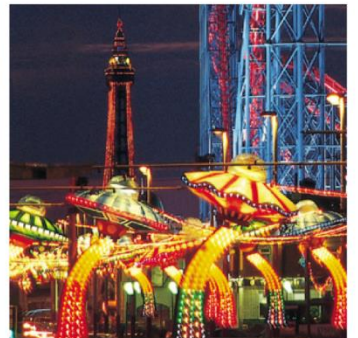


Adult Contracts and Commissioning Market Position Statement 2014

Care at Home Services:
Domiciliary Care, Supported Living and Reablement

Blackpool Council



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Foreword:

Supporting vulnerable adults in Blackpool is a key strategic priority for the Council. Within Adult Commissioning, we work closely with our stakeholders to ensure that people are provided quality services and effective care to remain in their own homes and active in their communities for as long as possible.

Through our various care at home providers, we know that our residents have access to a range of good quality services to meet their needs. An increasing and ageing population and continued restrictions in local government spending is likely to mean significant change to adult social care in coming years. As a result, we wish to stimulate a diverse, responsive and innovative adult care at home market to meet required outcomes during these challenging times.

The Council has commitment towards the development of this and subsequent Market Position Statements. We anticipate they will form part of ongoing discussions between the Council, service providers and service users and carers about the future of local social care.

All data sourced from POPPI.org and PANSI.org and the Health and Social Care Information Centre.

1. What Is The Market Position Statement And Who Is It For?

This document is primarily aimed at existing and potential providers of care at home services with particular focus on domiciliary care, supported living and reablement provision. It will also be of value to those with an interest in the future of local social care markets.

This Market Position Statement (MPS) presents a current picture of care at home demand and supply, what that might look like in the future and how strategic commissioners will support and develop the local market.

The MPS aims to present the data that the market needs to know and use for providers to develop effective business plans. The MPS represents a discussion point for dialogue with providers around developing local services.

There is a broad range of care at home providers within Blackpool, including voluntary and community, not-for-profit organisations and the private sector, and the Council wants to build on this to ensure that there is a strong and sustainable social care market from which service users can choose services to meet their needs.

The Council has a responsibility to produce a MPS for Adult Social Care. We will look to develop how we produce these in the future and feedback is welcomed to shape improvements for next time. If you have any comments or suggestions, please email commissioning.team@blackpool.gov.uk.

2. Key Messages

- Demand for care and support services in people's homes will rise but will not be matched by a similar commitment in public spending nationally
- Life expectancy is increasing and people will access support services later in life, presenting with more complex support needs
- Spend on generic domiciliary care is reducing and more people are supported through reablement successfully back to home environments
- A reabling ethos is likely to become a core part of delivery requirements in local provision in the future
- Direct Payment spend is increasing
- There is increased demand and spend toward learning disability domiciliary care and supported living
- There will be more people suffering from dementia requiring services in the future
- Providers should develop and market their services to include people who are purchasing their own care and support
- People are able to take control of their services via the use of Personalised Budgets and other Personalised approaches
- It is likely there will be an increased requirement for end of life services
- Blackpool Council will implement any necessary changes to meet the requirements of the Care and Support Bill e.g. understanding the potential impact of capped care costs from the local self-funder service user market
- Partnership working will continue to be an essential to all areas of adult social care, seeking to build on current methods of engaging with service providers e.g. provider forums and Blackpool4me
- The Council's intention is to have a range of services available to all people with ongoing health and social care needs irrespective of their needs or disabilities; and there is current sufficient provision in the local care at home market.

3. National Policy Context

Caring for our Future: Reforming Care and Support (White Paper, DH 2012) sets out how adult social care will be transformed over the next ten years from a service that reacts to crises, to one that focuses on prevention.

The Government has accepted the funding principles outlined in the Dilnot Commission report with financial protection through a cap on individual costs; extended means testing for individuals; nationally set eligibility criteria; and deferred payments available to all.

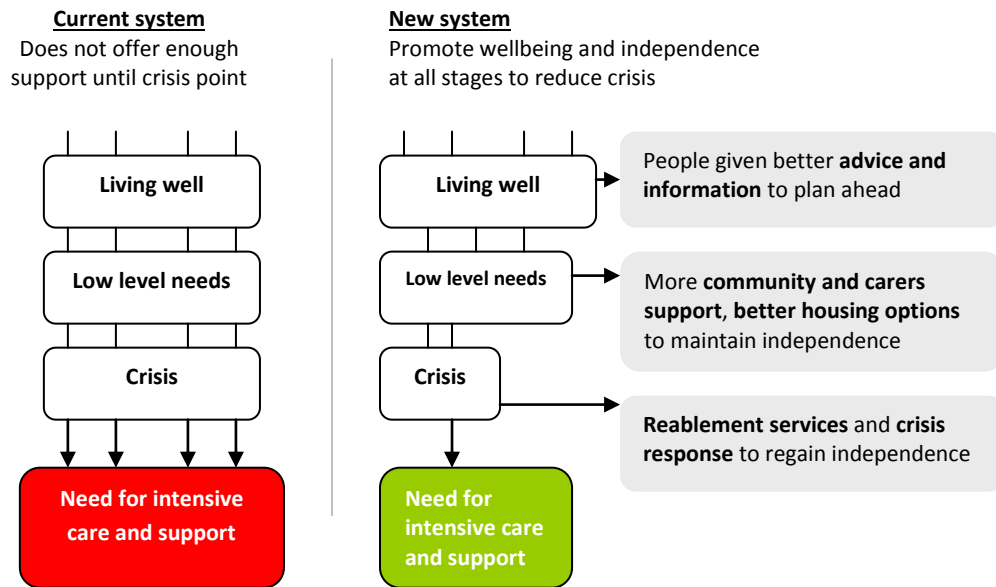
As outlined in Figure 1, in the future the focus of care and support will be to promote people's wellbeing and independence instead of waiting for people to reach a crisis point.

The Government is keen for communities to reach out to those within them and to enable families and individuals to plan and prepare for their future with better information.

The Government wants to transform people's experience of care and support by putting them in control and ensuring that services respond to what they want and need. This includes ensuring that people have control over their budget and their care and support plan.

The Government wants to empower people to choose and to shape the options that best enable them to meet their goals and aspirations.

Figure 1: The vision for reformed care and support



4. Local Policy Context

The Council has a £15.8m saving to make in 2014/15, with savings from Adult Services totalling £1.5m.

This is against a backdrop of previous Council savings of £14.08m in 2013/14 (£4.9m for Adult Services), £11.62m in 2012/13 (£5.26m for Adult Services) and £24.28m in 2011/12 (£4.94m for Adult Services).

As part of Blackpool Council's commitment to improve health and social care locally, there are a number of strategic priorities in place for us to achieve including:

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

In addition, there is a joint commissioning strategy between Blackpool Council and Health which identifies a number of adult commissioning priorities as detailed below:

Priority 1: To reduce inappropriate/unscheduled admissions into hospital and support timely discharge

- By developing, co-ordinating and strengthening prevention and early intervention services

Priority 2: To increase people's opportunities to enter into and sustain meaningful activity, including employment and volunteering

- By ensuring that opportunities are developed locally with existing and future commissioned service

Priority 3: To increase people's ability to make informed choices about their care and support provision through co-ordinated advice and information

- By ensuring the provision of information and advice by service providers in Blackpool

Priority 4: To support carers to sustain their caring role whilst maintaining their own health and well-being

- By delivering the actions in the 2010-2015 Adult Carers Joint Commissioning Strategy

Priority 5: To maintain independence, choice and control through the provision of high quality community health and social care services

- By establishing mechanisms for engaging with people who arrange their own care

The joint commissioning strategy will be refreshed in 2014 in line with national and local priorities including the local 3 Pillars of Prevention to maximise people’s independence i.e. better information and advice, signposting to appropriate local services and reablement.

Blackpool Clinical Commissioning Group (CCG) has a mission for 2013-14 to improve the health of the local population and reduce health inequalities through strong clinically led commissioning. This will be done by commissioning for better outcomes and preventing people from dying prematurely e.g. from heart disease, respiratory disease and cancer, by improving services and better screening.

5. Local Authority Commissioning

Blackpool Council provides a broad range of community based services such as day care. However the majority is provided through care at home services.

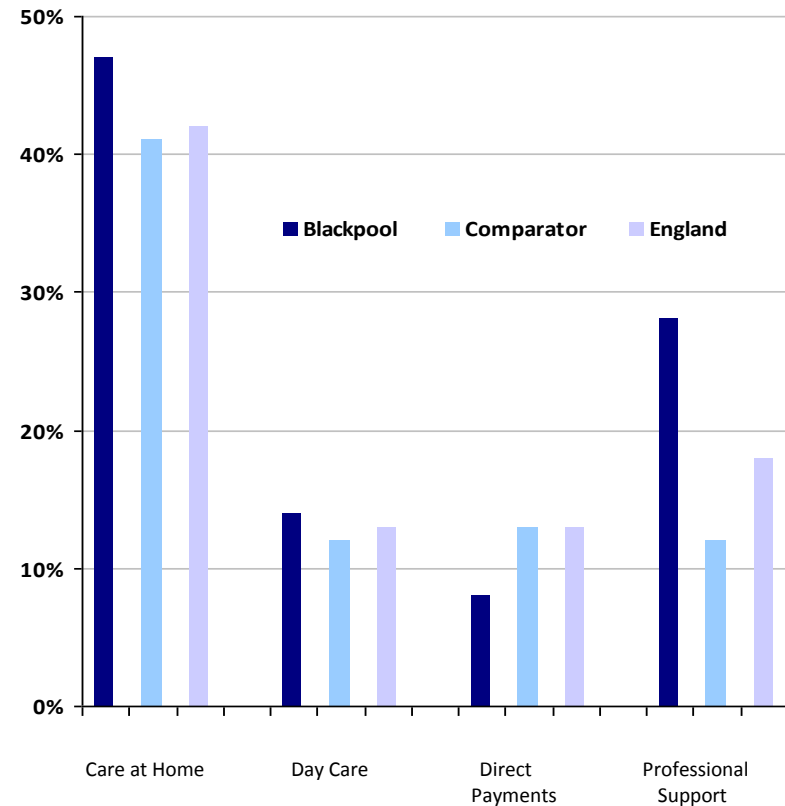
Blackpool has a higher % of clients receiving care at home community based services compared with comparator local authorities and the England average.

Graphs 1 and 2 identify (out of the total number of people receiving adult social care support) the number of clients receiving community based services by client group and type.

The majority of clients receiving community based services have physical disabilities and mental health problems. Blackpool has a higher proportion of clients with a mental health problem and this is reflected with the higher % of clients requiring professional support.

The figures indicate that the take up of Direct Payments is low in Blackpool and this is something featured in more detail within Section 11.

Graph 1: Clients receiving services as a % of all community based services 2012/13¹



¹ Comparator average is a benchmarking tool and refers to the 15 local authorities that are most like Blackpool based on a range of socio-economic indicators

The purpose of this MPS is to look at the following service areas: Domiciliary Services, Supported Living and Reablement.

Domiciliary Services

This refers to the traditional domiciliary homecare which is provided in people's homes to help them cope with disability or illness, allowing them to maintain independence. Blackpool Council currently commissions domiciliary services under generic and learning disability framework agreements. In total, there are 17 framework providers.

We know that this is a very active sector with new providers looking to enter this challenging and competitive market to establish themselves. In Blackpool, there are currently 2 registered care at home services which are not commissioned by the Council but provide work for Lancashire Council. Another service is registered but has not yet commenced the care at home service arm of the company.

Blackpool Council no longer provides a domiciliary homecare service in-house and complex packages which used to be commissioned internally are now being commissioned from the external market.

As experienced across other market areas for adult social care, in contract monitoring meetings care at home providers have told us that they are increasingly being asked to support service users with multiple and complex needs.

At the time of publication of this MPS, the Council is also developing a new framework agreement for care at home services, which will replace existing generic and learning disability agreements that have been in place since 2007.

The tender process is anticipated to start in Summer 2014 and take approximately 6-9 months before contracts are awarded.

Commissioning intentions for Domiciliary Services:

- To undertake a tender in 2014 for generic and learning disability domiciliary care
- Introduce a quality assessment framework into domiciliary care in 2014 to ensure high quality services, delivering desired outcomes and value for money
- Planning to be undertaken in preparation for winter pressures and consider opportunities to commission care differently

Supported Living

Supported living refers to group, shared or individual tenancies with staff support on-site. Learning disability providers in the main provide support within supported living schemes, with a smaller amount of hours provided in the community.

During 2012/13, as a result of a change to the way the Council provides services, supported living schemes previously run by the Council were transferred to the private sector. This was mainly in learning disability provision but also included a physical disability scheme.

These re-commissioned services demonstrated the strength and flexibility of the local market to effectively respond.

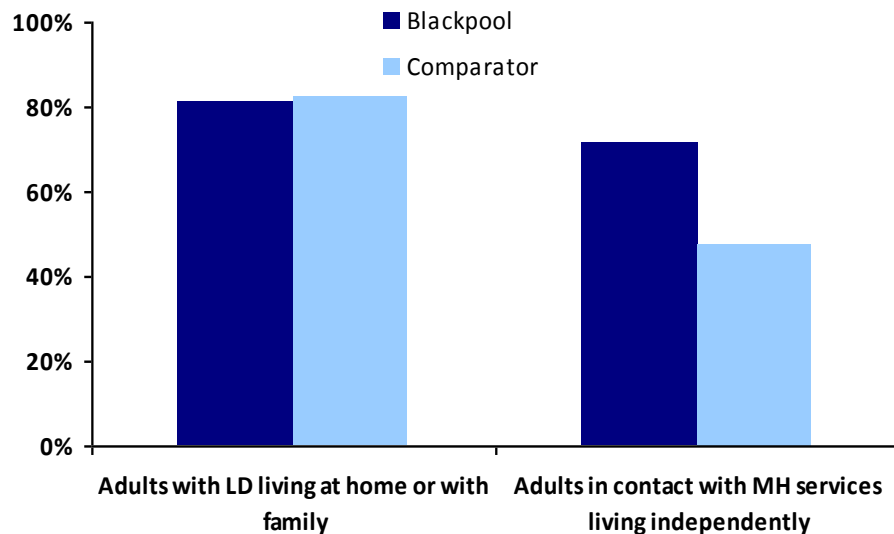
Blackpool Council does currently provide in-house Supported Living services for physical disability and mental health.

A proposal for these to be re-commissioned within the private sector during Spring 2014 has been delivered.

Blackpool Council also provides an in-house specialist supported service for complex and challenging people with a learning disability. They also support people with a learning disability who exhibit challenging behaviour and/or forensic/offending behaviour and also require intensive support to help mitigate risks to both themselves and the public.

For those people with a forensic/offending behaviour this is potentially a step down from a secure service and will eventually see the person move through to a less intensive support package when their assessment indicates.

**Graph 2: Nature of accommodation for LD and MH adults
Quarter 3 2013/14**



Graph 2 indicates from the latest ASCOF data that Blackpool has a high proportion of adults with learning disability or mental health need who either live independently or at home.

Supported Living is utilised more for adults with a learning disability.

Commissioning intentions for Supported Living Services:

- Blackpool Council will cease to deliver mental health supported living as an in-house service and will be commissioned externally in 2014 (now complete)
- In response to the Winterbourne View enquiry, develop the local market for more enhanced learning disability services
- Develop the mental health rehab and respite market in Blackpool through joint working between Commissioning and Care Management
- Work to be completed around the current housing stock for people with a learning disability and a needs assessment to understand the future demand in line with the future model of housing mix required

Reablement

The domiciliary **reablement** service is provided in-house at Blackpool Council.

The service aims to provide time limited support and interventions at home to maximise an individual’s independence either after a stay in hospital or to prevent a hospital admission or a long term placement within residential care.

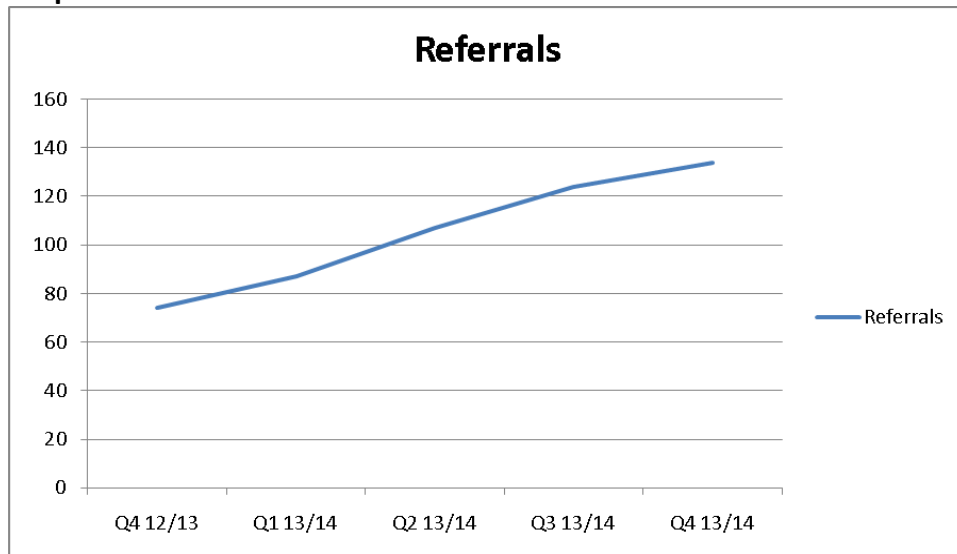
Reablement care should be commissioned for when people leave hospital unless it is clear someone would not benefit from this provision.

Reablement is an effective approach to help people develop or regain self-sufficiency skills. Client motivation and the positive involvement of carers are critical to achieving reablement outcomes.

Recent work has been undertaken by the reablement service to support care management teams in the referral and case management of people through the service.

As highlighted in Graph 3 below, more people are now being referred into reablement:

Graph 3: Reablement referrals



Graph 3 highlights that in Quarter 4 the upturn in referrals had been sustained. During this period, 134 referrals were made – an increase from 124 in Quarter 3.

Quarter 3 and 4 covers the Winter Pressures period, which had seen additional work for the Reablement service to support the hospital and community teams.

Blackpool Council also provides responsive intervention via the **Blue Light** domiciliary care service, which responds to on demand requests for domiciliary care, for up to a maximum of 7 days. The service provides different levels of service provision according to individual need.

A commissioning review of the Reablement and Blue Light service in April 2013 highlighted on average there were 2 referrals per week for Blue Light and that the majority of referrals made could not be picked up by external providers.

Referrals have seen an increase and during 2013 and 2014:

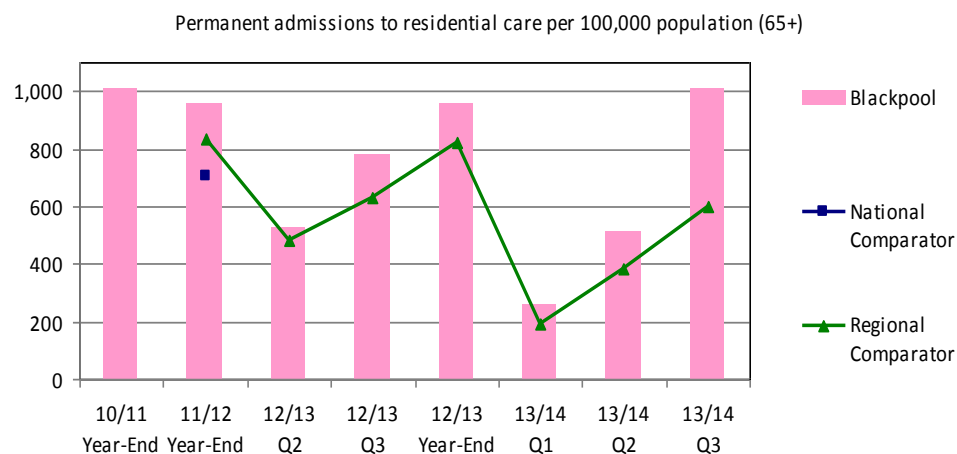
- January – March 2013 referrals: 43 (384 hours)
- January – March 2014 referrals: 154 (1654 hours)

Commissioning intentions for Reablement:

- To continue to monitor outcomes of the commissioning review to ensure:
 - reablement is fully considered as an option during the review and assessment processes
 - links are developed with care management and the external market
 - a focus on outcomes rather than time and task

Blackpool has historically had a lower than expected % of older adults offered reablement following hospital discharge. Figures for 2013/14 are not yet available to compare, although one possible reason for this is that Blackpool has a higher proportion of service users admitted into permanent residential or nursing care as highlighted in Graph 4 below.

Graph 4: Admissions to residential care



Whilst these rates are slightly higher than the regional average, there is no evidence that people whose needs could be met in the community are being admitted into residential care.

Delayed hospital discharges:

A delayed transfer of care from acute or non-acute settings (including community and mental health) occurs when a patient is ready to be discharged but is still occupying a bed.

No one should be made to stay in hospital longer than necessary. Being delayed in hospital can lead to loss of mobility, mental and physical function and a person’s independence.

Nationally, patients ‘awaiting further non-acute NHS care’ was the main reason for the highest proportion of delays (20%) in 2012-13, followed by ‘awaiting completed assessment’ (19%).

Locally, this is reflected from data on social care and NHS delayed discharges between April 2013 and March 2014 as detailed in Table 5:

Table 5: Reasons for delayed transfers of care Social Care and NHS (source: Lancashire CSU)

April 2013-March 2014	Days delayed	% split
Reason for delayed discharge		
Awaiting completion of assessment	708	20.8%
Public funding	209	6.2%
Awaiting further non-acute NHS care	719	21.1%
Awaiting residential care placement	115	3.4%
Awaiting nursing care placement	274	8.1%
Awaiting care package in own home	367	10.8%
Awaiting equipment/adaptations	69	2%
Patient/family choice	287	8.4%
Disputes	11	0.3%
Housing (not covered by NHS or Community Care Act)	643	18.9%

Just over 10% of delays are a result of people awaiting a care package in their own home. During Winter 2013/14, Blackpool Council identified increasing pressure on capacity in the care at home market. Delays in hospital discharge saw an increase during November, December and January:

- 41% of the total ‘awaiting care package in own home’ delays for 2013/14 were during the period November to January
- Average 2013/14 monthly delays as a result of awaiting care package in own home was 30 days per month.
 - November: 43 days
 - December: 45 days
 - January: 59 days

One of the intentions for domiciliary services is to undertake improved planning and preparation for winter pressures; and to have the ability to respond to additional requirements as needed.

A review of hospital discharge was completed in Summer 2013 with recommendations presented to the Urgent Care Board to ensure consistency and accuracy of reporting.

Extra Care Service

Extra Care Housing is a service which provides 24/7 core care and support assistance. It is a home for life, seen as an alternative to residential and nursing care.

Two schemes are established, which are managed by a social landlord, with domiciliary care commissioned to maximise service users independence and maintain their health and wellbeing.

Commissioning intentions for Extra Care Service:

- To undertake a commissioning review of the service in 2014

Other Services

Blackpool Teaching Hospital and NHS Foundation Trust also run a **Rapid Response +** service which is a nurse-led, physio and occupational therapy service with a qualified social work element, which prevents hospital admissions and facilitates early discharge of patients with a clinical need.

The Council also provides a **Primary Night Care service** to support people to remain in their homes by providing to planned and unplanned requests for assistance with personal care, practical care and general safety or welfare checks. It is a service designed to support people who have needs through the night to help them remain at home.

The service provides planned, unplanned and responsive visits.

Between July 2012 to January 2013:

- 16 referrals were received for planned primary night care
- 116 unplanned primary night care visits undertaken
- 306 responsive primary night care visits undertaken

Other services which support people either at home or to remain in their own homes, include:

Respite services

Include a range of accessible internal and external respite services to meet assessed needs for people with a range of care and support needs.

Commissioning intentions for Respite Services:

- To undertake commissioning reviews of all respite services i.e. generic, learning disability and mental health

Day care

Both commissioned and non-commissioned services used to provide a programme of day activities and experiences to retain and improve service users daily living skills.

Telecare – equipment is provided, tailored to support service users in their own home. It could be community alarm service, detectors or monitors. In addition, Telehealth services monitor vital signs and transmit the data centrally.

Home Improvement Agencies (Care and Repair) – a service designed to help people to maintain their independence by improving living conditions, enhancing quality of life and enabling them to remain in their own home in greater comfort and security. It provides a wide range of services including falls prevention, adaptations and home safety inspection. It also includes the provision of a range of purchased or hired equipment for daily living, rehabilitation or specialist purposes.

It is acknowledged that all these services, as well as a number of universal services e.g. health, adult learning, employment and advice services, are

likely to have common interests with direct or indirect links between each other.

As outlined in the Caring for our Future White Paper, all care at home services play a pivotal role by maintaining the independence, health and wellbeing of people; and reducing or delaying the need for more focused specialist services.

In relation to residential and nursing care, Blackpool does have a slightly higher proportion of permanent admissions for adults aged under 65 as well as over 65, compared to comparator local authorities and the national average.

6. The Local Market

The social care market in Blackpool is diverse and the relationships between providers and commissioners are positive and well established. We know we have a committed and flexible care at home market in Blackpool.

In Blackpool, there are 21 registered care at home services. The Council currently contracts with 17 care at home providers under the two existing framework agreements. There are 9 providers under each framework with 1 provider working across both generic and learning disability.

New commissioning arrangements in the future, including the development of a revised care at home framework agreement in 2014, are intended to enable commissioners to continue working closely and engaging more with providers.

Based on recent data, Blackpool Council currently commissions approximately 16,500 support hours per week for generic and learning disability care at home provision, broken down in Table 6.

Table 6: Breakdown of commissioned hours

	Number of providers	Total weekly hours (approx)	Domiciliary hours (approx)	Supported Living hours (approx)
Generic	9	9000	9000	-
Learning Disability	9	7500	1400	6100

In addition, approximately 250 sleeps per week are commissioned for learning disability services.

Blackpool Council spending on domiciliary and supported living has increased from to £20.2m in 2012/13.

Year on year, this is indicated in Table 7 below:

Table 7: Domiciliary and Supported Living spend

	2010/11	2011/12	2012/13
Domiciliary spend	£9,977	£8,188	£7,787
Supported Living spend	£8,767	£12,406	£12,411
Total spend	£18,744	£20,594 (+10%)	£20,198 (-1.9%)

**Info provided by Finance based on PSS-EX1 (Figures given in 000's)
% increase / decrease from previous year is indicated**

During the same period, residential and nursing spend for both and long and short term care has seen a slight increase of 7% (from £21.6m in 2009/10 to £23,234 in 2012/13).

Day care provided both in-house and externally has reduced over the period, as illustrated in Table 8:

Table 8: Residential and Nursing spend

	2010/11	2011/12	2012/13
Total residential and nursing spend	£22,359	£23,460 (+5%)	£23,234 (-1%)
Total day care spend	£3,110	£2,796 (-10%)	£2,575 (-8%)

Info provided by Finance based on PSS-EX1 (Figures given in 000's)
% increase / decrease from previous year is indicated

The numbers of people placed in residential and nursing care by Blackpool Council will be reported in the Residential Care Market Position Statement, due to be published in April/May 2014.

Significantly, all in-house adult social care services run by Blackpool Council have been subject to a commissioning review, resulting in considerable changes to the commissioning arrangements for some services. In particular, supported living services for learning disability and physical disability have recently transferred to the external market.

Despite this, during monitoring review meetings the generic care at home providers have consistently discussed the pressures on their organisations due to the fall in the number of commissioned hours, the low hourly rates, supporting people with multi and complex needs, and the concerns about the increasing staff, other costs and pressures.

For example if staff are not getting their expected hours and/or staff wages are not competitive, staff retention is poor which means an increase in recruitment costs and also an increase in training costs.

Less staff also means less flexibility in the packages provided and the greater the staff turnover the less continuity for services users.

A recent exercise with care at home providers has attempted to determine the strength and demand of the self-funder in Blackpool. A third of providers responded when asked to give information on the number of support hours provided to self-funders. Although one responder indicated that 24% of their support hours were delivered to self-funders, the majority of other responses indicated no or very little (up to a maximum of 6%) of business were provided to self-funders in Blackpool.

Based on the responses received, the average proportion of the support hours given by care at home providers to self-funders is 5.5%.

In relation to the complexity of the care at home packages being delivered by providers it was felt that generic providers were just as likely as learning disability providers to be providing care to service users with 'complex and challenging needs', for example for the frail elderly, people with dementia and enduring mental health needs.

Feedback from care at home providers suggested that the rates paid in Blackpool negatively impacted on staff turnover. Providers have expressed concerns about the increases in operating costs including National Minimum Wage, National Insurance, holiday entitlements and the changes to pensions. In addition there is an overall feeling that they are increasingly taking on more complex packages.

Providers have also said that they offer specific training to staff to enable them to support complex clients with particular needs. Some providers have told us that a reduction in the hourly rate would affect their ability to offer a high level of care and that a lower hourly rate could only be agreed if it was a guarantee of business under a block contract.

A block contract approach is not something Blackpool Council will routinely adopt in commissioning arrangements. In supported living schemes staff teams are established and trained for particular support needs and environments.

7. Demographic information

The 2001 Census indicated that Blackpool had a population of approximately 142,283 which had decreased slightly to 142,060 by the time of the 2011 Census.

The total population is expected to be 143,769 in 2021.

The biggest % increases in adult population are projected to be in the 70-74 and 80-90 age groups.

In general the picture is of an ageing population however, there is also projected to be a significant % decrease in the 65-69 age group by 2020.

By 2020, the number of people aged over 65 is estimated to increase to over 29,000 people and increase by 5%.

The older age group, those aged 80 and over is predicted to increase by 10% as people live longer.

The likely impact of this trend will be increased demand for health and social care assessment, appropriate housing options, high rates of mobility, personal care and domestic needs, and increasing demand for services to support people with dementia.

Table 9: Blackpool adult population 2012-2020

	2012	2016	2020	% change
Age 18-24	12,100	11,900	11,100	-8%
Age 25-34	16,600	17,600	18,100	+9%
Age 35-44	18,100	16,200	16,000	-12%
Age 45-54	21,100	21,300	19,500	-8%
Age 55-64	17,300	17,200	18,900	+9%
Age 65-69	8,400	8,500	7,200	-14%
Age 70-74	6,500	7,000	7,800	+20%
Age 75-79	5,300	5,400	5,700	+8%
Age 80-84	3,900	4,100	4,300	+10%
Age 85-90	2,400	2,500	2,700	+13%
Age 90+	1,400	1,400	1,500	+7%
Total 18-64	85,200	84,200	83,600	-2%
Total 65+	27,900	28,900	29,200	+5%

As detailed in Table 10 below, there is projected to be little but no significant change to the number of adults aged 18-64 with a disability:

Table 10: Estimated number of people in Blackpool aged 18-64 with a disability or mental health problems 2012-2020

	2012	2016	2020	% change
Moderate or severe learning disability	464	462	461	-0.7%
Mental disorder	13,723	13,495	13,429	-2%
Psychotic disorder	341	335	334	-2%
Serious physical disability	2044	2014	2056	+0.5%
Serious visual impairment	55	55	54	-2%
Profound hearing impairment	31	31	33	+6%

Approximately 13,080 people in Blackpool are in receipt of Disability Living Allowance (DLA), which is payable to people under 65 who are disabled and who have care needs, mobility needs, or both. This represents 9.2% of the population and is nearly twice the national average of approximately 5%.

Between 2001 and 2011 the number of people providing unpaid care increased by 0.62%. This increase is made up of a 0.3% reduction in the number of people providing less than 19 hours of unpaid care and an increase of 0.92% in the number of people providing more than 19 hours of unpaid care. As at 2011 the number of people providing unpaid care was 18,330 which equates to nearly 13% of the population.

Additional demographic information is available indicating a projected rise in the needs and complexities of the Blackpool population:

Table 11: Additional information relating to needs of Blackpool people:

	2012	2016	2020	% change
With dementia (aged over 65)	1,972	2,018	2,172	+9%
Early onset of dementia (aged 30-64)	37	37	40	+7.5%
With a limiting long-term illness (aged over 65)	14,359	14,869	15,079	+5%
Unable to manage at least one domestic task (aged over 65)	11,392	11,730	12,173	+6.5%
Unable to manage at least one self-care activity (aged over 65)	9,367	9,624	9,957	+6%

Table 12: Estimated number of people aged 18-64 in Blackpool with drug and alcohol dependency:

	2012	2016	2020	% change
Alcohol dependence	5,126	5,062	5,027	-2%
Drug dependence	2,903	2,865	2,860	-1.5%

The health status of the local population is relatively poor.

People in Blackpool can expect to live shorter lives compared to the national average and spend a smaller proportion of their lives in good health and disability free.

An increase in life expectancy for people with severe or moderate learning and physical disabilities has the potential to both increase demand for support and change the nature of the support needed.

Substance misuse is a major contributor to the poor health of people in Blackpool. The average Blackpool life expectancy is reduced by 11.7 months due to alcohol related deaths².

In the past commissioning for drug and alcohol services has not benefited from a collaborative approach, though much work has been done to address this through the joint Adult Health and Social Care commissioning strategy.

As outlined in Table 13, between 1 April 2012 and 31 March 2013, over 4300 FACS eligible adults received community based services and support in their own homes in Blackpool.

Table 13: Primary adult client groups (2012/13) receiving community based services

	Aged 18-64	Aged 65+
Physical Disability, Frailty and /or Temporary Illness	411	1905
Hearing Impairness	2	31
Visual Impairment	15	30
Dual Sensory Needs	0	8
Mental Health	749	507
Dementia	11	327
Learning Disability	372	36
Substance Misuse	69	2
Other	90	107
Total	1708	2626

² Figure obtained from Blackpool CCG

8. The cost of services

The majority of Adult Social Care spend for Blackpool Council is made on residential and day/domiciliary care. Residential care spend is predominantly made for adults with mental health needs (aged 18-64) and older people (65+).

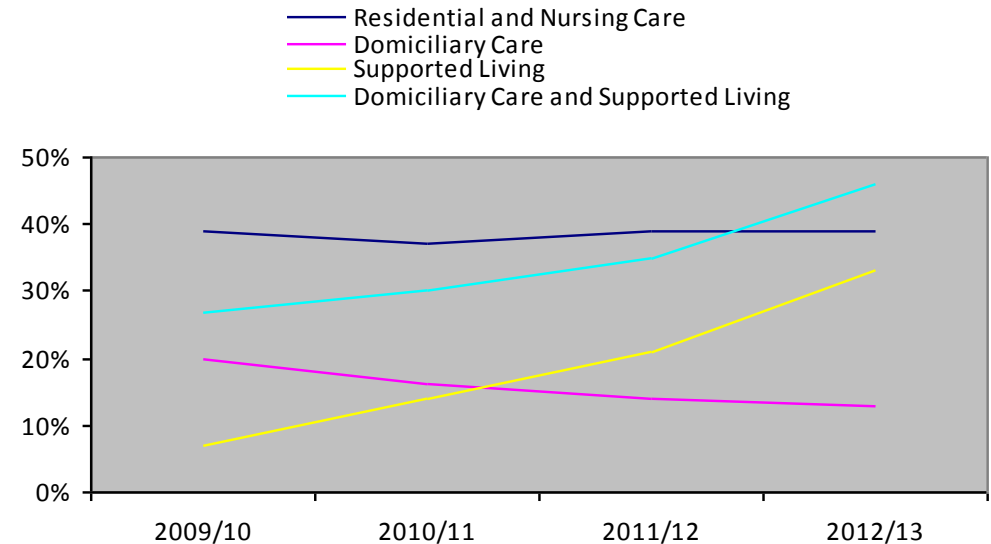
The majority of day/domiciliary care is made for adults (aged 18-64) with mental health and learning disability needs.

Professional support is largely attributable to adults with mental health needs (aged 18-64).

Graph 14 below indicates the % Blackpool Council spend on residential and nursing care, domiciliary care and supported living against the total adult social care spend.

2013/14 data was not available at the time of this report.

Graph 14: % spend on services against total Adult Social Care spend (based on PSS-EX1 return)



Local Authority revenue expenditure (Source: www.gov.uk) indicates that the proportion of total Blackpool Council spend on Adult Social Care reduced slightly between 2011/12 and 2012/13:

- **2011/12:** 19.25% of total Blackpool Council spend was on Adult Social Care
 - Compared to 15.85% average across all Local Authorities in England
 - Compared to 19.45% average for all Unitary Authorities
- **2012/13:** 18.95% of total Blackpool Council spend was on Adult Social Care
 - Compared to 16.25% average across all Local Authorities in England
 - Compared to 20.3% average for all Unitary Authorities

The majority of spend by Blackpool Council Adult Social Care is for older people, which as people live longer is likely to increase.

As Blackpool has a higher proportion of older people going into residential and nursing home provision, there is a significant proportion of spend for this client group (62%) within residential and nursing care. This has had a slight increase (from 56%) since 2010/11.

81% of spend made for young adults aged 18-64 with physical and learning disabilities is done so within day and domiciliary care. This proportion of spend has remained consistent since 2010.

In contrast, there has been a slight decrease in the spend made for older people aged 65+ within day and domiciliary care (from 36% in 2010/11 to 29% in 2012/13).

Figures indicate that the unit cost spend across the sector by Blackpool is lower than the national average in the majority of service areas. For example, since becoming a Unitary Authority, Blackpool has traditionally paid a comparative low rate for residential care.

During 2013, Blackpool Council has been engaging with providers of residential and nursing care to establish an actual cost of care. This is an exercise which has recently been extended to care at home domiciliary care providers, with limited responses.

In Blackpool, the maximum hourly rate for learning disability domiciliary care is £12.50; all generic providers are currently paid at £11.35. It is not uncommon for local authorities to establish rates according to different client groups and one challenge for commissioners is how this might be captured within the framework agreement.

Comparing rates³ across the north-west, some local authorities pay enhanced fees due to location (urban or rural) or quality. Non-enhanced fees range from £10.48 to £16.75; with enhanced fees ranging from £14.54 to £20.20.

Some local authorities pay for short visits e.g. 15 minutes. Where this is in place, it is paid either pro rata or up to 30%-50% of the standard hourly rate.

Blackpool Council does not commission 15-minute visits.

9. Quality

The current pressures on Commissioning budgets and the changing demographics of Blackpool mean that there is a need to refocus the

³ Data is based on annual information sharing between regional Contracts and Commissioning Teams, which has not been substantiated. Data does not include all local authority fees.

approach to quality management locally in order to drive improvement and recognise quality.

There is also a need to move towards a more outcome focussed quality framework that recognises and rewards quality services that produce positive outcomes for Service users.

The Council is reviewing the way it judges quality of service provision across all commissioned social care and support services.

The new approach to determining the quality aims to:

Achieve A More Balanced Perspective Of Quality

A Quality Accreditation Scheme should ideally take into account two primary perspectives:

- What quality means for Service Users (Operational Perspective)
- What quality means for Commissioners (Strategic Perspective)

Positive Service User outcomes are the reason that services are commissioned, and therefore the Council has a duty to ensure that meeting Service User needs is a primary concern in assessing quality.

As a strategic commissioner of services, the Council should also ensure that any approach to quality accreditation acknowledges the input that quality accreditation can have into commissioning strategy.

Broaden The Scope Of Quality Information Used To Judge Quality

In order to achieve a more balanced perspective of quality and in order to take more holistic view it is necessary to broaden the scope of the information used to make quality judgments.

Ideally this broadening should not come at the expense of introducing significant additional workload for commissioner or provider, rather the quality scheme should take into account more of the information which is readily available.

Decide On Local Quality Priorities & Give Them Additional Weight

Any new quality framework needs to be sufficiently responsive to changes in local priorities and commissioning strategy.

A new quality framework therefore must be flexible enough to be able to prioritise individual aspects of quality by giving them more weight.

Build In Stretch

Any quality framework needs to encourage providers to make continuous improvements to service quality. This means that a new quality framework must seek to raise the bar in respect of quality, and ideally this needs to be done in a planned, incremental way, and at a pace agreed with Providers.

Lend More Weight To External Accreditation That Has The Most Impact On Outcomes

A range of external accreditations, including ISO standards and Investors in People standards, have been in use as indicators of quality for a number of years and it is likely that the proportion of providers who have adopted them is unlikely to increase further.

In 2007 The Government published 'Putting People First' which presented a vision and commitment to finding new ways to improve social care in England. Core to the vision is a completely different approach to an historic 'one size fits all' system and one that concentrates on outcomes. Commissioning intentions and priorities are already changing to reflect this.

Any judgments about the quality of a provider should, therefore, recognise the quality of outcomes for individuals over process management and measurement.

What Providers Should Be Able To Expect

With any Quality Accreditation Scheme, Providers should be able to expect:

- That the Council's quality scheme does not duplicate requests for information from Providers, or place unreasonable administrative demands on them
- To be informed about how any local scheme benefits individuals using services and their families
- That any quality judgment is open to appeal

Blackpool Council also has a responsibility to support people in choosing providers of care at home services when purchased as a Direct Payment, Personal Budget or self-funded.

10. Ethos of the Council

The Council vision sets out an image of the future in Blackpool that the Council wishes to create over the long-term:

We will build a Blackpool where aspiration and ambition are encouraged and supported. We will seek to narrow the gap between the richest members of our society and the poorest and deliver a sustainable and fairer community, of which our communities will be proud

The approach to achieving Blackpool Council's strategic priority of safeguarding and protecting the most vulnerable includes:

- Improving the quality of residential and domiciliary care
- Provide better systems for people to manage their own care
- Give more people control over the care they receive
- Minimise the likelihood of re-admission to hospital through better support and liaison during the discharge process
- Enable older people to retain their independence to a greater age in their own home
- Improve the transition from Children to Adult Services for the people we support

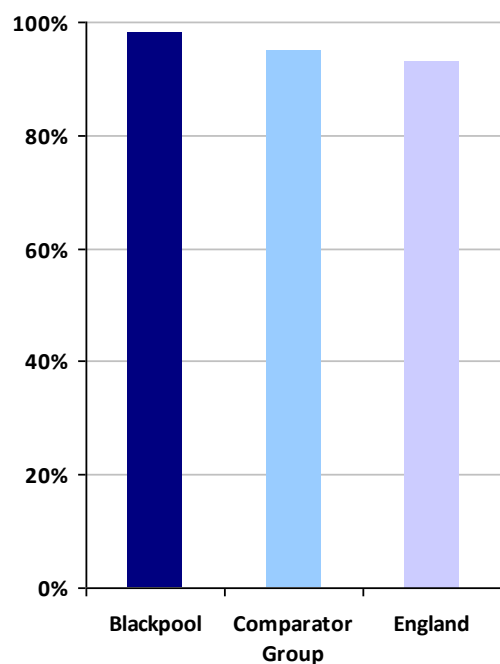
Commissioning activity is key to help the Council deliver the corporate priorities. A strategic approach to commissioning will make a significant contribution by understanding the needs of the local community, looking at what services we have to support them and improve services where we need to do better.

Community benefit remains a key theme of commissioning and procurement activity. Blackpool Council will continue to review the competitiveness of services and achieve value for money, while meeting wider social, economic and environmental objectives.

11. Direct Payments, Individual Budgets and Self-Funders

A personal budget is an agreed amount of council money that can be used to arrange and pay for an individual's care and support, following an assessment of need. This can be either managed by the Council, taken as a Direct Payment, or a combination of the two.

Table 15: Clients receiving a personal budget with services arranged by the Council 2012/13



Spend on direct payments for adults has seen an increase during 2013, though we know from the data in Table 1 that the number of clients receiving a direct payment during 2012/13 was well below the comparator and national average.

In the 12 months from September 2012, 327 people received a Direct Payment, broken down⁴ in Table 16:

Table 16: Adult clients receiving a Direct Payment between 2012/13

	Social Services Direct	Mental Health	Learning Disability	Total
Age 18-64	115	18	60	193
Age 65-74	48	3	1	52
Age 75-84	31	11	0	42
Age 85+	31	9	0	40
Total	225	41	61	327

There is work to be completed across the whole local market of adult social care during 2014, to ascertain an accurate picture of the level of self-funders in Blackpool.

Whilst Blackpool may not be considered an affluent area and there may not be a huge self-funder market locally, there is the potential of significant financial impact on the local authority as a result of the capped cost of care under the recommendations of the Dilnot Commission and published in the Care and Support Bill.

Indicative feedback received by care at home service providers does not indicate that there is a thriving self-funder market, though this needs to be explored further.

⁴ Does not include 90 children with a disability receiving a Direct Payment

12. Providing Services in Blackpool

There are several opportunities for local services to advertise and do business locally, as summarised below:

www.blackpool4me.com

Has been developed as a website to help Blackpool residents make informed choices about their care and support needs. With information about services available across Blackpool.

www.the-chest.org.uk

The north-west local authority portal provides a list of opportunities broken down by Authority.

contracts.team@blackpool.gov.uk

commissioning.team@blackpool.gov.uk

The Blackpool Adult Social Care contracts and commissioning team email addresses are checked regularly every working day.

[Marketplace events](#)

When there are opportunities for business, the Council will often arrange marketplace events to find out more about the opportunities, ask questions and meet service users.