



**Services to help
older people**

**“live life to
the full”**



**Market Position Statement for the
Social Care Market in Kirklees**

2013 – 2015

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1. Introduction and purpose

This Market Position Statement is the second published to date. It is one of a set of five Market Position Statements which Kirklees Council has written focusing on the social care needs of people within the following groups:

- Older people
- Adults with learning disabilities
- Adults with mental health issues
- Adults with physical or sensory impairments
- Adults with substance misuse issues (drugs/alcohol)

This document looks at the needs of older people and describes the approach Kirklees Council is taking to developing the social care market in Kirklees. We have written it in order to:

- **Provide information about population change, demand and the current state of the market** – *We need to know whether our picture of demand and supply is correct and whether there is additional information that providers might find useful.*
- **Show the kind of services the local authority want to see available in the market place** and why - *We need to know how this fits your future plans.*
- **Show how the council can support the development of social care services** to meet local needs. - *Will this support be helpful and what else could we do to encourage the kind of market we wish to see?*
- **Continue with the dialogue we have with providers** where the council are facilitating the options people want in partnership with people who use services and providers. We want providers to be aware of this direction of travel.

We have targeted our Market Position Statements at different provider markets (recognising that providers tend to focus on particular groups of people) in order to keep them relatively brief and relevant to providers. However, we do encourage providers to think about diversifying into other areas so that people can be offered a greater range of choices.

Copies of this statement and the Market Position Statements for the other adult care groups will be available on the Kirklees Council website:

<http://www.kirklees.gov.uk/careinkirklees>

Context

Increasingly, people who have community care needs are being encouraged to use personal budgets to buy their own services, with help from support staff. As more people choose 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. The health and social care portal, Connect to Support is up and running and enables people wanting to access support to transact their business directly with providers.

To make sure that this change is smooth, and delivers the outcomes that both the Government and local people want, it is important that the council works closely 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.

Key to our approach is working in partnership with people who need social care services so that we understand their needs and wishes and can enable them to find the support services that they want.

Whilst we undertake this market development work we will:

- 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;
- Aim to develop a thriving, strong and diverse care market that is flexible and responsive to everyone in Kirklees, not just those eligible for direct council support (ie those who are “Fair Access to Care Services” or FACS eligible), or those who the council supports financially;
- Aim to have on 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;
- Support a shift towards personalised services that are designed around individual need;
- Commission services to:
 - place an emphasis on prevention and early intervention, to help people remain independent and to reduce the demand on acute services; and
 - promote health and well being in their widest sense, helping people to have greater control of the services they need, and supporting them to have more responsibility for the management of their own conditions / situation.
- Support models of social care provision that are co-productive - ie, where users and professionals work together to design and deliver public services in equal partnership, encouraging people who use services, people who provide services and people who commission services to work co-operatively to deliver the best outcomes and establish sustainable support systems.

Supporting community solutions

A vision for social care, launched in November 2010, *Capable Communities, Active Citizens* puts the emphasis on individual well being and community solutions. The *Localism Bill* brings in fundamental changes to shift the balance of the market and includes the “community right to challenge”. Eligible organisations will want to carefully consider the opportunities presented by their community right to challenge for potential service delivery. In addition, the introduction of personal budgets allows individuals to have a greater direct influence on the choices in the “market” and to be creators of those solutions. The NHS is influenced by NICE guidance and the national public health strategy. GP led NHS commissioning will gather momentum as Clinical Commissioning Groups develop. The July 2012 White Paper on social care reinforces previous messages about independence and community capacity. The March 2012 Public Services Act makes it clear that partnerships need to commission for value against the “triple bottom line” of social, economic and environmental value. The National Collaboration for integrated care and support is in place.

So, 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:

- Encouraging greater well being, self reliance, autonomy and personal responsibility.
- Co-production: building on existing community assets and unlocking social capital.
- Seeking innovation and supporting community led models that are alternatives to traditional social care options.
- Plurality in the market: exploring new models including partnership, micro-businesses, user led organisations, mutuals, charities and social enterprises.
- Considering overall value, including economic, environmental and social value.
- Localism and devolution – handing more power and responsibility back to communities to enable people to run their affairs locally.
- Philanthropy – altruistic giving and exchange demonstrated in volunteering and time-banking that not only add to community resilience but can also be a pathway for skills development and paid work.

Practice

Working in partnership with the community, Kirklees Community Partnerships offer community development support and grant investment to local groups and organisations. This approach is based on broad commissioning priorities for the council and talking to communities themselves. Rather than specific priorities, we always encourage groups to come and talk to us when they have ideas. Over the years this investment has increasingly been focused on well being and prevention with an emphasis on achieving sustainability through the funding rather than dependency on the council. We recognise that community led projects also bring added value in many ways, through alternative skills, local resources, peer approaches, all with the relevance of local focus. The projects offer interest, activity and community support to people, encouraging them to lead happy, independent lives.

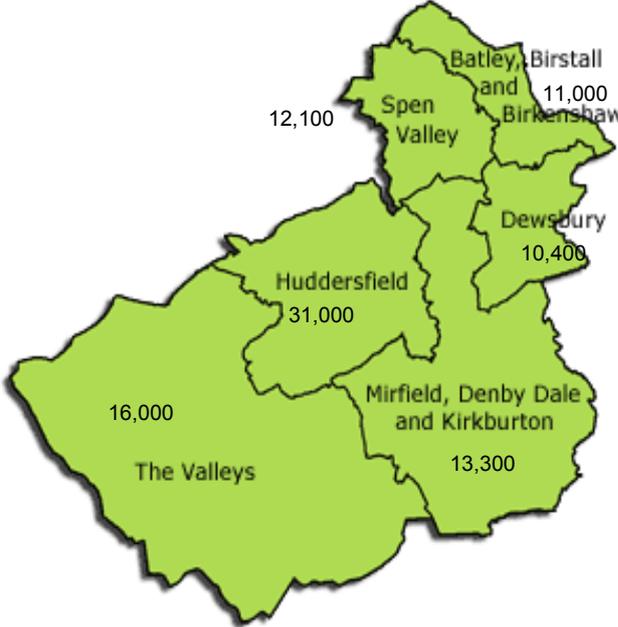
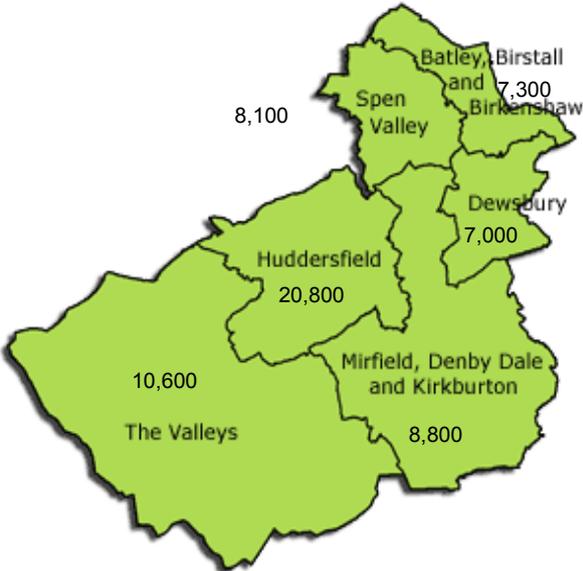
2. Future demand and pressure points

Population growth

We expect to see a **substantial increase in the number of older people** between now and 2030 in Kirklees, reflecting national trends. There are approximately 60,300 people aged 65 and over living in Kirklees. By 2030 this will have increased to 93,000 – an increase of 54%. By 2030 nearly 1 in 5 (20%) of all those living in Kirklees will be over 65. **The 85+ population is currently 7,900 and this is expected to increase to 15,500 by 2030** – an increase of 96% - these are the people most likely to have complex health and social care needs.

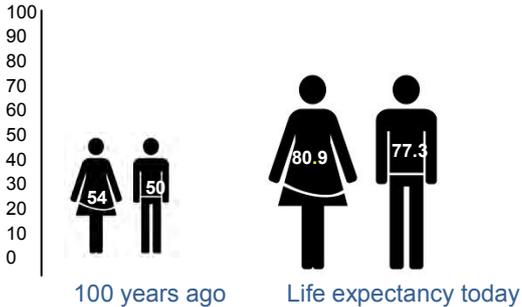
Kirklees predicted population growth

2011: People aged 65+ account for 15% of the total population in Kirklees now. **2030:** People aged 65+ are predicted to account for 19.7% of the total population in Kirklees.



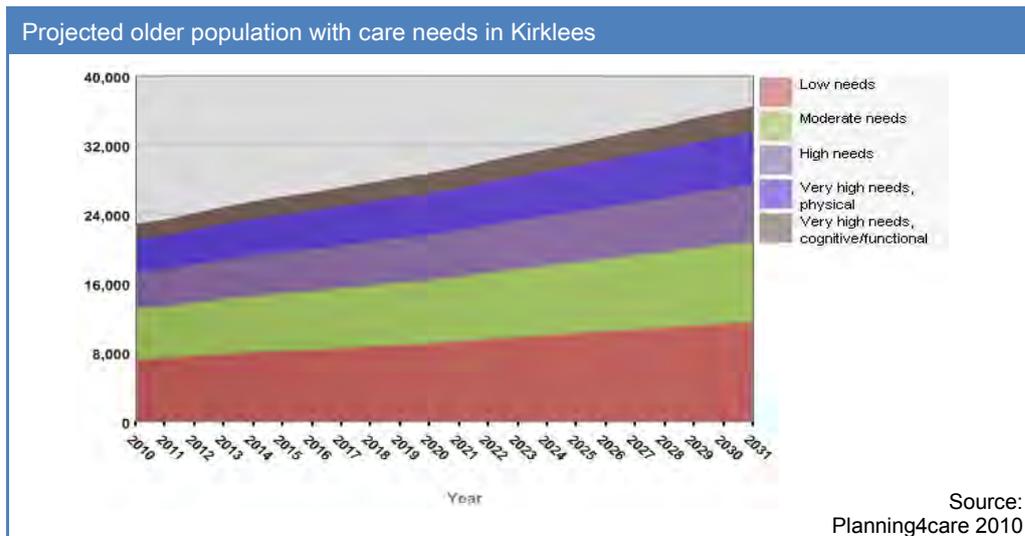
We are living longer

The average UK life expectancy is now 82 for women and 78 for men. 100 years ago, UK life expectancy was only 54 for women and 50 for men. A baby born today has a 26% chance of seeing its 100th birthday. In Kirklees the average life expectancy is 80.9 for women and 77.3 for men.



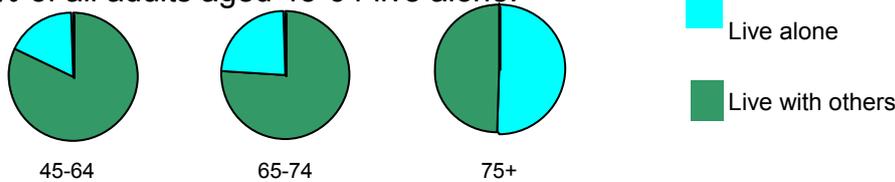
More statistical information about Kirklees population is available at <http://www.kirklees.gov.uk/community/statistics/factsheets/Fact2010.pdf>

The graph below shows how we expect need for social care in Kirklees to rise in line with this population growth:



As we get older more of us live alone

27% of people aged 65-74 and half of people aged 75 years and over live alone. 15% of all adults aged 45-64 live alone.



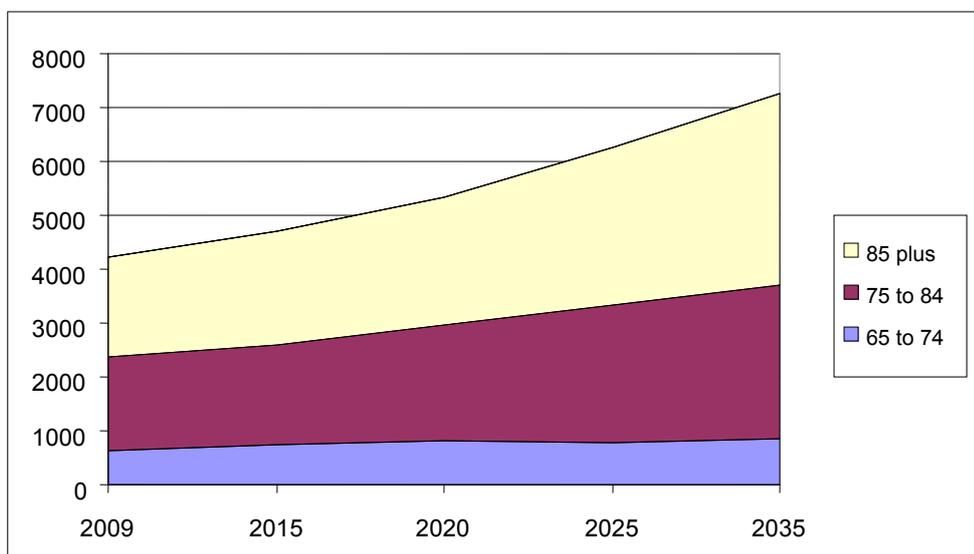
Many older people have low incomes

62% of people of pensionable age receive state pension only. Approximately 14,700 people in Kirklees are living below the poverty line. (IDAOPi 2010).

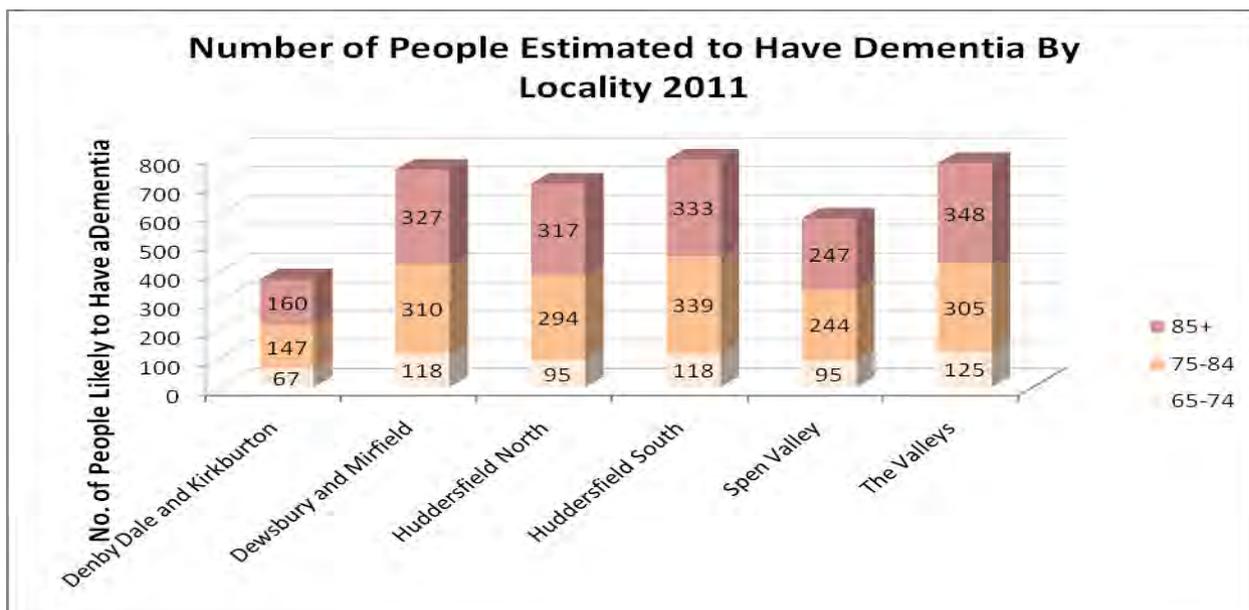


Dementia

In Kirklees there are an estimated **4,399 people with dementia**, 2/3rds of these will be living in the community now and this is likely to rise to over 6,000 by 2025.



Predicted number of older people with dementia in Kirklees (Source: POPPI July 2012)



Locality information

In 2010, we commissioned OCS / Planning4Care to undertake some needs assessment work relating to current and future demand for social care and housing support for older people in Kirklees. This has given us some useful planning information which we will be publishing on our website as we believe it will be valuable to providers when planning their current and future business.

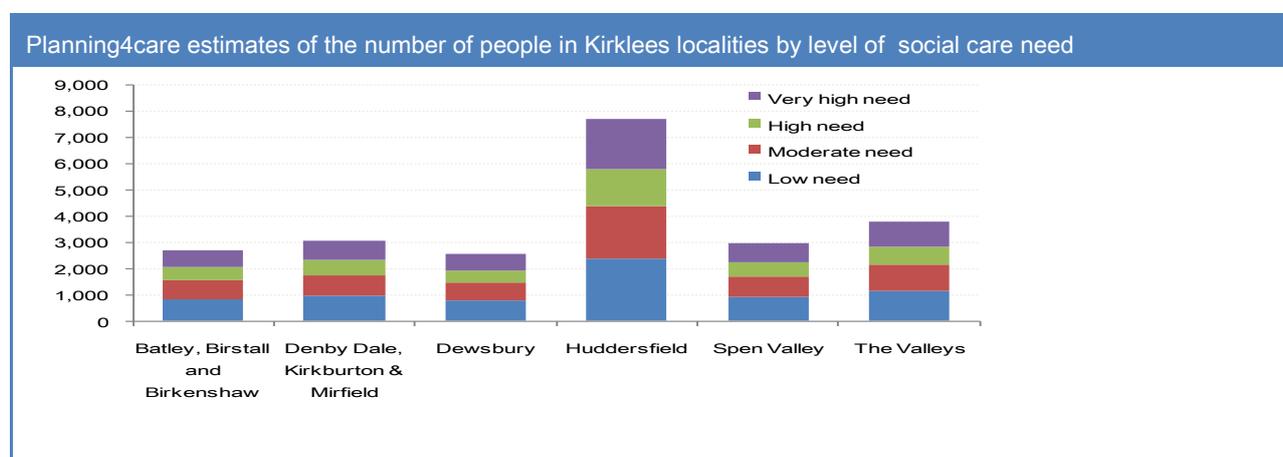
Extracts from this work are highlighted below. It should be noted that the figures aim to estimate, as accurately as we can, all the likely needs of older people, aiming to give as full a picture as possible of potential demand. Alongside this predictive need tool, we use our own information systems which tell us what we are currently providing and to whom. Inevitably, there will be some discrepancies in the figures, as our own systems give us actual service usage information and the Planning4Care tool aims to provide estimates of need for the whole older people's population. Throughout this document we have tried to make it clear what the sources of figures/data are and the extent of the population which they refer to. If, however, you come across discrepancies which are confusing, please alert us to this and we will try to clarify this for you and in future editions.

The table and graph on the next page show the estimated number of people with social care need by locality in Kirklees. Huddersfield has the highest number of people with social care needs, with 7,700 people with social care needs (approximately one-third of all people with social care needs in Kirklees).

Estimated levels of social care need for Kirklees localities: 2010

People with social care needs	Low need	Moderate need	High need	Very high need	All with social care needs
Batley, Birstall and Birkenshaw	850	700	500	670	2,720
Denby Dale, Kirkburton & Mirfield	960	790	570	760	3,080
Dewsbury	800	660	470	630	2,560
Huddersfield	2,410	1,980	1,420	1,910	7,720
Spen Valley	930	760	550	740	2,980
The Valleys	1,180	970	700	940	3,790
Kirklees Total	7,140	5,860	4,190	5,650	22,800

(Source: *Planning4care summary report for Kirklees. Strategic needs assessment of long-term social care for older people.* December 2010. Care Equation and Oxford Consultants for Social Inclusion (OCSI))



Source: Planning4care 2010 and Kirklees locality definitions

Social care needs and take-up of provision

Some facts about our current population:

- Of the total population aged 65+ in Kirklees (2010):
 - 22,800 (36%) are estimated to have some level of social care needs;
 - of these 15,700 are estimated to have „moderate' to „very high' needs; and
 - 5,700 (9%) to have „very high' needs.
- The proportion of older people across Kirklees estimated to have some level of social care need (36%) is the same as the regional average (36%).
- 19,200 are potentially in need of formal care;
- 3,700 are estimated to be well supported by informal care;
- 3,260 of those with 'moderate' to 'very high' needs receive care funded by the Local Authority (1,650 of these are estimated to have „very high' needs).
- 10,400 of those with 'moderate' to 'very high' needs are estimated to be either unsupported or funding their own care (including 3,520 with „very high' needs);
- Of the total „very high' needs group, 1,850 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).
- 1 in 4 (25%) of those aged 65 to 74 and more than 1 in 2 (51%) of those aged over 75 live alone.

- Strong social networks are particularly important for vulnerable people. However 1 in 3 older people, disabled people and carers in Kirklees report that they find it difficult to access groups which provide support for people with specific health and social care needs.
- 1 in 6 are at risk of social isolation and most want more social contact in their lives.
- 1 in 9 people (12%) aged 65 and over have some form of caring responsibility for another vulnerable person, and 4 out of 5 of these look after another older person.
- We expect that the numbers of older people providing unpaid care will increase by over 50% by 2030, reaching over 10,000 carers aged over 65 in Kirklees.

It is estimated that Kirklees is currently commissioning 29% of the estimated total 65+ population requirements for home care, 31% of day care provision, and supporting 35% of the estimated total requirement for residential placements ¹

The table below shows estimates of need in relation to delivery by the council.

Group	Total number	Number supported by informal care	Number requiring formal care – supported by council	Number requiring formal care – potential self funders
Low needs	7,140	1,630	0	5,510
Moderate needs	5,860	900	440	4,520
High needs	4,190	690	1,170	2,340
Very high needs	5,650	480	1,650	3,520
Total	22,800	3,700	3,260	15,900

(from: *Planning4care summary report for Kirklees. Strategic needs assessment of long-term social care for older people.* December 2010. Care Equation and Oxford Consultants for Social Inclusion (OCSI).

Based on the population projections into the future, and assuming current models of care continue, it is predicted that the total population requirement for home care, day care and residential care would increase as indicated in the table below:

Projected total population service requirements based on current patterns of provision in Kirklees

	2010	2015	2030
Home care (hours per week)	60,400	68,800	94,100
Day care (placements)	2,300	2,600	3,500
Residential care (placements)	3,400	3,900	5,300

(from: *Planning4care summary report for Kirklees. Strategic needs assessment of long-term social care for older people.* December 2010. Care Equation and Oxford Consultants for Social Inclusion (OCSI).

It is important to highlight, of course, that the kind of care that people want in 2030 (and increasingly, today) is not necessarily in line with the current offer – so please look at sections 3 and 4 about future models of care, the increasing demand for extra care style models of provision, etc).

In line with the demographic projections, all of these represent a projected increase of 56%, compared to 53% at regional level and 54% nationally.

¹ From: *Planning4care summary report for Kirklees. Strategic needs assessment of long-term social care for older people.* December 2010. Care Equation and Oxford Consultants for Social Inclusion (OCSI).

It is also worth remembering that:

Many older people are home owners:

76.9% of people aged 65-74 own their own home
64.7% of people aged 75-84 own their own home
54.8% of people aged 85+ own their own home



Population and wealth of older people:



Those aged over 50 account for a third of the population and control an estimated 80% of its wealth.
Those aged 50 or over spent £276 billion in 2008, making up around 44% of the total family spending in the UK.

Older people as consumers:

Demand for services from older people is expected to grow by 81% from 2005 to 2030,



While demand from 18-59 year olds will only increase by 7%.

Ref: Food for thought: Facts about older people

https://connect.innovateuk.org/c/document_library/get_file?uuid=de28d882-572f-4c90-8a45-4c5381106439&groupId=4949576:

In summary

The key messages coming from this range of information are:

- Older people will form an increasing proportion of our population and demand for support and care services will continue to rise significantly in the coming years;
- Estimates of current need indicate that the Council is purchasing between 30% to 35% of the total amount of social care that is needed to support older people in Kirklees – the remainder is, therefore, likely to be purchased directly by people funding their own care, or being delivered by informal carers;
- As people age, the incidence of dementia will increase and services therefore need to be appropriate to meet these changing needs.
- Generally people are entering services much later in life and consequently with more complex needs.
- Early intervention and prevention is key to helping people age well and live life to the full.
- Increasingly people will seek out solutions which help them to live independently in line with their chosen lifestyle.

3. Current state of supply – Strengths and weaknesses

Summary of current supply issues

- We are experiencing an **increasing demand for domiciliary care**, with people's needs becoming more complex and their care packages becoming larger.
- There is a **shortage of high quality nursing home care for older people with dementia** and demand is growing.
- **Some areas of Kirklees have a lack of choice of provision of all types of care**, including day time activities, particularly in the rural areas. **Poor access to transport** is an issue for a number of older and disabled people.
- There is a **general lack of choice of living options** for older people, **especially for extra care** provision.
- Community Partnerships and Public Health provide a significant range of choices in neighbourhoods with a small proportion of the overall budget. Community Partnerships have an **ongoing programme for grant applications**.
- There are **too few examples of social enterprises or micro businesses** - restricting choice for customers

Supply and quality

Care homes

There are currently 73 registered care homes whose primary client group is for older people in Kirklees, providing around 2,970 places, 4 of these homes are operated by the council, the remainder by the independent sector. The council's information systems indicate that we currently purchase around 41% of these independent sector beds on behalf of Kirklees residents. The remainder will be purchased by a combination of:

- Kirklees residents (and others) who buy their services directly (self funders);
- NHS Kirklees (for people with continuing healthcare needs); and
- Other local authorities around Kirklees.

It should be noted that the Planning4Care estimates quoted in section 2 suggest that the council is actually only purchasing 35% of the current total need for residential care. The difference is likely to be made up of a mix of:

- People who purchase their own care outside Kirklees;
- Residential care places that Kirklees Council purchases outside the Kirklees area;
- Places funded by the NHS, as noted above; and
- People who could be choosing to live at home or in extra care rather than in a care home setting.

Many existing dementia nursing homes are „adapted’ buildings rather than new builds and as a result there are a limited number where the designs reflect current recommended layouts and features.

As noted earlier, the council is seeing an increase in the proportion of people with dementia, in both residential and nursing homes, and expect this trend to continue. The council offers a higher weekly rate for providers delivering dementia care, recognising the additional costs that can be involved in delivering quality care for people with dementia. At the time of writing there are 25 care homes with 746 beds qualifying for the council's additional fee for dementia payments. There are also a further 80 dementia beds within 2 council run care homes.

Due to a change in the Care Quality Commissions' registration requirements it is possible that there are more designated dementia beds within Kirklees which do not however qualify for the additional dementia payment. Further details are available from the Contract and Monitoring Unit (see Section 8 for contact details).

Currently the council's on-line vacancy monitoring system is showing vacancies for both residential and nursing (including specialist dementia) beds. Historically **pre-bookable respite placements have been in short supply**. This is **particularly relevant for pre-bookable nursing respite** as the council is only able to provide pre-bookable residential respite within its own homes.

The table below shows the weekly rates currently paid by the local authority for older people's residential and nursing care.

	Fee from April 2013 (Homes not participating in the dementia care fee rate scheme)	Fee from April 2013 (Homes participating in the dementia care fee rate scheme)
Residential care		
Base fee	407.44	427.44
Single room supplement	14.37	14.37
En-suite supplement	<u>14.37</u>	<u>14.37</u>
Maximum rate	<u>438.18</u>	<u>456.18</u>
<u>Nursing Care</u>		
Base fee	425.90	445.90
Single room supplement	14.37	14.37
En-suite supplement	<u>14.37</u>	<u>14.37</u>
Maximum rate	<u>454.64</u>	<u>474.64</u>

Notes

- 1 Care homes located within the Kirklees boundary and contracted to the Council may be eligible to join the Council's Dementia care fee rate scheme. The scheme enables Service Providers to receive an additional £20 per eligible Service User per week.
- 2 In addition to the fees set out above, in respect of Service Users who are assessed as requiring the help of a registered nurse, a nationally agreed funded Nursing Care payment is paid by the Primary Care Trust

The table below shows the approximate current (October 2012) availability and usage of the registered care home beds for older people across Kirklees.

	Total beds available in Kirklees	Number of beds qualifying for the Dementia Payment	Approximate number of beds purchased by Kirklees Council
Residential care for older people	1,828		
*Nursing care for older people	1,182		
Total	3,010	746	1,320

* Where a care home provides both residential and nursing care the total number of beds will be shown in this column.

** This figure includes 1160 Independent Sector beds and 160 council beds

The following table shows where care homes in Kirklees are currently located, set against the population areas for older people, and is extracted from our “Older People’s Accommodation Strategy”.

Table 5 – Top 50% of Kirklees Localities where Older People Live Source: Land and Property Gazetteer (2009), POPPI (estimate, July 2011), More Choice, Greater Voice (estimate, 2008)

Kirklees Locality	Older People	% of Population in Locality	Those with 2 Social Care Needs	Care Home Beds 2010
Mirfield	4005	24.3	1350	215
Birstall	2200	19.2	742	40
Dalton	1972	18.3	665	38
Heckmondwike	1943	16.1	655	162
Almondbury	1774	23.7	598	50
Meltham, Helme	1741	20.7	587	152
Thornhill, Thornhill Edge	1459	19.4	492	45
Honley	1458	22.5	492	0
Cleckheaton	1376	18.3	464	71
Crosland Moor, Crosland Hill	1290	17.1	435	0
Gomersal	1278	18.5	431	68
Birkenshaw	1275	22.6	430	85
Lindley	1102	21.3	372	45
Newsome, Hall Bower	1096	20.1	370	96
Golcar, Wellhouse	1095	16.4	369	22
Marsh, Gledholt	1022	18.1	345	0
Skelmanthorpe	1019	23.6	344	52
Netherton, South Crosland	990	26.2	334	40
Fartown	986	16	332	142
Hightown	985	18.3	332	28
Bradley, Colne Bridge	946	18.4	319	0
Dewsbury - Bywell Road, Bennett Lane	941	17.4	317	0
Kirkheaton, Houses Hill, Upper Heaton	938	21.9	316	0
Birkby	937	13	316	0
Slaithwaite	920	18.2	310	37
Fixby, Cowcliffe	915	25.7	309	12
Lepton	863	23.9	291	0
Linthwaite, Blackmoorfoot	861	17.2	290	0
Holmfirth	848	17	286	16
Marsden	822	18.7	277	0
Oakes	818	20.8	276	0
Staincliffe	781	11.8	263	0
Robbertown, Hartshead	747	24.3	252	29
Dewsbury Moor	728	10.5	245	0
Batley – Centre	708	15.4	239	0
Thornhill Lees	704	11	237	39
Salendine Nook	703	24.3	237	0

The fact that there is no residential provision in some of these areas does not point towards a need for more of it. Rather, it should indicate the best places where new mixed tenure housing solutions for older people will fare best. See page 21 for further information on what is needed.

Making an informed choice – we are aware that improvements are needed in helping people to make the best decision about moving into a care home, with people often making a choice in a very short space of time and often when they are in hospital. Work is needed to make sure that everyone, irrespective of how their care will be funded, has good access to information to help them make a choice, in their own time, ideally as part of a planned process rather than in response to a crisis.

Extra care

From consultation with older people we know that „Extra Care’ models of housing are in demand and that the current provision in Kirklees falls far short of the numbers needed. The council has commissioned one 40 unit extra care scheme (Bradley Court in Deighton) which is run by Methodist Homes and has an on-site care team. The council is building more extra care provision (see page 21) but this will not meet all the likely demand as our population gets older.

There is a shortage of different tenure models. A small number of independent sector sheltered style housing schemes do exist targeted at older people, some for sale and some for rent, though the degree of on-site care provided varies, with some offering none at all beyond a community alarm service through to some which offer the support of staff from a nearby care home (close care apartments).

Domiciliary Care

The biggest pressure point, at a time of increasing personalisation and volume pressures, within older people’s care is currently within the domiciliary care sector.

In relation to quality, we only accredit providers who have successfully been registered with CQC. The CQC has suspended its quality rating system at present, which can make it difficult to compare current providers, especially those who have been recently registered or who have changed ownership, however, we understand that plans are in place to develop a new system.

The council does, however, run its own accreditation process for domiciliary care providers and has approximately 27 accredited providers with whom we do business. We monitor the quality of this provision ourselves via our Contract and Monitoring Unit and Brokerage Service who maintain regular contact with these providers.

From experience and customer feedback we know that the majority of service providers deliver good quality services. Where we have experienced problems with quality / reliability this is usually due to inadequate office and management infrastructure – areas which we have focused our workforce and training support on to try to resolve.

Over the past 12 months we have seen an increase in demand for domiciliary care of about 7%, reflecting increasingly complex packages, with more double up calls needed. New care providers are coming into the market and we have enhanced our accreditation process to make it both speedier and more responsive. We are concentrating our efforts on ensuring the quality of those accredited providers.

Leisure and daytime opportunities

We currently provide approximately 500 places per week of daytime activity for older people.

About 400 of these are purchased, under a contract arrangement, from the independent sector and these services are delivered at a range of venues across Kirklees. Included in this is a small, specialist daytime activity service targeted at older people within the South Asian communities. These places are purchased on a spot basis. As individuals opt to take their personal budgets as direct payments they can purchase these (or other) services directly. We do not envisage commissioning further block contracts for day time activities.

A small number of older people use their personal budgets to purchase day care from local care home providers.

The council provides the remaining 200 places per week, targeting its services on older people with dementia and more complex needs.

A significant amount of our community investment is targeted at daytime activities to address social isolation for older people. Using grant funding via Community Partnerships, during the last 12 months, at least 8,000 people were engaged with community projects every week. 74% of people using services reported at least one long term condition (Aug 2010). The type of projects included:

Project type	No of projects	
	2010/11	2011/12
Activity clubs	33	40
Green gyms	4	-
Healthy living activities	22	23
Increased experience	11	23
Luncheon club	19	18
Maximising independence	15	33
Social club	23	27
Volunteering	4	3

2,756 volunteers gave 286,981 hours during 2011/12

Equipment - aids to daily living - Assistive technology

We commission our community equipment service (Kirklees Integrated Community Equipment Service (KICES)) jointly with Greater Huddersfield and North Kirklees CCGs, via a pooled budget. Items of equipment are supplied and delivered by Locala which is a social enterprise. User surveys indicate high levels of satisfaction with the current service.

A range of assistive technology is currently offered to people living in their own homes via the council's Carephone Home Safety Service – including monitored pendant alarms; falls and flood detectors; and, increasingly, customised packages designed around individual needs. Over 6,000 people make use of the Carephone system.

Individuals increasingly seek out assistive technology solutions and purchase their own equipment. Connect to Support provides another opportunity for individuals to do this.

Assessors make use of the “Just Checking” system to customise longer term care packages for people – this system allows for intensive monitoring of individual’s behaviour / habits and preferences for short periods, enabling assessors, carers and service users to design support services that meet individual needs.

4. Models of service we want to commission

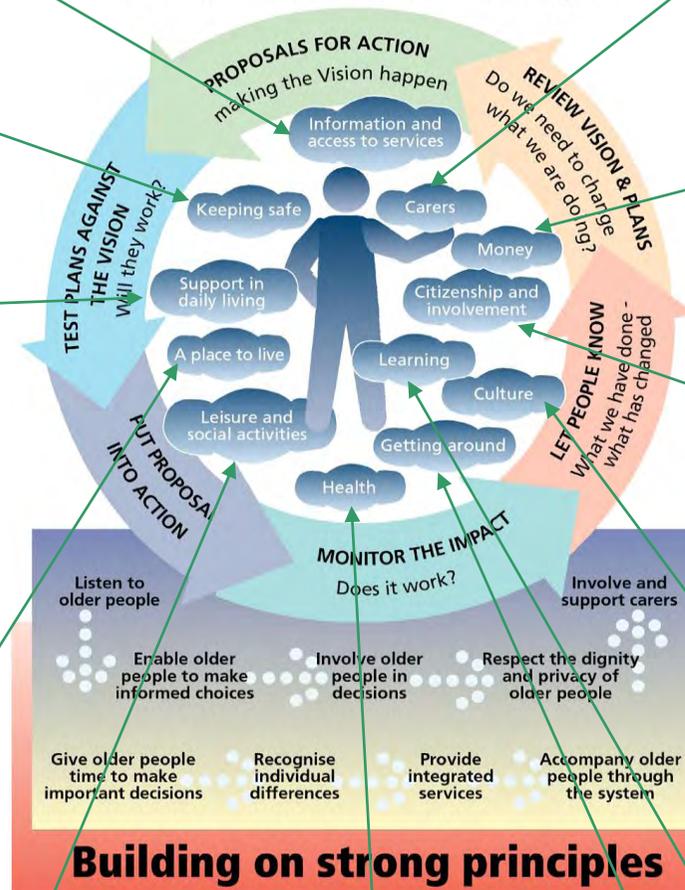
Vision for services in the future

Working with older people in Kirklees, the council has developed a vision for the future of older people’s services. Summaries of this vision, as it impacts on the local care market and how we plan to support these changes are given on the next few pages.

This MPS confirms that we will also expect a picture of social return on investment/added value to develop with all aspects of provision.

Living life to the full- The Kirklees older people's vision

Older People's Partnership Board Vision for Older People



- OP & carers should be able to get info on services available quickly, easily, variety of ways and formats.
- Easily recognised well resourced & clear info points which can also „sign post“, advise & guide OP.
- Emerging new IT to be used to support the info network for OP.

- Should feel safe and secure both at home and outside day & night & protected from any abuse
- Should live in and be cared for in an environment which minimises the risk of a fall & if any aid their recovery following a fall

- Range of affordable support services, including night-time services. Support should be flexible and adaptable.
- Staff should have enough time to provide the service so that older people don't feel rushed.
- support older people to maintain their dignity, & independence
- Timely provision of equipment and adaptations
- access to rehabilitation and recuperation services
- Out-of-hours services, e.g befriending schemes helping to reduce social isolation.

- To live as independently as possible
- Have a wide range of personal and practical, home based services.
- access to information & advice on financial options in relation to their housing
- choice of good quality housing within a range of tenures to maintain their independence
- should include a range of places without losing touch with their family or community, such as:
- Warm, safe, secure and affordable housing
- Good quality sheltered housing, to rent or buy
- Good quality residential and nursing care homes
- to move directly from hospital with decisions about long term care being a positive choice
- Adaptations and equipment through a single point of contact

- A broad range of affordable and accessible activities should be available including to those with enduring mental health problems.
- should be able to take part in activities near to home or within their local community
- should take place in facilities that are in good condition should be able to take part in leisure activities at a time which best suits them.

- Carers' needs considered as an integral part, should be involved as stakeholders and partners
- single assessment process that identifies the presence of a carer
- Crisis support available to carers on a 24 hour basis.
- Carers to be involved in planning of a safe discharge of whom they care for.
- Advocacy should be available for carers & more info in GP surgeries health centres etc
- Agencies to identify and support carers, not just wait for carers to approach them.

- Easy access to info & advice about the range of benefits, paid quickly and in a convenient manner.
- Support available to help completing forms etc
- Access to services and benefits that prevent fuel poverty.
- services such as accommodation / transport /support / leisure activities set at an affordable level
- IDPs widely promoted to use their own services

- Should be able to take a full and active role in their local community.
- Fully & effectively represented on groups that make decisions about services delivery.
- involved in planning their own care
- Should be included in the consideration of all available alternatives.
- Receive the information, time & support to make the best possible decision
- Services available to support individuals through their contacts care with health and social services

- Access to info in a language that they understand & format that best suits their needs & support from someone who is sensitive to their culture & speaks the same language.
- Access to appropriate cultural and spiritual activities

- Support to continue learning for as long as they want
- Provision should be part of mainstream learning.
- Should be affordable, flexible, tailor made and take place in a variety of settings.

- Access to health and well being opportunities
- Support to manage their own ill health
- Formal services should be delivered by trained workforce, & focus on helping op to keep well
- approaching retirement age should, if they desire, have access to an assessment
- timely access to hospital treatment & access benefit from a wide range of palliative care
- Exercise personal responsibility to pursue healthy lifestyles

- Access to affordable, reliable, accessible modes of transport.
- Integrated public transport system, should include routes to rural areas, safer and more frequent/reliable buses
- Local services that are connected to main transport routes.

Current Service Model 2013	Desired Service Model 2015 & Beyond	Support to Change
Range of Care Homes provided by Local Authority and Independent Sector (IS) - includes EMI, intermediate care & short stay. Shortage of quality EMI nursing provision	Range of residential / nursing home care delivered principally by independent sector. Good range of high quality EMI nursing home placements	Council plans to continue to offer enhanced fees for dementia provision. Good practice events / specialist training focusing on quality care for people with dementia will be provided. Work with IS to work in partnership on these. Contract & Monitoring Unit (CMU) will continue to closely monitor quality of provision, in partnership with CQC.
Limited Extra Care units – Council provides 40 with further 150 planned for 2013 & 2014. Private provision available but limited in number. Planning applications emerging for extra care and retirement village style provision.	1,000 extra care units available offering a range of tenures, spread across Kirklees. A wide range of living options available for older people including retirement villages and similar models.	Council will work with providers to refine proposals for extra care and retirement housing. Design advice will be offered to ensure appropriateness for needs of older people with dementia. Further information on support available will be outlined in the implementation plan for the Older People's Accommodation strategy referred to on pg 20.
Range of Supporting People funded schemes in place to support older people in own homes including Care and Repair Schemes.	Care and Repair and Help to Move schemes in place to help older people remain in community and help them to move when appropriate.	Review use of Housing Related Support (Supporting People) funding to establish support services which: <ul style="list-style-type: none"> • ensure older people are supported to stay in their own properties when appropriate; • remove barriers to older people moving into more appropriate accommodation if they wish.
In-house domiciliary care service (at November 2012) delivering 5% of hours, independent sector delivering 95%. In-house service moving to short term and urgent care.	In-house service delivers 2,000 to 3,000 hrs per week re-ablement, short term and urgent care. Independent sector delivers approx 18,000 to 19,000 hrs via direct commissioning / personal budgets.	Council has block contracted with 15 block providers for further 2 years to ensure stability, improve recruitment / retention in IS workforce, with option to extend for a further 3 years if needed. Framework agreement to be established with providers for spot purchase of specialised domiciliary care. Contracts & Monitoring Unit to closely monitor quality. Training to be offered to improve quality, workforce development support to continue (eg care apprenticeships, care ambassadors, recruitment fairs, etc). More people are using direct payments to arrange their own support.

Current Service Model 2013	Desired Service Model 2015 & Beyond	Support to Change
<p>Provider information on Care homes and domiciliary care providers appear on Kirklees website - self editing facility for providers to promote their service.</p> <p>Printed directory of care services available to potential service users.</p>	<p>Potential service users and carers able to access information about all care services via comprehensive website / E Market Place (Connect to Support). Website features user feedback facilities and quality indicators.</p>	<p>Council working with regional partners to continue development of social care “e-market place” website.</p> <p>“Connect to Support” E Market Place went live in Kirklees in November, 2012, with upwards of 80 suppliers.</p> <p>Council will work closely with providers (and people who are seeking services) to ensure their information is included and the site meets their needs.</p> <p>More and more providers will be encouraged to register on the site. People will be encouraged to transact on the site and use it to manage their Direct Payments. The Council’s Care Navigation service will use the site and it will be publicised widely.</p>
<p>Traditional day care delivered from two Independent Sector providers. In-house service providing specialist day care for dementia.</p>	<p>Range of daytime opportunities offered to older people, funded via use of personal budgets where needs are critical / substantial or self funded. Services to be flexible, sessional and personalised to individual need.</p>	<p>Council will continue to work with the local care market to support the development of user led organisations, micro businesses and social enterprises.</p> <p>Grant funding will be used to support voluntary sector organisations who wish to deliver social activity support to older people.</p> <p>Other care providers e.g. residential care homes are beginning to offer flexible alternative day packages, generally purchased through direct payments.</p>
<p>Range of assistive technology / telecare available linked to Carephones. Telehealth units in place to support Community Matrons.</p> <p>Mobile Response service in place.</p>	<p>Appropriate Assistive Technology (AT) in place for everyone living in community and in care homes.</p> <p>Telehealth units available for everyone with Long Term Condition who can benefit.</p> <p>Mobile Response service in place to enhance the community offer.</p>	<p>Council will work with NHS and care home provider partners to develop use of telehealth and telecare assistive technology systems in care homes and in the community.</p> <p>Council will promote the take-up of Carephones and its linked AT to increase usage as part of its commitment to early intervention and prevention approaches.</p>
<p>Range of community equipment available to support people in their own homes, delivered via Kirklees Integrated Community Equipment Service (KICES).</p>	<p>KICES continues to deliver community equipment service across Kirklees with a wide range of up to date offers.</p> <p>Range of equipment offered in Connect to Support e-market place for people to purchase if they wish.</p>	<p>Council looking at range of options for delivery and further development of KICES. Any opportunities will be posted on Council’s tender website.</p>

Accommodation

Residential / Nursing home care

Currently, demand for registered care home beds remains steady. As the registration methods with the CQC are changing, there is likely to be an increasing number of care homes who are offering a mix of provision both for people with dementia and others, though, clearly, it will be crucial that they are able to support people with complex dementia needs without compromising the care they are giving to all of their residents. The council expects demand for high quality residential and nursing home places targeted at people with dementia to continue to rise, but for people to increasingly seek extra care style provision rather than residential care.

The council plans to continue to focus its own care home provision on older people with dementia, on short stay and on intermediate care / rehabilitation. We have no plans to increase our own care home provision.

Extra care

There is a need for additional provision in all areas, offering different tenure / ownership options.

The table below shows the estimates for the total predicted numbers aged 65+ with „moderate’ and above care needs in 2010, 2015 and 2030, together with the estimated projected future requirement for extra care housing.

Areas	Estimated total aged 65+ with 'moderate' or above social care need (2010)	Estimated total ECH required (2010)	Estimated total aged 65+ with 'moderate' or above social care need (2015)	Estimated total ECH required (2015)	Estimated total aged 65+ with 'moderate' or above social care need (2030)	Estimated total ECH required (2030)
Kirklees	15,700	860	17,900	980	24,500	1,300
Yorkshire and the Humber	215,000	11,800	241,000	13,300	330,000	18,200
England	1,950,000	107,000	2,180,000	120,000	3,020,000	166,000

(Source: *Planning4care summary report for Kirklees. Strategic needs assessment of long-term social care for older people.* December 2010. Care Equation and Oxford Consultants for Social Inclusion (OCSI).

To respond to this increase in demand, the council is commissioning three 40/50 unit extra care schemes, funded via PFI, in Crosland Moor, Dewsbury and Cleckheaton. The Cleckheaton scheme will include a specialist 10 unit provision for older people with dementia. These will open during 2013 and 2014 and will have on site care and housing support staff. When completed, this will deliver a total of approximately 190 units provided by the council for rent.

We would like to see the development of extra care and other community based styles of accommodation developed in Kirklees, offering a choice of ownership options.

Further details about how we plan to support the development of new accommodation options for older people are outlined in our Older People’s Accommodation Strategy (copies available from Pete Hoey, tel 07966 459243, email pete.hoey@kirklees.gov.uk)

Domiciliary care services:

We will continue to shift the focus of the council's domiciliary care service onto short term and urgent care provision. Services which we plan to offer include:

- Rapid, urgent and mobile response services (24 hour urgent support to avoid hospital admission, respond to emergencies, support the Carephone Home Safety Service alerts, etc); and
- The establishment of an in-take / re-ablement service offered to everyone who is new to service. This period of up to (approximately) 6 weeks of support will aim to increase people's independence and stabilise / refine any ongoing care package that is needed. Ongoing care will be commissioned from independent sector providers, either by the individual themselves or via a block or spot contract arrangement on their behalf.

As indicated earlier, we estimate that the likely growth in demand for domiciliary care over the next 20 years is significant.

As the council's in-house home care service re-focuses its activity to deliver short term, urgent and re-ablement support, the majority of long term domiciliary care will be procured from the independent sector, initially via block contracts and, as the take up of personal budgets increases, by people directly purchasing from providers.

We currently purchase approx 18,000 hours of care per week from independent sector providers. Our projections indicate that, in order to meet the growing needs of an ageing population and as more people choose to live in their own homes for longer, this demand is likely to rise at rate of 2% to 5% per annum.

We have recently awarded new block contracts for domiciliary care across 12 areas in Kirklees. There are now at least three providers operating in each area and coverage across the whole of Kirklees. We envisage having these block contracts in place for the coming two to four years, to ensure adequate supply of hours and to achieve best value.

To address the significant increases in both demand and complexity we have seen in the past years, we have revised our block contracting arrangements in the following ways:

- We now have a minimum of three providers in each block area (to offer a choice to people using direct payments and to enable providers to support each other if they have supply difficulties);
- We have limited the total amount of hours we purchase from any one provider (to ensure that there is a good supply of different providers in the market and to lessen our reliance on individual providers);
- We have encouraged providers to deliver care in those areas closest to their office bases (to ensure that their front line staff have easy access to office / management support when necessary).

We continue to work with providers, via our provider forums and the Care in Kirklees website <http://www.kirklees.gov.uk/careinkirklees> to share issues and discuss future working arrangements.

Leisure and daytime activities:

In the future it is intended that the council's in-house service will continue its main focus on specialist dementia and complex care provision. As noted earlier, we do not envisage procuring further leisure and daytime activity provision via block contracts, once the current arrangements have come to an end.

We would like to see the development of new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect older people to use personal budgets to purchase these services. Feedback from older people and carers indicates that there will be demand for a broader range of leisure activities, part days, evening and weekend services and more flexible 1:1 support.

Also a number of social care providers (both residential and dom care) are recognising economies of scale and potential business opportunities to diversify: new flexible day opportunity offers are emerging to provide a range of activities and services at home and in residential settings e.g. bathing assistance, leisure activities, day trips, health care e.g. podiatry, dental care and ophthalmic visits, hairdressing and pampering, friendship, lunch and tea clubs etc.

Via our Community Partnerships Service we will continue to invest in community based activities, which deliver locally based support for older people. A wide and varied investment programme is in place to enable local communities to build on their assets and develop affordable, innovative support locally. This can then either support the prevention agenda to help make sure that people's need for more acute services are delayed or reduced, or help groups to develop activities that actually support people with social care needs.

Equipment - Aids to daily living - Assistive technology

We will continue to provide items of equipment from the Kirklees Integrated Community Equipment Service (KICES), following an assessment of need. Any changes to these arrangements will be indicated on the Council's tendering website: YoR Tender.

Our new E-market place – Connect to Support – will include a range of community equipment providers and people will be able to purchase equipment from these suppliers if they wish.

Increasingly people are obtaining the simpler items of daily living equipment directly from retailers in the independent sector, without coming through the Council for an assessment. We expect this trend to continue and the easy and speedy availability of daily living aids for people to purchase directly will be important.

The council and the NHS will increasingly be making use of assistive technology (AT) to support people's independence. An Assistive Technology Strategy is being developed, in partnership with NHS Kirklees, which will outline our approach to AT in the coming years. Once completed, this strategy will be publicised via the Care in Kirklees website.

The monitoring service for the council's assistive technology service is delivered by our in-house Carephones Home Safety Service and, at present we expect to continue with this. We also deliver a mobile response service to support the Carephones service and plan to continue using the Council's in-house provision to deliver this.

Conclusion

In this Market Position Statement we have focused on those areas where we spend most of our budget, following fairly traditional lines of service provision. In addition:

- A framework agreement will be established to spot purchase specialised domiciliary care.
- The new Supporting People generic vulnerability service will be commissioned in 2014.
- Community Partnerships will continue to address the „prevention’ agenda. Some funding will be available.
- Tackling loneliness and social isolation will be important.
- Improving accommodation choices will remain a priority.
- Supporting communities to become dementia friendly to make Kirklees a good place to grow old will also be important.
- The Equipment service will be re-tendered during 2013/14.

We would want to see future versions of this publication cover a broader range of services and styles of provision and welcome feedback from the market on how new and innovative support services could be developed for older people to choose from.

5. Levels of resource

Budget pressures

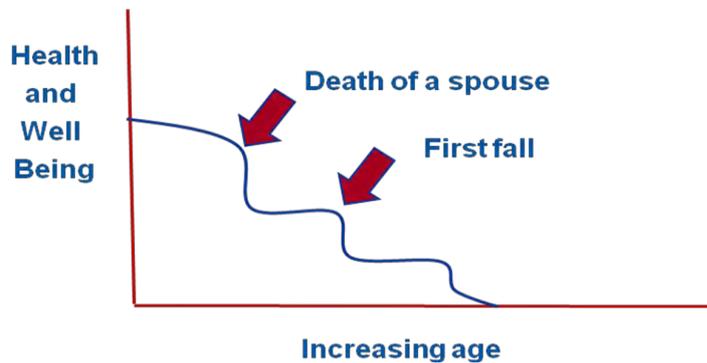
Like councils up and down the country, Kirklees Council’s budgets are under serious pressure. We are working hard to increase our efficiency and are committed to investing in early intervention and preventative approaches which we believe will deliver the best value and the best outcomes for Kirklees residents. We currently provide direct (or contracted) services to people who have either critical or substantial care needs (as defined in the Fair Access to Care guidance). We will endeavour to keep providers informed about any changes to this approach.

During 2011/12, the total council investment for older people’s services was approx £68m of this:

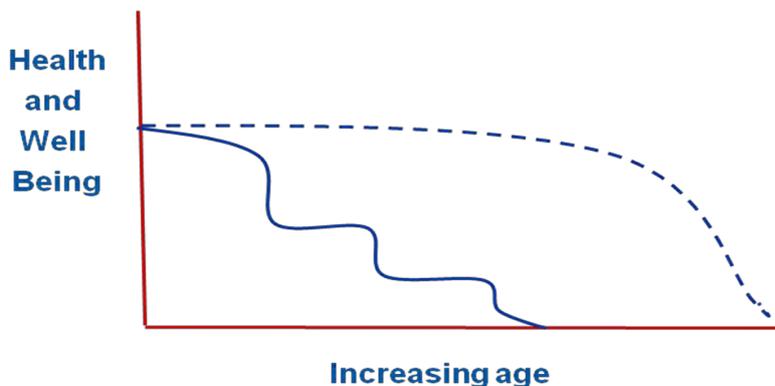
- £1.3m was allocated to providing information and support to help people access appropriate services.
- £6.3m was allocated to assessing eligibility for social care services and managing support packages with people.
- £2m was used to commission services from the independent sector eg day opportunities, advocacy support, carer support and dementia info and advice (excluding home care).
- £1.2m was spent on day opportunities for people with more complex needs eg dementia.
- £1.5m was spent on direct payments, where individuals choose to arrange their own support packages.
- Almost £38m was spent on residential and nursing home care.
- £17m was spent on domiciliary care to help people to continue to live at home.
- And additionally Community Partnerships have an annual budget of around £1m, a large proportion of which funds projects which benefit older people.

Prevention and Re-ablement approaches - “Pushing the curve”

In response to the increasing demands for support that we are experiencing now and will continue to experience in the coming years as our older population grows, we are enhancing the preventive support that we will be offering to people at times of crisis. This early intervention and prevention approach represents a significant shift in the way that the council will deliver its social care support into the future. We know that, whilst people are living longer, their quality of life is not always sustained at a high level as they age. We also know that there are critical occurrences in older people’s lives when their health and functioning is at high risk of deteriorating rapidly – eg after a fall; the loss of a spouse; following a stroke.



We also know that targeted, speedy interventions at these critical times can be very effective at reducing any deterioration and sustaining a better quality of life for longer. Our overall aim, therefore, is to offer services which maintain people’s health and well-being at a high level for as long as possible – hence “pushing the curve”:



(Source: Prof A Kerslake, Institute of Public Care, Oxford Brookes University, 2009)

To address the growing population demands that we face, in the council we are refocusing our social care services away from long term packages of care which steadily increase as a person’s health and functioning deteriorate and towards speedily delivered, short term, interventions which aim to restore as much of a person’s independence, functioning and, hence, quality of life as we can. Any ongoing support needs to be at as low a level as possible to sustain people’s well-being and should continue to encourage them to be as independent as possible. We will also be making best use of assistive technology – which can be a useful means of safeguarding people without having to be physically present in a person’s home.

Some of the key features of this approach include:

- The most resource intensive (and hence expensive) interventions are time limited – on average between 2 and 6 weeks – the council will be focusing its own services on this aspect of support;
- Assistive technology will play an increasing role in delivering support which doesn't rely on direct human intervention (eg to monitor, remind and alert to a problem) – freeing up people to be used where direct personal care is needed;
- The size of ongoing, long term packages of care will reduce – as the council's Re-ablement team are able to spend time with people better understanding their ongoing support needs;
- For this approach to be sustainable there needs to be a thriving community sector, able to deliver low level, but crucial, support for people in their own homes eg shopping, befriending, etc – we will be enhancing our support for this sector;
- There also needs to be a robust range of independent sector domiciliary care providers able to deliver the long term support that people will need;
- Even with effective enablement, there will still be a need for longer term, ongoing care as people age and their functioning reduces. Ensuring that there is sufficient capacity in the market to meet these needs, and to offer a range of living choices, will be an ongoing challenge as our population ages.

Personal budgets

Take up of personal budgets (PBs) as direct payments is relatively low amongst older people at present, with the majority still currently opting for the Council to purchase care on their behalf. This may change in the future but it is difficult to precisely predict how many older people will opt to purchase their own services in the future.

We see four things as critical to increasing the take-up of personal budgets by older people:

1. Improving the awareness of older people, and their family / carers of personal budgets and the benefits they can bring;
2. Ensuring that there is effective support for people to use their budgets and that people know about it;
3. A range of attractive support services being readily available for people to purchase in their local community; and
4. Easy access to information about this range of services and their quality / reliability.

The Council will work on each of these aspects to encourage a greater take-up of PBs in the future.

The Council will also continue to work with current providers, and support the development of new ones, to ensure they are in a position to provide services directly to personal budget holders and to people who fund their own care. We recognise that there can be greater transaction costs associated with providing services directly to individuals and will look at ways that these can be reduced for providers.

Contractual arrangements

We are also reviewing the way we contract for services, in the light of personal budgets. As noted earlier, we have block contracted for long term domiciliary care services, initially for the coming two years, in order to give providers the reassurance of longer term contracts which we hope will enable them to recruit and retain care staff. We will review the take-up of personal budgets during this time frame and consider whether we need to extend this block arrangement into the future.

For other areas of provision, eg day services and a range of mental health provision, we have already introduced reducing contracts, where block arrangements are in place for the first 12 months, followed by a phased change over to a zero contract with no guaranteed hours and where providers are expected to attract service users who will purchase their service directly from them via use of their personal budget. We will continue to review this approach to ensure it delivers enough provision in the market for service users.

6. Support from the council

The council is keen to see a thriving independent sector social care market and wants to see the range of choices for people with care needs improve, alongside a growth in business and employment opportunities for Kirklees residents. We will support these developments in a number of ways.

Marketing / Publicity / Web-based promotion / the E-market-place

The council's "Connect to Support" e-market place will be live in November and we will continue to publicise this and support people to access it as a valuable source of information on what is available. Providers are being kept informed of these developments via the provider forums and the Care in Kirklees website / newsletter (see below). We will also ensure that the information on starting, and running your own business which the council provides, and the Business Link (and its successor body) web site which links to the council site, promote social care provision as a business opportunity for people who are thinking about starting in business. We will look at partnership arrangements with providers, to find cost effective ways of promoting care services.

Quality monitoring and safeguarding

It is important that people are able to purchase services that are reliable and fairly priced. A key role for the council will be the accreditation of providers who meet minimum standards so that people are able to spend their budgets with confidence. Within the constraints of the resources available, the council will be further developing its current accreditation processes so that providers can seek accreditation and their services will be promoted by the council's website. Our staff will continue to monitor providers to ensure that they are delivering services which meet these standards and which ensure that vulnerable people are safeguarded. The council is committed to the continued development of a skilled and well trained workforce to safeguard vulnerable adults in Kirklees. The responsibility for safeguarding vulnerable adults lies with the council; however the operation of the safeguarding procedure is a collaborative responsibility and all agencies are accountable.

Workforce Planning and Learning and Development

We will continue to support the development of the local independent sector workforce via a range of support options, including training, recruitment assistance, targeted recruitment drives, good practice events, etc. Further information about the support available is given on the Care in Kirklees website / newsletter (see below.) We will work closely with the council's Skills Co-ordinator to ensure an integrated approach to driving forward the skills agenda in this sector.

Support for the Voluntary Sector

The council's Community Partnerships Service works closely with voluntary sector organisations, offering advice and funding support to local groups who are delivering social care services. Staff can assist with business planning, links to volunteers and networking, and can link into the social enterprise support services currently available from Business Link. Contact details are given in Section 7.

7. Taking forward our market development work

Feedback from the market

This publication is one of a series of Kirklees Council's Market Position Statements aimed at the social care market.

As we said in the introduction, these statements mark the start of ongoing conversations with providers and potential providers in Kirklees. We are eager to receive feedback on this publication, along with your views on our current and planned work to support the development of the independent sector social care market.

Provider forums are in place for groups of providers and act as a useful communication mechanism between the council and independent sector providers. In addition the Care in Kirklees website: www.kirklees.gov.uk/careinkirklees provides a wide range of up to date information and discussion forums for all social care providers in Kirklees. A regular newsletter is published both on line and in hard copy. We will continue to use these mechanisms to communicate with providers as the market transforms.

We will also look at other mechanisms for regularly engaging with independent sector providers and the market as a whole. We are interested in hearing from providers about the best ways of doing this.

If you would like to discuss with us any of the information in this publication, or you have ideas about ways we can improve our communication with providers and potential providers, or improve and extend the coverage of this statement please do not hesitate to contact us:

Julie Orlinski - Partnership Commissioning Manager (Older People)
Julie.orkinski@kirklees.gov.uk

Margaret Watt - Head of Commissioning and Quality
Margaret.watt@kirklees.gov.uk

We look forward to hearing from you.

8. Further information and contacts

Care in Kirklees website:

The main source of support and information for social care providers in Kirklees is via the Care in Kirklees website: www.kirklees.gov.uk/careinkirklees. The site is regularly updated and any new opportunities in relation to workforce development, training, etc are posted here.

Partnership Commissioning Team:

This team comprises:

- Partnership Commissioning Managers for:
 - mental health (and substance misuse);
 - learning disabilities;
 - physical / sensory impairment and long term conditions; and
 - older people;
- strategy /development officers for carers; and
- admin support for the various Partnership Boards.

They are responsible for strategic planning for all adult care groups and can be contacted as follows: Tel: 01484 223279

Contract Monitoring Unit (CMU):

The CMU oversee the development and ongoing monitoring of social care contracts for the council's Well-being and Communities Directorate. The Senior Procurement and Contracting Manager can be contacted as follows:

Tel: 07528 988971

Via Email - contact David Pym - david.pym@kirklees.gov.uk

Business development:

The Business Initiatives Unit within the Investment and Regeneration Service offers advice and signposting to residents considering starting in business.

They can be contacted on 01481 221677

Or via e-mail. Contact jayne.pearson@kirklees.gov.uk

Workforce Planning/Learning and Development:

Support is available from the Workforce Planning and Learning and Development teams, both of whom have a remit to support in-house and independent sector services. They can be contacted as follows:

Workforce Planning Team:

Tel: 01484 225120

Or via email – contact karen.wisniewski@kirklees.gov.uk

Learning and Development

Tel: 07976 194081

Or via email: Deborah.mckay@kirklees.gov.uk

“Making
Kirklees a
great place to
grow older”

July 2013

Visit www.kirklees.gov.uk/careinkirklees
to download a copy