

ADULT SOCIAL CARE  
MARKET POSITION STATEMENT  
HALTON - 2014/15

**Halton Borough Council**

[www.halton.gov.uk](http://www.halton.gov.uk)

## Introduction

### What is the Purpose of this Market Position Statement and who is it for?

Welcome to the first Market Position Statement (MPS) for Adult Social Care in Halton. This MPS aims to encourage a dialogue with Providers about the development of the local Adult Social Care market. It reflects what we currently know about the market. We want to gather and build upon intelligence and experiences that you have as Providers to help us develop a better understanding of the needs of the local Adult Social Care market. This MPS may not hold answers to all of the questions you may have about the market, but it is intended to encourage a continuous dialogue, so that we can explore market challenges together.

### What does the Market Position Statement Cover?

We have drawn together evidence from many sources including our Local Joint Strategic Needs Assessment (JSNA) and Commissioning strategies relating to Adult Social Care, as well as Census data, population projection information and evidence from various national papers, strategies and plans, to provide:

- ✓ Strategic Context.
- ✓ Key Messages and Statistics.
- ✓ A portrayal of predicted changes in local demographics.
- ✓ Information about the Size and Structure of the Adult Social Care Market in Halton.
- ✓ The current position of the three main areas of service provision; Care in Residential and Nursing Care; Care at Home; and Carers.
- ✓ An indication of Halton Borough Council's future commissioning intentions and work on safeguarding.
- ✓ Our expectations of Providers and the support we can offer.

An Evidence Paper ([Hyperlink](#)) has been produced to accompany this MPS. It contains the evidence base for the key messages included within this MPS.

## Strategic Context

This MPS is being introduced at a time of unprecedented change. Demand for Adult Social Care Services in Halton has been increasing year on year and is expected to continue to grow. High levels of deprivation mean proportionately high numbers of people with life-limiting long term conditions resulting in pressure on local social care services. This will be exacerbated by the growth in the older people's population.

Health services have traditionally responded very well when someone reaches crisis. However, on a national basis, significant pressures on A&E services and acute hospitals are unsustainable in the long term. This is without taking into account any potential growth in future demand. Social care providers have a role to play in reducing the demand on A&E and acute health services by focusing on prevention and early intervention to minimise, or avoid the need for crisis-response. There are proposals to improve access to health care through the introduction of 7-day working across the NHS. This is planned to happen over the next three years across all NHS services. This initiative will require Social Care Providers to respond to requests for care 7 days a week.

The Government's reforms and the introduction of the Better Care Fund will introduce a more comprehensive approach to integrated health and social care services. Under the Government's Better Care Fund we are currently developing a two-year plan to prioritise the health and social care service areas that will become increasingly integrated.

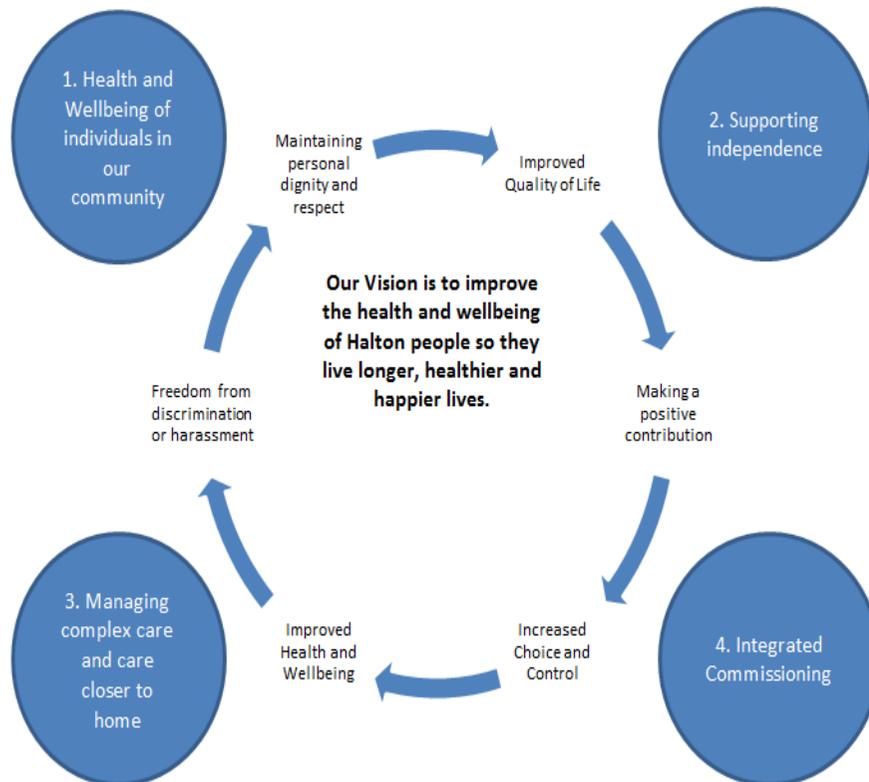
Having separate budgets for health and social care services has often been a barrier to joint working and addressing the needs of service users holistically. It often results in shifting costs from one organisation to another rather than encouraging them to act in partnership. People's needs might be categorised as medical or social by agencies and their professionals, but in practice individuals' lives are often more complex. People do not fit neatly into organisational business units, hence the need for different service providers being required to collaborate.

The Intermediate Care Multi-disciplinary Team is one example of an integrated service— the team offer a wide range of Home Care, Intermediate Care and Reablement Services seven days a week that includes support from

nurses, care assistants and occupational therapists. The team also support people recovering from a hospital stay and needing temporary help to maintain their independence and quality of life at home.

Halton has historically had one of the lowest levels of admission<sup>1</sup> to Residential and Nursing care in the North West meaning comparatively more people are able to live in their own homes. As shown in Figure 1, we aim to continue to keep admission to residential and nursing care low and we will continue to support individuals to live independently through enabling care to be provider closer to home.

**Figure 1: Our Vision for Halton Residents**



<sup>1</sup> NHS and Social Care Information Centre, ASCOF Comparator Report, 2012-2013

We recognise that some individuals living in their own homes may be lonely and socially isolated. We have developed a Loneliness Strategy to address issues associated with loneliness and social isolation. Currently there are services in place, such as befriending services, telefriending and services such as Community Bridge Builders who provide support to older people to engage in community activities. We are also looking at new initiatives to facilitate greater inter-generational social contact and piloting tablet technology similar to Skype to enable individuals to maintain social contact.

In Halton Prevention and Early Intervention is a key priority to reduce pressure on complex services. It includes; prevention of ill health and poor emotional wellbeing, early detection of disease, supporting people to remain independent at home, manage their long-term conditions, avoid unnecessary hospital admissions and in situations where hospital stays are unavoidable ensure that there are no delays to their discharge.

There are currently lots of low-level services in place which focus on prevention and early intervention. However, the clear gap is the co-ordination/integration of these services. We are currently considering the benefits of developing a system of improved integration and increased navigation through the system to improve an individual's service experience/outcome. Examples of Prevention and Early Intervention services includes; Community Alarm services (Telecare); Telehealth (to manage long term conditions); Self Care Programmes; Reablement and Intermediate Care; Practical Support such as Shopping, Gardening and Handyperson services; provision of information and advice; Hospital discharge and post-discharge support.

### Priorities for 2014/15

In relation to Adult Social Care, the following priorities have been identified for the forthcoming year (2014/15): Further information on each of these priorities can be found within this MPS.

- Safeguarding (Safety and Provider Quality)
- Prevention (Focusing on Health & Wellbeing)
- Access to Care Services (enabling 7 day working across health and social care services)
- Service Quality

## Key Messages

On the whole, demand for social care is expected to increase as the population of those aged 65 and over is set to increase by 33% by 2021. Between 2012 and 2021, the largest growth (56%) is predicted to be for those aged 70-74. As local residents grow older, their care needs are expected to increase.

There will be a continued emphasis on providing Care at Home and building capacity within community based services to meet individuals' needs. New and emerging models of care are likely to focus on healthcare needs as well as social care needs as we predict that demand will shift from the acute health care sector and services will become increasingly integrated.

There will be a continued need for specialist care for younger adults (aged 18-64) with Learning Disabilities or Mental Health needs, however the population for this age group up to 2021 is expected to remain relatively static and therefore growth in demand is not currently anticipated.

A mix of housing provision (Care Homes, Extra care Housing, Supported Housing and homes meeting the Lifetime Homes Standard) will be needed to meet the needs of an increasing ageing population, including those that will live alone. A review of future options will be undertaken by the Council.

The Personalisation of services including the provision of Direct Payments is expected to continue to grow.

The focus on preventative and early intervention service provision will become increasingly important in order to support individuals to live healthy and independent lives, for longer and to reduce, or delay the demand for health and social services.

Shrinking budgets and rising demand presents challenges and Provider services that are commissioned by the Council will need to adapt to changes in how services are commissioned, for example models of care that meet health and social care needs.

The new Care Bill will introduce significant change. Providers will see the care costs for self-funders of home care or residential care become funded via the Council once their care costs reach the new care funding cap. There will be greater opportunities for Providers to develop and deliver preventative and early intervention services and information and advice services (including independent financial advice) both of which feature prominently in the Care Bill.

Providers are expected to continue to adhere to local safeguarding policy and procedures and actively minimise the risk of abuse within service settings.

Providers have a key role in delivering good quality services. Recent inquiries such as Winterbourne View and the Francis Enquiry emphasise the importance of delivering good quality, compassionate services.

Providers need to consider future workforce needs. We recommend Providers develop workforce plans that identify how future workforce demands could be met, including how to attract and incentivise new staff, and retaining existing staff.

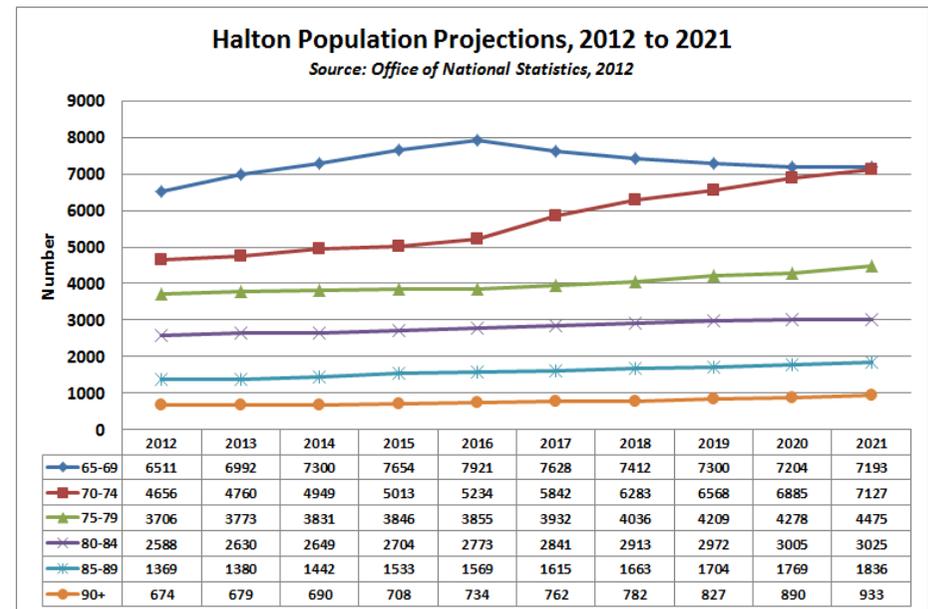
## Key Statistics

### Population

The [population](#) of Halton was measured at 125,700 in the 2011 Census and is projected to reach 126,800 in 2014. It is estimated that the total population will grow by 3% between 2011 and 2021. This growth will not be uniform across the age groups. It is projected that there will be:

- An increase in the younger age group, 0-15 years, of 10%
- A decrease in the working age group, 16-64 years, of 5%
- An increase in the older age group, 65 and over, of 33%
- An increase in the older age group, 70-74 years of 56%
- An increase in the very old age group, 85 and over of 36%

Figure 2: Halton Population Projections 2012 to 2021 by Age Group



## Level of Deprivation

The Index of Multiple Deprivation (IMD) for 2010 shows that Halton is ranked 27th nationally (a ranking of 1 indicates the most deprived), which is third highest on Merseyside, behind Knowsley and Liverpool, and 9th highest in the North West. The Index of Multiple Deprivation for 2010 suggests that Halton's level of deprivation has worsened. Since ranking 30th in 2007, there has been an increase in 2010, to the 27th most deprived Authority in England. Furthermore, in Halton, 21 of its 79 'Super Output Areas' fall in the 10% most deprived areas in England.<sup>2</sup>

**Figure 3: The Index of Multiple Deprivation Rank and Score for Halton**

	2004		2007		2010	
	Score	Rank	Score	Rank	Score	Rank
Halton	34.29	21	32.61	30	32.54	27

There is a clear and persistent relationship between deprivation and both health and wider social outcomes. We know that deprivation impacts on the health of the local population and that needs can be complex, with individuals living with multiple long term illnesses. The [health profile](#) for Halton shows that health outcomes for some of the major health conditions are often worse than the England average.

## Increasing Complexity of Needs

People with long-term conditions are not just high users of primary and specific acute services but also urgent and emergency care and social care and community services. As medical technologies have improved, the number of disabled children with limiting lifelong conditions who survive into adulthood is increasing. They are likely to have greater need for health and

<sup>2</sup> HM Revenue and Customs (HMRC), Index of Multiple Deprivation 2010

social care than their non-disabled peers. In Halton we have developed a 'Model of Care' for adults with Learning Disabilities which supports the development of a more effective range of community support services to enable people to remain at home and avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service. At the centre of the Model of Care, individuals will receive a Health Check and a Health Action Plan which are reviewed at least on an annual basis.

In recent years we have developed a Positive Behaviour service which works with Adults with learning disabilities including Autism and who display difficult or challenging behaviour. The aim of the service is to reduce such behaviours and hence improve the quality of care and quality of life for individuals, their families and those that may provide care to them.

For Halton 26,124 people stated in the 2011 Census return that they had a limiting long-term illness that restricted their ability to undertake routine everyday activity. Figure 4 shows that of this number, 13,970 indicated that their condition limited their daily lives 'a lot'. This data also shows that limitations increased with age. The younger age groups were less likely to report limitations, whereas the number of people who had limitations increased for those aged 35 and over.

**Figure 4: People in Halton with a limiting long-term illness, by age<sup>3</sup>**

	Age Group									
	All ages	0 to 15	16 to 24	25 to 34	35 to 49	50 to 64	65 to 74	75 to 84	85 and over	65+
'limited a lot'	13,970	417	340	615	1,978	4,302	2,911	2,396	1,011	6,318
% of total population	11%	2%	2%	4%	7%	17%	28%	39%	50%	34%

<sup>3</sup> 2011 Census - Halton

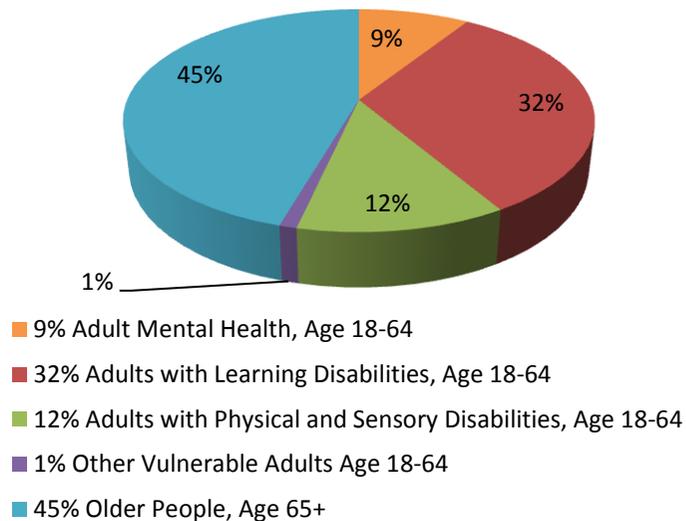
## Size and Structure of the Current Adult Social Care Market in Halton

In 2012/13 the net Council budget for adult social care and support was £40m. Halton Borough Council financially supports approximately 5,000 local residents through the provision of Adult Social Care and support services.

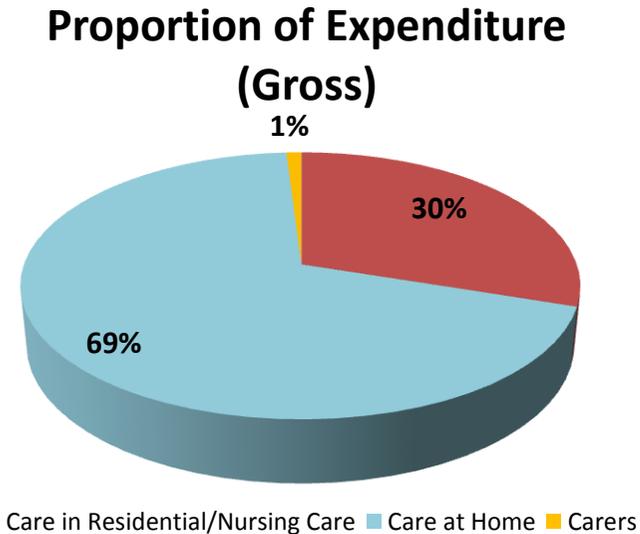
Approximately 69% of Halton Borough Council’s funding provides Care at Home, supporting individuals to live in their own homes through services for example, Home Care or Meals, or within the local community for example, Day Care. Approximately 30% of Halton Borough Council’s funding is for Residential and Nursing Care. The remaining 1% of Halton Borough Council’s funding is provided for Carer’s services, for example Carers Breaks and provision of information and advice or signposting.

In terms of client split, the Council’s net expenditure in 2012/13 was split amongst the following client groups.

**Figure 5: Split of Halton Borough Council’s Net Expenditure for Adult Social Care in 2012/13**



**Figure 6: Split of Halton Borough Council’s Gross Expenditure for Adult Social Care in 2012/13 by Sector**



### Self Funders

We have used a toolkit developed by the Institute of Public Care (IPC) to attempt to understand the number of self funders in the local area. It is estimated that there are approximately 570 Self Funders in Halton. Approximately 100 of these pay for Residential and Nursing Care and 470 pay for Home Care Services<sup>4</sup>.

### Funding

Eligibility is linked to funding. Local Councils do not have the financial funds to meet all needs. Not everyone will be eligible for services. Halton Borough Council currently meets the needs of those who are assessed as having ‘Critical’ or ‘Substantial’ needs. Similar to other Councils in England, Halton Borough Council has had to find considerable financial savings in recent years and this trend is expected to continue. Halton Borough Council is expected

<sup>4</sup> Institute of Public Care, Delivering Care Markets for Quality and Choice Programme: Understanding self-funding market in social care: a tool kit for commissioners; Merseyside Sub-Region, November 2012

to find a total of circa £46m savings from the Council’s budget over the next three years and this presents a significant challenge to the Council.

In response, the Council has committed to identify savings by:

- Progressing with its Efficiency Programme.
- Reviewing the portfolio of land and other assets, including its use of buildings in accordance with the Accommodation Strategy.
- Continuing to drive improved procurement across the Council.
- Delivering services in more efficient and effective ways such as via greater use of technology.
- Reducing the cost of services either by reducing spend or increasing income.
- Stopping some lower priority services.

Halton Borough Council and NHS Halton Clinical Commissioning Group (CCG) have a single pooled budget to deliver Complex Care services to those most in need in the Borough. The pooled funding allows health and social care services to be integrated at the point of delivery for those with the most complex needs within the Borough. The pooled budget will enable improved procurement of services as traditionally separate budgets are brought together. In the future, Providers will see differences in the way services are commissioned as a result, for example joint contracts, rather than separate health or social care contracts.

### Care in Residential and Nursing Care

At current estimates there are approximately 800 Residential and Nursing beds within the Borough of Halton. Figure 7 shows that in 2012/13 Halton Borough Council commissioned approximately just over half of these beds (445) and demand in recent years has been on the increase. The remaining beds are funded via NHS Continuing Healthcare funding (approximately 100), paid for directly by residents who self-fund their own care (approximately 100), or funded by other Local Authorities (approximately 155). We currently fund approximately 40 placements ‘Out of Borough’ where the individuals’ needs are for specialist placements that are not currently available within the Borough.

### Key Messages – Care in Residential and Nursing Care

Halton has a track record of caring for and supporting residents to remain living independently within their own home for as long as possible via a range of services including home care, Reablement, Intermediate care and the use of enabling technologies such as telecare and telehealth meaning comparatively lower levels of people admitted to residential and nursing care in Halton<sup>5</sup>.

The market for residential and nursing care has been traditionally stable. Providers have knowledge and experience of local needs and have responded well to local challenges. This places Providers in a strong position to respond to the challenges of the future market, such as increased numbers of individuals needing complex care services.

The number of individuals presenting with complex needs is predicted to increase, including a rise in those with Dementia. We are currently developing a business case to identify gaps in community services. The 5 Boroughs Partnership NHS Trust is also planning to review their dementia pathway during 2014.

Providers are encouraged to increase provision of clinical and nursing care in order to reduce or delay demand for hospital care.

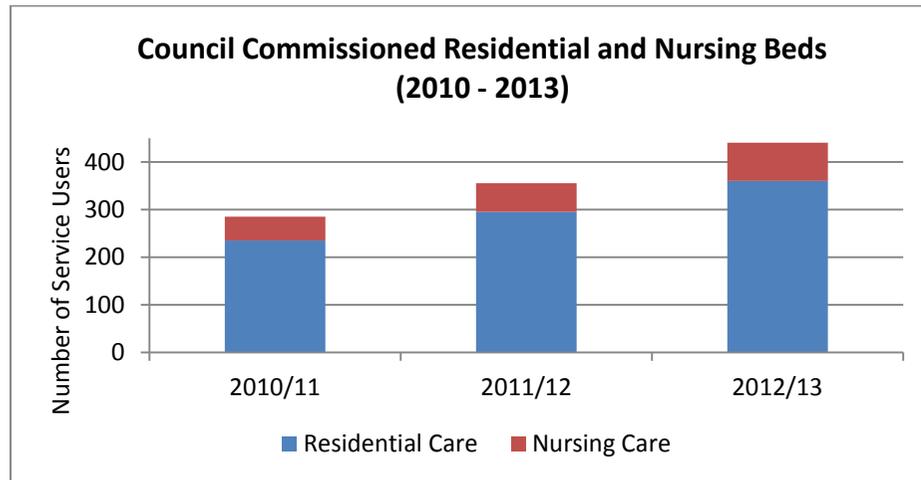
Integrated Care Home Support Teams have been introduced and will be further developed to improve the range of healthcare interventions and services that currently are not easily accessible to people who live in residential and nursing homes.

Providers have a key role in enabling continuity of care between residential and nursing settings and community based services (e.g. enabling timely access to GPs, Dental Care, Falls Service, Podiatry) which are fundamental to the health and wellbeing of those living in residential and nursing care.

There is currently a lack of availability of specialist placements for people with particularly complex needs that includes challenging behaviour i.e. Adults with Learning Disabilities and Adult Mental Health, which means that some people are placed ‘Out of Borough’.

<sup>5</sup> NHS and Social Care Information Centre, ASCOF Comparator Report, 2012-2013

**Figure 7: Number of beds commissioned in Residential and Nursing Care by Halton Borough Council (2010 -2013)<sup>6</sup>**



The vacancy rate for residential and nursing beds (i.e. available beds) varies depending on local levels of demand. In recent years we have seen greater demand for Residential beds and the vacancy rate for this type of bed has reduced as a result. Conversely, we have increased capacity in EMI Nursing and there is currently a greater level of vacancy for these types of beds.

Bed vacancy rates are measured by type of ‘bed’ (e.g. nursing, residential, Learning Disability) by calculating the number of vacant beds from the total number of bed places. The rate of vacancy will differ depending on the type of beds as demand and supply for different types of beds is not uniform.

The majority of Residential and Nursing beds in Halton (over 90%) are owned by the independent sector. In terms of specialism, ten of the Providers offer Nursing Care, sixteen Providers offer care to those with Dementia, eight provide care to Adults with Learning Disabilities, three provide care to Adults with Mental Health needs and six provide care to those with Physical Disabilities.

<sup>6</sup> NHS and Social Care Information Centre – ASC-CAR Data Collection, Table S1, 2010-2013

It is estimated that there are approximately 100 individuals self-funding beds in Residential and Nursing Care across Halton. National survey data suggests older old people are more likely to self-fund their own care, particularly those in the 85-89 and 90+ age groups and this pattern is echoed locally. This is typically because care needs increase as individuals grow older.

## Care at Home

### Key Messages – Care at Home

In Halton, demand for services which meet complex needs has become embedded and demand is predicted to increase further. There are currently gaps in market provision that meet higher levels of need e.g. Nursing, complex needs and specialist provision.

The growth of self-directed support (personalisation) and the use of Direct Payments in recent years have led to calls for greater demand in the diversity of community based services (Care at Home) nationally.

Pressures on Urgent Care and Local Rates of Hospital Admission mean that demand will be managed in a different way in the future– it is likely that health care will shift to community based care settings, including providing care closer to home, or within a person’s home. This will mean more Providers offering multi-disciplinary health and social care services will be required. Multi-disciplinary teams will be aligned around local GP communities. Urgent care will be re-designed to provide increased diagnostic facilities in local community settings, enabling care to be delivered closer to home.

Delivery of home care via Zoning based on geographical areas has proven to work well, where Providers have become the only Provider operating within a zone. Care workers are not dependent on using a car and travel costs reduce as a result. Due to its success, a zoning approach to home care will continue across Halton.

As part of the implementation of the Dementia Strategy, some voluntary sector services already providing support to people in their own homes will be evaluated during 2014/15.

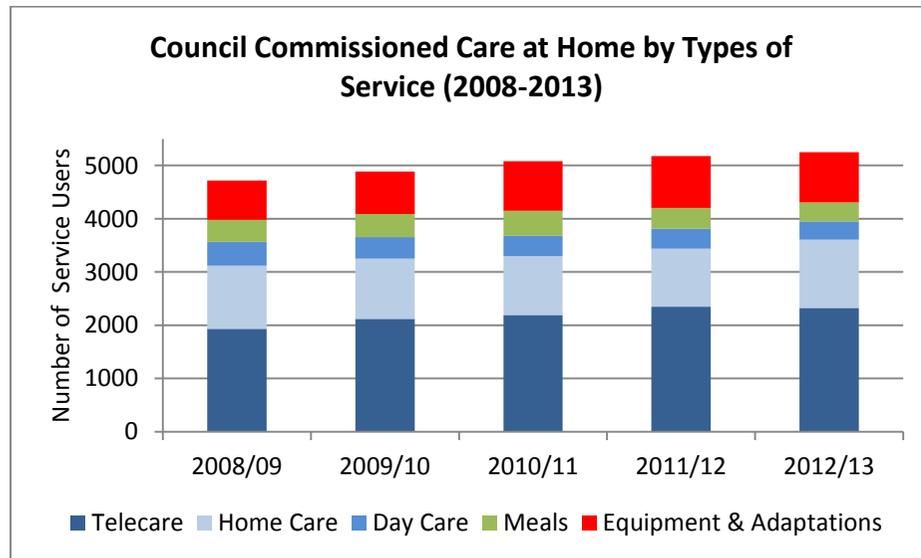
There are a wide range of local services Commissioned by the Council which are defined as ‘Care at Home’ in Halton. Some of the main types of service commissioned are shown in Figure 8. The chart shows that overall demand has increased.

The types of Care at Home services range from low-level services such as Equipment and Community meals, to highly complex Intensive Home care and Intermediate Care.

Domiciliary Care is procured under a ‘framework Agreement’. Halton currently contracts with seven mainstream agencies – a result of steps taken to improve capacity and choice, as well as to ensure that service user’s particular needs could be met effectively. Zoning based on geographical areas has proven to work well. Larger providers work across zones, whereas smaller Providers tend to work within smaller zone areas.

Halton Borough Council’s contracts for Domiciliary Care (Home Care) are in the process of being re-tendered. The new domiciliary care contracts will commence from 1<sup>st</sup> April 2014.

**Figure 8: Council Commissioned Care at Home by Types of Service (2008-2013)<sup>7</sup>**



<sup>7</sup> NHS and Social Care Information Centre – RAP Data Collection, 2008 - 2013

In 2012/13, the Council funded 621,587 hours of home care. 508,847 hours were provided by the independent sector and 112,740 hours were provided by the Council’s in-house services. Of 811 individuals receiving home care during 2011/12, 335 people received intensive home care – where ‘intensive’ home care is defined as more than 10 hours and more than six visits a week<sup>8</sup>. Out of 570 estimated Self funders in Halton, approximately 470 pay for their own Home Care Services. A breakdown of Home Care Self Funders by age group is provided in Figure 9<sup>9</sup>.

**Figure 9: Estimated Numbers of Self Funders of home care by age group.**

Age Group	18-24	25-34	35-44	45-54	55-64	65-69	70-74	75-79	80-84	85-89	90+	Total
Estimated No. Self Funders	15	3	20	34	50	18	48	50	57	88	88	470

#### Personalisation of Adult Social Care Services

In 2012/13 a total of 4,053 people received Self-directed Support from Adult Social Care. All new clients follow a self-directed support process which enables individuals to have direct input into the assessment of their needs and the planning of their care resulting in an allocation of funding (Personal Budget) in accordance with their needs. The individual can choose how the personal budget is to be used – they can choose whether to receive the personal budget as a cash payment (Direct Payment) or whether they want the Council to arrange their care for them, or they can have a combination of the two approaches.

In 2012/13 188 service users and 715 Carers<sup>10</sup> received a Direct Payment - whereby they received a cash payment to enable them to arrange and pay for their own care package. Some local Providers will have experienced a

<sup>8</sup> NHS and Social Care Information Centre - PSSEX1 Data Collection, 2012/13

<sup>9</sup> Institute of Public Care, Delivering Care Markets for Quality and Choice Programme: Understanding self-funding market in social care: a tool kit for commissioners; Merseyside Sub-Region, November 2012

<sup>10</sup> NHS and Social Care Information Centre – RAP Data Collection, 2012/13

shift in recent years to service users arranging and paying for their own care package via a Direct Payment.

Our most recent survey of Direct Payment recipients<sup>11</sup> found that 91% of respondents feel that Direct Payments enable them to be in better control of their care. However, some recipients reported very limited options to spend their Direct Payment; restrictions on the types of services and support that the payment can be spent on; and inadequate provision of support to help deal with difficulties associated with the employment of Personal Assistants. There are opportunities for Providers to support Direct Payment recipients in appointing their own Personal Assistants with advertising, recruitment, payroll, Disclosure and Barring checks or training.

### Increasing Focus on Outcomes

In order to increase Provider focus on individual outcomes, under the new Domiciliary Care contract Providers are expected to have appropriate mechanisms in place for effectively monitoring the impact of services on the outcomes of the service users they support. This will include quantifiable data focussing on how far the service user has achieved outcomes specified in their Service User Individual Service Specification (SUISS) and Support Plan. Providers are also expected to monitor service user's experience and satisfaction levels.

For Adults with Learning Disabilities, a 'Just Enough Support' model will identify a range of resources available to support an individual, including paid and unpaid support which may include support provided by families and Carers to identify the best outcomes for the individual. Providers relationships with individuals will become more customer focused as providers market their services and create packages to meet the bespoke needs of individuals and their carers. 'Just Enough Support' builds on clear outcomes and achieving goals and promotes independence and natural support, leading to changes in support needs over time. Providers will need to advert and market their service to individuals and carers, providing tradition and bespoke, flexible services to meet the changing needs of service users.

<sup>11</sup> Halton Borough Council, Direct Payments and Self-Directed Support User Satisfaction Survey, May 2011

We are working with the 5boroughs NHS Foundation Trust to redesign pathways around acute mental health services. The emphasis is on preventing admissions wherever possible and adopting a recovery model to support those with more serious mental health problems. Community mental health services are also being re-designed to closely align with GP Practices to improve the provision of mental health services in primary care.

## Carers

<b>Key Messages - Carers</b>	Carers in Halton often do not see themselves as a Carer and this may prevent them from accessing services which they may be eligible for. This issue is echoed nationally.
	The 2011 Census suggests that around 15,010 people in Halton provide unpaid care. This equates to approximately 12% of the overall population for Halton.
	Findings from the Census, 2011 indicate that Halton has a higher proportion of people providing 20+ hours of unpaid care (7,010 people) per week than the England average and a significantly higher proportion of people providing 50+ hours of unpaid care per week than the England average.
	The predicted changing demographics of Halton's population suggest that the numbers of carers providing unpaid care is likely to increase.
	The Health of Carers is a major influencing factor upon the health and welfare of the people receiving care and upon the Carer themselves. Healthcare Providers have committed to prioritising health checks for Carers.
	Locally, considerable investment has taken place in recent years. In particular, Halton's dedicated Carer's Centre has extended the range of services and support available to local residents and this has meant that more carers are able to access carer-specific services.

There are over 4,000 people registered as Carers in Halton. By January 2013, the proportion of carers who were receiving a service places Halton in the top five boroughs in the North West. Therefore comparatively, we are performing better than some of our regional counterparts.

## Carers Survey

Between September and October 2012, a Carers Survey was undertaken in Halton. Approximately 340 Carers responded to the survey. The responses reflect the following findings;

- 76.7% of Carers reported that they have been included or consulted in discussions about the person they care for.
- 75.8% of Carers stated that they found it easy to find information about local services.
- 60.9% of Carers reported that they live with the person they care for.
- 82.2% of Carers reported that they were either 'Extremely', 'Very' or 'Quite' satisfied with local support or services in the previous 12 months.
- 43.8% of Carers reported that in relation to their current situation they either 'sometimes they can't look after themselves', or 'they feel that they are neglecting themselves'.
- 44.5% of Carers reported that they have some social contact with people but not enough and 12.8% of Carers reported that they had little social contact with people and they felt socially isolated.
- 21.3% of Carers reported that they were not in paid work due to their caring responsibilities. 43% of Carers were retired.
- 17.7% of Carers reported that they had been a Carer for 20 years or more.

## Local Action to address Carer's Issues

A local multi-agency Action Plan has been developed to focus on Carer's issues. The 2011 Census reports that there are 15,010 carers in Halton which means there are many 'hidden' carers that we don't know about who are not benefitting from accessing services on offer locally. We recognise that we need to identify 'hidden' carers and we are taking steps to close the gap. The Action Plan includes activity such as increasing the number of Carers assessments that will be undertaken by health professionals in order to reach 'hidden' carers using health services. We are also aiming to; include Carer's views in the design and specification of Carer's services; supporting carers to access education and employment opportunities; and prioritising health checks for Carers.

## Workforce Challenges

Workforce challenges facing the Adult Social Care sector are widely reported nationally including issues regarding staff turnover, recruitment, pay, Zero hours contracts, inadequate training provision and continuity of care. In addition, local Providers have told us that it has become very difficult in recent times to recruit staff due to competition in the local labour market as a result of the introduction of new businesses within the local economy. Current and future workforce needs for the local Adult Social Care market are a key concern.

As a council we have developed a '[People Plan](#)' to address workforce issues. Providers may find it useful to see the challenges that the Council faces and how they are being addressed. Providers may benefit from the development of their own workforce plans that identify how future workforce demands could be met, including how to attract or incentivise new staff to work in the local care market as well as retaining those who do. Being able to offer a high quality service may help you to recruit good staff and improve motivation and staff retention. [Skills for Care](#) have lots of resources to help with the development of social care workforce plans.

## Service Quality

As a Council, we take a leading role in driving on-going improvement in Adult Social Care services locally. Part of this approach involves Provider monitoring, whereby we use an evidence based approach to assess standards of care and safety for each of the Providers we commission services from.

We have a dedicated team that monitors the quality of more than 200 Council-commissioned Provider services in Halton— our Quality Assurance Team. Provider performance is measured against a range of national care standards including; Safeguarding; Dignity and Respect; Care and Welfare (e.g. Medication); Staffing and Workforce issues; Management and Leadership; Contract Compliance; and consultation with Service Users, Carers and Families. Commencing in 2014, we will develop a new Quality Assurance Framework that will collate information from a variety of sources to present information about the quality of Provider services in one system.

We work closely with the Care Quality Commission (CQC) regarding Provider performance, particularly if we identify issues regarding the quality of a service. As an example, the types of care quality issues we typically work with Providers to address includes; Safeguarding/safety; Medication; Staff competency and training; Consistency of staff teams; Dignity; Nutrition; Recording Practices; Care Planning; feedback from service users and families; quality and consistency of Leadership/Management. Where performance falls short of our expectations we work with Providers to identify improvements, which are then subject to frequent monitoring to ensure that improvements can be evidenced.

### Feedback from Service Users and Carers

Service User and Carer views and experiences are a fundamental component in the evaluation of service quality. We expect all Providers within Halton to capture views and experiences of individuals who use services, so that such information can feed into the on-going improvement of local services.

We use different approaches to consult with local people and this includes surveys such as; the Carers survey; Adult Social Care survey; Residents survey; and user involvement groups and forums, such as Halton Older People's Empowerment Network (OPEN). We also commission Healthwatch Halton to act as an independent local organisation which has 'local voice' at the heart of its operation, drawing on local people's experiences of health and social care services.

Through our engagement with local people, we have found that in 2012/13;

- 94% of clients were either satisfied or very satisfied with the care they receive.
- 95% of care workers completed tasks to a satisfactory level.
- All clients felt secure with their care worker.
- All care workers were reported as being polite and respectful.
- 25% of people reported that they were not kept informed/involved in their care.
- 25% of clients do not receive a quality questionnaire from the provider.
- Only 78/199 clients said they are told of call time changes.

So, whilst there are some extremely positive results, our consultation has found significant room for improvement, particularly in relation to the need for Domiciliary care Providers to communicate better with service users regarding home care call-time changes. We will monitor performance in these areas when we next survey service users and carers.

### Council Commissioned services

As a Council we directly deliver some in-house services, however the market share is a small proportion (approximately 10%) of the local service provision as a whole. In the main, we commission the majority of our Adult Social Care services from Independent Provider and voluntary sector organisations.

### What types of services do we commission?

We commission a wide range of Residential and Nursing Care, Care at Home and Carers Services. We commission right across a broad spectrum of need and across all ages 18 and above. We commission some 'out of Borough' care, where it is highly specialised and is not available within the Borough. We also commission services within the voluntary sector to provide low levels of care and support and a range of advocacy services and equipment.

### What types of services do we directly provide?

We deliver in-house services such as Intermediate Care, Reablement, Integrated Hospital Discharge, Community Alarm service, Community meals, Outreach, Adult Placement services (Shared Lives), Community Bridge Building, plus we also provide signposting and information and advice.

### How to find out about Commissioning Opportunities

The Council has introduced a business portal system known as [The Chest](#), to enable existing and potential suppliers to:

- View all forthcoming contract opportunities for Halton Borough Council and other councils from one place.
- Register free to receive e-mails on all relevant contract opportunities on the day they are advertised.
- Receive all contract opportunities relevant to Provider's particular business interests.
- Request details of contract opportunities 24/7.

## Service Provision/Commissioning Intentions

The arrows in the table below indicate anticipated changes in demand for local services in terms of numbers of service users supported. ↑= service will increase, ⇔=service will remain at a similar level, ↓= service will decrease.

Service Area	Market Forecast
Reablement, Intermediate Care & Rapid Access Rehabilitation Services	⇔
Telecare/Telehealth	↑
Equipment and Minor Adaptations	↑
Major Adaptations	⇔
Direct Payments	↑
Care Assessment and Care Management including Care Arranging	↑
Provision of Information, Advice & Signposting	↑
Carers Breaks	⇔
Integrated Hospital Discharge	↑
Day Care	⇔
Domiciliary Care	↑
Extra Care Housing Provision	↑
Supported Housing	⇔
Residential and Nursing Care	⇔
Respite Care	⇔
Outreach	⇔
Transition (from Children to Adult Services)	⇔
Adult Placement (Shared Lives)	↑
Safeguarding Adults	↑
Specialist Accommodation Services (Learning Disability/Mental Health)	⇔
Integrated Health and Social Care Services	↑
Preventative and Early Intervention	↑
Health and Wellbeing Services	↑
Service User and Carer-led services	↑

## Safeguarding Adults

Keeping people safe and ensuring that they are treated with respect and dignity continue to be high priorities for Halton Borough Council.

All Providers have a responsibility for Safeguarding and minimising the risk of abuse of individuals in their care, either within a residential/nursing setting or those living independently in their own home. There are local procedures in place for Providers to report incidences of abuse to Halton Borough Council and all Providers are required to familiarise themselves with our [local safeguarding procedures](#). Local Authorities have responsibilities relating to the safeguarding of *all* residents living in their local area.

The establishment of a pilot multi-agency Integrated Safeguarding Unit with our Health partners has been a positive move forward in dealing effectively with safeguarding issues in a more cohesive way. The multi-agency team has a good skill mix and knowledge base in leading on safeguarding across Health and Social Care on cases that have a complex safeguarding element to them, with a particular focus on the more complex cases within institutional settings. The multi-agency team is actively working with some Care Home Providers to address complex safeguarding cases and develop practice which could then be extended across Care Home provision and across the Residential and Nursing sector.

Our Quality Assurance team work closely with our multi-agency Integrated Safeguarding Unit to ensure that any activity relating to incidences of Adult Abuse is captured as part of our Provider monitoring processes.

## Market Readiness

We encourage Providers to assess their readiness to adapt their businesses to the changing demands of the local Adult Social Care market. We have identified a number of expectations that we have of Providers and conversely what you can expect from us.

## Our Expectations of Providers

- Deliver high quality care.
- Share intelligence with the Council about the local market.
- Evidence the impact of services on individuals' needs and outcomes by capturing the views and experiences of individuals who use services.
- Strengthen focus on individualised, outcome focused services.
- Include service users and carers in service design and improvement.
- Develop their workforce to meet the care and support needs of the local population, now and for the future.
- Invest in local services.
- Pursue long term business sustainability.
- Consider opportunities for collaboration with other Providers in the local Adult Social care market, including voluntary sector organisations and social enterprises.
- Increase diversity and choice for users of care and support services.

## Your Expectations of Us

- We will continue to hold Provider Forums to bring together local Providers, to support open dialogue regarding the local Adult Social Care market.
- We welcome opportunities to meet and discuss how we can strengthen how we work together.
- We will refresh this MPS and make it available to all Providers to provide up-to-date information and analysis about the local market.
- We will refresh Commissioning Strategies where appropriate and make these available to Providers.
- We will monitor services against care standards, identify areas of risk and take action to address areas of poor quality.
- We will invest available resources in local services.

## Market Sustainability

The Adult Social Care market nationally has seen a number of high profile provider failures in recent times, notably, Southern Cross and Castlebeck (Winterbourne View) in terms of finance, quality and provision of care. The causes and impact of failure were different and each case required different responses. Central Government believes that national oversight is required as the potential impact of a large provider failing can have considerable consequences, both on a local basis and also nationally.

National oversight is not intended to replace the role of Local Authorities, conversely to complement it. Local Authorities have a local oversight role in understanding the market and any potential risk of Provider failure. Currently, our Quality Assurance Team identifies areas of risk as part of the provider monitoring process. If we identify areas of risk we will work with Providers to understand the risk and where possible, identify actions via an action plan that is subject to regular monitoring to ensure that the provider takes appropriate action to<sup>12</sup>;

- Reduce stress and anxiety for service users, their families and Carers.
- To reassure service users that their care needs will continue to be met.
- Keep all affected people informed.
- To share all relevant information with local authorities and future providers so that all service user's care and support needs can be seamlessly met by a new provider, if necessary.
- To act in every way possible to put the people receiving services at the forefront of all business considerations and to take responsibility for ensuring their needs are met.

---

<sup>12</sup> Department of Health, Oversight in Adult Social Care: The consultation, 2012

## Reviewing the Evidence and Delivering the Change

The Evidence	Delivering The Change
Pressures on Urgent Care and local rates of hospital admission mean that demand will need to be managed in a different way, particularly where hospital admissions can be avoided.	New and emerging models of care are likely to focus on healthcare needs as well as social care needs as we predict that demand will shift from the acute health care sector.
On the whole, demand is expected to increase as local residents in Halton are growing older and their needs are expected to increase. The largest growth between 2012 and 2021 is predicted to be those aged 70-74.	There will be a continued emphasis on providing Care at Home and building capacity within community based services to meet individuals' needs. Services will increasingly focus on outcomes.  it is anticipated that a mix of housing provision will be needed including Extra care Housing, Supported Housing and homes that meet the Lifetime Homes Standard. A review of accommodation provision will be undertaken to understand demand and anticipated future supply.
There will be a continued need for specialist care for younger adults (aged 18-64) with Learning Disabilities or Mental Health needs.	Consideration of the development of local services to meet the specialist needs of younger adults closer to home – i.e. within the Borough of Halton.
The Personalisation of services including the provision of Direct Payments will continue to grow.	Greater flexibility and diversity of service provision in the local Social Care market is required.
The focus on preventative and early intervention service provision will become increasingly important in order to support individuals to live healthy and independent lives, for longer and to reduce, or delay the demand for health and social services.	An opportunity exists for Providers to develop and deliver prevention and early intervention services across the Borough, for example self-care for long term conditions, befriending and low-level practical support such as gardening services.
There are currently gaps in provision that meet higher levels of need e.g. Nursing and Complex needs.	We wish to discuss opportunities to develop local services with Providers that can meet highly complex needs.

## Future Revisions of the Market Position Statement

The first MPS predominantly covers the Adult Social Care market. Future revisions of the MPS will begin to cover the local health, as well as social care market.

## We Want to Hear from You

Get in touch and let us know your thoughts on the MPS. If there are any specific topic areas that you would like to be covered in the next revision, we welcome your thoughts and ideas.

We will continue to hold Provider Forums to support open dialogue regarding the Adult Social Care market. We are open to your ideas of how you wish to be involved in discussions about how we can work together.

## Contact Details

For further information contact:

**Amanda Lewis, Commissioning Manager**

e-mail: [amanda.lewis@halton.gov.uk](mailto:amanda.lewis@halton.gov.uk)

Tel: 0151 511 8347

Web: <http://www3.halton.gov.uk/>

---