



Market Position Statement  
Adult Social Services  
London Borough of Haringey

June 2015

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## 1. Executive summary and key messages

Welcome to the London Borough of Haringey's first Adult Social Care Market Position Statement (MPS). The purpose of this document is to describe how the Council will work with providers to ensure the development of a diverse, effective and high quality local adult care market which is geared more towards supporting people to manage their own care through personalisation, early intervention and prevention of needs escalating. The aim of this document is to support the local adult care market to plan which services it will need to develop, and how, in order meet the needs of the local population, including those most vulnerable. It sets out the direction of travel for adult social care enabling voluntary and community organisations and other providers to learn about future opportunities and to develop new activities and services. In addition, social care providers and organisations not currently operating in Haringey can use this position statement to find opportunities that use their expertise and skills to benefit local people.

This document is based on information gained from a number of sources including the Joint Strategic Needs Assessment; the Corporate Plan Building a Stronger Haringey Together; the Medium Term Financial Strategy; the Workforce Strategy; market/customer surveys; consultation with a number of key stakeholders.

Importantly, feedback from users, carers and local residents has consistently focused on some key elements of service delivery, and we would wish to see these values reflected in the provision which we develop and commission:

- Respect and dignity
- Empowerment
- Inclusion
- Developing community resilience
- Reducing inequalities
- Ability to live healthy lives for longer
- Fulfilling lives with opportunity for growth

The pressure on local government finances since the Comprehensive Spending Review in 2010 has required Haringey, along with other Councils in the country, to reduce

significantly its controllable budget – by £70 million between 2015/16, 2016/17 and 2017/18, on top of the £117 million reduction already made since 2010, representing approximately a quarter of the remaining budget. The challenge is to transform our offer, making better use of resources, targeting them more effectively and rethinking the way we meet needs, focusing much more on the outcomes we are trying to achieve, whilst delivering high quality and safe services. We are implementing a Commissioning Framework, aligned to a more commercial approach, which seeks to ensure that this transformation is based on evidence and best practice. We are also adopting a more strategic approach to the market, of which this position statement is an element, recognising that we need to work with providers at a number of levels in order to spend resources efficiently, derive the most impact and value from the services delivered for Haringey residents and maintain a focus on high quality.

This market position statement is produced at time when the council has published its Corporate Plan ‘Building a Stronger Haringey Together’, a three year budget (our ‘Medium Term Financial Strategy’) and a Workforce Strategy and is implementing the far-reaching Care Act 2014 which sets out particular requirements for market shaping and management. The market position statement is underpinned by the Council’s five major priorities which set out the change we are looking for across service areas.

The Council sets out five strategic priorities in the Plan:

1. Priority 1: Enable every child and young person to have the best start in life, with high quality education
2. Priority 2: Empower all adults to live healthy, long and fulfilling lives
3. Priority 3: A clean, well maintained and safe borough where people are proud to live and work
4. Priority 4: Drive growth and employment from which everyone can benefit
5. Priority 5: Create homes and communities where people choose to live and are able to thrive

These strategic priorities will be delivered in line with six cross-cutting themes:

1. Prevention and early intervention: *Providing support earlier to prevent problems from occurring or escalating*
2. A fair and equal borough: *Tackling the barriers facing the most disadvantaged and enabling them to reach their potential*
3. Working with our communities: *Building resilient communities where people are able to help themselves and support each other*
4. Value for money: *Achieving the best outcome from the investment made*
5. Customer focus: *Placing our customers at the heart of what we do*
6. Working in partnership: *Delivering with and through others*

The Corporate Plan signals a new approach for the Council where the focus is on achieving outcomes through our five strategic priorities and cross-cutting themes, rather than on delivering services through business units as previously. Whilst there is a focus on improving outcomes for adults with emerging or assessed needs across the Council and in other agencies, many services to adults will be delivered through the programme for Priority 2 and therefore through the following 5 objectives:

1. A borough where the healthier choice is the easier choice
2. Strong communities, where all residents are healthier and live independent, fulfilling lives.
3. Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
4. Residents assessed as needing formal care and / or health support will receive responsive, high quality services
5. All vulnerable adults will be safeguarded from abuse

The focus on early intervention and prevention, building community capacity and enabling long term health and wellbeing links the Corporate Plan objectives with the requirements of the Care Act and the shift we are making in assessment, support planning and connecting to services. Increasing levels of integration – delivered through

the Better Care Fund and the wider Health and Social Care Integration Programme – are fundamental to this agenda.

Specifically for adult social care services, our Commissioning Strategy identifies the following areas of activity:

1. Focus on prevention and early intervention through community based provision and support
2. Emphasis on reablement, enablement and recovery wherever possible so that where appropriate more people can retain and maintain their independence
3. Strong shift towards supported living and support in **people's own homes**
  - a. Growth in the Shared Lives scheme to enable more people to live in family settings
  - b. Expansion of extra care sheltered provision for all care groups
  - c. Increase in supported living placements
  - d. Less use of residential care
4. New model of day opportunities to move away from building based provision to accessing support and opportunities in the community
5. Changes to the way services are procured to establish a framework agreement for the provision of domiciliary, supported living and reablement in the borough
6. Greater integration with health services for all care groups leading to changes in screening, triage and assessment
7. Focus on high quality provision which safeguards service users and carers and enables outcomes to be achieved for all individuals

We are keen to deliver outcomes based commissioning in all areas of our activity. We want to work with service users to identify the outcomes which are important to them and then to co-produce solutions with them. We want to explore alternative models of delivery and to work with our residents, communities and other stakeholders to design and commission innovative services which deliver outcomes. We want to find ways of

improving outcomes which move away from buildings based forms of care and towards maximising opportunities for all residents to participate in local life and to make the healthier choice the easier choice.

Haringey is committed to delivering social value through its commissioning activity and is implementing the Public Services (Social Value) Act 2012.. Sustainability indicators are built into our commissioning approach which measure to what extent social value is being delivered through specific contracts. Haringey defines social value, for the purposes of procurement, as a contractual benefit ancillary to end-user requirements that reduces carbon and/or waste, creates educational and employment opportunities for people in need, contributes to local regeneration/economic stability or saves money for the Council and the local tax payer.

We want to continue to engage with providers from all sectors to ensure that their expertise and perspective is incorporated into our commissioning processes and informs service design and implementation. By focusing on the achievement of outcomes, rather than on tightly defined inputs, we hope that we will foster innovation and genuinely improve the quality of life for all residents, focusing on those with emerging or established needs for care and support.

Future funding will be delivered through a commissioning and funding framework using a commissioning approach with clearly specified outcomes, and with the council seeking best and added value for money and high quality services for residents. This includes developing and enabling charities, social enterprises, mutuals, private and public sector companies and employee-owned co-operatives to compete to offer high quality services; and enablement of people from all walks of life to play a more active part in society. As part of the delivery of the Corporate Plan 2015-18, social enterprise models will be explored in the provision of services currently in-house delivered such as day opportunities, Shared Lives and Reablement.

We are mindful too that the market is vulnerable to wider economic forces and business breakdown, and in this position statement we set out both our preventative and our reactive approach to market failure within the context of Care Act requirements. We see this approach as building effective lines of communication with providers to enable

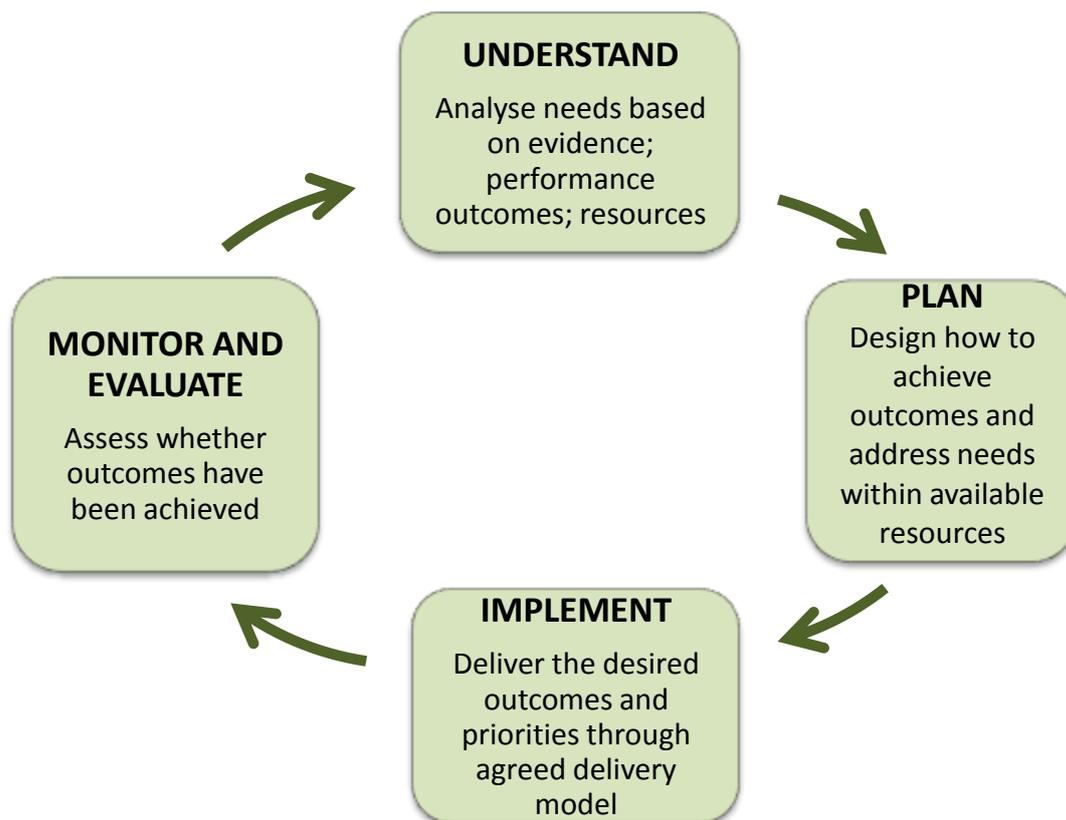
early alerts to difficulties and to offer support and expertise to maintain quality and safe services for local residents.

We are increasingly working in partnership with the Clinical Commissioning Group (CCG) and aligning our approaches through the Health and Care Integration Programme. This will result in a number of areas where we will jointly commission provision – seeking shared outcomes for local residents. There are other key partners too for adult social care, notably housing commissioners and providers, both within the Council and in partner agencies such as Registered Providers and care and support agencies. As we develop our focus on prevention and early intervention, we will continue to develop our partnerships with agencies such as JobCentre Plus, Further Education Colleges and Adult Learning.

We believe there are opportunities for us to work too at a regional and sub-regional level with both local government and health partners and we will seek to explore these opportunities as they arise, and within our commissioning strategies.

## 2. Commissioning approach

We are embedding our commissioning framework (please see appendix for more detail) into all our work across adult social care and in line with the Care Act. This includes adopting a more strategic approach to the market, building a focus on commerciality and value for money, to guide how decisions are taken on delivering outcomes for local residents.



Our approach as a local authority is to focus on our role as a commissioner and enabler, delivering value for money, accountability and empowerment. We want to take approaches which are:

1. Needs and evidence based
2. Outcomes focused – not targeted on detailed inputs
3. Customer and community centred
4. Ambitious for the outcomes our local residents can achieve
5. Value for money and attuned to the market

We fully recognise the diversity and vibrancy of our local communities and seek to address inequalities in access, quality, outcomes and opportunity. We will work at service, community, infrastructure and population levels to enable individual, family and community resilience so that people, families and communities are empowered to meet their own needs. We know we need to facilitate prevention and early intervention and move resources to invest in these approaches. There are times when we will need to de-commission high cost, poor performing or low impact provision as well as building on the assets and strengths of local communities.

We want to engage meaningfully with individuals, families and communities to co-design and co-produce the solutions they need, listening to feedback on current provision. We know we need to continue to refine the need and evidence base before procuring services

We are particularly keen to bring innovation and investment into the borough whilst assessing and managing the market for services, embracing innovation. We want to work with the full range of providers in the borough in designing and commissioning services, to gain their insights and expertise as we deliver the Corporate Plan and our key objectives.

Our role under the Care Act to shape and stimulate the market for care so that it meets the needs of local residents, now and into the future, means that we will:

1. Continuously map and analyse our local markets, in the context of the wider provider landscape
2. Work closely with existing providers, help new ones to move into the market and work in partnership with people who use services and people who provide services to create as wide a range of support choices as possible
3. Develop a thriving, strong and diverse care market that is flexible and responsive to everyone in Haringey, not just those eligible for direct council support
4. Offer services that are fair, of good quality, offer value for money, change according to **people's needs/wishes and promote well being**, independence and dignity
5. Maintain a focus on personalised services whilst developing a presence in the market through procurement and contracting at a macro level

6. Commission services which place an emphasis on prevention and early intervention to help people remain independent, to reduce the demand on acute services and have greater control of the services they receive

Information about all the Council's current contracts and end dates is available for all on the **Contract Register on Haringey's website**. The Register allows organisations to plan for future tender opportunities.

### **Improving the quality of care and safeguarding in the borough**

Haringey Council takes quality assurance and safeguarding seriously and recognises that quality and safeguarding is everyone's business. We recognise the impact of poor quality care on safeguarding, and also recognise that we need a differentiated approach to quality and safeguarding concerns. In managing the market, we will ensure a continued focus on quality of provision **to ensure that people's quality of life is maintained and the wider outcomes they seek are achieved.**

Despite the financial pressures on the Council, we will seek to ensure high quality services are delivered to Haringey residents and to continue to improve quality in line with national and local requirements. We recognise that service users and their families and carers are often best placed to assess the quality of the care they receive and we will continue to listen to and act on feedback from users and other stakeholders in holding providers to account. In this feedback to date, users and their carers have consistently told us that the following are important to them and these values guide our approach to quality:

- Respect and dignity
- Empowerment
- Inclusion
- Developing community resilience
- Reducing inequalities
- Ability to live healthy lives for longer
- Fulfilling lives with opportunity for growth

Our Quality Assurance (QA) and Safeguarding function covers all care services in the borough including residential care, supported living, services in the community, day services and personal budgets. We will continue to support providers to strengthen their safeguarding and quality practice in Haringey and strengthen our quality assurance and contract monitoring role across provisions. Our proposed move to framework agreements **for much of Haringey's adult social care provision** will facilitate more effective contract monitoring and quality assurance in the borough.

We believe everyone has a contribution to make to ensure a good and safe service including:

1. Service users
2. Family and carers
3. Care managers and social workers
4. Nurses and health workers
5. Commissioners and contract officers
6. Providers
7. Care workers
8. Advocates
9. CQC inspectors and
10. The public

Effective quality assurance is informed by good feedback and engagement, notably from users and carers, but also from wider stakeholders including the Care Quality Commission, providers and staff, Healthwatch and other agencies. We are committed to collecting and responding to this feedback in a consistent way which enables early identification of issues and an effective response. Our internal facing Quality Assurance Board, which, in light of the Care Act and the subsequent changes for the Safeguarding Adults Board, will develop a focus on quality assurance across all partners, will be reviewed.

A key aspect of our service is safeguarding. We take a risk management approach to safeguarding. We regularly review the information available regarding providers and update this from a range of sources, such as Care Quality Commission (CQC) reports, care management reviews, commissioning monitoring, review of incidents and safeguarding

alerts. Where there are systemic concerns we have developed an 'Establishment Concern Procedure' to manage improvement plans and to ensure the safety of individuals affected.

We also offer a range of support for providers to improve the quality of their service and we will continue to make available support and advice to providers operating for Haringey residents. We will review the role of the Providers' Forum and ensure a principal focus on service improvement and quality standards as well as wider information sharing and market development issues. We will offer providers a review of their Quality Assurance and Safeguarding Policy and Practice as well as support for embedding safeguarding practice and workforce development. We will continue to offer information, advice and guidance through the regular Providers' Forum and through training and development offered by the Council.

The Council will continue to maintain a good understanding of all regulated care provision operating in the borough and work with providers and have processes in place to ensure that there are good lines of communication between all providers and the Council. The Council will work with other local authorities to inform its work on risk assessment, risk management and the offer of support to providers and to build intelligence about the providers operating within the borough.

In addition, the Council will encourage active identification and early notification of any risks to business continuity by providers in order to carry out its duties under the Care Act and as part of annual Business Continuity Planning, the Council will identify and assess potential risks in Haringey with each of the local regulated care and other providers. The Council will keep a risk log of all providers in Haringey and regularly update the log. This would include financial risk management and organisational capacity as well as other service and care related risks. The Council will focus its activity on those providers where there is assessed to be greater risk of business failure to ensure a targeted approach and efficient use of resources.

Section 48 of the Care Act 2014 place a new temporary duty on local authorities to meet an **adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity because of business failure.** Our

Managing Provider Failure policy document explains what this duty means and Haringey Council's approach to ensuring that adults and carers are not left without the care or support they need if their care provider becomes unable to carry on providing because of business failure.

Whilst the policy largely focuses on the Council's approach when there is business failure, Haringey's priority is to work with all registered care providers in the borough, to avoid the risk of business failure and to minimise the disruption and impact for service users of any such failure. We will proactively support providers and build relationships to ensure that the risk of business failure is identified and well understood and that steps are being taken in a planned way to mitigate this risk.

### **Delivering Social Value**

Our approach to sustainable procurement is embedded in our commissioning framework and will be refreshed as part of a revised set of commissioning and procurement procedures. Haringey defines social value, for the purposes of procurement, as a contractual benefit ancillary to end-user requirements that reduces carbon and/or waste, creates educational and employment opportunities for people in need, contributes to local regeneration/economic stability or saves money for the Council (and hence the local tax payer).

Whilst the Public Services (Social Value) Act 2012 came into force earlier this year, Haringey Council has been operating a sustainable procurement programme since 2005 and we currently use a version of the prioritisation methodology that we have customised to suit Haringey. In essence, we have rationalised the 18 sustainability indicators which we could address through the procurement process and which could largely be defined as the components of Social Value.

We work with providers proactively to identify the impact of service delivery – and are particularly keen to ensure that some of our wider objectives, for example reduction in local unemployment, are met through our social care providers. The Corporate Plan identifies building stronger communities as well as individual and community capacity as core

elements of the future service delivery and we recognise that building community and social capital is a central plank in the model of care and we actively promote:

- Mutual support and self-help
- Connections between individuals and resources
- Inclusion in community activities
- Community ownership and involvement in planning and reshaping services

### Prevention, Early Help and Intervention

Haringey's Prevention and Early Intervention approach is an important part of how we will achieve the vision and outcomes set out in the Council's Corporate Plan 2015-2018. By intervening earlier, before needs escalate, we believe we can have a more positive impact on outcomes across the activities of the Council.

Much of the focus for this Market Position Statement focuses on actions which will support the following two strategic priorities:

*Enable every child and young person to have the best start in life, with high quality education*

*Empower all adults to live healthy, long and fulfilling lives*

Early Help in Haringey is an emerging approach to practice, information giving, advice and intervention that is intended to enable children, families and adults to remain safely in their communities, improve their outcomes, reduce the need for more specialist support and sustain family and community cohesion by:

1. preventing needs arising;
2. intervening early to tackle emerging problems or;
3. targeting support on children, families and adults most at risk of becoming vulnerable.

This approach covers the age range from conception through to adulthood.

The Early Help Strategy already in place for children, young people and families will seek to deliver the following three outcomes:

1. Improve family and community resilience by increasing self-reliance, confidence and independence
2. Thriving children, young people, families and children - young people and families in the borough are healthy, learning and reaching their potential
3. Strong partnerships making effective use of all resources - service delivery optimises community and partner resources and builds on the positive qualities and assets of organisations and people.

A parallel strategy will be developed to effect the transformation and focus needed across all services in the borough. Prevention and early help and intervention represent the sort of services that support people before they become ill or in the early stages of illness. They include provision such as the Haringey Neighbourhood Connects service delivered through local voluntary and community sector organisations that promotes increased participation of people in their neighbourhood communities, and NHS health checks and cancer screening programme and support people to manage their long term conditions (LTCs) themselves.

Prevention and early help and intervention objectives are concentrated on encouraging the development of a range of services that maximise community and voluntary sector involvement in preventing and/or delaying the need for social care support and sign-posting people appropriately in order to promote independence and resilience.

### **Future of Commissioning and Integrated work**

As noted above, we are working in partnership with Haringey Clinical Commissioning Group, the CCG, led by GPs, which is made up of all 52 GP Practices in Haringey and is the responsible body for making sure the people of Haringey can access safe, well co-ordinated, high quality health services. Our Health and Care Integration Programme is becoming well established, with governance through the Health and Care Integration Steering Board reporting into the Health and Wellbeing Board. The scope of the programme is as follows:

1. The implementation of the shared vision of integrated care:

*“We want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible.”*

2. The identification of those services which are currently commissioned that will fall under the auspices of the integration projects associated with the Integration Programme.
3. The assurance of engagement and consultation with all key stakeholders in the local health and social care economy (e.g. NHS bodies, the local authorities, clinicians, social care professionals, service users / patients, and their informal carers) to access their opinions and ideas about the future shape of integrated health and social care in Haringey.
4. The development of a shared model of integration i.e. a description of what **Haringey’s integrated service offer will look like and why.**
5. The development of a commercial framework that will drive the desired behaviours as well as the right outcomes.
6. The development and agreement of an approach for ongoing monitoring and reporting throughout the Integration Programme.
7. The development of protocols processes and procedures supporting integration, the replication of excellence, and the sharing of any lessons and experiences.
8. The construction of commissioning and implementation plans to support the **delivery of Haringey’s Integration Programme.**

This means that where possible we will commission in a joined up way across the whole Council and the CCG and will develop alignment of budgets and approaches as the Programme develops.

### **The voluntary and not for profit sector**

Haringey is fortunate in having a robust local not for profit and voluntary sector in the borough that provides services across a wide range of client groups. In 2013/14 Haringey

Council spent £11.9 million across 117 individual organisations and 3 consortiums buying services from and supporting the work of the voluntary and not for profit sector.

Through our community investment and the development of infrastructure in the third sector, we aim to facilitate more individual choice, enterprise and less dependency on traditional services. We are taking forward an approach that is based on:

1. Encouraging greater well being, self reliance, autonomy and personal responsibility
2. Co-production: building on existing community assets and unlocking social capital
3. Seeking innovation and supporting community led models that are alternatives to traditional social care options
4. Plurality in the market: exploring new models including partnership, micro-businesses, user led organisations, mutuals, charities and social enterprises
5. Considering overall value, including economic, environmental and social value
6. Localism and devolution – handing more power and responsibility back to communities
7. To enable people to run their affairs locally

As with all providers, Haringey Council welcomes dialogue with voluntary and not for profit sector providers who are developing and implementing innovative ways to ensure diversity and collaborative work with a view to supporting the Council in meeting its objectives. We are aware that the Corporate Plan signals a number of initiatives which will deliver opportunities for the voluntary and not for profit sectors.

We would foresee a role, for example, for the voluntary sector in the identification and development of social enterprises and social investors. We will, wherever possible, and within the contracting and tendering regulation framework, support smaller organisations and those operating in the voluntary and not for profit sectors to develop their capacity, skills and infrastructure in a way that will allow them to compete in the market. The Council also supports the development of consortia of providers – across sectors to build best practice and expertise – wherever possible.

### 3. Haringey – a borough profile

Haringey is an exceptionally diverse and fast-changing borough. We have a population of 263,386 according to the 2013 Office for National Statistics Mid Year Estimates. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. The population is the fifth most ethnically diverse in the country. Overall, life expectancy for both, males and females is improving and a gap in life expectancy appears to be decreasing.

The fastest growing population in Haringey is in age groups 30-34 and 45-49. Those aged 20 – 64 make up 66.3% of the total population whilst the number of people aged 65-69 and over 85 has decreased in the last 10 years. In relation to the population of London the proportion of people aged 25-39 in Haringey is significantly higher (31.1% vs. 28.1%) and the proportion of residents aged 65 and over is much lower, 8.8% to 11.1%.

Our population is growing and is projected to reach 286,700 by 2021. Population growth locally is mostly due to the increased birth rates, net gain from international migration and regeneration leading to increased number of housing units in the borough.

Below are some key facts in relation to services:

1. People with learning disabilities have lower levels of education and employment and supported housing
2. 1 in 13 residents are unpaid carers, 58% females; over 4000 provide up to 50 hours of unpaid care work a week. We know that our carers are on average younger than those across London.
3. Depression is under-detected in primary care but over-represented in acute settings
4. Haringey data identifies three times higher than expected levels of severe mental illness, disproportionately based in east of the borough
5. Low number of people with mental illness in employment
6. Number of people with dementia and long-term conditions is increasing (due to people living longer)
7. Men who live in the most deprived areas die, on average, 7.7 years younger than those living in the more affluent areas of the borough

The Council is operating in an environment of unprecedented change as the levels of funding from central government reduces the Care Act is implemented and there is increasing demand for services.

Haringey Council is committed to supporting people to live away from residential care and remain in the community with support for as long as possible or to delay the needs for dependence on adult social care services. The overall direction for the future is less reliance on residential care and more emphasis on supporting residents to continue to live in their own home.

More detailed demographic data can be found on Haringey Council's web site: <http://www.haringey.gov.uk/jsna>

### Personalisation

From 1<sup>st</sup> April 2015, everyone must have a personal budget – and the Care Act expectation is that direct payments will be the default way of delivering this. Already, people who have community care needs are encouraged to use direct payments to buy their own services with help from support staff. As more people take up this arrangement, providers of services will increasingly be selling directly to individuals rather than to the council and this is a major change in the way providers and commissioners do business. As a result of the above, the council is using a number of measures, including this document, to communicate and facilitate a dialogue with current and future providers to help the current market remain stable and to encourage the development of new, innovative ways of delivering support, stimulating new businesses and organisations.

There are now a total of 2, 053 people receiving either a Personal Budget or Direct Payment as at 31st March 2015.

There are now a total of 755 people with caring responsibilities in receipt of either a Personal Budget or Direct Payment between 1<sup>st</sup> April 2014 and 31st March 2015.

The number of people receiving long term support within the community stands at 2,355 as at 31<sup>st</sup> March 2015. This means that 87.10% of people receiving long term support also received either a Personal Budget or Direct Payment.

The number of carers receiving a service stands at 719 between 1st April and 31st December 2014. This means that 83.73% of carers who receive a service also receive a direct payment or personal budget.

The Personal Budget Support and Service Finding Team help individuals to purchase services using their personal budget. Service users may choose to take this as a direct payment and purchase their own services themselves (with or without advice from the team). Alternatively, they may ask for advice about the choice of services available to them and request for these to be purchased on their behalf.

### **Self-funders**

Self-funding operates at a wide variety of levels, from people who use family, friends, neighbours and local contacts to deliver low level domestic support such as assistance with household tasks such as shopping and gardening through to those who purchase residential care with nursing or buy live-in staff.

With the advent of the Care Act, the relationship between self-funders and the Council is **changing and the Council's specific responsibilities to all those in potential needs of care and support**, regardless of their means, are clearly set out in the detailed statutory guidance.

There is a steady increase in the numbers of people who are funding their own care and support due to:

- An increase in the local population
- Increased value of assets
- Increased charging
- Less state funding of community organisations
- Less emphasis on having families close by
- More people receiving direct payments
- People who are eligible topping up their provision from their own means

Haringey’s own figures indicate 124 older people are self funders in a residential home and 100 older people are self-funders in a nursing home, a total of 224 older people. Applying the ELSA rates indicate that there are 440 older people paying for care in their own home. The average maximum weekly rate in 2014/15 paid by London councils (combining residential and nursing care) is £626.51.

Our data indicates that on average it will take 3.36 years for a self-funder to reach the £72,000 cap on care costs in Haringey. Given that the average length of stay for older people who self-fund in a care home is estimated to be between 1.66 and 1.73 years, there are unlikely to be a substantial number of self-funders who will reach the cap.

#### 4. Information by care group

##### Older People

We will continue to focus on investing in early intervention and prevention to reduce people’s need for longer term care. We recognise the economic and social value of supporting the growth of local and community initiatives that focus on care and support to increase independence and reduce isolation. Older People are defined as people who are 65+ years. Haringey’s 65+ population is expected to increase to 26,923 by 2021<sup>1</sup>. The table below shows the population of older people living in Haringey with projections to 2025.

	2015	2020	% increase	2025	% increase
65-69	8,200	8,500	4%	10,100	23%
70-74	5,900	7,300	24%	7,700	31%
75-79	5,000	5,100	2%	6,400	28%
80-84	3,300	3,900	18%	4,000	21%
85-89	1,800	2,200	22%	2,700	50%
90-94	700	900	29%	1,300	86%

<sup>1</sup> Figure 1: 2011 ONS projections for Haringey, 65 and over

Total Population 65 and over	24,900	28,000	12%	32,100	29%
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GLA data (Pop age 65 and over)

The 2001 Census showed that 58% of people aged over 50 in Haringey were owner-occupiers. This number will be reducing and more 85 year olds live in private rented or LA accommodation.

- In Haringey 39% of adults aged over 55 reported a limiting long-term illness but is predicted to increase to 5,521 over the same period.<sup>2</sup>
- In 2013, it was estimated that there were about 1570 people living with dementia in Haringey.

More detailed demographic can be found [here](#).

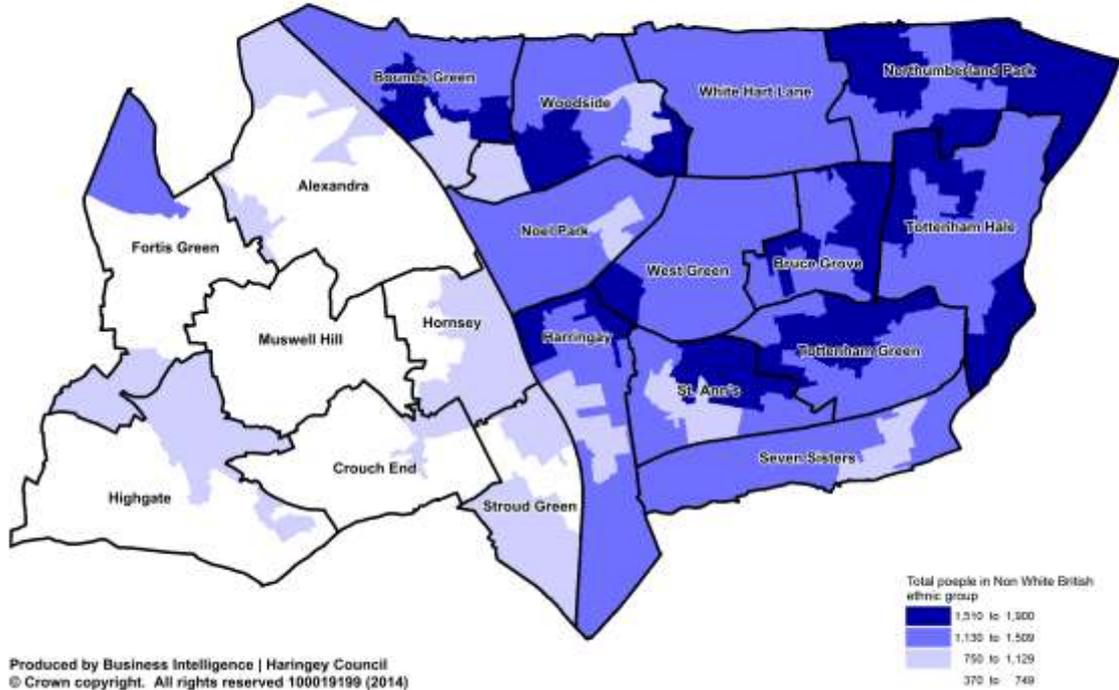
Black and Minority Ethnic Communities (BAME) in Haringey

Percentage of residents who are 65+ and non-White British in Haringey Wards

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<sup>2</sup> Older People Needs Analysis 2010

Total people in Non White British ethnic group  
Haringey LSOAs  
2011 Census



The majority of people over 65 from BAME communities live in the east of the borough (see Fig 2). ‘Information is required to give an indication to providers of how services provided may need to be ethnically specific<sup>3</sup>

<sup>3</sup> Figure 2: Breakdown of residents who are 65+ and non-White British (includes categories beyond normal BME classification, for example, Polish, Turkish, Greek, Hispanic, Irish, etc) *from OP needs Ax 2010*

Registered care homes by provider and client group

Client type	Res./ with nursing	Number of homes	Number of places	Number of homes LA run	Number of LA places
Old age registered for dementia care	Residential	7	194	0	0
	With nursing	2	144	1	32
Old age only	Residential	12	133	0	0
	With nursing	2	144	1	32
Total					

Haringey ASC Commissioning Quality Team

### Domiciliary Care – Older People and Adults with Physical Disabilities

The council provided the following amount of home care hours during 2013/14 – **15,400**

The private sector provided the following amount of home care hours during 2013/14 – **711,854**

Source: PSS EX1

### Adults with Learning Disabilities

In Valuing People (2001) 'learning disability' is defined as a:

- significantly reduced ability to understand new or complex information, to learn new skills
- reduced ability to cope independently which starts before adulthood with lasting effects on development.

(Department of Health. Valuing People: A New Strategy for Learning Disability for the 21st Century. 2001).

### Predicted population of people aged 18-64 with a Learning Disability

	2015 current figure	2020 population % increase	2025 population % increase	2030 population % increase
People with a moderate LD	763	819	858	887
People with a severe LD	282	300	313	323

Source: POPPI estimates

Approximately 1,045 people with a moderate and severe Learning Disability live in Haringey, that figure is projected to rise by 74, to 1,119 by the year 2020.

However, the future demand for adult services is mixed for two reasons:

Firstly the numbers of younger people (18 -24) with a Learning Disability needing support from adult services are going to decrease slightly between 2015 and 2020

Secondly, the numbers of adults with a Learning Disability who are living beyond 45 years of age is increasing.

What is certain is that as people with Learning Disabilities life expectancy rises, their physical and mental health support needs also increases. This change in the profile of needs impacts directly on the type of support that the Council needs to commission in the future.

Since the Winterbourne View Review, there has been a significant reduction in the number of people with challenging behaviour in hospitals or in large scale residential care - particularly those away from their home area. This remains work in progress locally.

The move to more personalised and independent services is influencing commissioning intentions. In Haringey there is an oversupply of residential care for the current resident population. Many residential services are operating with long term voids.

Registered Care Homes by type of Residential/Nursing care – Learning Disability

Client type	Residential /With nursing	No of homes	Spaces	No of LA homes run	No of LA spaces
Learning Disability	Residential	30	165	1	6
	With nursing	0	0	0	0

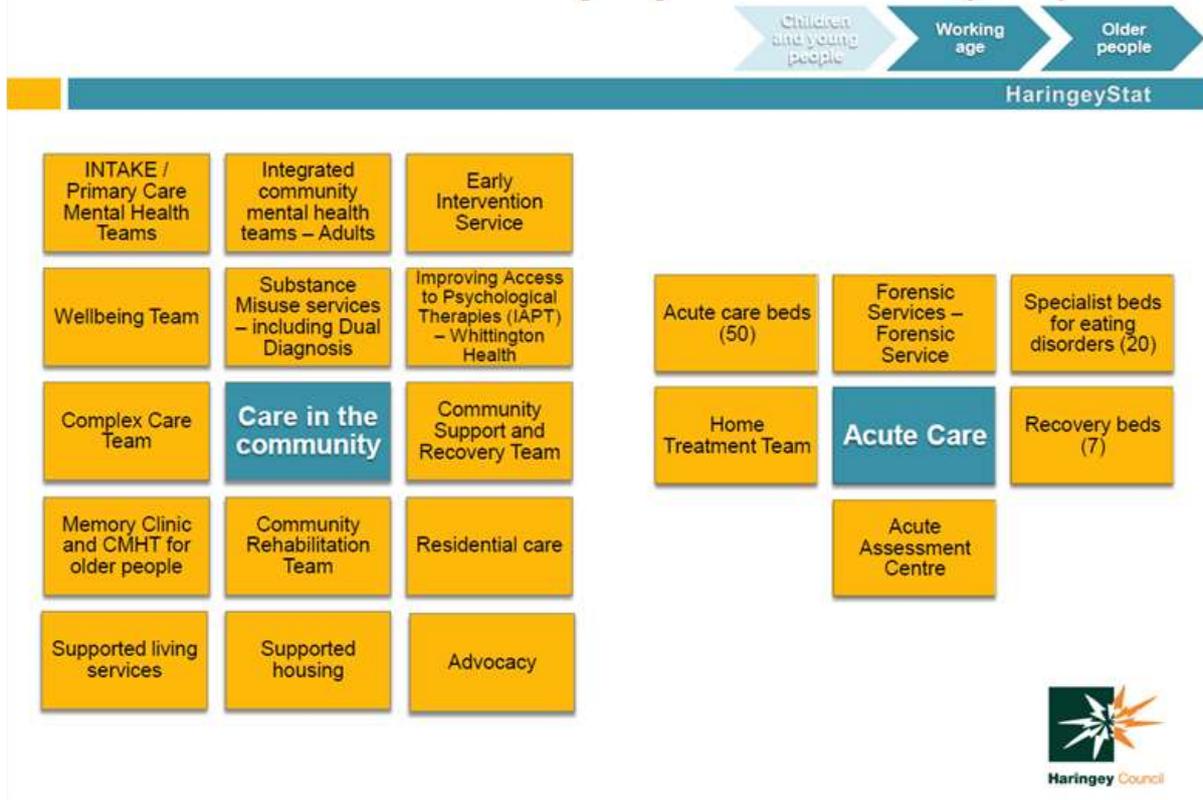
### Adults with Mental Health

We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

Significant change is underway in health and social care services. As mentioned earlier, the current financial climate is creating a challenge to all those involved in commissioning, providing and using services. Haringey has an aging population and younger people are surviving into adulthood with complex conditions. Haringey Council and Clinical Commissioning Group are placing significant emphasis and investment in prevention and early intervention as a way of helping people to live as independently as possible where they can manage as much of their care and support as they are able to

The chart below shows the range of services for people with mental health needs in Haringey.

## Services for working age and older people



### Access to services available across the Council and NHS

The pattern of demand in terms of admissions for psychosis and diagnosis of psychosis shows a considerable bias in terms of prevalence to the East of the Borough and higher rates of admission compared to London and National norms.

These diagnoses account for 80% of the admissions to BEHMHT in Haringey (Sept 2014 cluster report BEHMHT).

From the Barnet, Enfield and Haringey Mental Health Services FINANCIAL REVIEW – Final report from March 2014, BEHMHT has bed numbers per adjusted population just below the Median level nationally.

People 18-65 with mental health needs. Rate per 10,000 pop

	Nursing and residential care	Supported and other accommodation	Supporting people
Haringey	195	105	105

People 18-65 with mental health needs. Rate per 10,000 pop

Comparative activity for Haringey - Adults under 65 with Mental Health Needs (From PSSEX1 return 2013/14) (Camden included for illustrative purposes)

Council	Cost	Per 10,000 Pop.
Barnet	2733	95
Enfield	1376	55
Camden	2613	140
Haringey	4030	195
London	N/A	110

Table 1. Res and Nursing home care Accommodation

Council	Cost	Per 10,000 Pop.
Barnet	0	0
Enfield	725	30
Camden	1790	95
Haringey	2159	105
London	34116	50

Table 2 Supported and other

The spend on Supporting people services reported in the PSSEX1 in 2013/14 shows 17 Authorities reporting a 0 return for Supporting People spend and activity. This is thought to be a reflection on the relevant sections of the return not being compulsory and Councils opting not to include them.

Of the smaller group of comparators, Haringey spends more per head of population on Residential Care and on supported living services than others. To achieve London normative levels would mean an overall reduction in spend on the pathway of some 50%. To achieve comparable spend with Camden, often cited as an exemplar, a reduction in spend on residential and nursing care of 25% as well as a reduction in spend on supported living services of 10% would need to be made.

Given that the direction of travel as set out in commissioning priorities for the Council is to reduce reliance on Residential and Nursing care, the supply in Haringey is adequate if people are able to move into appropriate other support. There are 40 independent residential care homes in Haringey, the majority of which are in the east of the borough, for people with mental health issues (including forensic). In 2011, there were 225 beds across Haringey of which 100 placements are used by Haringey Council (Source: Haringey Adult Social Care).

### What does Haringey need in the way of mental health support services?

The following services are currently in the process of being retendered.

<i>Accommodation Type</i>	<i>Commissioner</i>	<i>Current Provision</i>	<i>Required Provision</i>	<i>Gap</i>	<i>Comments</i>
Crisis Recovery House	BEHMHT	7	7	0	Needs to be moved to deliver the original intention if CCG agree to the model
Supported Living floating support	LBH HRS	92	117	25*	Should this be commissioned separately from ASC?

\*includes services imminently on stream.

Supported living is an important step in the recovery pathway, providing a bridge between inpatient or temporary residential care and independent living. Supported living typically provides the service user with their own flat or shared housing within a warden controlled scheme with some schemes operate a 24 hour service, others a service that is 9-5 during

the day, and others offer floating support to the scheme (or flat in the private sector rental market).

### Adults with Substance Misuse Concerns

Haringey intends to maintain a high standard of substance misuse prevention and treatment services available, ensuring they adapt to changes in our populations drug and alcohol use.

### Predicted population of people with a substance misuse problem

	2015 current figure	2020 population % increase	2025 population % increase	2030 population % increase
People with a Substance misuse				

We recognise that residential services are critical for very complex substance misuse problems but we anticipate that demand will fall as more residents opt for community based services. The focus will be on supporting people into and through treatment into sustained recovery.

The majority of people who seek drug treatment in Haringey are using drugs such as crack cocaine or heroin. The prevalence data and estimate could be found [here](#).

The overall demand for drug treatment remains fairly static. There has been a decrease in the number of heroin/crack users seeking treatment following a decrease in both local and national prevalence estimates. However, there has been an increase in the number of people coming to treatment with problems with legal highs/club drugs.

The current drug treatment system in Haringey has recently been improved by integrating services following a re-tender of provision. Three new contracts commenced in January 2014 for a period of 3-5 years for a recovery service, alcohol service and drug service.

## Carers

According to the 2011 census there are 18,887 people in Haringey who identify themselves as unpaid carers. This represents 7.4 % (1 in 13) of the usual resident population of the borough. 4,171 Haringey carers (22% of carers) provide care for 50 or more hours a week. 11,812 Haringey carers (63% of carers) provide care for 1-19 hours a week.

The Care Act definition of carers is

The changed status of carers within the Care Act, where there is a focus on their outcomes which is equivalent to that for the users for whom they provide care, is being reflected in the approach both to assessment and care management and to provision of services which achieve the outcomes they themselves identify as important.

Currently services for carers are primarily commissioned from voluntary sector providers and offer a range of support, information, advice advocacy services alongside some respite and peer support activities with some targeted at specific ethnic communities and illness specific conditions.

As we move to more preventative approaches, carers and the work they do becomes ever more crucial. Based on the principle where the overall wellbeing of the individual is at the forefront of their care and support, it will increase the rights of carers to access support and care.

Early in 2015, Haringey will be working with carers to commission a service to deliver improved outcomes for carers in the borough and will work with carers to improve their capacity for independent living through the provision of a range of person centred, co-ordinated and outcome focused services. This will include carers being able to say:

- I can care effectively and safely;
- I can look after my own health and wellbeing;
- I have realised and fulfilled my own potential and aspirations (including employment and training opportunities); and
- I can enjoy a life of my own alongside my caring responsibilities, including access to respite.



The service provider will be expected to have their own delivery model to achieve these outcomes. Innovative approaches are welcome.

## 5. Commissioning Intentions

In line with the Care Act and with the Corporate Plan, the Council will be seeking to commission outcome-focused services for the local population which will improve people's quality of life and enable them to be as independent as possible, with appropriate levels of support and enablement.

Specifically for adult social care services, our Commissioning Strategy identifies the following areas of activity:

- Focus on prevention and early intervention through community based provision and support
- Emphasis on reablement, enablement and recovery wherever possible so that where appropriate more people can retain and maintain their independence
- **Strong shift to supported living and support in people's own homes**
  - Growth in the Shared Lives scheme to enable more people to live in family settings
  - Expansion of extra care sheltered provision for all care groups
  - Increase in supported living placements
  - Less use of residential care
- New model of day opportunities to move away from building based provision to accessing support and opportunities in the community
- Changes to the way services are procured to establish a framework agreement for the provision of domiciliary and reablement services in the borough
- Greater integration with health services for all care groups

For our commissioning intentions therefore

1. Focus on prevention and early intervention through community based provision and support

The local authority will be tendering for:

- a. providers of information, advice and guidance services which will build capacity and offer direct information, advice and guidance across a range of issues for all residents
  - b. provision of better financial advice and support for self-funders in order that they may capitalise on their investments and assets and ensure they are not over-charged or invest in high cost care packages unnecessarily
  - c. a service to improve outcomes for carers including provision of respite, to ensure that carers are able to enjoy a life beyond their caring responsibilities
  - d. preventative services for people with substance misuse needs
2. Emphasis on reablement, enablement and recovery wherever possible so that where appropriate more people can retain and maintain their independence

The local authority will be tendering for:

- a. alternatives to residential and nursing care which promote reablement, enablement and independence for those able to benefit from such provision, will support all those with emerging or established needs in the borough
  - b. a reablement service through the independent sector and is exploring social enterprise models currently
  - c. a community reablement hub
  - d. a service for substance misuse which supports people into and through treatment into sustained recovery
  - e. recovery approach through all our services
3. **Strong shift towards supported living and support in people's own homes**
- a. Growth in the Shared Lives scheme to enable more people to live in family settings

- b. Expansion of extra care sheltered provision for all care groups
- c. Increase in supported living placements
- d. Less use of residential care

The local authority will be developing a Supported Living Strategy for all adult care groups with opportunities for tendering for care and support as well as accommodation elements of such provision.

The local authority will also be seeking to expand extra care provision and would welcome dialogue with parties interested in developing such provision in Haringey.

We intend to continue exploring opportunities and choices for individuals who no longer choose to remain at home. We will be expanding extra care housing options for Haringey in the future.

We are developing new accommodation pathways across care groups, with work on mental health being the priority – commissioning for a pathway within the Housing Related Support programme is taking place in 2015.

The local authority signals its clear intention to commission fewer residential and nursing care placements in the future, as alternative provision comes on stream.

- 4. New model of day opportunities to move away from building based provision to accessing support and opportunities in the community

The local authority will be developing a new model of day opportunities provision for all care groups moving away from buildings based provision delivered through in-house services through an opportunities based approach delivered through the independent sector. There will be opportunities for service development and for social enterprise models which offer strong incentives for all care groups to access mainstream provision, develop their independence and skills and build social networks.

- 5. Changes to the way services are procured to establish a framework agreement for the provision of domiciliary and reablement services in the borough

The local authority will be re-commissioning its domiciliary care services, which are currently all based on spot contracts, to a framework to enable greater consistency of

approach and a stronger focus on quality and reablement. We will be working with providers as we move to the new approach in order to optimise their experience and expertise.

6. Greater integration with health services for all care groups

We will be working with the CCG as we implement our commissioning intentions and will seek to commission jointly wherever possible. The Better Care Fund covers services for older people with frailty, including dementia in the first year of operation, focusing in the second year on mental health services, through the adoption of the Mental Health and Wellbeing Framework across partners.

### **London Borough of Haringey's Budget/ Spend**

It is predicted that demographic pressures will result in a steady rise in demand for Council funded services in the medium to long term. This will not be matched by an equivalent **growth in public funding**. Due to the government's austerity measures, LBH is planning to achieve a budget cut of £70 million over the next 3 years on top of the £117 million that has been saved since 2010. That is approximately a quarter of the remaining budget.

The Medium Term Financial Strategy sets out for the Council how it will achieve these budget reductions over the next three years, and should be read alongside this document.

## Appendix 1

### Market Position Statement Survey

Tell us what you think

Please use these last pages of the Market, Position Statement to tell us what you think of this document and what would be useful to you in the future:

1. Have you found this Market Position Statement useful?

YES / NO

If no, please tell us how it could be improved

2. Did you find the information in the Market Position Statement useful?

YES / NO

If no, please tell us what would improve the level and type of information we could provide.

3. Did you find the structure of the Market Position Statement easy to follow?

YES / NO

If no, please tell us how we could improve the structure to make it easier to follow.

4. Do you have any suggestions or ideas about how we could better support you to develop services in the borough?

Please send you completed survey forms to

Contact Name

Title

Address

Telephone

Email

Thank you for completing this survey. All feedback will be used to help us improve our services and future market position statements.

## Appendix 2 – Supplementary information

### Personal Budgets

There are now a total of 3,577 service users receiving Personal Budget as at 31<sup>st</sup> December 2014. The community base stands at 4,910 as at 28th February 2014. This means that 73% of people receiving a community service have a Personal Budget.

The table below shows service areas by take up of Personal Payment

SERVICE	DIRECT PAYMENTS ONLY (*as at 31 Dec 2014)	PERSONAL BUDGETS (*as at 31 Dec 2014)			TOTAL SELF DIRECT SUPPORT FIGURE (Personal Budgets and Direct Payments as at *31 Dec 2014)
		TOTAL PERSONAL BUDGETS	Personal Budgets paid by Direct Payment	Personal Budgets with an arranged service (no DP)	
Older People	9	1316	271	1045	1325
Physical disability	12	443	235	208	455
Mental health	3	175	15	160	178
Learning disability	14	419	98	321	433
Sensory Support	4	50	25	25	54
Social Support	1	10	2	8	11
Carers (** Between April and Nov)	5	597	597	0	602
Adult Service Total	43	2413	646	1767	2456

Carers Total	5	597	597	0	602
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Source: LBH ASC Client Information System

Table 5: Numbers of older people paying for home care based on ELSA Wave 5 and POPPI data

	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85-89	Age 90+	Sum of self-funders
Male	5	11	18	24	36	37	131
Female	16	45	45	64	65	76	309
Total	20	56	63	88	101	113	440

*NB: Subject to rounding*

*Source: Haringey Partnership Draft Report February 2015*

### Attendance Allowance

Attendance Allowance is a needs-based benefit for people who need help in looking after themselves due to disability or illness (Table 6).

Table 6: Attendance Allowance claimants in Haringey (Feb 2014)

	People aged 65-69	People aged 70-74	People aged 75-79	People aged 80-84	People aged 85-89	People aged 90+	Total
Attendance Allowance claimants	120	420	760	920	720	580	3,520

Source: DWP

Using AA numbers to estimate the numbers of people who pay for care indicates there are **824** older people who pay for care in their own home in Haringey.

#### Levels of home ownership in 65+ households

	People aged 65-74	People aged 75-84	People aged 85 and over
Proportion of households aged 65 and over – owner occupiers	56.87%	57.92%	52.68%

Source: Census 2011

These data indicate that more than a half of all people aged 85 and over (2,500) in Haringey own a property worth a minimum £487,000.

#### Likely impact of Dilnot and Care Act 2014

Annual cost of care home place in 2016/17	£33,431
Hotel costs	£12,000 per annum
Annual costs minus hotel costs	£21,431
Weekly rate of care home place minus hotel costs (21,431/52)	£412.14
Number of weeks of care before self-funder will reach £72,000 cap	175

(72,000/412.14)	
Number of years and weeks before cap is reached (175/52)	3.36 years

Source: Haringey Social Care Partnership Draft Report February 2015

In the table above the community based is defined as a snapshot date as at 31st December 2014, and consists of service users receiving “long term support” services only. Service users and carers will now be measured separately. However, carers will be measured by services received between April and December 2014, and not as a snapshot.

Both service users and carers will be measured by those receiving self directed support (personal budgets and direct payments), and those receiving direct payments only.

**Distribution of older people by top [x number] wards compared with those in receipt of council support**

Ranking	Ward by total population 2013-14	Ward by population aged over 65	Ward by number of council funded packages of Community based service in own home	Ward by number of council funded Nursing care	Ward by number of council funded Residential care
Seven Sisters	16263	1215	224	1	7
Tottenham Hale	15987	1200	244	4	11
Woodside	14998	1260	237	2	13
St Ann's	14871	1244	206	4	27
Bruce Grove	14864	1244	282	2	11

Northumberland and Park	14729	1171	265	4	11
Tottenham Green	14671	1248	280	21	36
Noel Park	14263	1193	236	3	21
Bounds Green	14060	1289	277	2	11
Harringay	13598	1018	167		16
White Hart Lane	13554	1160	241	1	3
West Green	13398	1311	234	2	9
Hornsey	12819	1073	185		3
Fortis Green	12484	1388	118	1	24
Crouch End	12483	1194	109		10
Stroud Green	11805	861	124	17	2
Alexandra	11767	1285	92	3	15
Highgate	11588	1441	104	3	6
Muswell Hill	10710	1339	132	1	10

POPPI