line with the council's commitment to support people to remain independent at home for as long as possible. Concurrently, available capacity in the market has fallen in the last year within the South, East and West Clinical Commissioning Group areas (figure 27).

Figure 26: Demonstrates permanent admissions to residential and nursing care

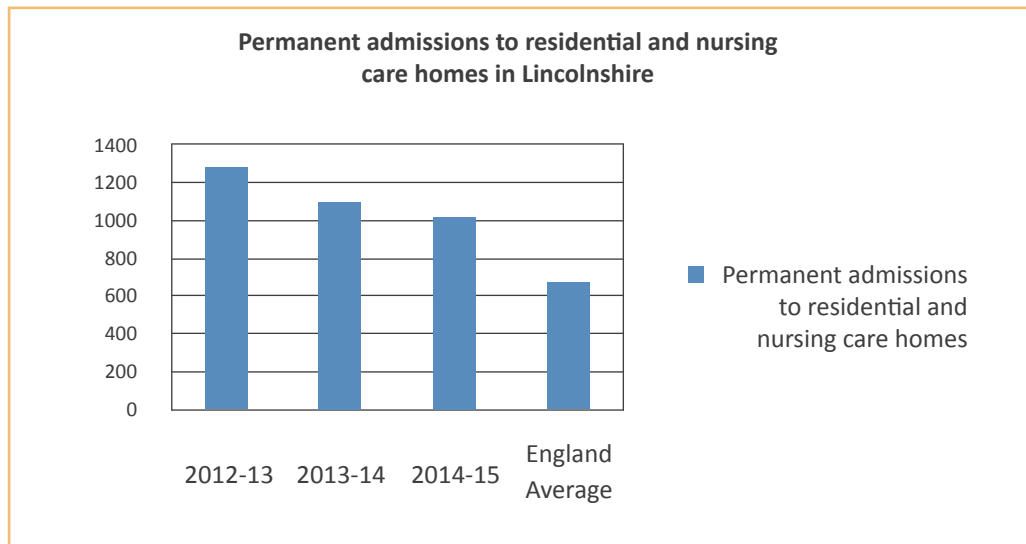
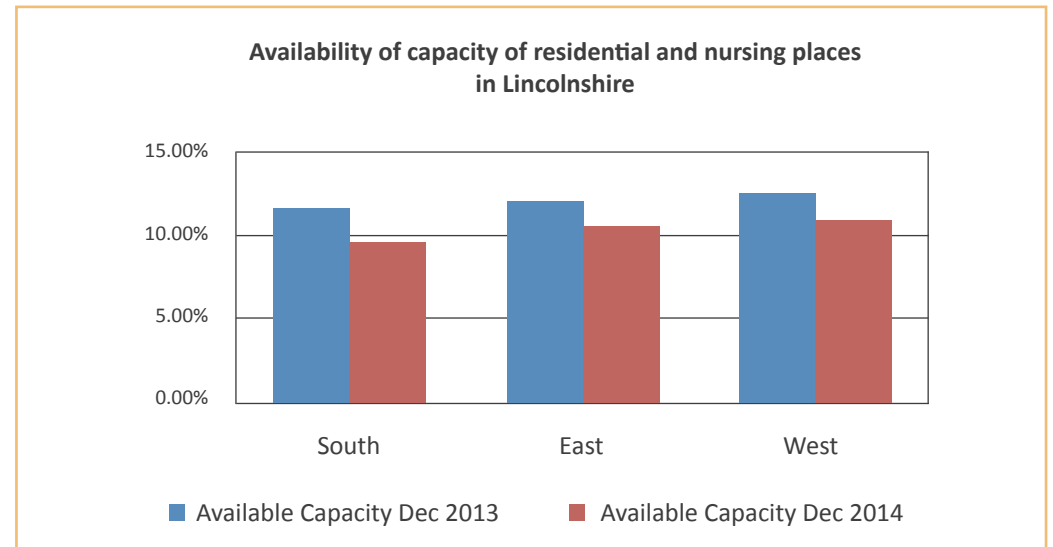


Figure 27: Availability of capacity of residential and nursing places in Lincolnshire



In terms of general demand for residential care the south west of the county consistently has lower available capacity, averaging 5% whilst other areas have on average 10% of beds vacant at any one time. Evidence suggests that nursing beds are difficult to source because homes are struggling to recruit nurses.

In July 2014 the council commissioned LaingBuisson to conduct an independent evaluation of the residential care market in Lincolnshire. This was to enable the council to set a fair and realistic usual cost level for residential and nursing care for all types of need (older people, physical disabilities, learning disabilities and mental health) over the three year period 2015/16 to 2017/18.



Setting a usual cost level provides a number of benefits to the council and the wider market. These include:

- Market shaping and choice regulation compliance
- Meeting needs and complying with people's choice of accommodation
- Meeting responsibilities in relation to personal budgets
- Evidencing that contract terms, conditions and fee levels are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- Avoiding any actions which may threaten the sustainability of the market as a whole, such as setting fee levels below an amount which is sustainable for providers in the long term
- Ensuring that remuneration must be at least sufficient to enable service providers to comply with the national minimum wage legislation for hourly pay or equivalent salary

The LaingBuisson work is set out in their review of care only and the nursing care market in Lincolnshire and their report on revenue costs of care only and nursing home places for older people and young disabled adults in Lincolnshire. The findings of these pieces of work have informed the setting of the council's usual costs for residential and nursing care for the period April 2015 to March 2018.

### Market Opportunity

The council is looking for care home providers whose specialisms are in complex care needs, especially dementia.



# Extra Care Housing

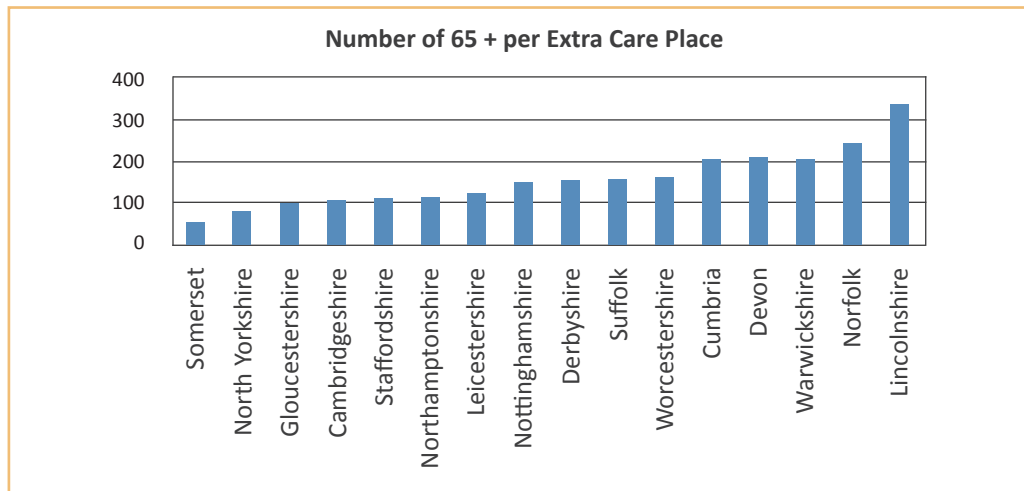
Extra care housing offers accommodation in self-contained flats which benefit from a wide range of support services and on site facilities. Residents can live independently and securely, with the reassurance that help is at hand when they need it. Extra care housing offers people an alternative to moving in to residential care.

**Figure 28** demonstrates the availability of extra care housing across comparable authorities by looking at the number of people aged 65+ per extra care housing place. In other words, the lower the number the easier it will be for a person to access extra care housing.

The council's ambition is to offer older people greater choice in accessing suitable housing and support, to enable them to remain in their own homes and close to their local communities. Increasing extra care housing across the county will promote independence and wellbeing and be a viable alternative to residential care.

Lincolnshire has fewer extra care places than its comparable authorities, and by a significant margin. Somerset has over six times the availability of extra care housing compared to Lincolnshire. Again there is a correlation between the number of available places and the rate of admission to care.

**Figure 28:** Demonstrates the availability of extra care housing in Lincolnshire against other local authorities





In Lincolnshire there are currently eight extra care schemes with a total of 288 units.

The council estimate somewhere in the region of six hundred more extra care housing units will be required to meet the potential demand over the next 20 years. **Figure 29** demonstrates the current extra care housing schemes and high demand areas.

The council objectives are to:

- Provide choices for housing, support and care services, to meet future demand
- Design and develop more extra care schemes that provide options in lifestyle, accommodation size, location, tenure and services
- Work in partnership with health, housing, district councils, public health, independent sector providers and voluntary groups
- Maintain and enhance older people participation in the design and implementation of the schemes.

## Market Opportunity

The council is actively looking at ways to encourage the future development of extra care units in Lincolnshire and will work with district councils to identify potential future development locations.

Figure 29: Extra Care Housing Schemes and high demand areas





# People with Mental Health Difficulties

The joint commissioning arrangements and pooled budget for 'specialist' adult services including Mental Health, Learning Disabilities and Autism ensure that collaboration is on everyone's agenda. It is hoped that integrated personal health and social care budgets will enable the delivery of efficient and sustainable solutions for those who access our services.

## Market Opportunity

The council is committed to reducing the stigma of mental health and to promoting recovery through all of the services it commissions. Services and care packages will be reviewed to ensure that they meet the person's needs, are outcome focused and that they provide value for money.

# People with Dementia

There is a wealth of information about dementia as a condition, and its impact on people and families. [The Prime Minister's Challenge on Dementia](#) sets out ambitions for local communities to become more dementia friendly, to improve diagnosis rates, increase the quality of health and social care, and invest in research. This challenge runs until 2015 and it is likely that dementia will remain a national priority beyond this date. Local information about dementia can be found in the recently published [Lincolnshire Joint Strategy for Dementia 2014-2017](#).

The council continues to work actively with partners to achieve the objectives of the national declaration on dementia by supporting the Dementia Action Alliance (DAA). There are currently two DAA branches in the county: Lincoln DAA, and South Lincolnshire DAA. Further branches are in the process of forming in other districts of Lincolnshire.

Lincoln DAA held a one-day conference on 23 April 2015 with the theme '[Creating a Dementia Friendly Lincoln](#)'.

The conference was timed to mark the acceptance of Lincoln's application for accreditation at foundation level as a dementia friendly community under the national Alzheimer's Society programme.

Lincoln DAA's future plans include seeking to create links with the local business sector including banks, post offices, supermarkets and other commercial and retail outlets.

Lincoln DAA's work parallels a similar approach in Bourne which achieved [dementia friendly community](#) accreditation in 2014 following an application by South Lincolnshire DAA.

## Market Opportunity

Commissioners recognise that some people with dementia and their carers do need specialist support. During 2015 the council is commissioning a Dementia Family Support Service. This new service model will provide information, advice and ongoing support to families after a diagnosis through to end of life.

# People with Physical Disabilities

Adult Care is now in the process of developing a commissioning strategy for frail adults and people with long term conditions, which will include people with physical disabilities. The number of people considered eligible for services at 2013/14 was 2,113.

The council recognises that the numbers of people with physical and sensory impairments of working age are projected to rise, partly because people are working and living longer. In 2014/15, there were 575 adults, aged 18-64 with complex needs being supported to live independently through home based care services. The new service model for homecare services in Lincolnshire will place a particular emphasis on the importance of promoting people's health, wellbeing and quality of life.

## Market Opportunity

The council is committed to offering personalised care and support to adults with a physical disability. The number of vulnerable adults between the ages of 18-64 supported with a direct payment in 2014/15 was 517. The council expects this figure to continue to grow and as such has recently recommissioned a Direct Payment Support Service. This service will promote the understanding and uptake of direct payments among adults with a physical disability and provide a range of services to assist and protect them.



# People with Sensory Impairment

'[BID Services](#)', are a voluntary sector provider who are currently funded by the council to deliver sensory impairment services for adults and children who are visually, hearing or dual impaired.

Nationally there are 1.86 million people living with sight loss. By 2020 this number is predicted to increase by 22% and will double to almost four million people by the year 2050.

More than 10 million people in the UK are living with some form of hearing loss, or one in six of the population. By 2031, it is estimated that there will be 14.5 million people with hearing loss in the UK.

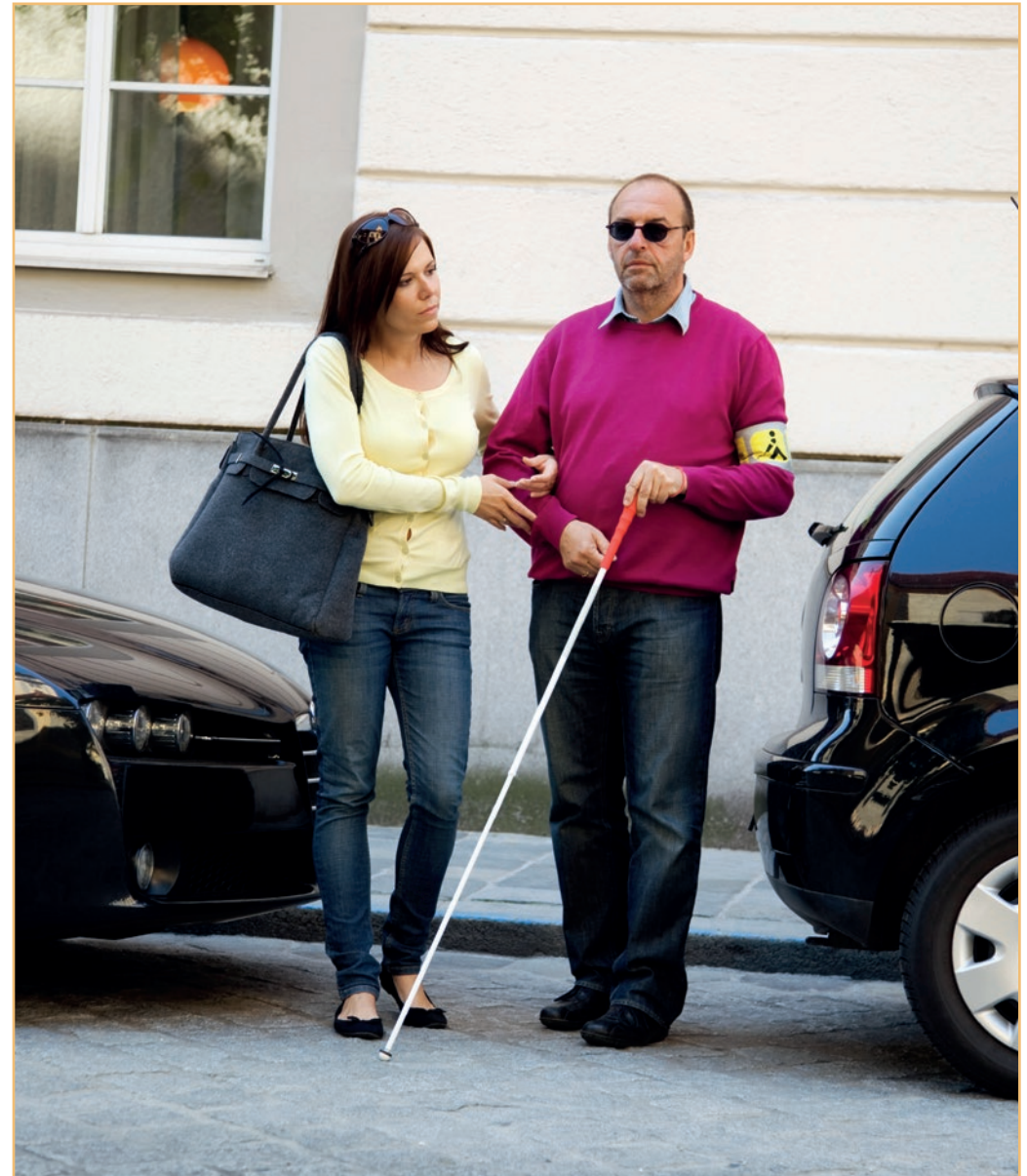
Approximately 356,000 people in the UK are living with combined visual and hearing impairment.

The sensory impairment contract is due to expire in March 2016, so the council is currently undertaking a complete review of the service and will be seeking to recommitment later this year.

Prior to the recommitment of the service the council will be engaging with key stakeholders, to ensure that a quality service is provided.

## Market Opportunity

The council will be recommitment the Sensory Impairment Service during 2015/16.





# The Integrated Community Equipment Service (ICES)

Lincolnshire's Integrated Community Equipment Service (ICES) provides community equipment to help meet the needs of people of all ages, including children, who have long term conditions and disabilities.

The provision of a good quality and timely community equipment service supports a number of the commissioners' strategic objectives, and contributes to promoting independence, wellbeing, dignity and choice for people, helping them remain independent in their own homes. It also helps prevent avoidable hospital admissions and helps to facilitate early discharge.

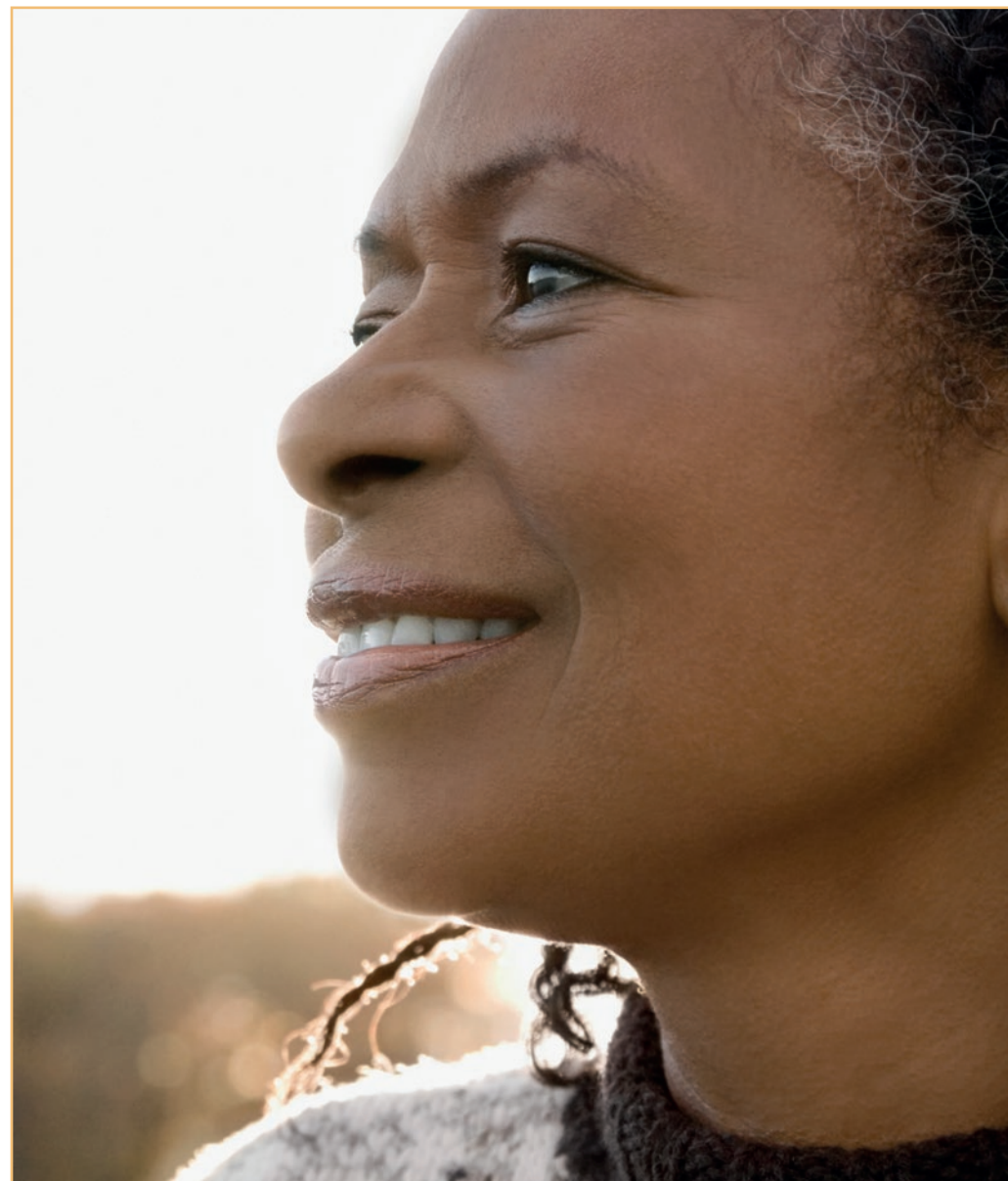
The service is jointly commissioned by the council and NHS health partners. The council manages the contract on behalf of this partnership.

ICES needs to be responsive to the growth in Lincolnshire's older population and long term limiting illness in addition to budgetary pressures and national and local policies and strategies.

Since the time that the service was initially outsourced, it has seen exponential growth, with nearly 5,000 people currently being issued with community equipment per month.

The type and range of community equipment that is supplied, maintained, collected, recycled and stored through Lincolnshire's ICES is summarised below:

- Simple aids to daily living (SADLs) – small selection of products to aid independent living including perching stools, trolleys, bathing and toileting aids, mobility equipment / walking aids;
- Complex aids to daily living (CADLs) – includes hoists and other moving and handling equipment, slings, powered equipment and specialist bathing equipment; beds / accessories, pressure care equipment and commodes;
- Bespoke / non-stock equipment – includes items that do not form part of the standard equipment product range and are instead additional 'one-off' items that meet the Patient's / Customer's assessed needs;
- Provision of ceiling track hoists, ramps and rails.

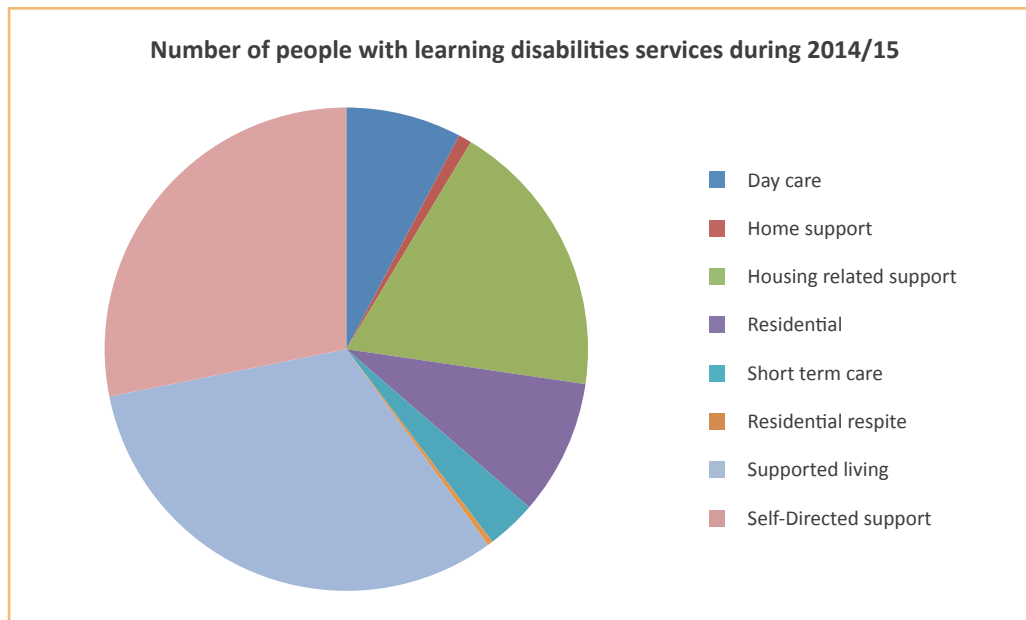


# People with Learning Disabilities

According to Projecting Adult Needs and Service Information (PANSI), in 2014 there were 13,858 adults aged 18+ with a learning disability in Lincolnshire. This number is projected to increase to 14,703 by 2020. This 6% increase is expected to be partly from inward migration and partly as a result of young people making the transition from children's to adult services. In order to support this, a transitions practitioner has been appointed. The aim is to develop this role and produce clear information about the transition process for young people, their families and carers.

The council is the joint commissioner in a pooled budget arrangement with the four CCGs in the county, purchasing services for people with a learning disability. The council works closely with health colleagues to ensure that people have access to the services they need locally, including respite, accommodation and healthcare. **Figure 30** demonstrates the number of people with a learning disability who accessed services in 2014 -2015.

Figure 30 : Number of people with learning disabilities who accessed services during 2014/15



The introduction of the integrated health and social care budgets will enable us to develop our vision to offer greater choice, control and quality of life for people with complex needs.

The council continues to develop and review day opportunities to ensure that they are fit for purpose and provide meaningful activity. Currently the council is in the process of mapping all provision and intends to develop a day opportunities strategy, with input from people who use services and providers.

One of the priorities during 2015-17, is to support people with learning disabilities to access meaningful and paid employment, through working with colleagues to pilot services which are designed to help people with disabilities access work.

People with a learning disability are living longer which means that many of their carers are older and more likely to have their own health and care needs. The council works closely with community carers' services, to enable carers to support their relative for as long as they wish. The council encourages carers to seek help when struggling in order to prevent a crisis situation, allowing timely intervention of care and support.

The council is committed to promoting the independence of adults with learning disabilities. Recently, the council tendered for a re-modelled advocacy service aimed at providing support for people that have communication difficulties.

Until recently there was an emphasis on ensuring that people with a learning disability were discharged from hospital in a timely manner. The current focus is on reducing new admissions so they are kept to a minimum and that all other options to treat the person in a community setting are considered before hospital admission is agreed, except in cases of clear emergency.

To plan for the future, the health and social care economy may need to consider additional investment in community based solutions, to allow people to remain at home whilst receiving treatment.

# People with Autism

It has been nationally recognised that people with an autistic spectrum disorder are not having their health and social care needs met. [The Lincolnshire All-ages Autism Strategy](#) is striving to better meet the needs of people with autism through an ambitious action plan which focuses on:

1. Service provision
2. Training and awareness raising
3. Collaboration and participation of those with lived experience at every stage
4. Information and data

The Autism Partnership Board, which includes people with autism and their carers, is working collaboratively with key stakeholders to develop four working groups, for the above domains, complete with their own action plan.

The council is currently reviewing the way in which people with an autistic spectrum disorder are diagnosed. Health and care organisations are striving to offer an integrated response when and if diagnosed.

The council is in the process of analysing the needs of people with autism locally in order to identify key priorities. To date, the main areas of need identified are:

- Support and guidance for those who do not meet the Care Act 2014 criteria but still have needs that impact on their functioning
- Those with autism who are (or otherwise may end up) in the criminal justice system
- Meaningful employment opportunities

The Autism Partnership Board is very clear that mainstream services for physical and mental health care locally will need to make reasonable adjustments for people with autism to help them access services. Only a minority of people with an autism spectrum disorder will require specialist intervention and treatment.

Community and preventative services may identify needs earlier and lower the risk of

further physical and mental health needs. These services should also expect to make reasonable adjustments.

Training and raising awareness is key and involvement of those with lived experience, carers and family members will be crucial in the future development of services.

## Market Opportunity

The council is looking for providers who can support people with autism who do not meet the Care Act 2014 criteria



# Future aspirations and next steps

What the care market will look like in the future as a result of the development and changes listed above is difficult to accurately predict. However we do expect the provision of care and support to continue to undergo significant transformation. We are moving away from a 'one size fits all' approach to service delivery. People are increasingly looking for a more bespoke service to meet their increasingly complex care needs. In response to this, commissioners will need to support providers to adapt their business models and service operations away from a service specification towards an outcomes framework.

In Lincolnshire demographic changes and budgetary restrictions will continue to place increased pressure on the capability of current services to respond to increasing demand. Therefore increased investment in prevention, reablement and assistive technologies will likely replace traditional support and care options. This will involve integrated commissioning arrangements across health, social care and the wider commissioning agencies.

The council recognises that meeting these challenges requires a collective response and will continue to work closely with partners to develop the solutions the market needs. The council is ambitious and confident that through working together, health and care organisations can secure good quality care to support the people of Lincolnshire.



