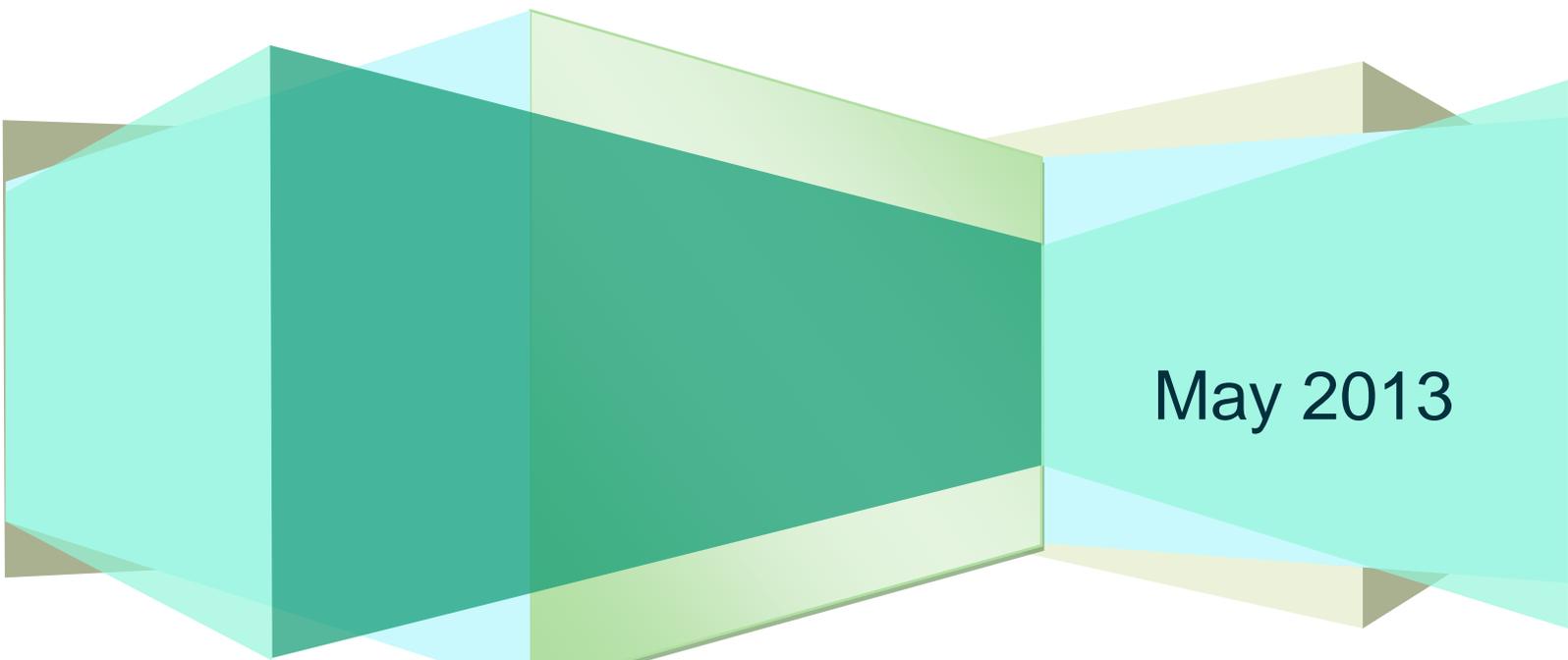


Market Position Statement

Mapping the Adult Social Care Market in
Leicestershire



May 2013

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Market Position Statement – Executive Summary

This document is aimed at both existing and potential providers of adult social care services but will also be of value to those who are interested more generally in the future of the local adult social care market.

Leicestershire County Council Adult Social Care Department is committed to stimulating a diverse, active market. The increase in demand for health and social care associated with an ageing population, changing customer expectations and a reduction in the availability of public funding for health and social care present significant challenges for commissioners and providers of social care services.

In summary, we expect to see an increase in the number of:

- Older people with support needs and older people living alone
- People with dementia
- Carers
- People seeking information and advice
- People who are paying for services themselves

Key points are highlighted throughout the document and can be summarised as follows:

Strategic Direction:

- Providers are encouraged to align service development according to the strategic objectives of the department.
- Social Care providers can support delivery of the Dementia Strategy by considering the needs of people with dementia, and their carers as part of their business planning and workforce development.
- We expect providers to ensure that services are accessible to people with Autism.
- Providers are encouraged to support the personalisation agenda by using re-ablement approaches when delivering services to ensure independence is maximised.
- Ensuring availability of accurate information and advice regarding availability of services is essential.
- We require providers to support the reduction of hospital and residential admissions through their approaches to service delivery.
- Providers are advised to take full advantage of the benefits of assistive technology and promote this to customers to maximise utilisation and promote independence.

Customer Demand:

- An increase in demand for community based services is expected.
- Domiciliary care demand is currently exceeding availability.
- Providers need to make use of the guidance that has been co-produced to support people to use their personal budgets in the way that wish to.
- During 2013 further work relating to breaks for carers will be completed, in order to ensure fair and equitable access
- Providers should consider whether they are in a position to meet peoples' needs in a way which promotes people's independence and reduces need.
- We expect providers to operate with the emphasis on giving the customer the tools and knowledge to manage their own situation where possible.
- A project has been established to address the issues associated with demand of home based care exceeding supply. More information will be available for providers via existing Provider Forums.

Provider Development:

- Providers are expected to demonstrate effective customer consultation and the utilisation of this to develop their services.
- Providers should have an accessible complaints procedure that customers are aware of and know how to access. Complaints processes should be used to inform service improvement.
- Procurement opportunities for Older Peoples Housing Related Support are anticipated in 2013, further detail about progress will be made available after the consultation period. Providers will be expected to demonstrate ability to respond to the potential change in delivery approach to HRS and issues associated with rurality.
- Providers are expected to deliver services that are good quality and with an increasing focus on demonstrating meeting peoples outcomes.
- The Quality Assessment Framework (QAF) gives residential providers supporting people that the local authority fund, an opportunity for rewards associated with quality improvements.

1.0 Introduction

This document is aimed at both existing and potential providers of adult social care services but will also be of value to those who are interested more generally in the future of the local adult social care market. It represents the ongoing dialogue between the council, people who use services, carers, providers and others, about the vision for the future of local social care markets. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. We will ensure that people with care and support needs, and their families and carers, are included and involved in community, economic, and social life through our continuous review of service delivery. It is acknowledged that this is a starting point for this process and limitations are highlighted throughout.

A key driver for the production of the position statement is the recognition that through the ongoing transformation of Adult Social Care, the council has a central role in ensuring that demand is met through a high quality, diverse and flexible market. This represents a shift away from the inefficiency but stability of block contracts to more individually purchased services through frameworks or other arrangements that essentially support person centred approaches.

The increase in demand for health and social care associated with an ageing population, changing expectations and a reduction in the availability of public funding for health and social care present significant challenges for adult social care commissioners and providers of social care services. The Personalisation of services takes a further step away from the safety for providers of block contracts and puts additional demands for flexibility, responsiveness and innovative approaches. This need for flexibility and responsiveness is counter-balanced with the shift towards empowerment through enablement and re-ablement with the utilisation of telecare/ assistive technology with positive expectations on throughput in terms of reducing long term need for care and support. In addition this approach has implications for support in the community in efforts to reduce long term residential admissions.

1.1 Strategic Context

This document is informed by a number of national and local policies and strategies, in particular:

- Putting People First Programme: A Shared Vision and Commitment to the transformation of Adult Social Care (Department of Health 2009)
- A Vision for Adult Social Care: Capable Communities and Active Citizens (Department of Health, November 2010)
- Assistive Technology Strategy (2010)
- Information and Advice Strategy (March 2011)
- Leicestershire Day Services Strategy (2011)
- Early Intervention and Prevention Strategy (2011-14)
- Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy (2011-14)
- Leicester, Leicestershire and Rutland Carers Strategy (2012-15)

The Joint Strategic Needs Assessment provides the evidence base for the needs of the local population and is of use in determining priorities locally. The current priorities with potential relevance to social care providers include:

- Tackling barriers associated with increasing the numbers of people receiving Personal Budgets, with specific attention to dementia and learning disabilities. This may mean providers making information accessible and/ or targeted and providing additional support where required and better provision of information and advice
- Improvements in joint working
- Better understanding of needs, demands and requirements through improved data recording and collection.
- Carer Support and addressing the needs of carers to enable them to continue in their caring role
- Early intervention and preventative approaches to reduce hospital and residential admissions and readmissions and reducing need for social care support
- Increased promotion, utilisation and embedding of assistive technology in assessment and service provision
- Development of more flexible and equitable Housing Related Support
- Extra Care Housing provision to meet the needs of older people
- Improve quality and efficiency with a focus of meeting the needs of the most vulnerable.

- Improve quality of service provision through the above as well as specialist training e.g. dementia, Autism

For more information on the Joint Strategic Needs Assessment: http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2012_full_length

1.2 Adults and Communities Business Plan Priorities (2012/3)

The Adults and Communities Business Plan outlines how we work with key partners to move towards the Leicestershire Together vision which is for Leicestershire to be made up of thriving, sustainable, safe and secure communities. The yearly business plan sets our key priorities and challenges for the coming year. The key departmental priorities for 2012/13 are outlined below.

- Continued development of the departmental 'customer offer' that supports the health and wellbeing of individuals and communities, including adult social care, cultural and learning services.
- Continued development of prevention and early intervention services and approaches.
- Continued development an integrated approach to health, wellbeing and Social Care.
- Promotion of Personal Budgets with more paid in cash.
- Continued development of the adult social care market to increase customer choice.
- Continued to develop our work on improving customer insight.
- Further integration of commissioning activity.
- Effective and efficient management of the Medium Term Financial Strategy and the annual budget
- Meeting performance targets – increased choice and control, Access to information, facilities and services is enhanced across the County
- Continue to improve the safeguarding of vulnerable adults.
- Continued improvements to the quality of residential care
- Contribute to the delivery of the Leicester, Leicestershire and Rutland Dementia Strategy.

The Adults and Communities Business Plan 2013/14 will be available from www.leics.gov.uk

1.3 The Adult Social Care Outcomes Framework (ASCOF),

The ASCOF, launched in March 2011, is a set of measures collected nationally which articulates the outcomes which matter most to people who use social care in England, and enables meaningful benchmarking between local authorities. The four domains which outcomes are measured against are:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring people have a positive experience of care and support
- Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.

1.4 Health and Wellbeing Strategy

The Health and Wellbeing Strategy sets out to improve the health and wellbeing of children and adults in Leicestershire and reduce health inequalities in the county. The strategy identifies local priorities for the promotion of health and wellbeing, where the top ten priorities identify where efforts are required immediately. The strategy is driven by the Joint Strategic Needs Assessment, an overarching assessment of the health and social care economy. The strategy highlights the need to use public resources differently to ensure ongoing needs can be met, by commissioning in new, more effective ways with an emphasis on outcomes.

Overarching responsibility of delivery of the strategy sits with the Shadow Health and Wellbeing Board, whose primary focus is to promote integration and partnership working between NHS, Social Care, Public Health and other local services.

1.5 Strategic reviews

The department undertakes regular Strategic reviews of adult social care services in order to inform future commissioning of services. A

Providers are encouraged to align service development according to the strategic objectives of the department.

significant consideration is value for money, demonstrable achievement of customer outcomes and that services recognise and develop services according to the department's strategic direction which is influenced by the Health and Wellbeing strategy, the outcomes framework, the business plan and the three year vision. The three year Strategic Vision for Adults and Communities is currently being developed and providers

are encouraged to consider their role in assisting the department to meet their strategic aims.

2.0 Population change

The population of Leicestershire across all ages is expected to show an increase of 109,800 or 17 per cent by 2030, more specifically within older age groups, where the number of people aged 65 or over is estimated to increase by 64,700 or 52 per cent and for people age 18-64 to increase by 25,300 or 6 per cent. The biggest percentage increase is in the 90 plus age range with a 153 per cent increase from 2012 to 2030, an actual increase of 8,900. This ageing population has implications for the prevalence of dementia, which increases with age. With additional efforts to improve diagnosis rates, demand for support for people with dementia and their carers will increase.

The relevance of the ageing population is significant considering that the majority of Local Authority funded support is provided to people over 65, therefore without intervention there will be a corresponding increase in demand for services. Efforts to reduce demand, particularly in the older population are detailed in section 4.

2.1 Expected increase in demand for services (based on POPPI & PANSI 2012).

The table below gives projections regarding demand for community based services including those who fund their own care, representing a 22.6% increase between 2012 and 2020.

Community Based Services	2012	2015	2020
Number of people aged 65 and over receiving community-based services provided or commissioned by the Local Authority	10,868	11,959	13,322
Number of people self funding based on Forder's estimates (19%)	2,549	2,805	3,125
Total number of customers over 65 (both self funders and state funded customers)	13,417	14,764	16,447

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¹ POPPI (December 2012) with Forder's self funded estimates applied (Forder, J. 2007. *Self-funded social care for older people: an analysis of eligibility, variations and future projections*, PSSRU Discussion Paper 2505 (PSSRU and CSC))

This work is an attempt to increase understanding about the market as a whole regarding provision for people over 65, for the purpose of understanding demand holistically rather than just focussing on Local Authority funded support.

According to the Association of Directors of Adult Social Services and Local Government Association, the self funder market will grow.² Local analysis for Leicestershire, based on the model used in the LGA and ADASS report suggests that there are just over 7,900 people aged 85 and over who are either paying for their own care, relying on informal carers or struggling alone.³ The model has been applied to this age group only due to the application of the original analysis and further work is planned to aggregate approaches to analyse the self funder market and understand growth and providers should consider the benefits of understanding their self-funder customer base in terms of understanding demand holistically.

It should be noted that there are other sources of demand that providers are expected to respond to which are not accounted for here. Providers of both health and social care services are increasingly well placed to assess market demand, particularly in light of the increasing proportion of the population funding their own care. If providers wish to develop more detailed market analysis they would need to share and coordinate with other suppliers balancing this against commercial competition.

2.1a Projections for adults aged 18-64yrs

It is useful to highlight the position in relation to support provided to adults aged 18 – 65 to give some contextual understanding on the demand for services. The table below gives population based projections for residential/ nursing care and community based services for physically disabled people, people with learning disabilities and people with mental health conditions, highlighting a small increase.

Residential projections are included despite the fact that the social care agenda is focussed on efforts to support people to live in their community as much as possible; however this is still likely to be a service of demand unless alternative housing options

² Local Government Association, ADASS, January 2011, *People Who Pay for Care: A Quantitative Analysis of Self-Funders in the Social Care Market*, Oxford Brookes University

³ Data from POPPI indicates that in 2012 there were 12,500 people in Leicestershire aged over 85 who need help with one activity of daily living. The Leicestershire JSNA (2012) identified that in 2010/11 there were 4,581 in receipt of council funded or commissioned services who were aged over 85 years of age. There is currently no breakdown of 2011/12 RAP data by age groups which is readily available.

are further developed which are suitable for this age group. There is and will continue to be an increasing emphasis on supporting the health and wellbeing of the population through services that support them to stay health and independent and those that prevent, delay or reduce the need for support.

	2012	2015	2020
Total people aged 18-64 receiving LA funded community based support	810	816	830
Total people aged 18-64 receiving LA funded residential and nursing care	560	565	574

Source: PANSI

The table below shows the number of customers accessing services by user group. Minimal rises are expected in the 18-64 age group for 2013.

		Total	Homecare	Daycare	Meals	Short term Residential care not Respite	Direct Payments	other
18-64years	Physical Disability, Frailty and Sensory Impairment	1695	637	166	26	17	472	26
	Mental health	982	129	122	18	28	225	39
	Learning disability	851	288	456	~	37	290	136
	Total	3528	1054	744	48	82	987	201

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⁴ RAP Data 2011/12

2.1b Older People (65 and over)

For the over 65 population, there is value in highlighting the increase expected in 2013 through the use of POPPI projections:

65+		Year	Total	Homecare	Daycare	Meals	Short term	Direct	Other
							Residential care not Respite	Payments	
Physical Disability (total including frailty and sensory impairment)	2012	8655	6141	650	771	229	816	26	
	2013	8977	6370	674	800	238	846	27	
Mental health	2012	985	694	267	163	91	145	20	
	2013	1022	720	277	169	94	150	21	
Learning disability	2012	58	39	34	~	~	~	18	
	2013	60	40	35	~	~	~	19	
Total	2012	9698	6874	951	936	321	965	64	
	2013	10059	7130	986	971	333	1001	66	

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The above table highlights the expected increase in demand, particularly in home care provision.

In addition to the increase of older people in Leicestershire, the number of older people living alone is increasing with the ageing population. Forder (2007) estimated that intensity of care package increases by 50% when the customer is living alone. This firstly demonstrates the need to support carers to continue caring, but also highlights an ongoing increase in demand for community based services.

⁵ RAP Data 2011/12 with POPPI Projections Dec 2012

The below table shows projection of older people living alone:

Numbers predicted to live alone in Leicestershire	2012	2015	2020	2025	2030	Increase
Males aged 65-74	6,540	7,260	7,700	7,700	8,640	75.7%
Males aged 75 and over	8,024	8,942	10,778	13,634	15,368	52.2%
Females aged 65-74	10,320	11,520	12,240	12,090	13,440	76.8%
Females aged 75 and over	20,008	21,411	24,644	30,012	33,672	59.4%
Total population aged 65-74	16,860	18,780	19,940	19,790	22,080	76.4%
Total population aged 75 and over	28,032	30,353	35,422	43,646	49,040	57.2%

Source: POPPI

The table highlights the projected increase in the number of people aged 65 and over living alone to 2030, with the largest percentage increase being for females aged 65-74 years. When this increase is considered alongside the impact that living alone has on care and support needs, with the drive to support people in the community for as long as possible, the increase in demand for community based services is likely to be significant.

An increase in demand for community based services is expected.

2.2 Rurality of Leicestershire

DEFRA figures identify significant differences in the level of rurality between the Districts in Leicestershire, as shown below.

District	Rural % (including Large Market Town population)	Village & Dispersed %	Rural Town, Village & Dispersed %
Blaby, Oadby, Wigston	12.8%	2.6%	12.8%
Charnwood	25.9%	7.7%	25.9%
Harborough	93.9%	27.7%	67.6%
Hinckley and Bosworth	29.0%	11.8%	28.3%
Melton	100.0%	36.9%	46.7%
North West Leicestershire	57.2%	19.3%	43.7%

Level of rurality of Leicestershire Districts: DEFRA May 2012

Harborough, Melton and North West Leicestershire have much higher percentages of rural populations than Blaby, Oadby & Wigston, Charnwood and Hinckley & Bosworth. Melton and Harborough In particular have a very high percentage of the population living in villages or dispersed in the countryside. However it should be noted that Melton Locality includes some less rural areas in Charnwood District, which is not reflected in these figures.

The more rural nature of some areas is thought to increase the difficulties of supporting people in their own homes in a number of ways:

- Difficulties in securing and maintaining home care
- There is less support available from neighbours and members of the family.
- It is more difficult for them to access community activities, whether universal or targeted.
- There are further issues with lack of availability of transport
- Other universal services may be limited

We need providers to find innovative ways to address issues associated with rurality which will rely somewhat on further understanding barriers to access. This may mean understanding the labour supply, understanding opportunities around assistive technology and supporting the application where beneficial. An example of collaborative working with providers to address some of the issues associated with demand outweighing capacity in certain areas is the payment of an additional £1 on hourly rates to providers in the zones 32 and 33, broadly the Melton Borough and Harborough District

which are the more rural areas of the county. This additional payment agreed as a temporary measure to improve provider capacity by using the additional resources to improve care staff hourly payments.

2.3 Focus on Dementia

The table below highlights the increasing prevalence of dementia associated with the ageing population. The demand for specialist services and carer support is likely to increase based on the increase in prevalence.

Dementia all people aged 65+	2012	2015	2020	2025	2030	% Increase
Blaby	1,249	1,380	1,662	1,932	2,298	54.4%
Charnwood	1,998	2,170	2,560	3,032	3,637	54.9%
Harborough	1,150	1,301	1,553	1,901	2,332	49.3%
Hinckley and Bosworth	1,387	1,523	1,822	2,174	2,615	53.0%
Melton	658	755	873	1,084	1,274	51.6%
North West Leics	1,154	1,226	1,472	1,752	2,102	54.9%
Oadby and Wigston	885	948	1,112	1,285	1,421	62.3%
Leicestershire	8,483	9,371	11,007	13,168	15,697	54.0%

Source: POPPI

Leicestershire, Leicester and Rutland Dementia Strategy emphasises the importance of early diagnosis of dementia as well the improved quality of care in care homes, the personalisation of care and living well with dementia in the community. This gives a clear message to adult social care providers around the priority of improving care for people with dementia and the aim of supporting people in their own homes for as long as possible.

Social Care providers can support delivery of the Dementia Strategy by considering the needs of people with dementia, and their carers as part of their business planning and workforce development.

2.4 Focus on Carers

2011 Census data has highlighted the increase in carers across the county by district/ borough, with specific attention to increases in carers provision over 50 hours a week.

District/ Borough		2001	2012	Increase
Blaby	Total carers	9,535	10,532	997
	Caring for over 50 hrs per week (pw)	1488	2074	586
	Percentage over 50 hours	15.6%	19.7%	
Charnwood	Total carers	15230	17127	1,897
	Caring for over 50 hrs pw	2362	3294	932
	Percentage over 50 hours	15.5%	19.2%	
Harborough	Total carers	7679	8973	1,294
	Caring for over 50 hrs pw	1074	1503	429
	Percentage over 50 hours	14.0%	16.8%	
Hinckley and Bosworth	Total carers	10990	11794	804
	Caring for over 50 hrs pw	1920	2471	551
	Percentage over 50 hours	17.5%	21.0%	
Melton	Total carers	4766	5273	507
	Caring for over 50 hrs pw	810	1017	207
	Percentage over 50 hours	17.0%	19.3%	
North West Leics	Total carers	9358	10657	1,299
	Caring for over 50 hrs pw	1835	2342	507
	Percentage over 50 hours	19.6%	22.0%	
Oadby and Wigston	Total carers	5829	6342	513
	Caring for over 50 hrs pw	983	1339	356
	2001: 16.7% over 50 hours	16.9%	21.1%	

The Leicestershire, Leicester and Rutland Carers Strategy 2012-15 acknowledges the contribution made by carers and focuses on addressing the health and wellbeing needs of the carer population through a number of different initiatives. The Carers Strategy has resulted in a pilot carer health and wellbeing service in North West Leicestershire and Oadby and Wigston which has recently been procured to improve the identification of

carers locally within GP Practices and to encourage access to available services for carers. Social Care providers have potential opportunities to support the identification and recognition of carers through the services that are delivered.

During 2013 further work relating to respite provision for carers will be completed, in order to ensure fair and equitable access.

2.6 Focus on Autism and Learning disability

In light of the National Autism Strategy, the department is keen to ensure that people with Autism can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals. We expect not only specialist services but all relevant public services to increase awareness of autism. Through the new the Autism pathway, developed with colleagues in Health, there is potential for the number diagnosed with autism to increase locally.

We expect providers to ensure that services are accessible to people with Autism

It is highlighted in the JSNA that people with Learning disabilities are not only likely to survive for longer, into old age, but are also more likely to develop co-morbidities, including dementia. In the longer term this is likely to require Learning disability services to develop in order to be suitable for those reaching older age, particularly in light of carers potentially being unable to continue caring.

A greater need has arisen for a coordinated approach from all services (Health, Police, Housing Associations, Social Services, Support Providers etc) as result of the shift towards care and support based in the community and the utilisation of universal services, and support providers are fundamental in promoting this co-ordinated approach.

2.5 Developing intelligence on social care markets

There are limitations to the data currently available in terms of demand by district/ borough due to the current misalignment of current locality team boundaries as well as the level of information recorded on local systems, however going forward, ChooseMySupport (CMS) will soon provide a wealth of information relevant to types of services accessed by customers. CMS is an emarketplace website that gives people choice and control to decide which services to buy to meet their social care needs. We expect to be able to report on the following by the time the next Market Position Statement is produced:

- Success of CMS as an emarketplace
- Any trends concerning what types of services are ‘selling’ well on CMS and what is not
- Any trends concerning which client groups are using CMS most (i.e. does it favour one client group over another – are there accessibility issues?)
- Unmet need on the emarketplace

Furthermore during 2013, mechanisms for gathering intelligence from localities, through the Market Development Team and the Locality Support and Development Service (LSDS) team will be developed, further informing us of potential gaps in service provision.

3.0 Customer Engagement

Engagement with customers plays a vital role in ensuring that the Adults and Communities Department of Leicestershire County Council develops strategies, policies, and services with a focus on customer needs. The Engagement Framework was developed in 2011 as a strategic statement of the basic aims, objectives and principles of community engagement relating to the Adults and Communities Department, setting out the key principles to be adhered to in the development of engagement activities involving the Adults and Communities Department.

The Engagement Framework emphasises the need for better co-ordination of engagement activity and the need for good quality feedback

Providers are expected to demonstrate effective customer consultation and the utilisation of this to develop their services.

to customers. Therefore we aim to be in a position whereby consultation feedback is readily available for interested parties. We expect providers to consult with their customers to evaluate and develop their service and to demonstrate consultation during any changes to service delivery.

The Adult Social Care survey conducted on an annual basis provides an important measure of performance in relation to customer feedback. Through the survey 67% of those who responded found it fairly easy to find information, 40% felt that they had as much social contact as they wanted, and 23% said that they can get to places in their local area that they want to. The department will be further analysing ASCOF results and future delivery of services will need to address performance against these measures where relevant.

Adults and Communities Department recognises that complaints and commendations provide valuable feedback from customers about the services provided. The Complaints and Commendations Annual Report (2011/12) provides detailed analysis of method and type of complaints received. A total of

Providers should have an accessible complaints procedure that customers are aware of and know how to access. Complaints processes should be used to inform service improvement.

96 complaints and 98 commendations were received during this period, with 11 of the complaints received relating to third parties, e.g. home care agencies. However, as complainants are encouraged to complain directly to the service provider in the first instance limited conclusions can be drawn from this number.

Complaints have been received mainly relating to issues associated with communication and service delivery. 39 of the complaints received were either upheld or partially upheld and further work was carried out to investigate the significance of communication and what the issues were about. This has resulted in sub headings being produced associated with communication (appropriateness, contact problems, co-ordination, information provision and understanding).

Engagement and feedback from customers clearly identifies the need for quality services and the central role of customer and carers in service design, delivery and review. Customers want the mechanisms for involvement to be flexible and accessible, and to receive regular feedback regarding changes made in light of engagement activity. Providers that support this approach and work in this way will be valued by customers which will further demonstrate quality in service provision.

4.0 The changing pattern of provision

4.1 Personalisation

Leicestershire Adult Social Care is changing the way in which it supports people who are eligible for state-funded services. With the implementation of the personalisation agenda the department is focusing on enabling people to exert greater choice on the types of services they wish to use, and to have

Providers are encouraged to support the personalisation agenda by using re-ablement approaches when delivering services to ensure independence is maximised.

control as to when and where the services are provided. This potentially gives a more level playing field for those who fund their own care with those who receive services

funded by the local authority via personal budgets. The Personal Budgets Outcome Evaluation Tool Study⁶ suggests that people managing their own budgets get better outcomes than those who have a managed budget. There is a potential to tap into the experiences of self-funders to understand some of the implications and views of people who, as consumers, have choice and control over how their care and support needs are met. However there is an additional element of choice for those eligible for state support not available to those who fund their own care and support in terms of support planning and information and advice.

The personalisation agenda is being supported by efforts to increase the numbers of personal budgets given to individuals. The Adult Social Care service is currently delivering individual budgets or Direct Payments to 54.8% of all those receiving community based services, 32.5% as a cash payment.

Locally, people aged 65 and over are much less likely to be receiving services through self-directed support. Of those using the self-directed support process, customers aged 18 and 64 are more likely to have their personal budget as a cash payment (average of 83% in 2010/2011). The use of direct payments for customers aged 65 and over is averaged at 12%. Efforts are therefore required to ensure that over 65s are supported to overcome any barriers associated with purchasing their own support directly to ensure some level of equity between those who are financially eligible for state funded services, and those who are not, including provision of consistent, accurate and accessible information and advice provision.

Efforts to address barriers to accessing personal budgets have been made by the Market Development Team along with Community Care Finance to provide guidance with useful hints for providers supporting people paying for their support

Providers need to make use of the guidance that has been co-produced to support people to use their personal budgets in the way that wish to

with a personal budget. This guidance includes various different ways that people can access personal budgets including cash payments and provider managed accounts, and provides support around accountability expectations of the council.

⁶ Chris Hatton and John Waters, June 2011, *The National Personal Budget Survey*, Lancaster University available at http://192.168.255.12/ProgressMessages/POET_surveys_June_2011_-_EMBARGOED.pdf?proxy=192.168.255.12&action=complete&index=21&id=79849759&filename=POET_surveys_June_2011_-_EMBARGOED.pdf

Personalised services and the promotion on choice and control has resulted in a Day Service Strategy (October 2010) focusing on the review of traditional building based day services. As a result current Day Service provision is being reviewed to develop more person centred provision.

Progress towards personalisation of services has been made at Leicestershire County Council's Millfield Day Centre where customers were asked about their choices in relation to the services they received and whether they wanted to explore alternatives. Parallel to this was work with providers who demonstrated their offer to potential customers who were then able to make informed decisions about what other support was available.

Limited qualitative feedback suggests that people chose alternative provision such as:

- Drama sessions
- Shop and cook sessions as a path to obtaining food hygiene certificates
- Community projects (gardening and café)
- Exercise based activities
- Computer courses
- Animal care
- Money management and other self-development skills

It is therefore evident that customers are choosing a wide range of opportunities and providers are required to be flexible in their delivery of service. Efforts are being made to improve the data captured during this process which will be reported in the next Market Position Statement. For further information about progress towards The Day Service Strategy please see the following:

www.leics.gov.uk/dayreview

4.2 Domiciliary Care

The current position for the Local Authority commissioning teams is that domiciliary care demand exceeds availability. This has potential implications for unnecessary residential care placements and possible delayed discharges from hospitals. As the population increases there will be an increasing need to understand and address these issues.

Domiciliary care demand is currently exceeding availability

4.3 Information and Advice

There is increasing emphasis on the importance of provision of information and advice and development to improve provision should address the needs of self funders as well as those who are supported by the Local Authority. If people are purchasing their own care and support, or looking for services they need accurate, timely and accessible information and advice. Providers can support this by ensuring accurate information and advice is available about the services that are provided, and how to access them.

Ensuring availability of accurate information and advice regarding availability of services is essential

4.4 Early intervention, Prevention, and Re-ablement

There is also increasing focus on early intervention and prevention; approaches that enable people to stay independent for longer, lessening their need for intensive social care support. There is an expectation that demand for early intervention type provision will increase and further work with relevant partner departments and organisations is expected during 2013. The department recognises that the commissioning of early intervention and prevention services have significant potential in reducing demand for more specialist services.

One way in which the Adults and Communities Department supports early intervention and prevention through the provision of the Homecare Assessment and Re-ablement Team (HART). This service is for people prior to being eligible for Adult Social Care Services. The service is provided for up to 6 weeks (12 weeks for people with dementia) and supports people to regain daily living skills and consider the ongoing support they need to meet their desired outcomes. The team has a target of 3,715 cases per year.

Providers should consider whether they are in a position to meet peoples' needs in a way which promotes people's independence and reduces need.

Once the period of re-ablement is complete, there is an assessment to determine whether ongoing eligibility or whether re-ablement has been sufficient. Demand for HART intervention has been significant to the point the team capacity has been increased to meet requirement. In 2011/12 41% of HART cases required no further formal support and 45.4% are forecasted as requiring no further input for 2012/13. This service is currently provided by Leicestershire County Council but it would sensible for providers to take steps to work towards ongoing assessment of individual need and

consider promoting independence to the point that support can be reduced or is no longer required through re-ablement approaches.

4.5 Assistive technology

In addition the department supports the implementation of assistive technology through the provision of a team to assess, provide information and advice, and install assistive technology. Assistive technology includes alarms that alert someone if the person requires support, checking systems to support assessment process and prompting systems. These services can support people to maintain their independence for longer and services that maximise the utilisation of assistive technology are encouraged.

At the time of writing this Market Position Statement public consultation was taking place around prioritising assistive technology for those who would most benefit from it. This essentially could free up resources by withdrawing it from those that do not require it, and targeting would benefit from it. There are also resources being used to procure a county wide response service to address assist vulnerable people to remain in their own home.

Providers are advised to take full advantage of the benefits of assistive technology and promote this to customers to maximise utilisation and promote independence.

4.6 Housing options

Leicestershire's Extra Care Housing Strategy (2010-15) aims to address housing needs and aspirations of older people through the provision of flexible support within one's own community.

Aims of the Strategy:

- To provide an additional 500 Extra Care units across the county
- Accessible buildings with technology that make independent living a reality for people with a range of abilities
- More cost effective housing options that more conventional forms of care and support, such as residential care
- Prevention of unnecessary hospital admissions
- Reduction in delayed transfers of care from hospital
- Supporting people in need of care and support to remain independent or age in one place without having to move
- A flexible approach to meeting the needs of older people

There are actions planned to identify prospective sites for future development of Extra Care Housing and there has been a review of current schemes with need to align these to the most practical and suitable model. Extra Care development will need to consider the needs of people with dementia in terms of layout, design and furnishings and support provision commissioned will be required to support people with dementia, throughout the progression of their condition as well as support people with a range of abilities.

Adults and Communities Department is also consulting on some proposed changes to housing related support (HRS) services for older people which was previously funded by Supporting People. Currently these services are provided mainly for older people in specific social

Procurement opportunities for Older Peoples Housing Related Support are anticipated in 2013, further detail about progress will be made available after the consultation period. Providers will be expected to demonstrate ability to respond to the potential change in delivery approach to HRS and issues associated with rurality.

housing. The proposal is to improve equitability of this service to enable people, regardless of their tenure, to access HRS if they would benefit from it. This has potential implications for service delivery in relation to the way that HRS is provided associated with the likelihood that HRS services will become much more dispersed which is particularly significant for a largely rural county.

Late in 2012 a Residential Re-ablement Project was set up as a result and recognition that a high proportion of long term residential customers enter residential care after a period of ill health/ hospital stay, when a period of intensive re-ablement, usually where 24 hour support is thought to be required, would be beneficial in preventing long term admissions to residential care.

4.7 Integrated approaches to service provision

The disproportionate link between hospital discharges to residential care and hospital readmissions are also being tackled through the implementation of Integrated Re-ablement. The ageing population and increased prevalence of chronic diseases require a strong re-orientation away from acute care towards prevention, self care,

We require providers to support the reduction of hospital and residential admissions through their approaches to service delivery

more consistent standards in primary care, and care that is well co-ordinated and integrated.

Integrated care can be defined as ‘an approach that seeks to improve the quality of care for individual patients, service users and carers by ensuring that services are well co-ordinated around their needs’ (The Kings Fund 2011). The Integration of Health Intermediate Care (IC) and Social Care Re-ablement Project relies on existing re-ablement services working more effectively and holistically to achieve desired outcomes.

Self Care is a broad term that is about creating an informative and supportive environment where people feel knowledgeable and confident to make shared health decisions and to proactively self care; in other words, helping people to take charge of their own health and wellbeing and to help themselves. In Leicestershire a particular focus is placed on the idea of self management, work which is being lead through the recently established clinical commissioning groups, which is about individuals positively managing the impact of an illness or condition on their lives and making the most of life despite this, though the introduction of a self care strategy, which is currently in the stages of revision post consultation. This approach gives a further indication about how we expect providers to operate with the emphasis on giving the customer the tools and knowledge to manage their own situation.

We expect providers to operate with the emphasis on giving the customer the tools and knowledge to manage their own situation where possible.

During 2013 through the work of the Integrated Commissioning Board, further opportunities to integrate commissioning with health colleagues are expected to be identified.

4.8 Quality Improvement

Leicestershire County Council Adult Social Care supports good quality services that focus on meeting peoples outcomes. We do this through development of service specifications, emphasis on quality assessment and checking during procurement, contract management, reviews and consultation. A key element of delivering quality services is to ensure staff are trained to high standards, and recent investment has been made in improving training available to providers, particularly in relation to Dementia and

Providers are expected to deliver services that are good quality and with an increasing focus on meeting peoples outcomes

Autism. We need to ensure that providers have the necessary skills to deliver high quality services and can demonstrate their ability to provide services to those who may need more specialist support.

Safeguarding referrals give some indication of service quality. However, it should not be assumed that an increase in safeguarding referrals necessarily equates to a decrease in the quality of care and support as this could be associated with increased awareness of safeguarding and better reporting.

The number of safeguarding referrals during 2011/12 was 1178, 75% of which were completed at the end of the year. 72% of referrals received during this period had location of alleged abuse as residential/ nursing care.

Leicestershire County Council currently has contracts with 185 residential and nursing homes across the county and in December 2012, 61 of the homes had responsive contact with our Compliance due to failings or concerns in quality and/ or service provision in relation to the contract.

The Quality Assessment Framework (QAF) gives residential providers supporting people that the local authority fund, an opportunity for rewards associated with quality improvements.

A number of initiatives are in place to support quality improvements with providers including the Quality Assessment Framework which rewards providers of care who can demonstrate certain quality standards when working with customers, through additional financial payment.

A quality Improvement Team is now established, working closely with the Compliance Team to focus efforts on working with residential care providers who need additional support in terms of service quality.

5. Social Care Spend

The majority of the Adults and Communities spend is on on-going services for customers with £46m budgeted for residential care and supported living (after income) and £45m for community based services such as homecare, community opportunities, direct payments, mobile meals and housing related support . £8.1m is budgeted for re-ablement services and other preventative investments in the voluntary sector plus further allocations from additional health grants. £8.6m is budgeted for locality social work commissioning and review teams with £7.8m on the departmental infrastructure such as

management, project resources to deliver the efficiency transformation, office bases and support, community care finance and quality and safeguarding.

Of the service expenditure in adult social care £15m is budgeted to be in-house council provided services, £11.5m to be paid out in direct cash payments to service users and the balance representing the majority of services to be commissioned externally either through independent providers or the voluntary sector.

By customer group, £44.3m represents the net budget (after income) for older people; £30m for people with Learning disabilities; £6.3m for mental health; £13m for people with physical disabilities.

6. Future actions and commissioning intentions

Adult Social care has seen a shift away from services provided by the local authority to the commissioning of services. The emphasis of control is shifting closer to the customer with the personalisation of services and the Council is encouraging support in the community rather than institutional support and, co-production with customers and their Carers and, with providers. The Department will continue to support customers to have choice and control over their services, through the use of Personal Budgets and continue its work to develop Framework Agreements based on outcomes for service users.

As the use of personal budgets increases and more service users are enabled to directly purchase or negotiate their own care, providers will need to consider business models that are less reliant on block contracts; offering and marketing services that can deliver individual outcomes in ways that offer real choice to their customers.

As mentioned earlier in this report, it is acknowledged that current demand on domiciliary care exceeds supply and without efforts to address the sustainability of domiciliary care provision, and the increasing demand associated with the ageing population, the position will be unmanageable. An example of how this

A project has been established to address the issues associated with demand of home based care exceeding supply. More information will be available for providers via Provider Forums.

presents relates to the backlog associated with the assessed need for longer term packages of care after a period of assessment and re-ablement through HART which cannot be met due to provider capacity issues. A project has therefore been established with the aim of working with providers to address home based provider capacity issues through outcomes based approach to social care. This will include a detailed analysis of

current issues and the development of a number of different initiatives, including a shift away from time and task approach to delivery to a focus on re-ablement and achieving outcomes that will need to be supported by providers.

6.1 The development of markets and support available

The Adults and Communities Department includes a Market Development team in recognition of the need to shape and support the market in order to respond to the key points raised in this Market Position Statement. The team will work at a strategic level to facilitate a vibrant, diverse and sustainable provider market which is able to offer choice and control to individuals and response to a variety of individual needs and outcomes.

Specific market shaping and support activity for the coming year is likely to include:

- Continued promotion and development of the ChooseMySupport marketplace for social care goods and services.
- Further work to facilitate and support the use of Provider Managed Accounts.
- Activity to support the development of micro providers, social enterprise and personal assistants as a means of increasing diversity and choice in the marketplace and meeting gaps in provision.
- The promotion of good practice and provider support tools to support provider sustainability and workforce development.
- Work to develop outcome based commissioning in partnership with providers, service users and their carers.
- Facilitation and support for Provider Forums; improving communication between the department and the marketplace and ensuring opportunities for networking, information sharing and improved market intelligence.
- Support for innovation in service delivery and the marketplace through the Innovation Fund and Innovation Network.
- Building social capital and supporting the shift towards early intervention and prevention through the development of a pilot Timebank Project
- Further work to develop and embed co-production in the design and delivery of services

