



BLACKBURN
with
DARWEN
BOROUGH COUNCIL

Blackburn with Darwen Adult Social Care

Market Position Statement

February 2014

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Any queries regarding the content of this document should be referred to:

Paula Spence Strategic Commissioning and Procurement Manager 01254 585754 paula.spence@blackburn.gov.uk	Peter Dillon Head of Contracting and Procurement 01254 peter.dillon@blackburn.gov.uk
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1. Introduction and Context

1.1 Introduction:

Increasing demand, greater numbers of personal budget holders and the continued challenges of public sector finances will mean significant changes to the social care market in the coming years. Blackburn with Darwen Borough Council (BwD) is committed to stimulating a diverse, innovative, active care and support market which is fit to deliver services over the next five to ten years.

As part of the transition from where we are now to where we want to be in the future, a major challenge for commissioners and providers will be to enable people to have more choice and control whilst also improving quality and outcomes. Additionally, the increasing pace and scale of change to deliver integrated services at a community and neighbourhood level will require new approaches across all sectors. Approaches that embed early help and intervention will be a significant aspect of our emerging integration strategy.

This Market Position Statement sets out initial plans and outlines trends for commissioning for adult social care services across all user groups. It includes information on purchasing by BwD, joint commissioning with the NHS, and commissioning in the third sector. Increasingly, there are trends in purchasing being arranged by individuals, whether as self-funders or personal budget holders. This move will require the social care market to offer a more flexible approach to delivery.

The statement, by its nature, only reflects a picture of the market at a given point; and information contained will be updated at regular intervals, as the market adapts to the changes necessary to implement personalisation and the wider agendas.

This Statement uses, where appropriate 2012/13 and 2013/14 (where available) data.

1.2 Who is the document aimed at?

This document is aimed at current and potential providers of adult social care and support, the wider community and informal support networks. It can also be used to commence discussions between social care, users, carers, families, and other key stakeholders about the vision for the future of local social care markets.

A market position statement is a tool supporting providers to:

- make proactive business and investment decisions;
- respond to opportunities around self-directed support; and
- prevent providers from wasting resources on poorly targeted initiatives and understand the future strategic direction of the care and support needs.

2. Transforming Adult Social Care in Blackburn with Darwen

2.1 Market context:

The borough of Blackburn with Darwen is made up of two vibrant towns set in the heart of Lancashire's hill country and enjoys a landscape of vivid contrasts where rich history and heritage combine with modern 21st century townscapes. It sits at the heart of East Lancashire but within easy reach of the cities of Manchester, Leeds, Liverpool and Preston and the countryside of the West Pennine moors, the Yorkshire Dales and the Lake District.

There are approximately 147,700 people living in the borough with a rich mix of people with British, Asian, Irish, Italian and Polish heritage bringing an energy and vibrancy to the area.

It's an exciting time to live and work in Blackburn with Darwen. Millions of pounds of investment has flowed and continues to flow into the borough to regenerate the town centres, refurbish buildings, improve roads and provide new facilities and opportunities for local people.

The borough has a mixed market economy encompassing working age adults who are operating within the social care sector, providing support to a full spectrum of currently commissioned services.

The majority of adult commissioned services are provided by the independent, community and voluntary sectors with a small area of services being delivered by in-house provision. BwD are currently a major contributor to the employment status in the borough, however, in recent years a number of outsourcing projects have taken place resulting in an increase in independent market sector provision with a number of staff transferring their employment to these organisations.

Services have been outsourced within the last seven years in service areas such as homecare, supported living for people with a learning disability, extra care and mental health supported tenancy. This has realised value for money, a better range of quality services and provides long-term sustainable services and employment in the borough. Organisations have invested in the social capital for those who are employed in the services and those who use services to help improve overall outcomes and bring added value across a wide range of social, economic and environmental issues. This entrepreneurial approach has ensured a more sustainable and socially inclusive approach to service design, delivery and community regeneration.

BwD has implemented a workforce development partnership which promotes and provides training to all social care employers within the borough. Initiatives and training opportunities are offered widely to all sectors of the market in order to develop additional skills and share areas of best practice based on the specific needs of the borough.

Initiatives including I-Care Ambassadors and Social Care Apprenticeships are currently being scoped out in conjunction with Skills for Care as a means of providing support and capacity to the independent sector social care workforce. There are also early discussions with Chamber of Trade and Commerce to raise the profile of social care, together with schemes in conjunction with local colleges and training providers.

BwD and NHS organisations have a longstanding commitment and track record of working in partnership with residents and providers to improve health and well-being and to bring about a more integrated and holistic health and social care service to people living in the borough. Developments in Blackburn with Darwen e.g. Integrated Triage and Response have been developed with health partners to ensure that early intervention and prevention is a key element of our commissioning strategy

2.2 Why change:

As a strategic commissioning organisation, our role is to:

- understand need, based on evidence;
- understand how people and communities want to live their lives;
- enable self-help and community resilience;
- understand local markets, determine when to act upon them, and monitor quality;
- decide when and how to commission services;
- work effectively with providers, users, carers and communities to make sure that the right services are available, in the right place, at the right time.

The current financial climate means all local authorities find themselves commissioning and delivering services within the context of reduced public sector resources requiring them to consider what they do and how they do it. This, combined with a number of other influential local and national factors means that change is not optional, but a given. These include:

- demographic changes - the large scale impact of known future demographic pressures on the social care system. By 2021 it is estimated that 14.6% of Blackburn with Darwen's population will be 65 and a projected 34.5% increase in the incidence of dementia by 2030 (based on data provided through the Department of Health's Projecting Older People Population Information System);
- the need to provide early help, intervention and reablement services to people within their own communities;
- personalisation – culture shift giving people more choice and control over their care;
- a change in culture from an over reliance on paid and formal support to empowering people and communities to make the best use of community capital and informal support networks;
- the need to improve quality and healthcare outcomes in light of public expectations around services and the need to ensure a robust response to the outcomes of national enquiries e.g. Winterbourne view, Mid-Staffordshire NHS Trust;
- a greater than ever need and policy drive for integrated and seamless services across health and social care that can deliver holistic outcomes with greater independence and a better experience for the user;
- the requirement to deliver year on year, large scale cashable and non-cashable (demand management) efficiencies across both the health and social care sectors.

2.3 The vision:

The vision for Adult Care is to improve the health and wellbeing of the people of Blackburn with Darwen. The vision has 5 core strands:

1. engagement and community capacity;
2. independence through preventative support;
3. integrated support for people with significant needs and their carers;
4. choice, control and enablement;
5. safeguarding vulnerable people.

It is achieved with support from 2 'enablers':

- leadership, workforce and partnerships;
- resources, quality and commissioning.

The objectives for Adult Services sit within the overall BwD vision and objectives of: 'creating a connected, prosperous, clean, safe and healthy Blackburn with Darwen'

We want to work with partners to:

- develop innovative support solutions in the community;
- plan and commission high quality services where people have choice and control and are safe;
- meet the needs of the population both now and in the future; and
- provide and enabling people to access services for those most in need.

To achieve this, we will take a strategic approach to commissioning and have effective and robust contract management systems in place which support this process as well as performance management methods to ensure quality and value for money.

Blackburn with Darwen Council is bringing together a broad range of strategic commissioning functions across adults, children's, public health and housing. These changes are part of the broader realignment of resources and services across the sectors, organisations and communities.

User involvement and engagement continues to be a key part of our move to enhancing the co-production of commissioning strategies with local citizens. There will also be an increased focus on joint commissioning with partners in health and commissioning opportunities in the third sector.

3. The Future Direction of Commissioning

Nationally the key priorities for adult care are person-centred services; a focus on preventative support; capacity building across the whole community to support continued independence for all residents; and a focus on integrated work across health and social care. Public policy is increasingly focusing on the concept that communities, not just individuals and their families, should play a greater role in meeting local need.

The White Paper, 'Caring For Our Future and the draft 'Care and Support Bill' both introduced in 2012 had a major focus on prevention and user choice, with these themes now being taken forward in the Care Bill as it makes its way through parliament in 2013 and 2014. The Dilnot Report in 2011 focused on creating a sustainable funding system in light of an ageing society and increasing numbers of people with disabilities, and its recommendations are being implemented through the Care Bill which proposes the introduction in April 2016 of a £72,000 cap on people's lifetime care costs. Areas of national focus from reports such as Winterbourne View and the Francis Report have led to revised regulation and monitoring to ensure the safety of people receiving care and support. There is also a national drive to tackle dementia and ensure that appropriate settings are available to meet future needs.

Service developments have been based on a strategy of engagement and consultation with the wider public, users and carers of services and organisations involved in the development of local services. The BwD Older People's Housing Strategy Framework and BwD Housing Strategy have indicated the need to identify alternatives to residential care in the borough.

All these policies are affected by significant reduced government funding for local authorities year-on-year coupled with the impact of welfare reform changes. This agenda is refocusing the role of commissioning.

The continued development of personalisation has required service commissioners to review the need to move from more traditional approaches to innovative contracting and procurement to support individual budgets.

The need for End of Life specialist care has been referenced in the NHS Commissioning framework and is a priority for future Adult Care Commissioning. A joint project with East Lancs Hospice has led to one of the older people's homes rated as Enhanced Quality gaining the Gold Standard Framework for End of Life Care. As reflected in the ASC Business Plan, there is a three year commissioning plan that will this year see all care homes voluntarily signing up to providing End of Life care ; year two all homes formally signing up to either the GSF, The McMillan Award or another accredited recognition of End of Life Care. This will be measured as part of the Quality and enhanced criteria for all care homes. Year three will then be where BwD make one of these quality marks for End of Life care a contractual requirement for those providing this service.

3.1 Where are we are now:

Regional sector-led developments are creating benchmarking processes to monitor performance and improvements across adult social care. There are unprecedented NHS changes with Clinical Commissioning Groups (CCGs) and Commissioning Support Units (CSUs) now supporting the health sector. The focus on strong partnerships between health and local authorities are establishing further integrating commissioning opportunities and interdependencies with other statutory partners, voluntary organisations, private sector and local communities increasing choice for the user and their carers/families.

This agenda is refocusing the role of commissioning. However, the economic pressures created locally by a reduction in funding from national government has caused all departments within BwD to reduce costs, which has impacted on the resources available to deliver and is a continuing pressure in future year to come. Budget decisions in March 2013 reflect these changes as the department is expected to make further cuts of 20% in 2013/14. This period of

austerity is likely to continue well into the future and a long-term restructuring of the way we commission and provide care and support will be required.

This is not without challenge and commissioners and providers need to work closely to focus their resources where the greatest impact and outcome can be achieved, whilst ensuring quality services are maintained. As an example, the Council operated older people residential care provision is due to cease as confirmed in the publicised information regarding the closure of in-house residential care facilities within the next 2 years.

Allied to this, the implications of the Care Bill will need to be carefully analysed to ensure a smooth implementation process.

Despite continuing pressures it can be seen that we continue to grow our investment in commissioned services.

The 'Your Support Your Choice' service opened in February 2012. The new service acts as a one stop shop for health and social care information, advice and advocacy from a variety of different organisations. It caters for citizens of all ages and their families who need help to stay independent in their community and help stop their health and social care needs from worsening. It also puts people in touch with initiatives in their community. The 'Your Support Your Choice' service will play an integral role in the delivery of community focused initiatives, including personalisation and 'Your Call'.

3.2 Strategic commissioning direction:

Social care and health services will become more closely integrated so that people's experience of the support they receive in older age, illness or disability will be more positive. People will be treated as whole people and without fragmentation in how their needs are met. People will be encouraged to take control and have their treatment, care and support combined in a single package, which they will be able to direct. When a person's circumstance changes, resulting in increased vulnerability, services will be there to protect them and relieve the anxieties that are associated with older or disabled living.

In addition to reducing its own costs, we are taking a series of actions to manage funding reductions while retaining quality services. These include:

- a greater focus on prevention, enablement, reablement and technology ensuring that people have a period of , intensive support with reduced long term input and maintain their independence and well-being rather than relying on services to support them at a point of crisis;
- working with communities and individuals to agree where the Council should be investing its resources and what communities and people can do for themselves. The Your Support Your Choice provides preventative services to those requiring low-level support e.g. handyman scheme. It spans across BwD initiatives and builds links with local communities and the third sector in local neighbourhoods;
- reducing demand by helping people to retain or regain their independence so that they can safely manage their own care. The Social Care Reablement service and additional focus on assistive technology are primary examples of how this can be achieved;
- service redesign – remodelling services and processes so that they are outcome focussed, efficient and effective;
- service developments intended to support people's expectations to live at home for as long as is possible and appropriate including:
 - increased investment in the development of extra care housing;
 - care closer to home through the provision of intensive domiciliary care services;

- an approach to commissioning and support that emphasises reablement and independence;
 - the extended use of individual and personal budgets;
 - a shift from residential care models to more innovative communities of support that offer mixed tenure accommodation to a wide range of people e.g. care village.
- the phased closure of in-house residential homes, a review of day services and developments in purpose-built residential care and extra care accommodation;
 - the planned phased closure process for in-house residential care services will be completed within an 18 month timescale. Discussions will continue with the sector as to initiatives for ensuring that market demands can continue to be met as a result of this reduced bed availability;
 - undertake initiatives such as the Safe and Well programme as a means of identifying and influencing the future strategy and development with regards to assistive technology in adult social care provision;
 - review investment decisions so that we are clear that services are focused on those who are most vulnerable or at highest risk, we are meeting our statutory duties, outcomes are being achieved, and our contracts are competitively priced with clear details of the quality that we expect to achieve;
 - a review of social work roles and functions is underway to meet these changing priorities, moving away from traditional approaches;
 - working together with colleagues in the NHS as we continue to look at ways of integrating health and social care systems and care pathways so that we can make most effective use of our resources and deliver services more cost-effectively. The integrated learning disability and mental health teams are examples of where we are working jointly to improve outcomes for the person;
 - partnership and communication groups with the market as a means of sharing ideas and proposals for service redesign and new delivery models, for example the Adult Social Care Partnership. These forums include discussions regarding alternative proposals for provision and market intelligence;

¹From April 2013, the Blackburn with Darwen Health and Wellbeing Board became a statutory partnership board of BwD, acting as a forum where commissioners across the NHS, public health, social care, elected members, voluntary, community representatives and representatives of Healthwatch agree how to work together to achieve better health and wellbeing for and with local people. The role of the Health and Wellbeing Board is to oversee and ensure the delivery of local outcomes and drive service integration across the NHS, local government and non-NHS sectors and to ensure continued integration of all public services to achieve this.

Also, as from April 2013, the Blackburn with Darwen Clinical Commissioning Group (CCG) has responsibility for managing around 70% of local NHS spend, including planned hospital care, rehabilitation, urgent and emergency care, most community health services, mental health and learning disability services (core services provided to the NHS by independent contractors, including GP Practices, dentists and community pharmacists commissioned by the new organisation NHS England).

3.3 Summary:

BwD policy and commissioning priorities will focus firstly on helping people to find the support they need within their communities and to avoid dependency on services in the long term.

Where a needs assessment identifies that people need a longer-term service, the focus will remain on models that promote independence and ensure that people are able to make full use of community resources.

With a wider range of services now provided by non-statutory agencies, the role of the private sector has become central to our work. We will work closely with private-sector care agencies on projects such as incorporating high quality end of life services into mainstream provision.

Our historic role as the primary purchaser of services is changing and local authority and NHS commissioners and providers need to think more carefully about the purchasing power of individuals – using their own money, personal budgets or both.

This will mean:

- focusing on the outcomes that the person wants to improve upon, the level of response required and assertive monitoring of whether their life is improved as a result;
- helping people to make informed choices about what to buy and from and who rebalancing the profile of spend away from institutional settings to support in the community, reinforced by a wider range of accommodation options;
- continuing the shift to more flexible arrangements that encourage responsiveness to the needs and choices of people based on affordability, choice, quality, and accountability in service provision;
- focusing on the needs of individuals rather than defining them by service user group, purchasing highly specialist services where needed;
- emphasising engagement and co-production with communities, with eligible people and their carers, and with providers;
- moving away from services being provided directly by the Council.

This will require engagement from the market to detail their ability to contribute, thus ensuring that this is less prescriptive and is driven by front line services and customer need.

Business Plan 2013/2014		What do we want	Achieved by
1	Engagement and community capacity	Encouragement of a robust voluntary and community sector infrastructure that can reliably deliver services and other opportunities.	Enabling people to develop networks of support in their local communities and to increase community connections. This will be achieved by actively engaging local communities and partners, including people who use services and carers in the design, development, commissioning, delivery and review of local support.
2	Independence through preventative support	Focus on intensive, short-term 'reablement' solutions which restore maximum independence.	Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries.
3	Integrated support for people with significant needs and their carers	Holistic services available for individuals and their carers	Fully consider and understand the needs of families and carers when planning support and care, including young carers
4	Choice, control and enablement	Ensuring people have real control over the resources used to purchase care and support. Ensuring that support is culturally sensitive and relevant to diverse communities	Taking time to listen to the voice of the service user or carer, particularly those whose views are not easily heard. More effective monitoring of outcomes and feedback from citizens to shape future

Business Plan 2013/2014		What do we want	Achieved by
		across age, gender, religion, race, sexual orientation and disability.	commissioning intentions Demonstrating the difference being made to someone's life through open, transparent and independent processes.
5	Safeguarding vulnerable people	Robust, safe and quality assured service provision which ensures the safety of vulnerable individual	Ensuring all organisations supporting vulnerable adults have clear protocols in place in relation to safeguarding and services are provided in a way which ensures safety of the individual
1	Leadership, workforce and partnerships	Open and clear communication lines and partnership working putting the service user at the centre of decision making	Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems.
2	Resources, quality and commissioning	A close relationship which continues to share market intelligence to further understanding of any potential gaps in provision and clarification of respective roles in responding to need. The potential for commissioning on an experimental basis (accepting some risks) in order to encourage new services and new providers	A firmer evidence base, informed by more effective monitoring of outcomes and feedback from citizens to shape future commissioning intentions An increasing emphasis on the provider's ability to demonstrate productivity, cost effectiveness and value-for-money;

4. Demographics of Blackburn with Darwen

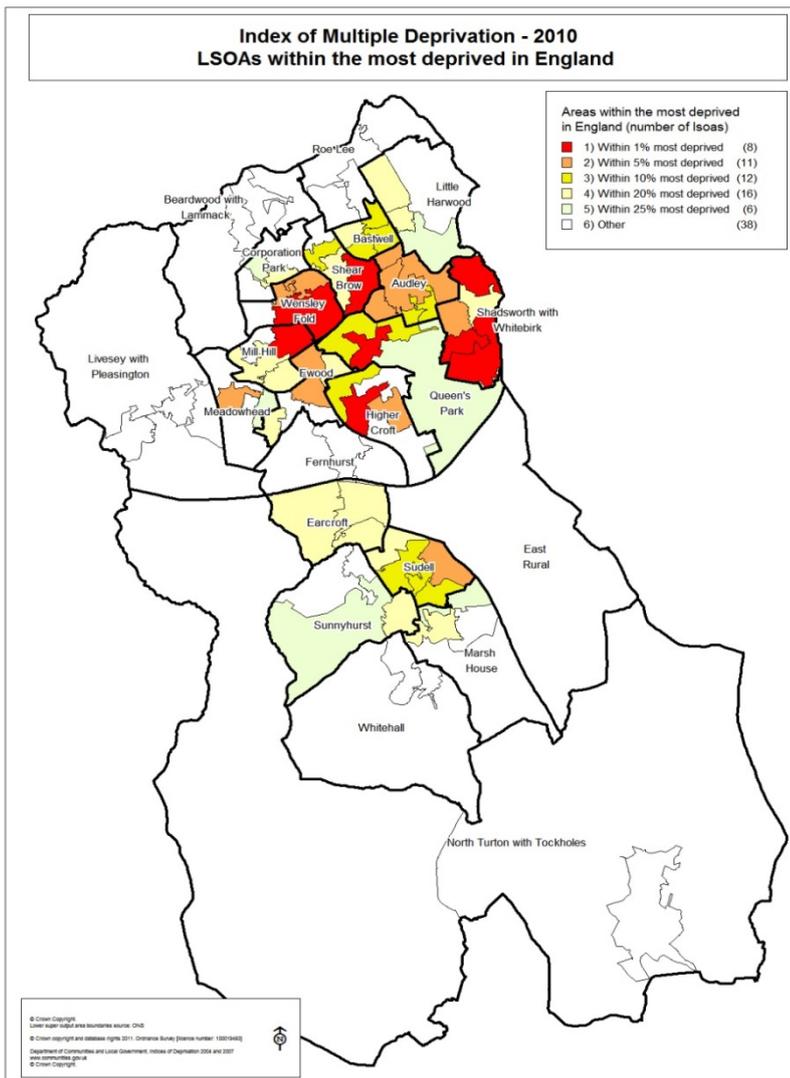
This section of the Market Position Statement outlines some information relating to our knowledge about the current demographics and levels of demand on adult social care and services across all client and age groups. Taking account of the latest available data, it explains the latest trends in demographics within the borough, as well as assisting to map activity across the sector. More work is required to build this intelligence base for commissioning decision making, by capturing and bringing together knowledge, data and analysis from all sections of the market. We aim to do this on a step-by-step basis, building the picture year on year.

4.1 General population (based on 2011 census and economic trends report 2013):

Blackburn with Darwen had an estimated population of approximately 147,700. Out of all the authorities in Lancashire and Greater Manchester, Blackburn with Darwen has seen a 5.3% increase in population. It is predicted that by 2021, the population will increase by 2.8%, making a total of 152,400.

A comparatively high proportion of the population (42,500) is aged between 0–19 which is the fifth highest percentage of all local authorities in England and Wales. A small increase to this (0.8% to bring it to 13.7%) is projected by 2021 due in part to the baby boomer generation and the higher than national average mortality rate in the borough.

The consequences of an increasing population, high levels of deprivation, poor health and well-being and a high mortality rate results in excessive demands on the dependency ratio. Current models of service delivery and available resources will not keep pace with this demand.



Blackburn with Darwen is also an area with high levels of poverty. This means there are a lot of people who live in poor housing, have low incomes and suffer with more health problems as a result.

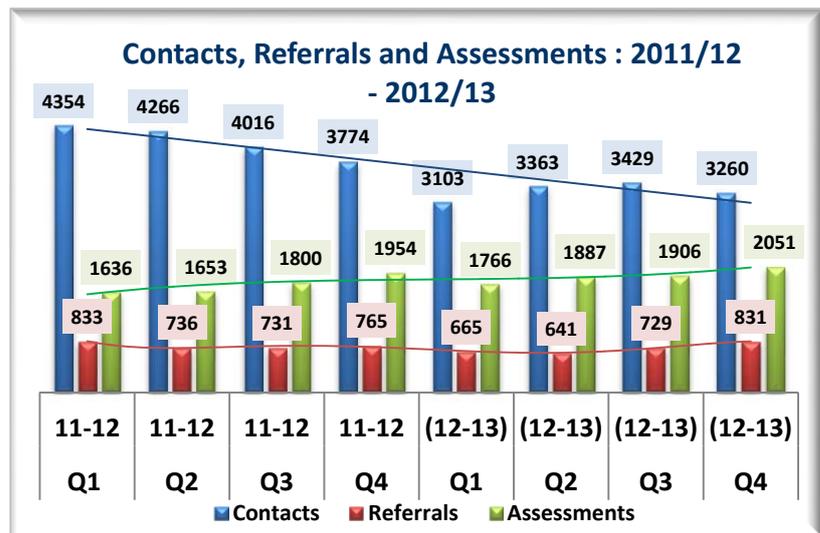
The borough ranks as the 17th most deprived borough nationally (2011 Index of Multiple Deprivation). Areas of acute deprivation in Blackburn can broadly be divided between those that are of predominantly White/UK heritage (Shadsworth, Intack, Higher Croft, Mill Hill) and those that are predominantly of Asian heritage (Audley and Bastwell). Darwen has pockets of deprivation, largely focused around Sudell ward, however statistically they are less deprived than Blackburn's areas of deprivation. The economic situation will leave more adults reliant on state support. Whilst there is no evidence to suggest specific impacts of the recession on health and ill-health locally, research indicates a strong link between long term impacts of economic decline and adverse impacts on mental health and mortality rates.

The key source of information about the ethnic groups of residents living in Blackburn with Darwen is the 2011 Census. This tells us that 69.2% of the population is of White ethnicity, with the largest non-white minorities being Indian (13.4%) and Pakistani (12.1%). The BME communities have a younger than average age-profile, and collectively account for 43.0% of children and young people aged 0-19. Across all age-groups combined, 27.0% of the borough's residents identify as Muslim, which is the third highest proportion in England.

Equality and diversity remains high on the political agenda locally, partly in response to the demographics of the borough but also due to the introduction of the Equality Act 2010 and the associated public sector duties this imposed on local authorities and other public bodies. This increased the pressure on local authorities in regard to evidencing 'due regard' to the equality objectives, around our key decisions and policies.

Demand can be demonstrated along a pathway. Firstly, there is the level of referrals at the front door for service: this is all adults presenting to the service, who are then screened and either signposted or progressed along the pathway for further assessment. Blackburn with Darwen, like most boroughs, has the objective of encouraging adults to explore as many options available in the community before presenting to social services 'front door' as a referral for an assessment of need.

The amount of contacts to the social work teams have reduced from 16,410 in 2011/12 to 13,155 in 2012/13. Blue badges ceased to be counted as contacts from April 2012 onwards which contributed to the reduction. The level of referrals has remained relatively constant over 2011/12 and 2012/13. However, assessments have risen by 567 from 7,043 to 7,610 which places significant demand on social work teams.



4.2 Older people:

It is estimated that the numbers of people in the borough who are 65 and over will increase by 14.2% between now and 2021. This represents an absolute increase of 3,167 individuals. The ageing of the borough's population will be less pronounced than many other parts of the country. By 2021 it is estimated that 14.6% of Blackburn with Darwen's population will be 65 or over compared to 18.7% in England as a whole.

The number of people aged 85 or above is projected to increase from 2,383 today to 2,663 by 2021. The increase in this age group will create a large increase in demand for health and social care.

Out of the 23 wards in BwD, 4 have dense populations of people over 65. The table below indicates the ward populations with high percentages of people 65+, 75+ and 85+ (2011 Census):

Ward	% over 65	% over 75	% over 85
Beardwood with Lammack	17.6	8.1	2.2
Earcroft	17.8	9.2	3.0
Livesey with Pleasington	23.4	10.6	2.3
Roe Lee	19.0	9.8	2.5

Whilst Corporation Park ward has relatively lower older people population, this increases to 2.7% of over 85s. It is interesting to note however that there are a number of residential care services for older people in this specific area. In contrast East Rural has 18% more older people 65+ but relatively low percentages of 75 and over. As expected, in areas of higher deprivation there is a larger need for services specific to this service area.

The Adult Social Care Outcomes Framework (ASCOF) measure 2a:2 which measures permanent admissions of older people to residential and nursing showed a downward trend between 2010/11 and 2011/12 (from 1267 permanent admissions per 100,000 population over 65 in 2010/11 to 961 in 2011/12); but this trend was reversed in 2012/13 with admissions increasing to 989 per 100,000 pop over 65. The use of residential/nursing care in Blackburn with Darwen remains among the highest in the country, linked to poor health and poverty and to challenges in adapting terraced houses to support people at home. Reducing admissions to residential care and helping people to access alternative support is a high priority for the Council.

There are other various influences on demand including:

- the demographic growth of older adults. Between 2010 and 2021 those ages 65-84 are projected to increase by 13.9% (2,400) while those age 85+ are projected to increase by 12.5% (300);
- greater expectations and aspirations of older adults;
- changes within the NHS system;
- greater focus on preventative measures like assistive technology, reablement and intermediate care for older adults;
- greater levels of clients with long-term conditions (e.g. dementia);
- stronger focus on dignity in care, especially dementia and end of life care;
- the need to offer greater choice and control and develop markets to enable people to use it;

4.3 Learning disabilities:

National demographic data indicates rising levels of need, including:

- the prevalence of dementia and Alzheimer's disease with particular issues regarding early onset dementia in relation to adults with a learning disability;
- increasing numbers of young people in transition from Children's Services with learning disabilities and additional complex health needs;
- significant increases in the numbers of young people diagnosed with Autistic Spectrum Disorders (ASD);

For people with learning disabilities, there has been a general stable trend in numbers and spend:

- the numbers of users in receipt of a residential or nursing care intervention in the year tends to be stable at around 25 placements at any time;
- The number of users in receipt of any kind of community based service in the year at a snapshot point in time is approximately 298 clients at any time.

More work is required to build and enhance this intelligence base capturing and bringing together knowledge, data and analysis from all available national, regional and local sources.

4.4 Mental health:

The number of people with mental health issues is rising; in BwD particularly in young people and over 55s with undiagnosed memory and dementia related conditions. Assessments have increased, with amount spent on services as a whole being reduced by approximately 8% in 2012/13. Statistical analysis carried out on mental health clients has been done by looking at the two broad areas of mental health – clients with psychotic disorders (schizophrenia, bipolar disorders, manic depression etc.) and common mental disorders (anxiety disorders, depressive episodes, OCD, phobias etc.). However there is recognition that this doesn't focus on the more low level and preventative areas.

Take up of personal budgets and direct payments within the mental health category is typically low. This is reflective of the services provided – given that personal budgets can only be provided for community based services, and a large proportion of commissions are acute or clinically based.

Service provision in BwD is generally disproportionately weighted towards acute services, with a high proportion of secure accommodation being used. There is a gap in community and GP led support.

In terms of future demand, there are some nationally recognised characteristics which determine those most at risk of developing mental health problems.

Group	Comments
Age and Gender	<ul style="list-style-type: none"> Nationally, prevalence rates were significantly higher among women than men across all categories of Chronic Mental Disorders (CMD), with the exception of panic disorder and obsessive compulsive disorder, where the excess prevalence in women was not significant Those aged 75 and over were the least likely to have a CMD (6% of men, 12% of women). The rate among women peaked in the 45-54 age group, with a quarter (25%) meeting the criteria for at least one CMD. Among men, the rate was highest in 25-54 year olds (15% of 25-34 year olds, 15% of 35-44 year olds, 14% of 45-54 year olds)
Ethnicity	<ul style="list-style-type: none"> Rates of having at least one CMD were nationally higher for white, black and South Asian women than for white, black and South Asian men respectively The greatest difference was among South Asian adults where the age-standardised rate among women (34% of South Asian women) was three times that of men (10% of South Asian men)
Marital Status	<ul style="list-style-type: none"> Nationally women across all marital status categories were more likely than their male counterparts to have CMD, except for divorced people, in whom the prevalence for men and women was very similar Among men, those currently divorced had the greatest likelihood of having CMD
Equalised Household Income	<ul style="list-style-type: none"> People in the lowest quintile of equalised household income nationally were more likely to have CMDs than those in the highest quintile, with a linear trend through the income quintiles. The pattern was more marked in men than women. After adjusting for age, men in the lowest household income group were three times more likely to have a CMD than those in the highest income households

A Quality Strategy and outcome based measurement system needs to be developed to start benchmarking ASC commissions with providers for mental health in conjunction with CCG partners.

4.5 Long term conditions:

More work is required to build and enhance this intelligence base capturing and bringing together knowledge, data and analysis from all available national, regional and local sources.

The numbers of working age adults in the borough with a moderate or severe learning disability and those with a serious physical disability are expected to stay relatively stable at approximately 460 and 1840 respectively between now and 2030 (source Department of Health PANSI). However, levels of need are rising and significant numbers of young people with additional complex health issues are moving through education and into adulthood.

The prevalence of working age adults with long term conditions and additional co-morbidities continues to rise.

4.6 Carers:

There were 15,756 carers in Blackburn with Darwen in 2011 compared to 13,991 in 2001 representing a 13% increase in 10 years and 3rd highest (in conjunction with 3 other authorities) regionally.

The aging population is altering the shape of informal caring roles in that many people can be in a dual caring role with both older relatives and ill spouses suffering from ill health alongside their children. Unlike childcare, where the responsibilities generally decrease with time, the amount of care needed for ill or frail individuals can increase, as the person being cared for may deteriorate. It will often only decrease or end if they move into full-time residential care or when the person passes away.

The Blackburn with Darwen Carers Service identified 513 new carers in 2012 with a total of 2,859 carers offered advice, information and support by staff at their advice centre.

4.7 Direct payments, personal budgets and self-directed support:

Self-directed support has seen strong increases across all client groups, with BwD meeting the 70% target set by the Department of Health.

The number of people accessing a personal budget increased from 38.5% in 2011/12 to 66.3% in 2012/13. The take up of personal budgets and direct payments by learning disabilities clients is well ahead of those in relation to older adults, and is projected to increase further as it has seen a consistent upwards trend.

4.8 Overall demand:

Further work will be required in the coming years to build up a more comprehensive picture of the borough's changing demography, the changing health and social care needs, a greater understanding of the trends, information captured through health and social care systems and more specifically how commissioning will have to change to ensure that decisions are taken based on robust evidence and in line with the emerging health and social care policy agenda.

There are two areas which require attention: one is the implementation of the Health and Wellbeing Strategy, undertaken along with health and public health partners to develop the strongest possible evidence base upon which commissioning and delivery decisions can be taken. The second is in relation to people who wholly fund their own support and care. The scale of self-funding is as yet to be accurately determined and will be a key element of implementing the Care Bill. Greater collaboration is required with social care providers across the independent, community and voluntary sector to enable us to generate stronger intelligence on this group of people.

This is to ensure that we not only have a better picture of overall demand and not just for those who receive state support for their social care provision, but also to enable us to enhance self-funders' abilities and explore the care options that will keep them independent in the first

instance rather than them prematurely self-admitting to residential care or other support service packages. This work is currently ongoing with some initiatives in the sector (for example, the Your Support Your Choice Service and the domiciliary care accreditation scheme) however further actions need to be progressed throughout the coming years.

5. Current Provision and Market Opportunities

5.1 Residential and nursing care:

Residential and nursing care services form one part of a broader care market in Blackburn with Darwen. The sector operates from within a compact, urban area with a well-developed local market that has traditionally recruited staff from within local communities. The overall market spread shows a balance of medium to large homes operated by a mixture of local organisations and companies and a number of national chain providers. There are a limited number of small (20 bedded or less) homes, though these form the minority of the overall market.

Details of the current residential and nursing care homes operating within the borough can be viewed on the 'Your Support Your Choice' Website:

<http://www.yoursupportyourchoice.org.uk/i-need-help-with/housing-choices-and-care-homes/residential-and-nursing-homes.aspx>

Over recent years a market management strategy has been in place to support the development of core practice standards across the sector and actively work with poorer performing organisations to improve standards across a sustainable timeline or exit the care market. Alongside these initiatives, additional factors, for example, changing policy drivers have seen a number of alterations to overall market provision:

- a planned reduction in the overall number of directly provided local authority homes;
- an overall reduction in the number of care providers and bed night capacity that has led to a stable occupancy rate across the past three years;
- increased specialisation around dementia, intermediate care, short term care and respite;

The table below details the long term residential and nursing care bed nights commissioned by BwD per year:

Area	Category	2007/2008		2008/2009		2009/2010		2010/2011		2011/2012		2012/2013	
		Avg number of beds	Bed-nights	Avg number of beds	Bed nights	Avg number of beds	Bed nights						
Frailty	Res	434.90	193,957	436.00	159,156	431.30	157,410	441.50	161,145	433.8	158,336	394.5	144,001
Frailty	Nursing	62.90	365	63.00	23,006	56.70	20,703	71.80	26,217	69.1	25,207	68.5	24,990
LD	Res	36.20	16,863	36.30	13,267	34.00	12,423	39.10	14,265	34.7	12,767	25.6	9,334
LD	Nursing	1.90	365	1.90	705	2.00	728	2.40	880	0.5	183	0	0
MH	Res	21.00	12,795	21.00	7,673	21.80	7,969	31.70	11,554	35.4	12,921	35.8	13,077
MH	Nursing	11.00	365	11.00	4,019	11.00	4,004	11.00	3,999	10.7	3,902	10	3,640
Pdcsi	Res	27.70	15,993	27.80	10,145	24.60	8,978	24.70	9,018	8.9	3,249	29.6	10,797
Pdcsi	Nursing	12.00	248	12.00	4,395	8.10	2,974	10.20	3,725	27.6	10,085	10	3,637
Total		607.60	240,951	609.00	222,366	589.50	215,189	632.40	230,803	620.7	226,559	574	209,476

As people's increasing demands for greater quality, choice and personalised approaches have influenced policy developments, the range of services required has continued to develop.

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Residential and nursing care	£15,564,003 (gross)	£15,835,382 (gross)

There are currently 27 older people residential and nursing care homes in the borough, 2 of which are operated by the BwD and a further 7 providing nursing care in addition to residential support. In summary, there are:

Older People Residential and Nursing Care	Number of Beds	Number of Care Homes
Homes who have achieved 'Enhanced Quality Assured' status	243 (28.19% of all beds)	7 (25.93% of all homes)
<i>Of which</i>		
<i>provide <u>general residential care</u> only</i>	93 residential beds	3 care homes
<i>provide <u>residential dementia</u> care</i>	11 dementia beds	
<i>also provide <u>general nursing care</u></i>	20 nursing beds and 119 dual registered res / nursing beds	4 care homes
<i>also provide <u>nursing dementia</u> care</i>	0 dementia beds	
Homes who have achieved 'Quality Assured' status	619 (71.81% of all beds)	20 (74.07% of all homes)
<i>Of which</i>		
<i>provide <u>general residential care</u> only</i>	268 residential beds	17 care homes
<i>provide <u>residential dementia</u> care</i>	92 dual registered res / dementia beds and 151 residential dementia	
<i>also provide <u>general nursing care</u></i>	30 nursing beds and 27 dual registered res / nursing beds	3 care homes
<i>also provide <u>nursing dementia</u> care</i>	27 dual registered nursing / dementia beds 22 dual registered residential / nursing / dementia	
Homes who have currently 'not achieved Quality assured status	0	0
Total	862	27

**BwD are currently progressing through a closure process whereby the 2 residential care homes operated by the Authority will be cease operation within an 18 month period. This will result in a reduction in current bed capacity of 64 beds from the market.*

The borough has seen a reduction in care homes and bed availability in this sector with 13 homes closing in the past 8 years. This has been due to a number of factors, including a managed approach towards improved quality and outcomes and the systematic review of provision and capacity.

From a commissioning perspective, regional data is indicating that BwD are a major user of residential and nursing care provision across the north-west:

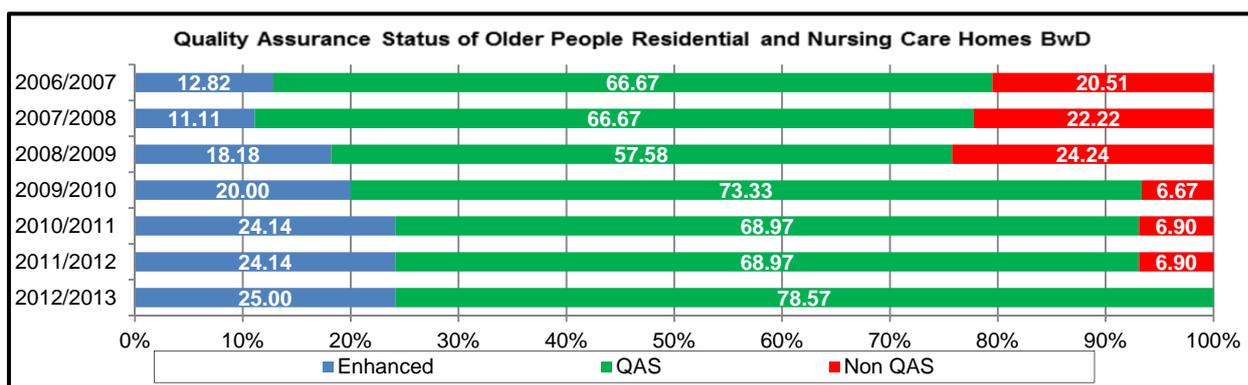
- the demand pressures including those from the acute sector is causing a dilemma;
- the local geographical area (steep hills etc.) is resulting in properties being unable to be adequately adapted;
- the older people population is increasing, including those with multiple ill health conditions and those suffering social isolation.

On average, occupancy across the market are above 90%. Data collected on a monthly basis indicates that although this is stable, it is considered to be high and results in a risk of reduced bed availability required for hospital discharge at times of increased demand such as winter pressures.

Regular data monitoring does indicate that homes who have received the highest quality rating seem to maintain a higher occupancy level suggesting that quality assurance and standards of care are important factors when potential residents are making a choice as to the care facility they wish to reside in.

BwD commissions on average 600 occupied bed nights per week with the remainder utilised by residents on a self-funding basis, NHS commissioners or out of area placements. Levels of placements into residential and nursing care homes are high against national regional and comparator authorities, a reflection of increasing demand as the older population with increasing frailty continues to rise however queries and concerns have been raised by providers that commissioned nursing placements are reducing compared to previous years.

BwD operates a quality assurance scheme (QAS) assessing services against separate quality standards in addition to the minimum CQC requirements. The scheme has been in place since 2003 and has expanded to other commissioned areas. Each year the assessment focuses on specific themes identifying standard and good practice as well as looking at residents' experiences of living in a particular home. This has resulted in services being awarded an 'enhanced quality assured', 'quality assured' or 'non quality assured' rating.



Utilising this scheme has evidenced an improvement in quality provision across the borough over the past 8 years, with those unable to meet standards moving out of the market. Currently, all older people residential and nursing care homes in the borough have either achieved 'quality' or 'enhanced' quality assurance status. There are no homes in the borough assessed as 'non quality'.

The current rate set as the amount BwD would 'usually expect to pay' for older people residential and nursing care provision in the borough is in the form of bandings dependent upon the quality rating achieved through the QAS scheme. Additional funding is provided for dementia placements and nursing care. Analysing comparable weekly fees, the data indicates that the rates paid by BwD are currently higher than the majority other Local Authorities in the North West

Provision and Status	Weekly rate
Residential non QAS	£356.60
Residential QAS	£407.80
Residential Enhanced QAS	£424.90
Residential QAS Dementia	£431.60
Residential Enhanced QAS Dementia	£449.70
Nursing Non-QAS	£502.09
Nursing QAS	£548.09
Nursing Enhanced QAS	£573.49
Nursing QAS Dementia	£571.39
Nursing Enhanced QAS Dementia	£598.29

BwD policy with regards to placements made to homes out of the area is to provide funding in accordance with rates set by the host authority.

In addition to older people residential and nursing care homes, there are also currently 2 residential care homes providing support to people with a learning disability. These homes are small bedded facilities from between 3 to 13 beds (29 beds in total) however they are not registered to provide nursing care. Blackburn with Darwen CCG and BwD additionally commission specialist support services from the North West Secure Commissioning Team. Quality assessment inspections have been carried out to ensure compliance with required standards and the fees paid in respect of care provided is agreed on a case by case basis in accordance with specific individual need.

There are also currently 4 care homes providing care home support to people with a mental health need, one specifically supporting male adults between 16-85 who have enduring mental health problems and require ongoing continuing care. These homes are small bedded facilities (45 beds in total) and are utilised predominantly for complex packages of care and in some instances joint funded by health and social care. As with LD placements, funding is agreed on a case by case basis in accordance with resident needs.

A broad range of support services are commissioned by the Blackburn with Darwen Clinical Commissioning Group and BwD to support residential and nursing care home providers:

- workforce training and development opportunities - free access to NVQ courses and modules. This is however dependent upon the provider's compliance with national minimum data set requirements which will become a contractual requirement within all new and revised contracts;
- pharmacy and medicines management support to all providers;
- dementia care and in-reach support from the Hospital Liaison Team.

Market Opportunities: Residential and Nursing Care Provision

BwD operated older people residential care homes are due to close within the next 18 months – 2 years and this will result in a requirement for increased independent residential and nursing care provision in the borough as a means of meeting demand.

- A procurement opportunity has been advertised to the wider market in respect of developing 2 old people's housing developments. Sites of 2 former council properties will be offered to major business providers of residential care for new developments aimed at frail over-85's. This is projected to increase capacity by 120 additional beds. The site of the former Greenways Home, Salisbury Road, Darwen and Fenisccliffe Bank, Hillcrest Road, Blackburn have been offered to the market to build a new complex including separate sheltered flats for 60 over-85s.
- Proposed plans with regards to the further 2 homes (Blakewater Lodge, Swallow Drive, Blackburn and Longshaw House, Crosby Road, Blackburn) are yet to be determined.

There is a need to have a broad range of residential and nursing care provision along with the other areas of support.

- 12 intermediate care beds are commissioned for spring 2014, offering a social care led service with clinical support primarily for people being discharged from hospital but with minor clinical need. This provision is likely to be increased for 2015.
- There is potential for a new build of a residential and nursing care facility in the old Infirmary area of Blackburn. Work is ongoing with a build partner as to the options available.

Future additional capacity continues to be required across the borough and work is ongoing to re-integrate people with complex needs currently placed outside of the area.

Market Opportunities: Residential and Nursing Care Provision

- An extended area of market development would include developing local options that would prevent future out-of-area placements for people with similar needs. Additionally, we wish to explore residential care models that work across traditional boundaries and are able to work with individuals within communities and offer a hub and spoke model with day care and outreach options as a feature.
- Providers are able to approach BwD with regards to additional inward investment in the borough (i.e. new builds). We will support developments where appropriate in line with strategic commissioning intentions and priorities. Services which cater for nursing provision, complex needs, dementia and end of life care would be welcomed.

High quality service provision is required which not only meets CQC essential standards of quality and safety but additional added value relating to the trends and focus of the borough.

- The BwD quality assurance framework is due to be revised to focus on standards of service which are separate to those regulated by CQC but which have a significant impact on the preferred outcomes for residents, family, carers, advocates and key stakeholders of the borough. The assessments will ensure user consultation and observational validation is key in determining the quality status of care homes.
- All providers in the borough will be required to meet these standards to the expected level in order to provide assurance to BwD and the public of acceptable service quality. Contractual arrangements will stimulate the requirements for all providers to participate in reviews and undertake relevant action as a result of any findings or observations.
- Adherence to the Dignity Code developed by the National Pensioners Convention will be a standard requirement for all service provision commissioned as well as an assured commitment to equality and diversity in accordance with the Equality Act 2010.
- Occupancy levels within the borough are indicating a strong demand for placements within services achieving 'enhanced quality assurance' status. We wish to expand upon this provision whilst also maintaining a higher than average level of quality within these services which adapts to the ever changing needs and expectations of residents.

We are keen to explore the use of assistive technology and telecare in residential care homes as a means of supporting outcomes for residents. This is in no means in relation to reducing levels of support to meet assessed need but offering greater quality and personalised care and support.

- BwD has funded the launch of telecare in nine residential and nursing homes across the borough for an initial period of 18 months. The main purpose of this is to reduce falls and improve health and wellbeing through alternative and innovative interventions. The installation of equipment is currently underway. It is hoped that telehealth will also be able to be used in the coming months as well as other new equipment that is currently entering the market.

Cost and volume discount contracting arrangements are being explored with providers where a certain percentage of placements can be guaranteed by the authority with the rest then being offered by the provider at a discounted rate.

5.2 Domiciliary care:

The CQC briefing (Market Profile, Quality of Provision and Commissioning of Adult Social Care) published in November 2010, noted that whilst the number of residential care home facilities had fallen, the number of domiciliary care services had increased each year since

2004. The trend is reflective of the government policies with regards to supporting independence and self-directed support.

The market report published by the CQC (June 2012) re-iterates this with further analysis detailing a significant rise in these types of services in 2011/12 and 2012/13. They illustrate the changing nature of the adult social care sector, “with a policy direction leading a long term trend towards more provision that enables people to continue living in their own homes and communities”.

There has been further evidence of this in the local area as a number of small domiciliary care agencies have become operational in the borough and BwD have had a various enquiries from local and regional providers wishing to establish themselves in Blackburn with Darwen.

The Council’s process for commissioned care packages for homecare to be provided in two ways. Firstly, short-term intensive homecare in the form of reablement and secondly, homecare packages commissioned from the independent sector ‘preferred’ domiciliary care providers. These ‘preferred providers’ are selected through rigorous tendering exercises to ensure they are able to be flexible, responsive and innovative to the needs of the citizens of the borough.

Reablement support is a key element in our drive to support people at home, rather than in residential settings. The outcomes for people after a period of reablement are closely monitored, to assess benefits and also value for money of the service provided. It is envisaged that the increased use of telecare and reablement can lead to a decrease in long term residential or hospital admissions. There has been a consistent increase of reablement support indicative of a greater focus on reablement as a means of meeting people’s personal outcomes, maximising independence and reducing long-term dependence.

General domiciliary care provision is currently commissioned on a geographical rota system through 7 preferred providers and 2 non preferred quality approved providers. In 2008, following a tender exercise, BwD awarded these contracts with packages commissioned through a spot preferred provider framework. In addition, a procurement activity was also undertaken in respect of a block contract for general domiciliary care and this was utilised until its expiry date of 31st August 2013. The commissioning principles for commissioned services are for packages to be offered to preferred providers in the first instance as they are the organisations who have been, and continue to be rigorously monitored to ensure a high level of quality and safety for the people they support.

The table below illustrates the utilisation of domiciliary care packages commissioned by Blackburn with Darwen Borough Council under the preferred provider contracts:

Service area	Total commissioned hours (as of 28/02/13)	2012/2013	
		Total commissioned hours across the year (open provisions)	Average commissioned hours per month (open provisions)
Domiciliary Care Preferred Providers	282,051	184,428	15,370
Non Preferred Quality Approved Providers	30,834	20,427	1,705
TOTAL	312,885	204,855	17,075

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Domiciliary care	£4,357,799 (gross)	£3,687,156 (gross)

On 12th September 2013, BwD were providing funding for 5,611.50 hours of domiciliary care provision per week through these contracts (hours per week provided by the Reablement Service is not included). The hours provided by these providers equate to approximately 90% of overall commissioned hours across the domiciliary care sector (these figures do not include

hours provided through re-ablement, extra care or supported living domiciliary care settings). Of the clients supported through the contracts, the main client categories include frailty, physical disabilities, learning disabilities, mental health, dementia and sensory disabilities.

Data suggests that packages in the Darwen area appear to be more difficult to commission than those in East and West Blackburn. Potential issues have been highlighted with regards to commissions in rural areas as the data collected on accepted and declined packages of care has indicated a reduced take up of providing service in Turton, Edgworth and the outer areas of the towns.

Although BwD utilise the services of the organisations included in the framework in the first instance, there are occasions where services are commissioned outside of this framework if, on a case by case basis, it is deemed that the individual assessed needs cannot be met by those organisations included in the framework. This on occasion does result in additional one-off contractual agreements and commissions specific to the complex needs of an individual.

Domiciliary care providers are subject to CQC inspections as well as the BwD QAS requirements in relation to domiciliary care. It is a contractual requirement for domiciliary care preferred providers to participate in inspections and provide assurance of meeting the added value standards.

The market rate in respect of general domiciliary care provision is currently at £11.04 per hour for preferred providers and £10.81 per hour for non-preferred quality approved providers (pro-rata'd for half hours and for a short visit of up to 22 minutes). Each visit includes travel time, are for seven days a week, 24 hours a day and are inclusive of bank holidays. A comparison of the rates paid by other local authorities indicates that the current rates paid by BwD are lower than the average hourly rate across the North West.

BwD are currently undertaking a procurement exercise to re-award this provision however with revised commissioning intentions, the major one being a reduction in the number of general domiciliary care preferred providers from 7 to 5.

The procurement exercise has been designed to address:

- the need to maintain levels of commissioning that are sustainable for a provider to operate a viable service in the borough;
- providers being compliant with quality requirements (CQC essential standards as well as added value requirements which BwD would expect for any provider operational in the borough);
- the needs and choices of people across the borough being supported to a high standard;
- an increase in the choice of provision being available in the borough to meet the needs of residents for different client areas;
- the increasing pressure to provide best value for money both internally and externally in line with both national and local priorities;
- the challenge of personalisation, including the rationalisation of a Resource Allocation System (RAS) amount versus a commissioned unit cost;
- the challenges faced in the current economic climate by determining a reasonable unit cost with a view to enabling providers to work towards a market rate suitable for personalisation and personal budgets.

In addition to re-awarding the general domiciliary care preferred provider contracts, as part of this procurement activity, we also reviewed options to increase the domiciliary care market availability to allow for additional choice for the citizens of the borough, particularly to accommodate the increasing demand in the use of personal budgets whilst ensuring a certain

level of assurance is clear with regards to service quality. This has resulted in the advertisement for 5 opportunities in the domiciliary care market:

1. General domiciliary care for adults - inclusion on the accredited provider list;
2. General domiciliary care for adults - preferred provider contracts;
3. Domiciliary care for adults with a learning disability – inclusion on the accredited provider list;
4. Domiciliary care for adults with a learning disability – allocation on the learning disability domiciliary Care framework agreement;
5. Provision of domiciliary, personal care and outreach support for children with disabilities and complex health needs – allocation on the children’s domiciliary care framework agreement.

The development and utilisation of an ‘accreditation list’ (for general and learning disability domiciliary care) will allow for the consideration of the current levels of demand within existing services and the needs / direction over the next 3 to 5 years.

- The aim of this is to increase the level of available advertised capacity in the market for people to be aware of and be assured of a certain level of quality in services they may commission for themselves.
- Providers who expressed an interest through the procurement opportunity have undergone an assurance check to become an ‘accredited’ provider (to advertise their services on the Your Support Your Choice website) and have their details noted on the accreditation lists. This check does not deem any provider on this list as being ‘preferred’ over any other.
- This list is for:
 - the purchase of services for individuals using a personal budget or direct payment,
 - individuals paying for their own support; and
 - members of the public who wish to buy their support from a provider who has undergone an assurance check with the Council.
- The contractual arrangements with regards to the ‘accredited’ providers will be between the individual and the provider. A yearly accreditation review will take place to check that the provider continues to meet the accreditation standards.
- Provisions will be made to re-open the list on a 6 monthly basis should additional providers wish to join.

Market and commissioning requirement discussions noted a benefit in the implementation and utilisation of a framework agreement for learning disability domiciliary care provision and an additional framework agreement in respect of children’s complex cases / outreach.

- This will allow for additional sustainability and choice in the market which would be managed to enable packages to be commissioned and funded at competitive rates.
- The model will be let using a framework agreement covering all geographical areas in the borough boundary.
- In relation to general domiciliary care preferred provider provision, packages will be funded at the market rate of £11.04 per unit. In respect of learning disability and children’s packages, these will be offered to framework providers based on the confirmation of ability to meet the assessed needs of each individual and then in accordance with the most competitive unit rate offered through the procurement opportunity.

- The contractual arrangements will be between BwD and the provider as BwD will have the commissioning and contractual responsibility for services commissioned by them on behalf of users. These contracts will also detail clear quality monitoring requirements to ensure they deliver a level of care that is over and above the essential standards regulated by the Care Quality Commission and that the quality of service provided meets the higher standard expected in the borough.

The tender process to award contracts for general, learning disability and children's domiciliary care provision has been extensive and robust and included a number of evaluation methods, from desktop evaluation of pre-qualification and invitation to tender information as well as on-site quality assurance visits and user experience consultation as a means of ensuring providers with the highest level of quality across the market progress through to being awarded a contract with BwD and provide services to the citizens of the borough.

The contracts will commence in 2014 and will be for an initial period of 2 years plus an option to extend on an annual basis for up to an additional 2 years, based on satisfactory performance and at the discretion of the Authority.

Details of the current accredited and preferred providers can be viewed on the 'Your Support Your Choice' Website:

<http://www.yoursupportyourchoice.org.uk/ilist-of-care-agencies.aspx>

Market Opportunities: Domiciliary Care

A number of changes need to happen for services to respond to demographic changes and the requirements of personalisation. The long-term trends are of increasing numbers of people who:

- are assuming a caring role;
- are living to an older age, especially above 85;
- have a serious or moderate personal care need;
- have increasing needs resulting from a growing incidence of dementia;
- have a learning disability and are living longer with complex needs;
- have a mental health condition; and
- two-thirds of people with dementia live in the community and wish to continue to do so.

An important development for 2013/14 involves the stimulation of and engagement with providers offering support through personal assistants (PAs), whose role is vital in ensuring a full menu of flexible support for the increasing numbers of people who choose to meet their care needs through personal budgets and other forms of self-directed support.

The Alzheimer's Society *Support.Stay.Save – Care and Support of people with dementia in their own homes – January 2011* found that:

- increasingly, good quality services will be required to prevent unnecessary hospital admission and to support people on hospital discharge;
- increasingly, support in the community will be important, together with help to access local universal services;
- For those who are reaching the end of their life, more support is needed so that people can die where they choose;

The social care market in BwD is diverse both in scale and geographic distribution. In some areas, gaps in provision are evident and need to be addressed. The relationship between providers and commissioners is very positive but we are keen to develop closer relationships with providers to make the best use of joint intelligence, knowledge and skills.

Market Opportunities: Domiciliary Care

- New arrangements, including the use of framework agreements will enable commissioners to have a closer relationship with a number of providers.
- Regular provider led forums with the sector will continue to take place as a means of sharing best practice and discussing areas for development, engagement and additional focus.
- Communication with regards information beneficial to the sector to be circulated as standard.

Providers will need to increasingly respond not just to BwD and its partners but to individuals or small groups who may want to commission bespoke packages through personal budgets. This increasing range and diversity of customers will require providers to market their service and improve access.

- The accreditation list for general and domiciliary care provision will reopen on a 6 monthly basis to allow additional providers to be included.
- Providers will increasingly need to look at new ways in which their services can be designed, working with users and carers, both individually through personal plans and reviews and through overarching service design.
- Providers will need to respond to personalisation by developing new approaches and appropriate marketing.

In order to pursue the reablement ethos, providers will need to consider how to better engage with and link users with other opportunities in the community.

- The focus should be on recovery and independence. People who are very frail or who have other complex needs or long-term disabilities may need a higher level of sustained support. Even so, providers should be seeking to maximise independence.
- Providers who demonstrate an outcome focused ethos are likely to secure more business.
- Assistive technology should be used wherever appropriate.

Delivering a high quality service is clearly important for all service provision. Quality and reliability will differentiate providers, especially where markets are more mature and price differences are narrower.

- A yearly accreditation check will be undertaken with 'accredited providers' to ensure quality is maintained.
- In order to maintain preferred and framework provider status, providers must ensure that they adhere to the contract and quality assurance monitoring requirements to the level expected by BwD, key stakeholders and most importantly by the people using the service. Annual quality assurance review will be undertaken involving user consultation and engagement. Should a significant failing on the part of the provider be found, based on an individual risk based approach, BwD may withdraw from services and seek alternative provision in the market.
- Following safeguarding practice; providers will need to ensure that staff think carefully about the person and the environment in which they provide a service and take all necessary steps to ensure customer's safety and security.

The commissioning role is changing fast and providers and commissioners will need to work in different ways to share market intelligence, develop new service models, and look to long-

Market Opportunities: Domiciliary Care

term partnerships and co-production where possible.

- The general trend is towards more generic service design and commissioning – solutions that respond to individual need rather than historic models. This does not mean that there is no place for specialist provision or that providers should not develop expertise in particular fields but all parties will need to consider when specialist care is needed and what business models in different markets they will need to use.
- This will vary according to different markets but may include sharing expertise and resources to increase impact and efficiency, working through a range of both formal and informal models.

In addition to their internal processes, providers can contribute to workforce development opportunities using the BwD Workforce Development Partnership.

- Providers will need to meet the required workforce knowledge and skills we have set out through procurement approaches and they will increasingly be expected to contribute to assessments, service planning and reviews.
- Examples of where skill development may be necessary include:
 - working in a person-centred way to achieve the best quality service;
 - providers of services to individuals with a mental health condition to be trained and have access to consultancy from Mental Health practitioners;
 - working with people with dementia – including managing risk and improve the quality of practice in care homes for those with dementia;
 - end of life care;
 - medication management.

5.3 Extra care services

Appropriate, cost-effective, community-based accommodation options are key to giving people greater choice and control and helping them to live as independently as possible in their own homes, while maximising value for money for all. The provision of housing in the community needs to be linked to the strategic planning of a range of community-based care and support services, capable of providing 24-hour cover, to help people within their home of choice. Implementation of this policy direction aims to reduce state-funded admissions into residential care homes.

The need for extra care provision of older people's housing has already been identified through the BwD Older People's Housing Strategy framework and the Extra Care Housing Strategy and links clearly to both local and regional priorities for a growing section of the community.

Extra care housing continues to be a key element of an overarching commissioning strategy geared towards delivering quality person-centred outcomes that evidence an approach to personalisation, prevention and the delivery of efficiencies. Against a backdrop of increasing public sector spending pressures, local demographic trends and health and well-being indices continue to present significant challenges.

Quality, innovation, performance and the realisation of the Putting People First Personalisation milestones underpin our strategic commissioning approach.

Key elements of extra care schemes include:

- 24 hour care and support, available at all times;

- security of tenure deriving either from an assured tenancy or lease with the right to control access to their own property;
- the option to provide opportunities for social interaction and community engagement;
- an ethos that promotes self-determination, enabling and independence;
- a model of supported housing rather than residential care.

Services in the borough are currently provided at:

Scheme	Accommodation Units
Spring Bank Court	48 double units
Hindle Court	28 single units
Lees Court	37 single units
Pembroke Court	28 single units
Kingsway	64 units
St Margaret's Court	29 single units
Cotton Spinners Court	5 single units and 4 double units

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Extra care services	£1,069,022 (gross)	£1,201,705 (gross)

*Further details can be found on the 'Your Support Your Choice' Website at:

<http://www.yoursupportyourchoice.org.uk/i-need-help-with/housing-choices-and-care-homes/sheltered-and-supported-housing/extra-care-housing.aspx>

These services are operated by one care provider who was successful in 2 comprehensive procurement and tender exercises, one of which was an outsource project for services previously operated by BwD. As part of these contracts, the provider is also commissioned to provide the night time background support at these settings.

There has been a marked increase in the number of clients receiving extra care services, indicating a shift in the expectation of the client group, maximising independence and reducing long-term dependence on residential care settings. The number of hours of commissioned extra care has risen from 1,271.53 hours per week in July 2012 to 1,337.5 hours in September 2013.

The quality assurance process in relation to extra care services is dependent upon the status of the service provision. The housing related support will be assessed together with the care provision. All stakeholders within the extra care model are expected to work closely with users and tenants to build vital relationships to move from consultation to co-production where service planning, delivery and design are led by users. The aim is to maximise the use of available resources by establishing longer-term, more integrated relationships with citizens and providers and more diverse solutions to meeting individual's needs.

The housing related support provision for the majority of these services are commissioned and funded under the remit of the Supporting People Programme.

Contracts in respect of the services at Spring Bank court, Hindle Court, Lees Court, Pembroke Court and Kingsway are in place until 31st January 2015 and services commissioned at St Margaret's Court and Cotton Spinners Court will continue 30th August 2018 (with breaks at August 2014 and August 2016 if required).

A number of new build extra care facilities are currently being developed:

- Shorey Bank is a forthcoming new build development in Darwen for 115 units, 85 of which will be for extra care provision. There will be a mix of one and 2 bed apartments,

some bungalows and other apartments for sale. There will also be additional services such as cafés as part of the overall facility to enable mixed universal usage, combating social isolation. The build is due to commence and will be operational by 2016. The provider to undertake the build project and the care provider have been selected through a tendering and procurement exercise.

- Moorgate Mill is also being developed and will provide 20 specialist extra care beds into the market. There will be 10 units for people with moderate to complex needs and a further 8 apartments built to a secure specification (to deal with very complex behaviours). Currently for a small but significant number of high need individuals, services are commissioned out of borough. It has been acknowledged that individuals prefer to receive care closer to home which this project will work towards addressing.

Market Opportunities: Extra Care

Given the demographic changes, older people may have the same expectations and aspirations as younger people in terms of choice and control and they will require access to a flexible range of support services to enable them to continue living safely in the community. Through support planning, users of extra care services need to be supported to draw out what may be important and often life enhancing outcomes for them. The concept of choice and control is central to this model of provision, as is an approach that promotes engagement and reablement. Extra care services need to be designed to provide homes for life and require a proactive programme of support to enhance life skills, community engagement and active citizenship that are a core feature of the delivery model.

- We recognise the unique nature of extra care services and the need to ensure that a core support service is available to tenants between 10.00pm and 7.00am.
- We are also committed to enabling the users of extra care services to self-direct their day-time and early evening support (7.00am – 10.00pm).
- A desired market outcome is for a range of affordable and value-for-money accommodation options that offer choice for people over where they live, which also support personalised care and support services.

Appropriate options range from:

- self-contained housing for people who also require access;
- 24/7 support and personal care to support people to live independently in the community;
- Specialist and designated housing (for specific disability or need);
- Independent housing arrangements (including clustered or dispersed, within the social housing sector, private rented sector or owner occupied);
- Adult placements;

A review of extra care services is being undertaken, the outcomes of which will influence current service delivery and the identification of additional models which would successfully meet the preferred outcomes for citizens of the borough.

- BwD will continue to work with providers and Registered Social Landlords (RSLs) as a means of undertaking joint reviews and consultations on existing and new housing schemes in order to share key skills and knowledge and influence the outcomes which will ensure they are achievable, innovative and can stand the test of time.

5.4 Supporting People Services:

Provision in relation to Supporting People Service (housing related support) has been funded by BwD since 2003. The programme commissions a wide range of supported housing services with the primary purpose to develop and sustain a person's capacity to live independently in their accommodation. When considered in isolation the tasks may not

immediately appear significant but, when delivered as a package of support, they can make the difference between a person sustaining an independent lifestyle of their own choice as opposed to maintaining a dependency on a more intensive residential or institutional setting. Some examples of housing related support services include enabling individuals to access their correct benefit entitlement, ensuring they have the correct skills to maintain a tenancy, advising on home improvements and accessing a community service alarm. Other services include a home visit for a short period each week or an on-site full-time support worker for a long period of time. The emphasis is about *enabling services* as opposed to *doing for services*.

Support services can be categorised as 'short term' and 'long term' in accordance with their aims and objectives. Short term schemes last for up to two years with the intention of moving a person on to independent living or increasing the ability to live independently. Long-term services are on a continuous basis and are often characterised as open-ended.

The aim of the Supporting People programme in BwD is to deliver a diverse range of high quality housing related support services to vulnerable people living in the borough, making best use of available resources, ensuring that the services meet people's needs, that they are integrated with existing services / strategic plans and take account of the views of users, partners and stakeholders.

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Supporting People	£4,286,279 (gross)	£4,014,715 (gross)

The programme currently funds a mixture of long and short term accommodation services as well as floating support provision. The client categories supported include:

- Homeless Families with Support Needs
- Older People with Support Needs
- People with Learning Disabilities
- People with a Physical / Sensory Disability
- Teenage Parents
- Young People at Risk
- Offenders / People at Risk of Offending
- People with Drug Problems
- People with Mental Health Problems
- Single Homeless with Support Needs
- Women at Risk of Domestic Violence
- Generic

Client Group	Number of contracts	Number of Services
Generic	1	1
Homeless Families with Support Needs	3	3
Offenders / People at Risk of Offending	1	1
Older People with Support Needs	7	49
People with Drug Problems	5	5
People with Learning Disabilities	6	22
People with Mental Health Problems	5	6
People with a Physical / Sensory Disability	3	3
Single Homeless with Support Needs	6	7
Teenage Parents	1	1
Women at Risk of Domestic Violence	3	3
Young People at Risk	4	5
Total	45	106

Provision is reviewed through a combination of annual quality assurance exercises whereby the quality assessment framework (QAF) is assessed and a level of quality assurance issued (from level A being the highest and level D being the lowest). These include staff and service user consultations and all providers in the borough are currently achieving level C or above. In addition, value for money assessments, analysis from performance indicator returns and detailed consultation on an individual provider basis are also carried out.

In 2011, an efficiency review programme was undertaken where efficiencies were negotiated and agreed for all Supporting People independent sector contracts. This was carried out through a combination of value for money assessments in addition to detailed consultation on an individual provider basis discussing any potential impact and associated risk to users, staff and the organisation.

Furthermore, in meeting our legal obligation to set a balanced budget for 2013 - 2015, a number of budget options and proposals were put forward including the review of Supporting People expenditure.

We will undertake a full market analysis and needs assessment / strategic relevance review of the sector culminating in a revised commissioning statement and services will be commissioned in accordance with those requirements. This will include a reduction in some services (in some cases, fully decommissioned), a change in service requirement for others and a focus on services which provide preventative measures to reduce the demand on reactive services, ultimately providing an efficiency in other areas of the business.

A strategic risk analysis has been carried out in conjunction with key partners and stakeholders to identify the services deemed to be of a high risk and therefore a priority to be reviewed in the first stage of the timetable. The analysis has indicated a high risk for the sector of single homeless with support needs with an emphasis on the review impacting on the interdependency with other projects / provision / departments and also complexity of need. The quality of service provision for some of these services also requires a more in depth and detailed analysis.

A full timetable has been developed and reviews have commenced with a planned target of undertaking the exercise for the top 10 high risk services by December 2013. Recommendations as an outcome of this will be discussed at the Supporting People Officers Group and subsequently tabled for discussion and approval at the BwD Senior Leadership and Senior Policy Team meetings.

All recommendations and discussions regarding sector provision are discussed at the multi-disciplinary Supporting People Officers Group. Representation includes Strategic Commissioning, Contracting, Quality, the Drug and Alcohol team, Probation, Housing Strategy, Housing Needs and Finance.

It is envisaged that this review would see a reduction in funding to Supporting People services of £840,000 (18%) over two years. We will work directly with providers to scope out and implement any changes as a result of these reviews as we are committed to maintaining the close partnership approach that has underpinned the Supporting People Programme over the years.

Current contractual arrangements will remain in place until 31st March 2015 thus exempting services from re-tender and offering a period of consolidation in which we and providers can implement a phased programme of service reviews. As these are completed and implemented, revised contract outcomes will be agreed with individual organisations, some of which could result in the opportunities being advertised to the wider market.

Market Opportunities: Supporting People Programme

The market analysis and needs assessment / strategic relevance review of the sector will result in a revised commissioning statement and services will be commissioned in accordance with those requirements.

- Existing providers will be a key stakeholders in this exercise and will influence the outcomes and in turn will establish a sustainable, viable and effective Supporting People sector market.

Market Opportunities: Supporting People Programme

- The review will also identify any gaps or overprovision in the market and overprovision which may result in services being advertised under procurement and tendering principles.

5.5 Day Care:

The development of accessible, community based day services and the creation of a broader range of neighbourhood based options has increasingly been a key theme of BwD and its partners over recent years.

A wide range of initiatives have been developed in light of the rising public expectation that quality and choice are integral to the provision of local services. Central to this is the need to ensure that commissioned services are integrally linked to neighbourhood well-being and engagement projects to maximise opportunities for early intervention and prevention.

In parallel with local developments, the Government has stressed the need to enable vulnerable and disabled people to have greater control and choice over the support they need and the resources available to them. The personalisation agenda is a cross corporate issue that requires social care, health, housing, transport, supported employment services and training organisations to work together to ensure full and equal citizenship for disabled people. The development of high quality, personalised support that ensures greater choice and value is a central driver in the need to review current provision and re-commission a broader range of flexible services.

The role of integrated care and support across neighbourhoods is a key feature in a strategy to enhance involvement and reduce social isolation.

Social policy drivers, rising public expectations around personalisation, quality and choice and the need to provide more cost effective services have challenged the traditional model of day service delivery, one that has often been identified with a risk averse culture of respite and containment. There is a need to refocus commissioning activity around fulfilling opportunities within local neighbourhoods. The emerging neighbourhood agenda offers a clear potential to create a combination of services that reflects the changing direction of policy with the need for a stronger community based focus less reliant on targeted statutory provision.

Significant changes have taken place across the borough in relation to day service modernisation over recent years including the decommissioning of a range of building based services, the expansion of an accredited personal assistant network and investment in health and wellbeing projects. The emerging neighbourhood agenda offers a clear potential to create a combination of services that reflect the changing direction of policy.

The majority of day services are currently delivered by the in-house provision and independent sector commissioning. In addition, there are a small number of spot purchases from specialist providers and residential services that provide drop-in services. These provide services to older people, adults with a learning disability and those with a diagnosis of dementia. There are 2 day care centres in operation by BwD, one supporting older people and one supporting people with a learning disability. There are also 2 contracts held with independent day centres supporting older people.

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Day Care – independent sector	£535,088 (gross)	£515,312 (gross)
Day care – in house	£1,913,120 (gross)	£930,708 (gross)

A detailed review of the provision is ongoing with the projected outcomes addressing the issues noted above.

Work has started on improving one of the day care centres (Hopwood Court in Audley). A building extension, new conservatory, additional group rooms and specialised bathing facilities are just some of the improvements being planned. This project is due to be completed in spring 2014.

Market Opportunities: Day Care

Traditional models of buildings based provision at time limited periods have been a feature of public sector commissioning over recent years. However, as the aspirations of people who use services and their family and carers continue to rise we wish to explore a more innovative and person centred approach to this important area, including:

- outcome focussed models responsive to the changing needs of individuals / personal budget holders.
- an increased focus on connecting people with their local communities.
- building based services being a key resource for local communities and neighbourhoods.

5.6 Supported Living Services:

All BwD and former PCT run Supported Living Services were outsourced in 2008 via a substantial tender. These 23 properties (65 units) were transferred to three not for profit organisations on a five year contract. These previously outsourced block TUPE contract arrangements have been reviewed throughout 2012 and 2013 to support the move to more standardised market rates and support the uptake of individualised budgets. Contracts for the 2 main providers have been extended in line with the negotiations (to 31st March 2014).

A major part of the 2013/14 transformation programme is to review all high cost placements which are made up of complex LD and out of area placements. Provision needs to be increased across supported tenancies for those with all ranges of learning disabilities to allow people to stay in their own localities and access more community based support and to transfer back into BwD those that currently have to be placed outside of their own town boundary.

Specialist providers for Autism and Asperger's are needed within the residential, supported living and shared lives sector particularly with a number of cases coming into adult services from former Children's Commissions.

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Learning Disability Supported Living Services	Total: £8,596,481(gross) <i>Frailty: £6,783</i> <i>Physical disability: £224,884</i> <i>Learning Disability: £7,842,134</i> <i>Mental Health: £522,680</i>	Total: £7,840,343 (gross) <i>Physical disability: £222,558</i> <i>Learning Disability: £ 6,986,115</i> <i>Mental Health: £631,670</i>

Market Opportunities: Supported Living Services

- Skilled responses to meet complex needs in people's own home are required to both prevent and bring back people from out of area.
- Provision for Autism is particularly in need.
- Block arrangements will be phased out for current LD supported living providers with

Market Opportunities: Supported Living Services

clients being offered a personal budget. This will open up the market for 2014/15 with innovative support from providers needed.

- Additional and bespoke capacity for people with enduring mental health problems to ensure that local links are maintained.

5.7 Community Provision:

At a time of great change and reduced funding in the local government sector, new or enhanced ways of working are needed to ensure authorities are able to guarantee continuity of services for their citizens. Against a background of 'Big Society thinking', voluntary and community organisations are expected to play a greater part in delivering these services. There is an opportunity to embrace new ways of working which deliver services more effectively.

It has also been noted that the communities and environment in which we live affects our mental health and wellbeing. *The Foresight Project: Mental Capital and Wellbeing: Making the most of ourselves in the 21st century (Government Office for Science 2008)* indicates that:

- sustainable development and a healthy environment improves wellbeing;
- social isolation increases the risk of developing mental health problems;
- social capital connects communities and supports sustainability and wellbeing;
- increasing access to green spaces can enhance wellbeing, increase social interaction and increase physical activity; and
- discrimination and stigma create social exclusion and contribute to mental and physical ill health as well as socio-economic inequalities.

We recognise that voluntary and community organisations make a distinctive contribution to the needs of citizens, in particular, their responsiveness, flexibility, independence and capacity for innovation are valued qualities. Also their ability to develop self-help groups and to reach organisations and people who may be overlooked prove a valuable addition to meeting the needs of all individuals in the borough.

Partnerships with local voluntary organisations and the private sector are central to our work. Voluntary agencies ensure that local people can access a wide range of flexible services, including preventative support in community settings.

The table below details the gross total spend with regards to this overall provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Community provision	£490,350.06	£508,432.06

BwD provides funding to a number of voluntary sector organisations ranging from services providing advice and information / signposting to services supporting individuals with disabilities to gain employment. Examples of such services are:

- Care Network is a registered charity that supports people in the borough to live independently by referring them onto a range of quality assured services including gardening and home maintenance services. Assisted shopping is also offered for vulnerable adults who struggle to go shopping on their own as well as a shopping list collection service and pension collection. Their customers include older people, people with a disability and those who care for someone at home, but adults of all ages needing support to live independently can access their services.

- Caring Neighbourhoods: the scheme is Age UK Blackburn with Darwen's befriending service providing volunteers who either visit or offer a weekly 'Phonelink' call. Volunteers are matched with and visit socially isolated and housebound older people in their own homes on a regular basis, sharing a cup of tea and a chat. The visiting scheme is intended to be a long term relationship and real friendships are often forged. The Caring Neighbourhood Scheme is currently supporting over 110 of the borough's frail and vulnerable older people.
- The Ageing Well project also operated by Age UK and aims to support and encourage older people to improve their health and wellbeing through the provision of a range of activities. Their current sessions include swimming, walking, dancing, Nintendo Wii sessions, bowling and a variety of exercise sessions.
- A Supported Employment service is currently operated by Bootstrap and focuses on supporting people with a disability to access universal services in relation to job seeking and responding to worklessness.

The sector forms an important part of the overall service delivery in the borough and is routinely engaged in strategic developments, for example, the 50+ Partnership, Carers Service and Care Network. This has involved developing joint projects, commissioning plans and local project initiatives. The approach has been embedded over a number of years and has supported greater social engagement and community regeneration.

In addition, the 'Your Support Your Choice' service (YCYC) acts as a one stop shop for health and social care information, advice and advocacy from a variety of different partner organisations. Service delivery is through an innovative partnership with Lancashire Mind and Care Network. YSYC supports adults to live independently by helping them access a wide range of quality affordable social opportunities e.g. luncheon clubs, social activities as well as to make more informed choices about helping themselves without the need for health and social care services. YSYC aims to minimise social exclusion by promoting local community links and schemes.

BwD commission a social inclusion service for people with mental health needs. The purpose of the service is to promote wellbeing, independence and social inclusion. It provides advice, encouragement, emotional and practical support for citizens to:

- enjoy opportunities for personal development;
- improve emotional and physical wellbeing;
- access education, training and employment opportunities, building on current skills and interest;
- meet people and enjoy new friendships and social opportunities;
- take part in a wide range of activities;
- manage everyday life more confidently and independently;

Further work is underway to:

- evaluate how to demonstrate 'social value', particularly but not exclusively in relation to third sector procurement;
- be clearer about when grant funding, rather than contracts, may be most appropriate;
- establish a clearer position in relation to the potential for support planning and brokerage delivered by the third sector; and
- extend the involvement of individuals, carers and third sector organisations in monitoring quality.

The review of community provision is currently included in the Council's review of advice and information services across the borough, the outcome of which will ascertain future provision and resultant services required to meet care, support and holistic needs of citizens (ensuring this is in line with contract procedure rules and procurement guidelines).

In order to allow for this detailed and comprehensive review to continue and ensure it takes into account the future of current provision including factors such as risk, quality etc., current contractual arrangements are in place until 30th September 2014.

Market Opportunities: Community Provision
<p>We will promote and encourage a robust voluntary and community sector infrastructure that can reliably deliver services and other opportunities.</p> <ul style="list-style-type: none"> • The outcome of the review of advice and information services across the borough will ascertain future provision clearly linked with the Your Support Your Choice Service as a means of providing a holistic and universal advice and information service for the citizens of the borough. • We will involve communities in the design of services. • In conjunction with other departments, options will be explored as to community-led planning (for example, where a community has a plan developed with clear evidence of the participation of local people, like a town or parish plan and where it wishes to develop solutions to improve health and wellbeing).

5.8 Carers:

Providing unpaid care to an adult or child who has a long-term illness or a disability, is elderly or has a mental health need, can be hard. Sometimes having a short break, anything from just a few hours to a few weeks, can mean a lot.

Providing a break from the pressures of caring is a vital part of supporting quality of life for both carer and the person being cared for. There are a number of organisations in the borough that support carers. They offer information, advice and one-to-one or group support and can act as a gateway to other services that can help carers to get the help and support they need.

There are a wide range of carer's breaks services including:

- residential respite for the person cared for, at the home of their choice;
- group meetings with other carers or organised activities;
- grants to pay for things like gym membership, relaxation treatments, sports tickets or outings to the theatre, or longer holidays with or without the person cared for; and
- additional support for the person cared for when the carer goes away.

There are also a range of leisure and social activities that are aimed at carers, this could be anything from support groups and pamper days to craft sessions and coffee mornings.

The table below details the spend with regards to this provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Carers Service	£122,423	£122,423

The Blackburn with Darwen Carers Service has a whole family approach to bringing services together to ensure carers' needs, wishes and feelings are heard and addressed.

- It arranged 323 short breaks for carers in addition to those offered by the Council.
- It has access to small grants that carers could use to fund time to themselves, a break or activities that will improve physical or mental health. Access to these personal grants is through a Carers Service advisor who will work with the individual to identify their needs.
- The service now has a drop in facility at the Your Support Your Choice Service and is identifying new carers.
- Through lottery funding carers support is now available in rural areas through a dedicated carers' advisor. This has impacted positively on social isolation of these carers as they can now attend regular coffee mornings in community venues local to them.

Market Opportunities: Carers

We will, in partnership with the Carers Service, explore options to combine what GPs want for carers with what social care would envisage and combine budgets to make this happen

We will also focus the funding for the service on young carers and carers of people with drug or alcohol addiction.

The Carers Service will work in partnership with the Young Carers Project to look at transitions for carers age 16-24.

The Olive Branch Restaurant will offer opportunities to carers to learn how to cook and cooking on a budget, alongside offering a teaching kitchen to individuals with disabilities to support them into gaining skills for employment.

The Carers Service provides support to all carers but has recognised a need for more specialist support for those carers looking after someone with a mental health need.

We wish to explore how the potential unmet needs of hard to reach groups can be better supported e.g. carers from the BME community, carers of people with dementia.

5.9 Shared lives and short term breaks:

A Shared Lives Scheme placement offers vulnerable adults the chance to receive the care and support they need in a different setting to the family home, or the supported accommodation, in which they usually live.

Placements are arranged in the homes of carers who have been recruited, trained and approved for this purpose. Placements can be short term, lasting anything from one night to several weeks, enabling both the person needing support and their carers to have a break. Or they can be more long term, providing the opportunity for the person receiving support to live as part of the family. Emergency placements may also be considered if suitable carers are available.

Day support can be arranged if this would meet support needs. This can be for as little as one hour per week and may be provided at differing times of the day, evening and/or weekends depending on the availability of approved carers.

The Shared Lives service in the borough is operated by BwD and also monitored through the Care Quality Commission.

A short break away from home in a residential or nursing home can often be arranged on a temporary basis to provide a welcome change for the person being cared for in addition to giving the carer a much needed break.

BwD also operate a Short Term Breaks service for people with learning disabilities at St Aidan's Avenue in Mill Hill. The service operates as a guesthouse to enable people who have a learning disability to enjoy a short break. It has aids, adaptations and equipment to meet the needs of people with learning / physical disabilities. Fully trained and competent staff are on hand to offer help and support where needed. The service provides a lively environment with lots going on for people who like to be active and social. The building has five guest bedrooms, all en-suite with either a bath or walk in shower. There is also a one-bedroom apartment situated adjacent to the main building, with private entrances as well as a lounge and kitchen area. These provide opportunities for people to experience greater independence but with the reassurance that members of staff are on hand if needed.

The table below details the gross total spend with regards to this provision:

Area	Total Spend (2012/2013)	Total Projected Spend (2013/2014)
Shared Lives and Short Term Breaks	£373,205 (gross)	£372,589 (gross)

5.10 Assistive technology and aids / adaptations:

For many people moving safely around their home is an ongoing problem and accidents like falls can have serious consequences. These problems can be due to illness, sight or hearing loss, a physical or learning disability or just growing older and finding it harder to move around. Items of minor equipment are available for people who need practical help due to sight or hearing loss, physical or learning disabilities, frailty or illness. These can sometimes be all that is needed to help them to maintain their independence and quality of life.

Telecare service are also available. It is useful for people in the early stages of dementia, at high risk of falling or having just come out of hospital. It is of particular value to those living alone who wish to remain living independently in their own home.

We are currently undertaking initiatives such as the Safe and Well programme as a means of identifying and influencing the future strategy and development with regards to assistive technology in adult social care provision. This includes 18 month pilot programmes with residential care homes, sheltered accommodation and advice and information services.

- BwD has funded the launch of telecare in nine residential and nursing homes across the borough. The main purpose of this is to reduce falls and improve health and wellbeing through alternative and innovative interventions. The installation of equipment is currently underway.
- We are also working with three voluntary sector providers to provide an 18 month pilot project using Telecare solutions. The programme is initially providing funding for about 200 users per annum to be equipped with basic telecare equipment to support them in the community.
- It is hoped that telehealth will also be able to be used in the coming months as well as other new equipment that is currently entering the market.

There are certain criteria people must meet to be eligible for participating in this initiative but the main emphasis is to identify and support people that do not meet the Councils FACS criteria.

This pioneering project will aim to truly support 'early intervention and prevention' by working with people early on and help prevent them from reaching a more critical stage as early or reducing admissions to hospital or residential / nursing care.

The pilot and prototypes will be evaluated independently in conjunction with the local college. All of the work will help support and shape our future commissioning strategy in relation to assistive technology.

In relation to adaptations, BwD can assess practical needs and then consider which pieces of major equipment can help individuals. It could be a stair lift or a hoist to help carers move people around home. It may be that an adaptation to the home, such as a ramp or level access shower, could enable the user to remain living there independently.

Market Opportunities: Assistive Technology

The outcomes achieved from the Safe and Well programme will inform the future strategy and development with regards to assistive technology in adult care provision.

- We wish to further explore the use of assistive technology in a number of additional services i.e. learning disability as a means of testing the principles across a wide range of provision.
- We are also offering training opportunities and workshops to all providers in the market in to give an overview and raises awareness around the importance of assistive technology, the positive role it can play in promoting independence, the availability of devices and how these devices can be used as an early intervention / prevention and monitoring tool.

5.11 Direct Payments, personal budgets and self-directed support:

The Adult Social Care Concordat “Putting People First” requires local authorities to make personal budgets available for people with ongoing care and support needs as part of the wider transformation of social care. Personal budgets can be accessed through a number of mechanisms, including a direct payment to the individual service user, or managed by a provider or other third party via an Individual Service Fund. Personal budgets are part of the wider framework of self-directed support, which aims to enable maximum choice and control, through self-directed assessment, a transparent allocation of funding, and personalised support planning. BwD is committed to working with those eligible for personal budgets and providers to ensure an approach that maximises choice, independence and business viability.

A number of key milestones and targets have been set as part of the Putting People First implementation programme at a national and local level. This means that all new users or carers, with assessed need for ongoing support are offered a personal budget and that all users who’s care plans are subject to review, are offered a personal budget.

6. User involvement and satisfaction in current services

The way in which BwD commission and deliver services will be determined by the views, opinions and experience of users, their families, carers and advocates. Consulting with and involving people who receive services (and their carers) in planning and monitoring those services and other activities will continue to be a high priority.

BwD has a dedicated team of Quality Assurance officers who undertake user consultation when assessing the quality of provision within the borough.

Users have been and will be, actively involved in the review of services provided by those who have tendered for business for the borough. They have participated in formal tender interview panels and assessed the quality of information provided by the organisations. Feedback from these sessions has significantly influenced the decision making process prior to contract award.

The BwD Shared Lives service currently actively involves service users as part of the panel to pick new Shared Lives Carers and families. These volunteers give an honest opinion of potential carers suitability to offer a vulnerable person a place of support to live in. This practice needs to be expanded across other services.

Consultations aim to capture the aspirations of service users regarding future service delivery, this enables us to incorporate the ideas into newly commissioned provision, thus future proofing services and allowing for them to be designed to meet the changing needs of future generations. It also allows for a firmer evidence base, informed by more effective monitoring of outcomes and feedback from citizens to shape future commissioning intentions.

We review complaints received with regard to the services during regular provider quality assessment reviews, as part of tender submissions and ad hoc arrangements. Mechanisms for monitoring are detailed in contractual arrangements.

We are committed to working with the voluntary and community sector and to utilise the expertise of organisations such as the 50+ Partnership, Older Peoples Forum, VCFS and the Your Support, Your Choice service to engage users in the consultation process in relation to both existing and new provision.

7. Support from us towards meeting the ideal model:

We recognise that providers are operating in a very challenging environment and our commitment is to:

- work transparently with you;
- work in partnership wherever possible to find creative solutions;
- continually improve the information we make available to help you in your business decisions;
- reduce transaction costs wherever possible;
- design our commissioning strategies with you so that, as far as possible, they reflect your business reality;
- pay quickly for services we buy from you;
- adjust our working practices where we can to help you to operate efficiently – including looking at e-market places and other ways of better connecting providers with people who wish to buy services (whether with their own money or supported);
- review the range of contract models available to us and seek to innovate around emerging opportunities e.g. Individual Service Funds

But we also need you to:

- recognise the realities we face and work with us to reduce costs;
- adapt your businesses to the changing environment;
- innovate to offer new, cost effective solutions'
- market your services to secure private business and direct payments to ensure that your business risk is spread;
- tell us early if you intend to remodel your business or fear business failure so that we can work with you to manage any impact.

We are planning to put forward a number of strategy papers regarding commissioning intentions and would like to include the views of providers and key stakeholders as to whether they wish / have scope to develop their existing services to lead to secure investment in the borough. Partnerships and communication groups such as the Adult Social Care Partnership and sector meetings will be a key forum for these discussions. This will also further ensure effective relationships which continue to share market intelligence to increase understanding of any potential gaps in provision.

Free support will be offered through the BwD workforce development partnership which promotes and provides training to all social care employers within the borough. We will work with providers to identify training opportunities which the sector feel would assist them in their role supporting citizens, those which are identified as focus areas based on trends and areas of additional innovative practice as required.

Training and support with regards to ensuring service delivery during uncertain economic times will also be offered i.e. business continuity support sessions, resource material etc.

Opportunities can also be explored with regards to the potential implementation of block and volume contractual agreements (taking into account EU regulation and BwD's contract procedure rules). It is acknowledged that this will cause more risk to BwD however it will work towards mitigating some financial risk to providers who are looking to invest in the borough.

To contribute to achieving the expected outcomes, the identified commissioning intentions need to be supported in decision making elsewhere. For example, it is essential that policies in relation to planning and development management reflect this approach and contributes to managing demand for services. The contents of this Market Position Statement have been shared with such departments and the principles linked to those said policies to enable them to understand the future strategic direction of care and support needs and the vision for the future of the local social care market.

End of Document