

Adult Contracts and Commissioning Market Position Statement 2013/2014

Regulated Residential Care

Blackpool Council



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

This market position statement (MPS) is designed to contain information of benefit to providers of Residential and Nursing Care Services in Blackpool.

It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions between the local authority and those who provide services.

It contains information concerning:

- What Blackpool looks like in terms of current and future demography and service provision
- The Councils Commissioning intentions as facilitator of care for adults 18 years and over
- How services might respond to the changing needs for care and support in the future.

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

- Life expectancy is increasing and people will access support services later in life, presenting with more complex support needs
- It is likely there will be an increased requirement for end of life services
- A reabling ethos is likely to become a core part of delivery requirements in local provision in the future
- People will be supported to remain their homes as long as possible
- There will be more people suffering from dementia requiring services in the future, providers need to understand the disease and how to manage it
- The increasing demand for support services will not be matched by levels of public spending over the next three to four years
- People will have a choice of care providers

3. National and Local Policy Context

Blackpool Council's budget for 2014/15 has been agreed. The Council has a £15.8m saving to make in 2014/15, with savings from Adult Services totalling £1.4m.

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).

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. In the future, the focus of care and support will be to promote people's well-being and independence instead of waiting for people to reach a crisis point.

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

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

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

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

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

Blackpool 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.

4. Current and Future Demography

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. The most significant changes are in the rising numbers of people with dementia, by 2020 there will be a 9% increase in the over 65s. All data sourced from POPPI.org and PANSI.org and the Health and Social Care Information Centre.

Table 1: 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%

5. Local Market Capacity

There are currently 83 registered residential and nursing care homes in Blackpool. (This figure includes 2 Local Authority respite homes, 4 voluntary sector homes and 15 nursing homes.) The location of residential and nursing homes cover the majority of wards within Blackpool with the exception of Brunswick and Greenlands. The following

table highlights the areas where there is greatest concentration of provision.

Table 2: Residential Care Providers by Ward

Location	Ward	Number of Care Homes
<u>Blackpool Northern</u>	Anchorsholme	1
	Bispham	12
	Greenlands	0
	Ingthorpe	1
	Norbreck	3
	Warbreck	8
<u>Blackpool Central (Front)</u>	Bloomfield	1
	Brunswick	0
	Claremont	5
	Talbot	10
	Tyldesley	3
	Victoria	4
<u>Blackpool Central (Inland)</u>	Clifton	2
	Hawes Side	1
	Layton	3
	Marton	1
	Park	2
	<u>Blackpool Southern</u>	Highfield
Squires Gate		8
Stanley		1
Waterloo		14

Of the total 1718 available places the breakdown of these across the market is as follows;

Table 3: Breakdown of provider type and bed provision (excluding LA respite Homes)

	Residential places available	Total number of residential homes	Nursing places available	Total number of nursing homes
Private	1052	64	543	14
Voluntary	101	4	22	1
TOTAL	1153	68	565	15

It is clear from the table above that the private sector clearly dominates the market. 91% of residential and nursing beds are provided by private providers. Accommodation provided by the Local Authority offers a mix of short-term respite care, crisis support and rehabilitation services. Examples of voluntary sector provision include; homes for the blind and nursing beds for ex-servicemen.

The demand for residential and nursing provision predominantly comes from Older People. However, there is a smaller market for dementia with closely followed by adults with mental health problems then adults with a Learning disabilities. This can be illustrated from the table 4 below;

Table 4: Percentage of market share per care sector

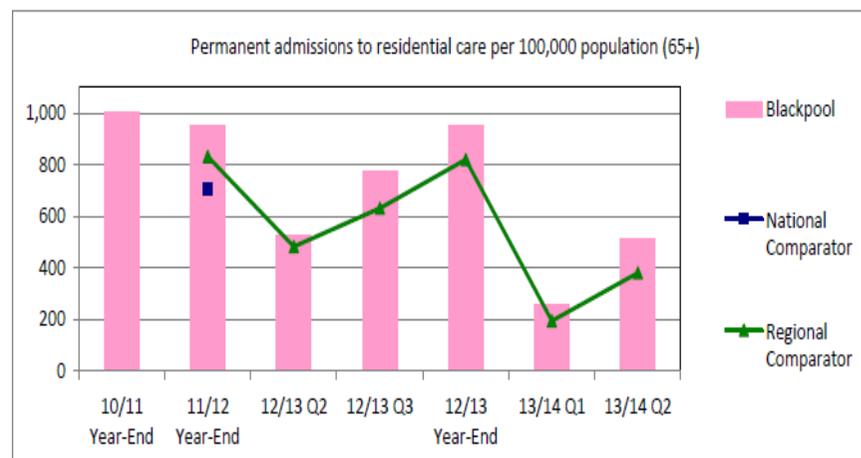
Care Category	No of providers	No of Beds	% of market share
Older People	34	919	52.5%
Dementia	22	605	35%

Mental Health	13	111	6%
Learning disabilities	9	51	3%
Dual registration (LD/MH)	2	6	0.5%
Sensory impairment	2	59	3%

Placements

Blackpool's rate of admission has been higher than the regional comparator.

Graph 1 Permanent admissions to residential care

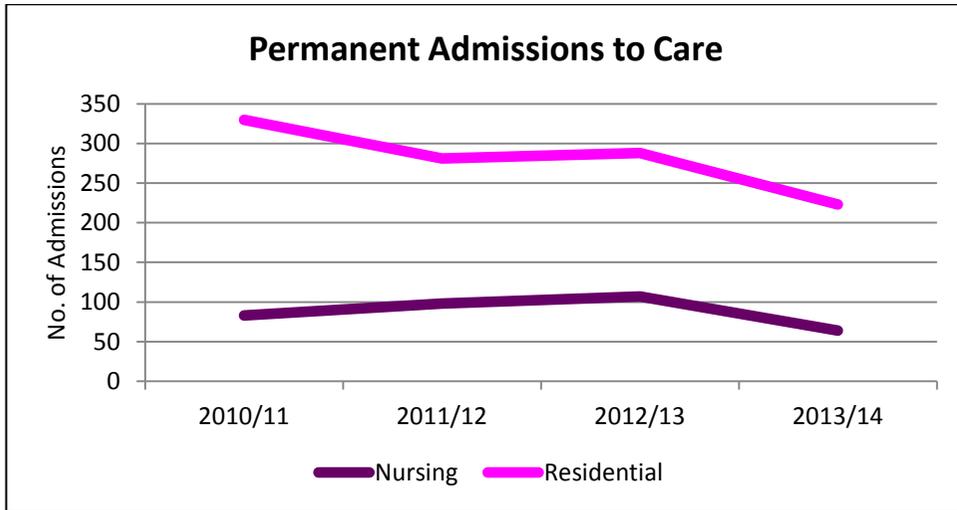


In Quarter 3 in 2013/14 Blackpool reported an admission rate of 1006.2 per 100,000 population. It could be argued that this rate is due to the large numbers of older adults in Blackpool however there are other local authorities in the North West with a higher proportion of older adults than Blackpool but whom have lower admission rates of 663.2, 472.6, 507.6 and 706.9.

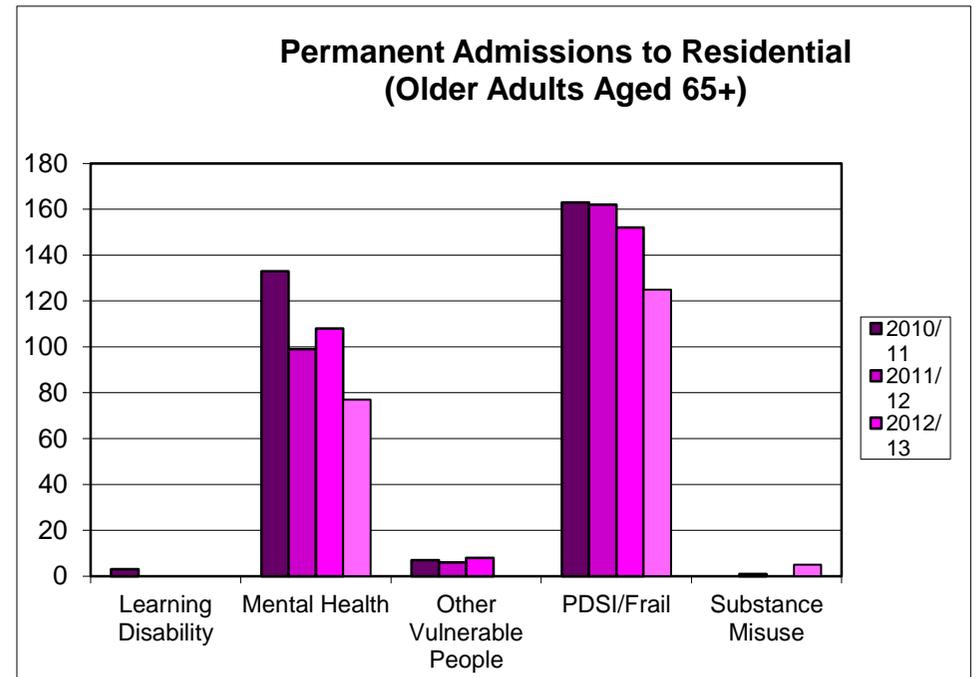
Local data indicates that there is a downward trend in the rate of permanent admissions to residential care homes over the last 3 years. Additionally, admissions to nursing care have significantly reduced in 2013/14.

	2010/11	2011/12	2012/13	2013/14
Residential placements	330	281	288	287
Nursing placements	83	98	107	64

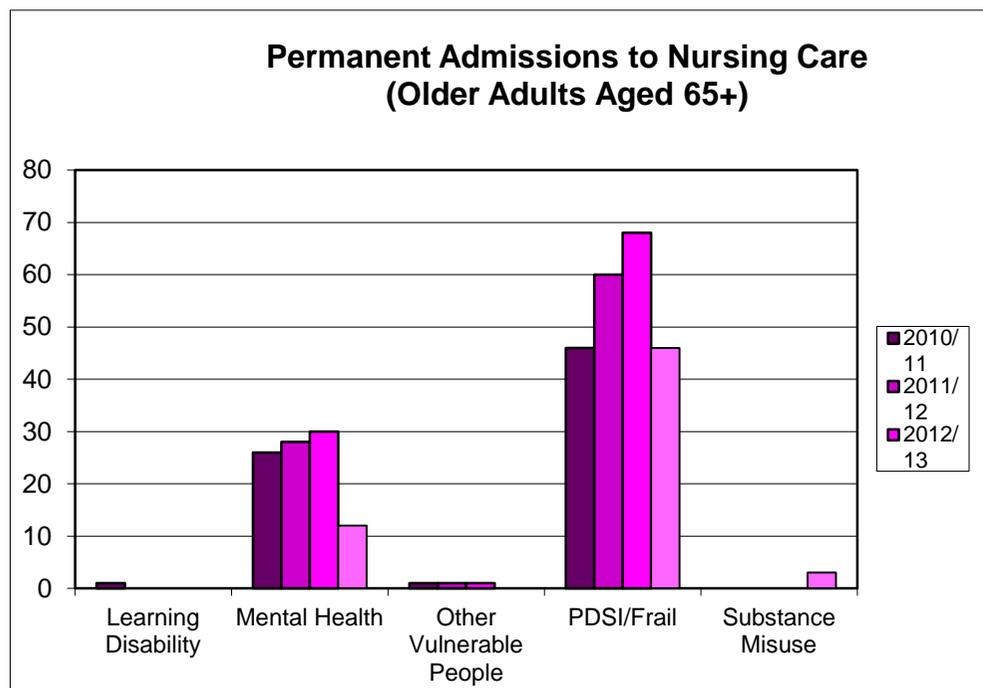
Graph 2: Permanent Admissions to residential care 2010-2014



Graph 3i) Permanent admissions to residential Care Aged 65+



Graph 3ii) Permanent admissions to Nursing care Aged 65+



Client category data for residential and nursing care shows that there has been a reduction in residential placements for mental health and PDSI/Frailty in Older adults. This is in line with our strategic intentions.

Out of Area Placements

The number of Out of Area (OOA) Placements has remained around 130 per year over the last three years and approximately 30% of these have been for respite. It is rare that an OOA placements is through choice but it does occur. The majority of referrals made to the residential care panel for OOA placements are because the individuals' needs cannot be met

locally. Examples of needs that cannot be met locally are people with a Brain Injury

OOA placements for over 65s tend to be for persons with mental illness, Physical Disability/Sensory Impairment or Frailty problems. OOA placements for 18-64yr olds are largely for substance misuse.

Respite

Blackpool Council provides 2 residential respite services; Hoyle at Mansfield and Cooper's Way. These services cater for adults with Learning difficulties or those in need of a period of reablement.

	Name of respite provider	No of beds
In-House	Cooper's Way	5
	Hoyle	5

Externally there are 28 care homes that are registered for respite beds. The number of respite placements so far in 2014 can be seen below;

Period	No of residential respite placements
March 2014	21
April 2014	13
May 2014	20
June 2014	21
July 2014	19

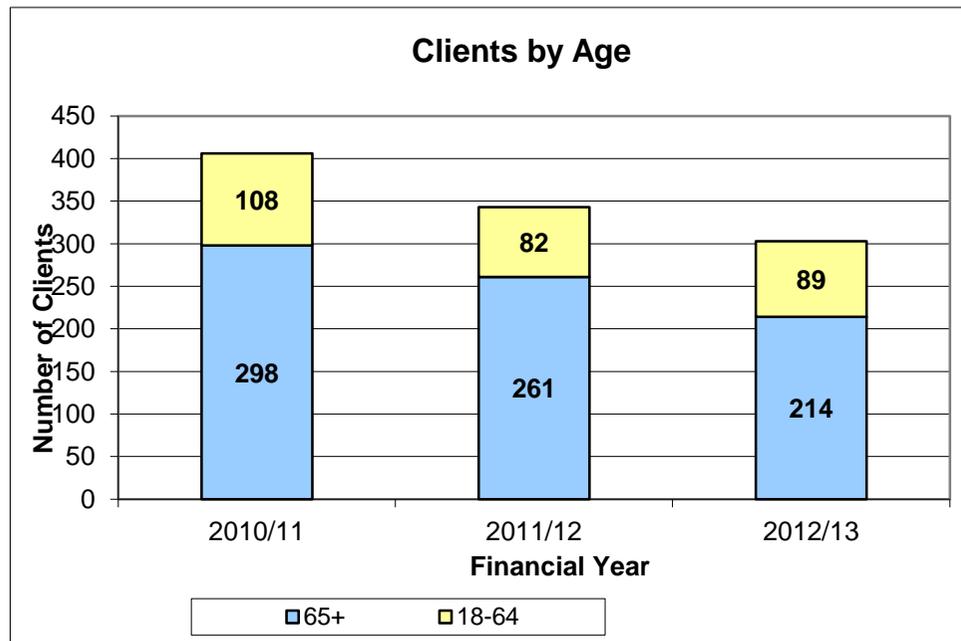
Over the last 4 years the number of respite placements has fallen across all client groups. Table 5 below highlights the client category for these respite placements.

Table 5 Respite Admissions into residential care by client category

Client Group	2010/11	2011/12	2012/13	2013/14
PDSI/Frail	167	154	129	133
Mental Health	150	110	109	101
Learning Disability	81	67	56	52
Other Vulnerable People	10	12	9	9
Total	408	343	303	295

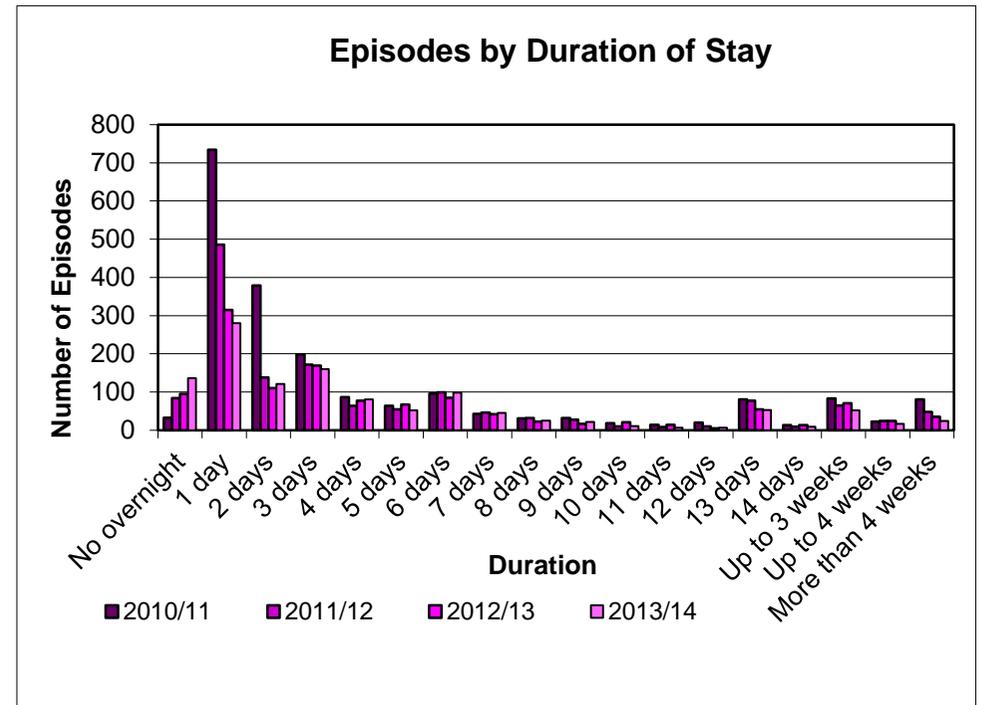
The majority of these residential respite placements were for Older adults, see Graph 4 below;

Graph 4: Residential respite placements split by age



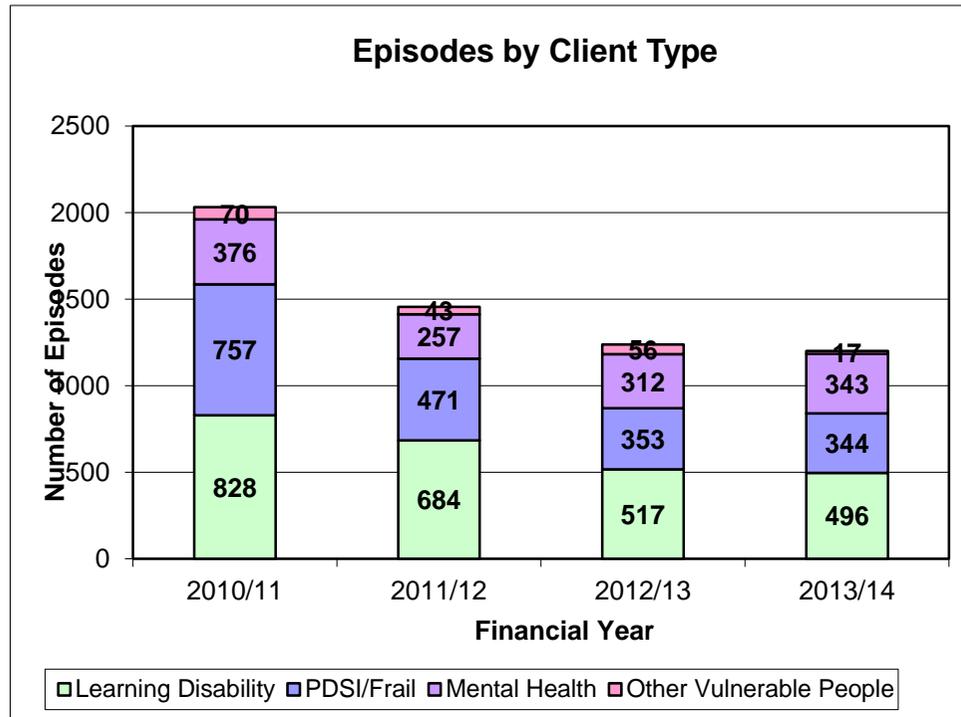
The duration of stay per episode can be seen below. The most frequent being 2 days.

Graph 5: Duration of residential respite stay



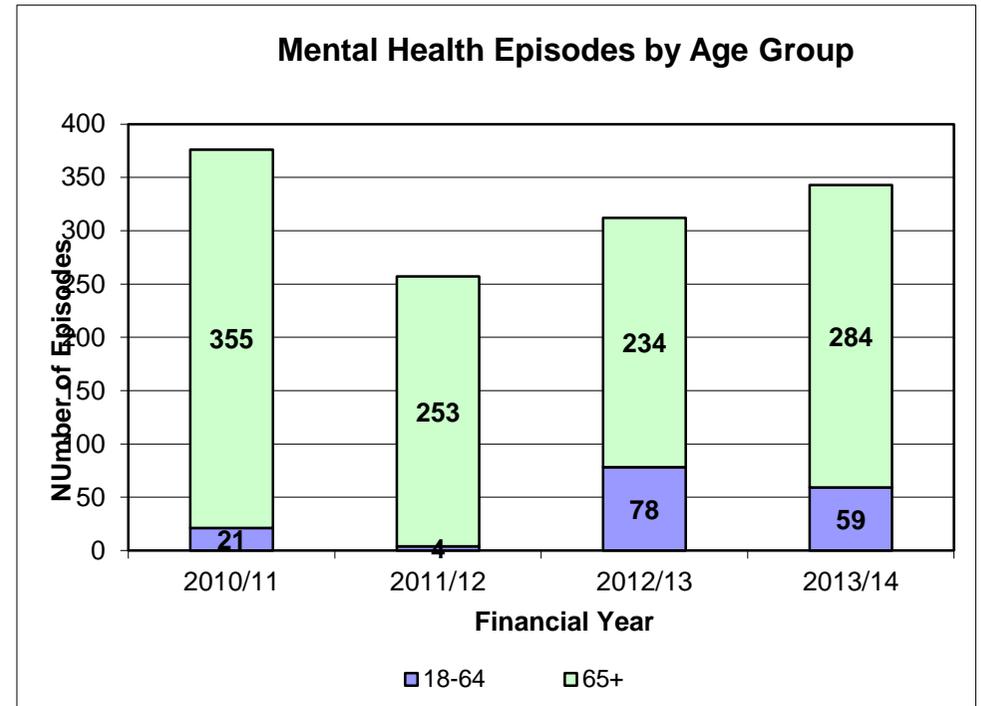
The frequency of stays or episode information shows that there are more episodes of Learning Difficulties respite, than Older adults respite. Graph 6 illustrates the frequent users of respite and their client type, this pattern has remained the same over the last 4 years; Learning Disability, Older Adults, Mental Health and then other.

Graph 6: Episodes of residential respite by client type



It is worth noting that the number of mental health respite episodes has increased year on year. Further analysis of this data indicates that this increase is predominantly coming from the adult mental health category, where respite is generally used to give carer's a break.

Graph 7: Mental Health Episodes by Age Group



Vacancies

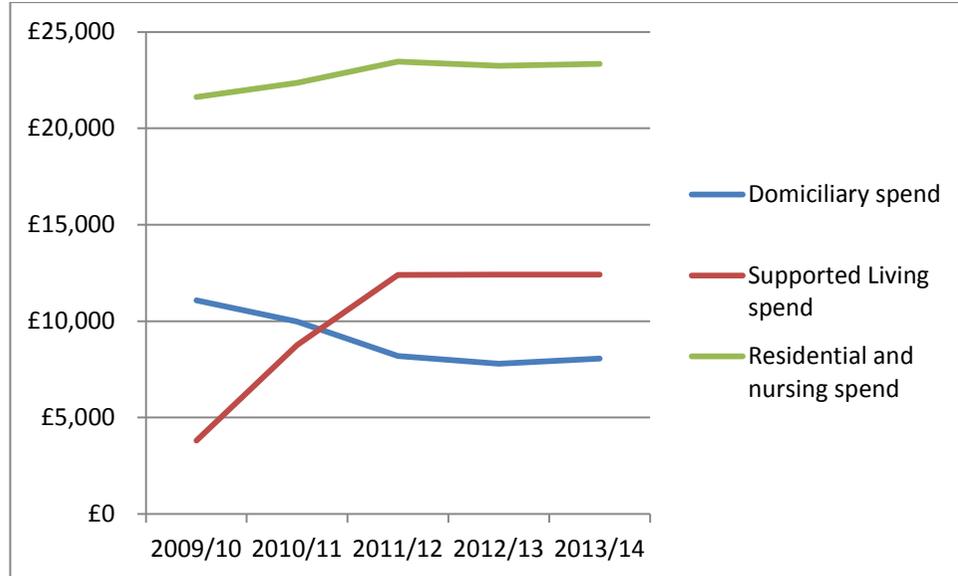
Vacancy rates for January 2014 stood at approximately 3.9% and 9.3% respectively for nursing and residential care.

Vacancy data for a 4 month period between December 2013 and March 2014 shows a range of 1.2 and 2.2 for nursing care vacancies and 1.6 and 1.7 for residential care rates.

6. Cost of Services

As a whole, Adult Social Care is the single largest revenue expenditure under the control of the Local Authority.

Graph 7: Actual Adult Social Care spend split by Care Category



The graph above indicates that residential and nursing care is the largest area of expenditure within Adult social care.

Table 6: Residential and Nursing spend

	2010/11	2011/12	2012/13	2013/14
Total residential and nursing spend	£22,359,000 (+3%)	£23,460,000 (+5%)	£23,234,000 (-1%)	£23,348,000 (0.5%)
Uplifts	0%	1%	2.4%	3.85 - 6.9%.

The spend on residential and nursing care has seen an increase of 7% over the last 3 years. The uplift in fees goes some way to explain the rise in spend as a 1% uplift was given in 2011-12, a 2.4% uplift in 2012/13, a 2-3% uplift in 2013/14 and a 3.85-6.9% uplift in 2014/15.

Table 7 below indicates the numbers of people this spend relates too.

Table 7: numbers of people the council has fully or partially funded for residential care

	2011/12	2012/13	2013/14
Residential	964	1000	1035
Nursing	221	221	259
Total	1185	1221	1294

Unit costs

During 2013, at the request of providers, Blackpool Council engaged with residential and nursing care providers to establish an actual cost of care. The outcome of this collaborative piece of work was a recommendation for a fee uplift which was agreed by full council in February 2014. In 2014/15 a 3 year programme of fee uplifts will commence resulting in a 20% overall increase in the Council's standard residential fee rate and a 8% overall increase in the fee rate paid for higher residential care. In addition to these increases it is also proposed over the three year period to reflect annual cost pressures such as increases in the level of the minimum wage.

Top Ups

The LAC Guidance (2004) advises that if an individual requests to move into a care home that charges more than the Council's "usual rates", then provided a third party (or in certain circumstances the resident) agrees to fund the difference between the care home's actual rate and the Council's usual rate (i.e. the "top-up"), the Council must agree to this.

Third Party (top-up) Contributions" shall mean the amount of money paid by any person, body or organisation including the Authority, other than the Resident, to the Provider as a contribution to the total charge (Provider's Fee) for the board of the Resident in accordance with current LAC (2004) 20 Guidance on National Assistance Act 1948 (Choice of Accommodation). This contribution must not include any care services. Such Agreements (Individual Service Agreement) must only be entered into with the agreement of the Authority.

Currently there is limited information available regarding the top-up fees charged by providers and in order to clarify and record this arrangement with care homes in Blackpool, there is a plan to reintroduce an Individual Service Agreement (ISA) which will clearly document each party's respective contribution to the funding of a residential care placement.

Direct payments and personal budgets

Direct payments cannot be used to purchase long term care in a residential setting. However they can be used to purchase short-term respite care. There are currently a number of people using direct payments to purchase their respite care and personal budgets can be used on residential care.

Self-funders

In England, older people who pay entirely for their own social care and support account for 45% of residential care home places and 47.6% of nursing home placements. Blackpool Council has little information on the self-funder market for residential care. However, providers were recently engaged in a snapshot survey based on their provision. The data returned suggests that the self funder rates are 19.6% for residential and 2.2% for Nursing care in Blackpool.

7. Quality

The current pressures on Commissioning budgets and the changing demographics of Blackpool mean that there is a need to refocus the 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 currently reviewing the way it assesses the quality of residential care service provision. The Council will continue to take a developmental approach to provider performance, with an emphasis on planned and tailored support to making improvements.

What Providers Should Be Able to Expect from the new scheme:

- 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

84% of Blackpool care homes have engaged with or are currently engaging with Blackpool Council for Dementia Awareness Training. This training depends on the care homes' willingness to engage but is free of charge and delivered within the care home environment. Similarly 78% of care homes have achieved their Gold Standards Framework in delivering end of life care. This training and accreditation has been part funded by health as has the falls prevention training provided by Age Concern.

There are a number of mental health residential care homes in Blackpool. The adult residents in some of these homes could potentially live within the community with the right support in place. Commissioners are currently reviewing these homes in conjunction with care management.

8. Commissioning Intentions

- To reintroduce an Individual Service Agreement (ISA) in order to document each party's respective contribution to the funding of a residential care placement.
- To work with providers to raise dementia awareness, improve levels of care and provide dementia friendly environments
- To introduce a new quality framework with enhanced payments for good performance
- To work with providers to understand the self-funder market
- To support people by ensuring that they are aware of the range of provision and when its available
- To raise awareness with providers with regards to apprenticeships within the workplace
- To ensure mandatory training is readily available, easily accessible and completed by staff
- To take into consideration the 'living wage' when reviewing fee rates subject to budget restrictions.

9. Providing Services in Blackpool

The providers we want to work with are those who

- Have explicit quality standards and publish the results of their independent monitoring
- Are prepared to work in a collaborative way with regards to performance and finance issues
- Are willing to articulate their understanding of the market, including the self-funder market and how this is changing via the provider forums
- Are outcome focused when it comes to service delivery
- Provide dementia friendly environments and show and have a basic awareness of how to care for someone with the disease
- Recognise the need for appropriate training to be in place to support specific service user groups

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.

