



# Working with Us — Market Position Statement for Care and Support in Merton 2017 - 2020



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## FOREWARD

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The London Borough of Merton is committed to meeting the needs of people with eligible social care needs through a mixed economy of provision, blending direct provision with support from the voluntary sector and commissioned care. We will commission care from for-profit and not-for-profit providers of care and support.

We recognise that in these challenging times that we need to work in partnership with service users, carers, the voluntary sector and providers. We believe that we need to work together to find appropriate and affordable solutions.

This market position statement is a step along the way, setting out our understanding of the markets for social care and our key priorities. It is a statement at a point in time. Social care markets are dynamic and our knowledge and understanding develops all of the time. How we address our priorities will also change through the process of dialogue with our partners and stakeholders.

This statement has been produced in partnership with Merton Clinical Commissioning group. It is intended to support future dialogue. We look forward to engaging with you in the months ahead.

Councillor Tobin Byers, Cabinet  
Member for Adult Social Care and  
Health

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# PURPOSE OF A MARKET POSITION STATEMENT

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## **What is a Market Position Statement?**

This is a Merton Council and Merton Clinical Commissioning Group (referred to as Merton) Market Position Statement (MPS) which sets out the key national changes that will have an impact on the local health and social care market over the next few years. It provides information about the current supply and demand forecasts and more critical information about our forward strategy and how this might shape the future development of adult social care and the opportunities available for providers.

## **Purpose of MPS**

This market position statement profiles the population of Merton residents who are currently supported by commissioned and directly provided care. This statement focusses on services for older people and vulnerable adults.

Other more detailed work is underway that focusses on:

- Living with a disability;
- Learning Disability.

The results of these pieces of work will be published separately.

## **What is the Market Position Statement for?**

The adult social care market will change significantly over the next two years as a result of national Government policy changes, population increases and financial pressures. We recognise that providers are an important source of

intelligence about the size and characteristics of our local market and how it might cope with these changes.

We want providers to use their flair, knowledge and experience in conjunction with this MPS to think creatively about business models and different solutions which will respond to the challenges we are facing. Merton CCG and London Borough of Merton recognise that social care providers play an important role providing services directly to patients that they fund through continuing healthcare and indirectly by supporting vulnerable residents who otherwise may need supporting in a health setting. Both Merton Council and the CCG recognise the need for health and social care to become further integrated with clear concise messages being communicated to providers.

## **Who is the Market Position Statement for?**

The MPS is to inform our ongoing dialogue with providers, whether for-profit or not-for-profit.

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# NATIONAL AND LOCAL CONTEXT

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## Care Act

The Care Act 2014 is the single biggest legislative change affecting the most vulnerable adults and their carers in more than 50 years. The Care Act 2014 provides the new social policy framework for developing adult care and support into the future. The promotion of people's wellbeing will be at the heart of everything the council does and the focus will be on all adults needing care and support in Merton whether they receive care through the council or are self-funding.

The Care Act 2014 identifies the following duties for local authorities, in relation to prevention, information and market shaping:

- make services available that help prevent or delay people deteriorating such that they would need ongoing care and support
- provide information and advice about local care and support services
- support a market that delivers a wide range of sustainable, high quality services accessible to their communities
- consider services that might affect a person's wellbeing

In addition, many other aspects of the Care Act 2014 influence the Council's role as a market shaper, such as:

- personal budgets recognised in law and direct payments must be given if a service user requests them
- creation of a single consistent route for establishing entitlement to public care, and a national eligibility threshold for the statutory needs assessment
- bringing the rights of carers into line with those of the people they care for. Carers will no longer need to be providing a "substantial amount of care on a regular basis" to qualify for an assessment

The Care Act 2014 presents both commissioners and providers with a new set of challenges, which in turn become opportunities for business development.

## Health and Social Care Integration

Merton Council and Merton CCG have a significant track record of partnership working and we will continue where possible to work together to integrate services. The challenge facing Merton's health and social care economy is a significant one which will require shared consideration and a shared and integrated solution.

The vision of Merton's Health and Wellbeing Board is to improve health and social care outcomes for the population of Merton by:

- Ensuring commissioned services are tailored to the needs of individual patients;
- Addressing the diverse health needs of Merton's population; and

- Reducing geographical, age and deprivation-related variation.

This vision is built around and evidenced by the Merton Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS), as set out below.

Ultimately our vision should deliver:  
***the right care, at the right time, in the right place with the right outcomes.***

Merton’s Health and Wellbeing Board has agreed that the Better Care Fund Vision will be delivered through four principal objectives:



**Better Care Fund (BCF)**

The second national driver with a profound effect upon adult health and care is the Better Care Fund. The national allocated budget is £3.9bn with an additional ‘top-up’ from local systems which makes the total for 2016/17 £5.4bn.

The BCF is one of several significant policy initiatives for determining future market opportunities. It has been established to support integrated health and care provision with a particular emphasis on preventing, reducing and delaying the need for care to be provided in hospitals unless that is the appropriate setting. BCF spending must be agreed by the council and the CCG.

In 2016/17 the value of the pooled fund in Merton reached £12.75m, demonstrating the potential for market growth and diversification and our collective ambition to integrate services.



## Local Context

Merton's 2016 population projection is 205,200 people living in nearly 80,900 occupied households. Population density is higher in the east wards of the borough compared to the west wards. Based on GLA trend-based projections, Merton's population will increase by 13,245 people between 2014 and 2020 with the number of people aged over 65 forecast to increase by over 2,100 people (9.2%).

As a whole, Merton is less deprived than the average for both London and England. However, three wards are more deprived than the average for London: Cricket Green, Figgs Marsh and Pollards Hill.

Health outcomes are generally better than those in London and in line with or above the rest of England. However, there are inequalities between East and West, and within population groups.

Greater London Authority (GLA) population data (2014) shows Merton's current BAME population is 76,188. Black, Asian and Minority Ethnic (BAME) groups make up 35.1% of the population, lower than London (40.2%).

Benchmarking older adult placement numbers based on population size has to take into account the age profile of the population aged 65+. This is because across London, people aged 85+ are 4 times more likely to receive a local authority commissioned care home placement compared to adults aged 75-84; and 14 times more likely than adults aged 65-74 (Source: Care Analytics, April 2016).



# JOINT STRATEGIC NEEDS ASSESSMENT

## OLDER PEOPLE

Living Alone



**33%**

of residents aged 65 and over live on their own. This is lower than London (35%) and higher than England (32%).

Long-term Limiting Disability



49% of residents aged 65 and over reported that their day-to-day activities were not limited. This is higher than London (47%) and England (47%).

## POOR HEALTH & PREMATURE DEATHS

Hospital Stay for Alcohol-Related Harm



The borough has a SAR\* of 85.6 for hospital admissions for alcohol attributable conditions. This is lower than London (98.5) and England (100.0).

(\*Standardised Admission Ratio)

Main Causes of Premature Deaths\*



**1 IN 3**  
due to cancer



**1 IN 3**

due to circulatory disease (incl heart diseases)



**1 IN 7**

due to respiratory diseases

(\*deaths in people aged 75 and under)

MORE INFORMATION



Merton the place for a good life



public.health@merton.gov.uk  
www.merton.gov.uk/health-social-care/publichealth/jsna.htm

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## WORKFORCE

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According to Skills for Care (SfC as at March 2016) there were an estimated 5,100 jobs in adult social care.

Of these 80% were in the independent sector, 13% the direct payment sector and 7% the statutory sector. Of this 3,900 directly provide care, 250 are regulated professional and 350 in managerial roles.

Approximately half of the workforce worked on a full time-basis, 41% were part-time and 9% had no fixed hours. Over a third were reported to be on zero-hours contracts.

77% of the workforce were female. The average age was 45 years old, and those under 24 made up only 6% of the workforce. Those over 55 years old represented 24% of the workforce, which means that there is a significant proportion of the care workforce who may retire in the next ten years.

In terms of nationality, around 55% of the workforce were British, 34% from outside the EU and 11% from inside the EU. In terms of ethnicity 71% were Black, Asian or Minority Ethnic groups (BAME) and 29% of white ethnicity.

The turnover rate in Merton was 33.6%, which was higher than the regional average of 23.2%. 73% of recruits were from within the sector.

Workers had an average of 7.2 years experience in the sector, and 70% had been working in the sector for at least

three years. SfC estimate a vacancy rate of 6.4%, which is lower than the regional average of 11.2%.

Skills for Care data on average rates of pay in 2015/16 are shown below. This obviously pre-dates the National Living Wage.

FTE pay rate		Merton	London
Managerial staff	per annum	£28,000	£29,500
Regulated professionals	per annum	£32,400	£31,000
Direct care staff	per hour	£8.39	£8.21

*2015/16 data - source: Skills for Care*

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# HEMOCARE SERVICES

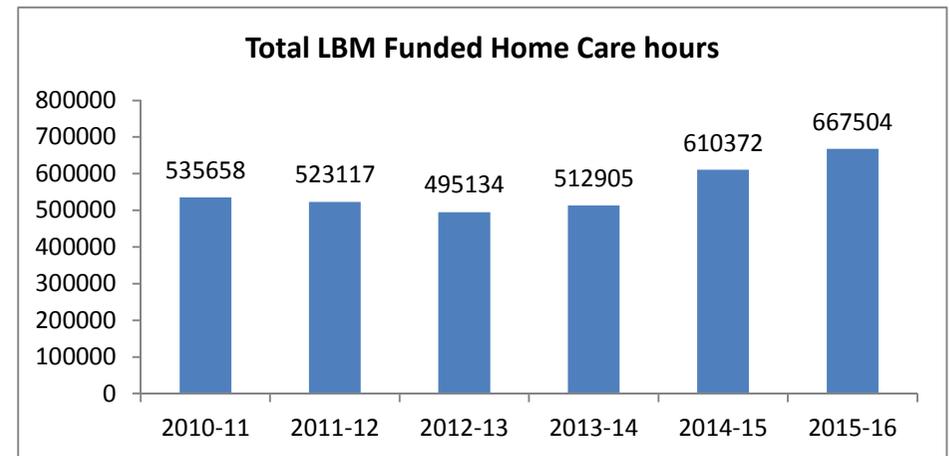
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Throughout the financial year 2015/2016 the council contracted to deliver 667,504 hours of homecare services to approximately 800 people. Despite significant spend on homecare services within the market in Merton, the operational framework is not financially sustainable if the council is to continue to provide high quality care. This challenge is not unique to the marketplace within Merton. Local Authorities around the country are facing these issues, as identified in the recent [‘Homecare Deficit Report’](#). The main challenge of current and future provision is a stable workforce and securing home care service capacity required through better pay and conditions.

Growing numbers of older people have led to a growing prevalence of a range of disabilities/life limiting conditions being supported at home. Indications are that demand for home care in Merton is set to grow with increasing number of complex care packages along with growing numbers of people remaining in their own homes with support rather than accessing traditional services such as residential care.

Over the last 4 years the demand for new homecare packages in Merton has risen by 34%. It has become increasingly difficult to find providers who are able to deliver packages of care to people in their own homes. Increasing level of home care needs for each person and the introduction

of the National Living Wage as well as the cost of implementing pension auto-enrolment rules have exerted upward pressure on the headline rates. It is now widely recognised that pressing to maximise the amount of care a person can get at the lowest possible cost due to budget pressures is unsustainable because it threatens the existence of the home care service providers. Research into the market, analysis of impact of minimum wage, cost of travel and consultation with providers has led to a consideration to uplift rates in 2017/18. The Council is committed to keep pace with changing legislative environment and associated costs to sustain the home care market and workforce to ensure that our customers continue to receive a high quality service.



## Key commissioning intentions:

- A sustainable home care business model for all stake holders. The council's home care service contract is currently out to tender. The Council is in the process of redesigning the Home Care service to move away from traditional time and task placements to a more outcome focussed commissioning approach. We envisage that people will be able to liaise directly with providers as to how their outcomes will be met. The provider and the person accessing care should plan the care specifics together, e.g. times of visit etc. Rather than prescribing conditions, we want to work with providers to ensure they can offer flexibility in achieving outcomes reflecting the diverse, cultural needs of people living in Merton. Regular monitoring will underpin this to assess whether outcomes are achieved to customers' satisfaction. Over time hours may reduce after specific individual outcomes have been achieved.
- A proactive approach to doing the 'little things' that prevent customers from deteriorating and going into institutional care.
- Actively develop a strong and equal partnership whereby all stakeholders work together at a strategic level to problem solve and continue to develop the Home care service.

- Greater use of technology e.g. encouraging use of smart devices to record key information about each customer's wellbeing; share support plans with the Council and MCCG online; utilise electronic care monitoring to track use of commissioned capacity in a way that is mutually beneficial to all parties.



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## RESIDENTIAL AND NURSING CARE

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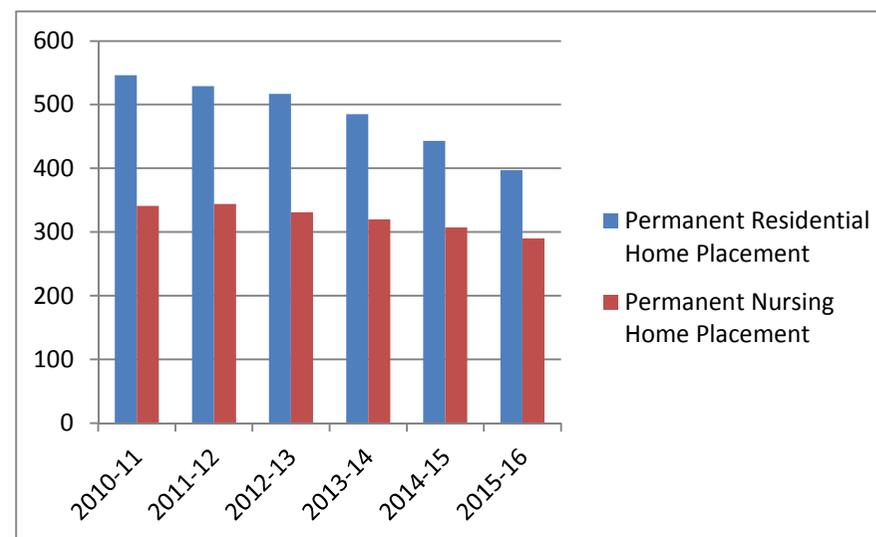
There are 22 older care homes for 65+ in Merton. This is the 19th highest number of older adult beds among 32 London boroughs.

- (i) 13 Registered nursing homes
- (ii) 9 Residential homes (without nursing)

The numbers of residential care placements funded by the council are falling and people who do require residential care have more complex care needs such as specialist dementia care and nursing. Initiatives such as the Better Care Fund (BCF) have contributed towards the continuing reduction of residential care admissions by providing community based alternatives. These reductions are a key outcome of the BCF and are in line with the council's commitment to support people to remain independent at home for as long as possible.

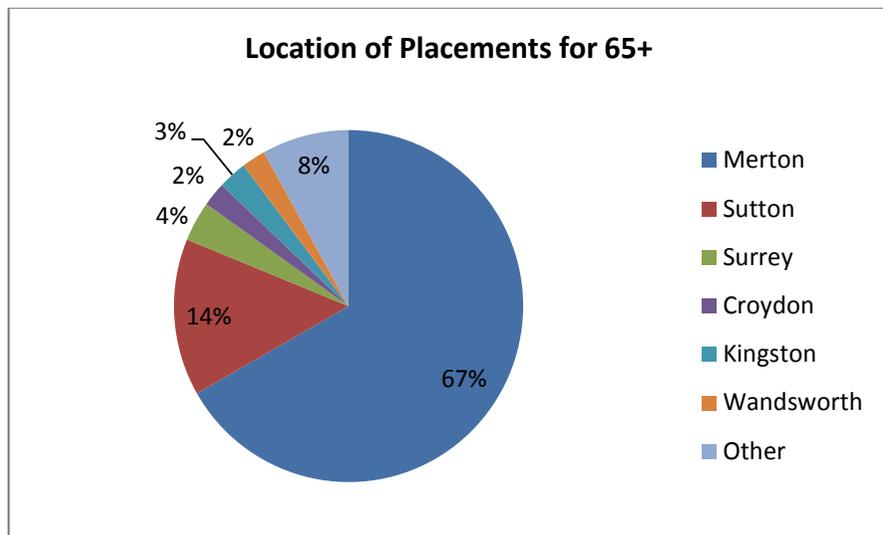
The number of permanent residential home placements has reduced by 27% in 2015/16 as compared to 2010/11 whereas permanent nursing home placements have reduced by 15%. Overall total residential and nursing placements during the year have reduced by 22.5%. This is mainly due to the

stringent preventative measures undertaken following yearly services and process review since 2011/12 to reduce expenditure and remedy why the Council was admitting more people than average to residential and nursing homes.



From April 2015 there is a duty to provide self-funders with information and advice, to signpost them to financial advice, and to assess their needs and arrange their support if so requested (even if they subsequently pay the full cost). Under the funding reform part of the Care Act, originally planned to go live in April 2016 but now postponed until 2020, there will be further duties to assess their needs, determine whether they are eligible under the Care Act eligibility criteria, and if they are recording their own spending on support until it adds up to the £72k cap at which point the local authority pays for

the support. Self-funders will have a Care Account whereby this can be tracked.



66.7% of our older people care home placements are within the borough, 26.4% are placed within our neighbouring boroughs (Sutton, Surrey, Croydon, Kingston, Wandsworth and Lambeth) and 6.9% are commissioned outside London.

### Key Commissioning Intentions

- Evidencing that contract terms, conditions and fee levels are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- Avoiding any actions which may threaten the sustainability of the market as a whole, such as setting fee levels below

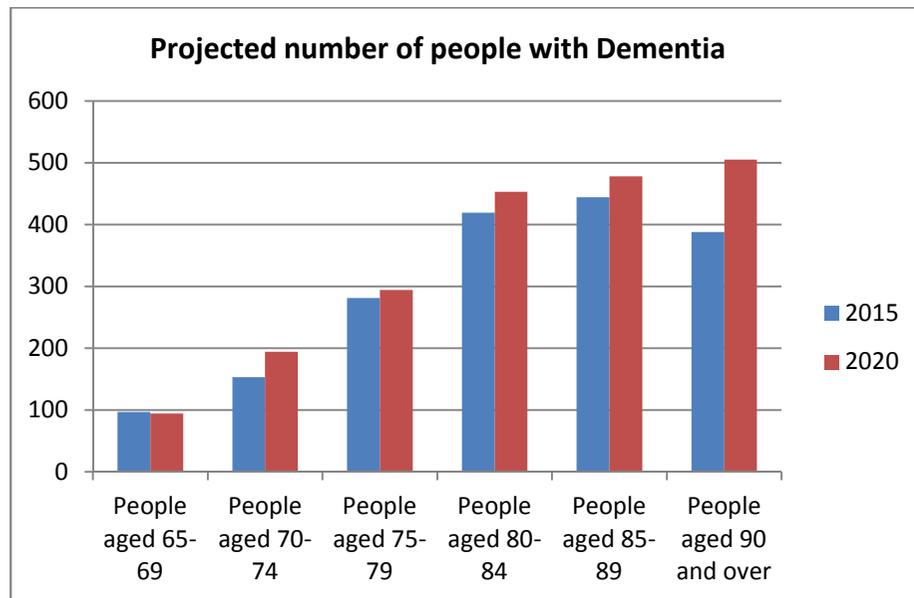
an amount which is sustainable for providers in the short and long term

- Ensuring that remuneration must be at least sufficient to enable service providers to comply with the national minimum wage legislation for hourly pay or equivalent salary.
- Interim and intermediate care beds are required by both the NHS and the local authority to support patients out of a hospital environment.
- Ensure there is adequate supply of good quality residential and nursing beds. Work with our neighbouring boroughs to commission beds



# PEOPLE WITH DEMENTIA

Concurrent with the overall increase in population and the projected implications for that increase upon mainstream ASC services, it is also predicted that the number of people in Merton with dementia will increase. This reflects significant additional pressure upon ASC and associated services in the future. As there is little prospect of a cure or prevention route for dementia, it is more appropriate to focus our efforts on helping families to manage for longer and prevent the worst impacts of the disease.



## Key Commissioning intentions

- Providing high quality support to people with dementia will become an increasing focus in all commissioning activities for older people
- We will be looking towards providers who can demonstrate they are able to support people with dementia as part of their on-going service offer.
- Finding quality solutions which support people to remain at home and delay the need for long term care will be a priority.
- Continue to commission and develop the Dementia Hub with our partners Does this leave us hostage to fortune?



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## REABLEMENT

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The Council directly provides a short-term (maximum six weeks) assessment and reablement homecare service for older people. Merton Reablement Service aims to ensure that people are as independent and well as they can be, so that they no longer need social care support or their support needs are minimised.

Reablement services were provided to approximately 400 individuals in 2015/16. Due to some individuals receiving 2 episodes of reablement in the same year. 447 episode of reablement were provided in total. An episode can last from 2 to 4 weeks. The outcomes of the episodes were:-

- 256 were fully reabled
- 69 were inconclusive due to individual choosing not to pursue their reablement programme customer.
- 122 went onto long term care, after having their care needs stabilised and robustly assessed by the service.

The Council is working in partnership with community services such as NHS and voluntary agencies to promote the safeguarding agenda. In particular we are moving towards integrated services for NHS rehabilitation and reablement. This is to ensure best use of limited resources, reduce duplication and provide an effective and responsive service.

The Council is also keen to see the principles of reablement (the recovery of skills) and enablement (the development of

skills) applied to all services and not just to specific short term services. When an individual's health does deteriorate, the first priority should be to restore or develop his/her independence, confidence, autonomy and community support, as far as possible, to its maximum potential.

### Key Commissioning intentions

- The Council will continue to work with health partners to align its reablement service with similar services in the NHS.
- The Council will consider including reablement and enablement in all its contracts and specifications, where appropriate.



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## EXTRA CARE/ SUPPORTED ACCOMMODATION

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We expect alternative supported accommodation such as 'extra care' or 'sheltered accommodation' where people retain greater privacy and independence, whilst benefiting from safe, communal facilities, is going to continue to experience increased demand in Merton.

We're keen to maintain capacity in extra care accommodation to both meet demand and help people live independently for longer. We will be particularly interested in speaking to providers that have ideas on how we could provide extra care type accommodation for people with dementia and learning disabilities.

### **Key Commissioning Intentions**

- Look to review services in line with contract expiration

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## PHYSICAL DISABILITIES AND SENSORY IMPAIRMENT

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The Council recognises that the number of people with physical disabilities of working age is projected to rise, partly because people are working and living longer. In 2015/16, there were 315 customers with complex needs being supported to live independently through home based care services compared to 292 in 2014/15.

### **Visual Impairment**

According to our local register, there are 396 people registered as Blind and 340 as Partially Sighted in 2016/17.

### **Hearing Impairment**

According to our local register, there are approximately 1000 customers with hearing impairment in Merton. National statistics highlight that 1 in 6 adults (pensionable age) have got a hearing impairment. There are 169 customers deaf with speech whereas 91 are deaf without speech.

The new service model for homecare services in Merton will place a particular emphasis on the importance of promoting people's health, wellbeing and quality of life.

## **Commissioning intentions**

We want to enable people with physical disabilities and sensory impairment to have more choice and control over services and to lead independent and healthy lives.

Some of our customers are profoundly deaf (sign language users). The Council is seeking for providers who are willing to train their carers to learn and practice sign language to communicate with special needs customers.

An increased supply of services to support people to move into their own accommodation, gain employment and/or engage in day opportunities is needed. This will enable more people to become more independent and provide a valuable break for carers.

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## **TRANSITIONS**

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There are currently 64 cases open to transition under Merton Transition Team. The Merton Transition Team supports young people between 18 and 25 years of age with severe and complex needs and disabilities making the transition from childhood to adulthood. The team works directly with the young person and their family/carers to ensure that their views, wishes and feelings are central in the planning of their future life as an adult.

### **Opportunities**

A seamless transition between child and adult services

Support the young person and their parents/carers.

Help plan for the young person's future when they leave school.

Provide the right information at the right time.

Make sure that the young person and their parents'/carers' views are heard.

Offer a carer's assessment.

## **Commissioning Intentions**

The Council is seeking a local market that offers short term supported living placements with a skills development programme as part of the succession plan for the young people within the Borough to enable them plan their move from either their family home or college in advance.

Providers should strategically focus on enabling long term independence by providing earlier holistic support with an increased emphasis on skills development to increase independence throughout adulthood.

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## **COMMUNITY HEALTH SERVICES**

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Our integration work on preventative community services will be exploring how we can help communities develop local support networks for older people. We are looking at our

investments far beyond social care for example, the funding we put into community development, community activities, and direct support for the voluntary sector.

We would be very interested in speaking to local organisations with ideas on how small local investments can measurably reduce the need for longer term health support as well as supporting patients avoids hospital admission where appropriate

### **Key commissioning Intentions**

- Work with Public Services to develop and commission cost effective preventative services.
- Look at developing services that prevent admissions to hospital and decrease length of stay in hospital.

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## **COMMUNITY EQUIPMENT**

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Equipment and minor adaptations can have a significant impact in enabling people to live independently. Merton Council under a joint agreement with MCCG transferred to the Integrated Procurement Hub, Croydon Equipment Services hosted by Croydon Council for the provision of equipment. Merton Council and MCCG will continue to invest in this area as we know that these solutions are vital in supporting independence, dignity and wellbeing.

During 2015-16 approximately 2,212 borough residents were supported via the Integrated Community Equipment Service. The equipment provided ranges from simple daily living aids to assist service users to bathe and toilet themselves or assist with the mobility to more complex equipment designed to provide nursing care to service users such as profiling beds, pressure care mattresses and hoists. The current contract is due to expire on 31st May 2017.

### **Key Commissioning intentions**

Merton Council and MCCG are currently reviewing this service with a vision to develop a more accessible market place where individuals have the power to shape the services they need to continue offering wider choice and independence for users, providing greater support to reablement and promoting early intervention and prevention.

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## **MENTAL HEALTH**

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There is a need to engage with the population with unknown and unmet mental health needs in particular, identifying people with depression and schizophrenia and older people with dementia who may not be known to the Council. Both health and social care need to consider how social isolation is affecting the mental well-being of residents, especially the elderly

There is a need for more emphasis on education for staff on mental health and well-being awareness and a need to reduce stigma associated with mental health problems.

Increasing awareness of the nature of mental illness should result in more willingness to seek help at the onset of problems, and demand for primary care and community-based services are likely to grow over the next 5 years.

The council and CCG will be interested in liaising with providers who prioritise improving quality, co-ordination, effectiveness and safety of community services. A growing body of evidence shows that a care-model centred on the needs and choices of the individual which encourages recovery are more effective than a medicalised approach.

### **Key Commissioning Intentions**

- The council and CCG wish to build strong, long term, positive relationships with suppliers across all sectors, not just when actively procuring goods and services but also when considering alternative delivery models e.g. social enterprises.
- The council and CCG will establish strategic relationships with suppliers to ensure that both parties are delivering against the commitments within the contract and also build upon mutual experience and knowledge to embed continuous improvement practices throughout the contracted period.

- Effective engagement with suppliers will also inform future specifications. This will ensure that the council is approaching the market place with requirements which meet clearly defined needs and are commercially attractive to potential bidders. The council commits to making all procurement activity fair and transparent



## LEARNING DISABILITIES

The council is committed to the principles of ensuring people with learning disabilities have the same opportunities as other borough residents to be active residents that are supported within Merton to live full and rewarding lives.

In 2015/16, Projecting Older People Population Information (POPPI) estimated 525 older people (65+) whereas Projecting Adult Needs and Service Information (PANSI) anticipated 3,375 adults (18-64) with a learning disability living in Merton, of which 71 older people and 772 adults were estimated to have a moderate or severe learning disability.

The council's and CCGs vision is to reduce and prevent the unnecessary use of residential care and other types of institutional care for adults with learning disabilities by promoting a range of alternative housing options that offer greater independence and support, greater community integration, understanding and support.

LEARNING DISABILITY SERVICES	2015-16 Service Users
Day Care - Adult	201
Direct Payments	118
Home Care	151
Nursing Care (short & long term)	4
Residential Care (short & long term)	185

There is a need for the market to deliver bespoke and innovative models of support within community settings tailored to individual and often complex needs of people with learning disabilities, for example those that have a dual diagnosis of a learning disability and mental health issues.

Collaborate with our partners to ensure that the workforce has the right skills, knowledge and experience to work alongside people with complex needs as part of any planned future models of care and support.

The Council and MCCG are keen to work with Providers who are willing to continue to improve their understanding of Autism in Merton, and design environments, services and skills to support people more effectively.

### Key Commissioning Intentions

- There is a need for the market to deliver bespoke and innovative models of support within community settings tailored to individual and often complex needs of people with learning disabilities, for example those that have a dual diagnosis of a learning disability and mental health issues.
- Collaborate with our partners to ensure that the workforce has the right skills, knowledge and experience to work alongside people with complex needs as part of any planned future models of care and support.

- The Council and MCCG are keen to work with providers who are willing to continue to improve their understanding of Autism in Merton, and design environments, services and skills to support people more effectively.



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## SHARED LIVES

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Shared Lives is a CQC registered scheme that is managed by the Council but provided by local people. We currently support 48 service users and utilise 20 main Shared Lives Carers. The Council's Shared Lives team approves local people as Shared Lives Carers to deliver care and support within the carer's home.

In Shared Lives, an adult who needs support and/or accommodation moves in with or regularly visits an approved Shared Lives carer, after they have been matched for compatibility. This enables vulnerable individuals to live an ordinary and safe and independent life in their community, and be part of a family.

Shared Lives Schemes consistently receive the highest ratings from the Care Quality Commission (CQC), yet represent 2.2% of all adult residential and nursing care placements in England, demonstrating potential for expansion.

Shared Lives is used by:

- People with learning disabilities
- People with mental health problems
- Older People

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## DAY SERVICES

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There are approximately 17 day opportunities services for vulnerable adults and older people in Merton. On average in 2015/16, there were 470 service users receiving day services funded by Merton.

The Day centres are designed to meet the needs of people who may need higher levels of support.

There are 4 Day Centres in the Borough currently managed by Merton:-

- 2 Day Centres specifically for adults with learning disabilities
- 1 Day Centre for adults with either physical impairment or learning disabilities.
- 1 Day Centre for older people.

### **Key Commissioning intentions**

The Council seeks a local market that offers a variety of innovative outcome focussed models of day service that support people to re/gain skills and independence, and also offers increased choice in the range of support that people can purchase to enable them to have daytime opportunities e.g. to take part in sport, meet people and have hobbies .

We will seek to encourage independent, not-for-profit and user-led sectors to develop a wide range of opportunities and activities to attract customers with access to personal budgets. We will encourage community/social enterprise and user/carer-led models. Consortia approaches may also be appropriate to deliver a broader range of activities.

We want our sheltered housing and supported housing schemes to be utilised for the delivery of activities to the wider community when appropriate. We will encourage the use of other council-owned assets such as leisure centres, libraries, community halls and parks for activities.



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# CONTINUING HEALTHCARE

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The National Framework for NHS Continuing Healthcare and funded nursing care (revised 2012) sets out the principles and processes for the implementation of NHS Continuing Healthcare & NHS funded-nursing care and it provides national tools to be used in assessment applications and for Fast Track cases. The local protocol was revised in 2016.

265 patients are in receipt of full Continuing Healthcare funding. 65% of these patients are supported to live in the community while 35% are in nursing placements.

The CCG has two Any Qualified Provider frameworks. One for nursing home placements and one for Domiciliary care. These offer competitive rates for providers

## Key Commissioning Intentions

- Build on the implementation of the new Continuing Healthcare operational policy
- Develop a specific policy for children and young people entering transition
- Encourage quality providers to join the AQP framework



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## CARERS

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As stated by POPPI, Merton had an estimated 3,372 carers aged 65+ in 2015 and the number is expected to increase to 3,633 by 2020. Many of these are family carers helping providing support and care to someone with a range of disabilities and/or illnesses.

A number are also known as 'sandwich carers', which means they will be looking after an older parent or relative with an illness or disability as well as caring for a partner or dependent with a disability or for someone who needs around the clock care.

Preventing carer breakdown is one of our priorities and consideration will be given to including support for carers in the wider integrated prevention work of health and social care.

We are particularly interested in talking to providers who can work within an outcome based approach, demonstrate creativity in designing solutions, who can work with and co-produce support and by doing this can demonstrate they can improve the overall outcomes for carers and the offer that we make to them.

### Key Commissioning Intentions

- Continue to support and develop the Carers Hub with partners



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## YOUNG CARERS

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A young carer is a child or young person under the age of 18 whose life is affected by the disability, long term illness/condition of another person. This includes physical, sensory and learning disability, long term illness, mental ill health, alcohol or substance misuse, and conditions such as HIV/AIDS. Young carers provide, or help to provide, care and support to that person and take on a level of responsibility which is normally associated with an adult. The care they provide could be personal, practical and/or emotional.

Census data from 2011 published in May 2013 shows the number of five to seven year old young carers in England had increased by around 80% over the last decade to 9,371. 166,363 children in England were caring for their parents, siblings and family members. This was up by a fifth from when the last Census conducted in 2001.

A report by the Children's Society, published in May 2013 found that young carers were one and a half times more likely to have a long-standing illness or disability or special educational need than their peers. They also had significantly lower educational attainment at GCSE level – the equivalent to nine grades lower overall than their peers.

255 Young Carers were known to Carers Support Merton's Young Carers project as of the 31st March 2012. However in

2016/17, there were 650 Young Carers registered with Carers Support Merton. Of those, 210 were classed as 'Active Cases' having received some group or one-to-one support.

### Key Commissioning intentions

The Council is seeking for providers offering a wide range of timely, practical and emotional support services to help young carers:-

- To manage their caring role.
- To extend and fulfil their potential and receive sufficient support to enable them to attend school regularly and benefit from the opportunities offered to all young people at school, college or education provision.
- To be children first and ensure access to leisure activities and having fun.
- Get involved in the design, development and review of services to support them and their families.

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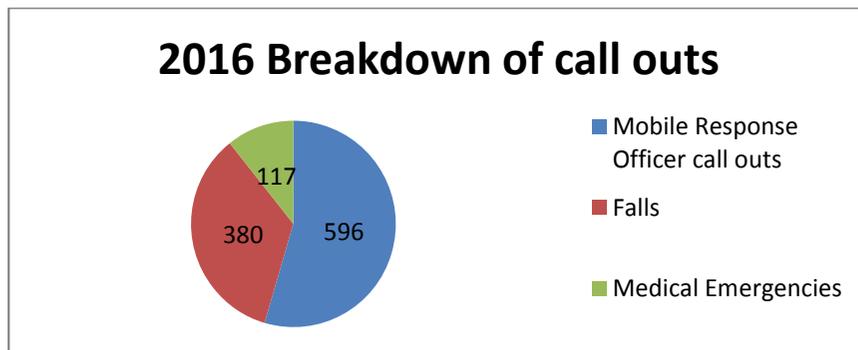
## TELECARE

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Mascot Telecare is the council's in house provider of a range of services to enable people to live safely and independently in their own homes.

Telecare Equipment is used to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service and pendant, able to respond in an emergency and provide regular contact by telephone and can include detectors or monitors such as motion or falls and fire and gas that trigger a warning to a response centre staffed 24 hours a day, 365 days a year.

There are currently 1661 service users of Mascot telecare and offer the service is offered to older people, people with disability, victims of harassment, domestic violence. 380 falls and 117 medical emergencies were attended from the use of telecare



In October 2014, Mascot employed two full time alarm installers who provide a free Installer and Handyperson services available to all our MASCOT customers. They are able to install smoke alarms, carbon monoxide alarms, bed sensors, pill dispensers as well as maintaining the equipment and assisting staff with emergency call outs- an essential part of the service.

### Key Commissioning Intentions

- To increase the number of Mascot service users and provide support to more people in the Borough.
- To increase awareness of the benefits and suitability of Mascot Telecare as an option alongside or an alternative to costly residential services.
- To continue our partnership and provide our assistance to other London Boroughs such as Lewisham Council.
- Consider how developments in technology can support residents remain independent at home

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## SERVICES FOR PEOPLE WHO DIRECTLY PAY FOR THEIR CARE

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The rigorous application of the eligibility and cost effectiveness test is likely to mean the level of direct payments people receive will reduce.

Budgets will effectively be limited to the level at which the council could arrange good quality care and support that meets someone's unmet eligible social care needs. This could reduce the size of the market for council funded, highly personalised, relatively expensive care and support in Merton (e.g. individualised supported living and care arrangements). However, we also know that there are a growing number of people who fund their own care and support and we know that providers of reliable, good value, good quality care and support will attract this business.

For those people funded by the council, there will be opportunities for providers that can deliver cost effective, personalised rehabilitation care and support services - e.g. those that can provide cost effective clustered or grouped accommodation with a shared care provider.

We need to ensure offer cost effective care for patients funded their own care to ensure that residents appropriately care for themselves and do not cause further pressures on the care system through inadequate care.

### Key commissioning Intentions

- Develop and increase the number of personal assistants with specialised knowledge i.e. dementia care. We would envisage working with partners to develop this area further focussing on recruitment and retention. We will also need to place emphasis on recruiting male carers and carers who speak other languages in order to support the needs of the wider community. The growth within this area will also increase the need for training and support for Personal Assistants



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## MARKET DEVELOPMENT

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The Commissioning Team will actively support market development by:

- Working with providers to offer high-quality services that meet the needs of our population
- Ensuring that commissioning practices comply with the Social Value and Equality Acts
- Working with providers to build a sustainable local market for care and support by holding events with our providers to identify needs and gaps in the market
- Encouraging a diversity of providers with different types of service solutions
- Having due regard to the sufficiency of provision, in terms of capacity and capability
- Planning for anticipated needs for people requiring support regardless of how they are funded
- Support people to be independent longer
- Understanding the market and developing greater knowledge of provider businesses

We will develop a provider forum that offers the platform for involving providers. We are currently considering how we can engage more flexibly with providers. As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently.

The council's commissioning and operational activity in the short term (2017-2019) will include:

- Build our information and advice to customers to enable them to make their own choices and decisions and reduce their dependency on public services.
- Development of online assessments and e-markets for services.
- Jointly commissioning services with the NHS that have a specific focus on community recovery, rehabilitation and reablement.
- Improving the availability of information and advice for self-funders and access to assessment.
- Moving social work into locality teams alongside health with a longer term view to integrated locality working.

The CCGs commissioning intentions include:

- Improve our contract arrangements with care and support providers we spot purchase with
- Encourage providers to access the provider frameworks we have set up such as the nursing any qualified provider framework.
- Ensure we integrate services with social care wherever it will provide a more seamless and better service for patients.

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## PROCUREMENT PROCESS

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All Adult Social Care and NHS procurements are carried out in accordance with public sector procurement regulations - ensuring that all procurements are carried out fairly, openly and transparently. Such procurements aim to deliver value for money, high quality services which meet individualised customer needs.

We will engage widely with the Adult Social Care market about procurement opportunities at an early stage in the commissioning process, exploring potential models of service delivery (including opportunities for joint procurements with other partners). All models of service delivery will be outcomes focussed to ensure each customer's personalised needs are met, within the available resources.

All Council procurement opportunities are made available on the council's e-tendering portal: <https://www.londontenders.org/?openForm>. Providers are encouraged to register free of charge on this site so that they receive email alerts when contract opportunities are advertised.

Our commissioned services are designed to be delivered through a mix of the following:

- Block contracts:
- Spot contracts:

### -Framework agreements:

The mix provides an opportunity to all interested parties in the Adult Social Care Market (including: SME's and voluntary organisations) to deliver services, ensuring the continual development of a thriving, sustainable local ASC market.

We will work with the provider market to develop and implement effective & consistent contract management systems to ensure continued contractual compliance and quality improvement throughout the local Adult Social Care market.

We will regularly engage with providers through a range of methods (including provider forums for our home care and care home providers) to enable providers to continually deliver more effective and cost efficient services within available resources. This will ensure that the Adult Social Care Market is able to continually able to meet the changing needs of customers.



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## WHAT DO WE EXPECT FROM PROVIDERS

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### **Quality Services**

We expect the care delivered to be of the highest quality for all adult social care services, whether they are commissioned by the council or not. We will only award contracts to high-performing care providers.

### **Involving customers and carers**

Providers will increasingly need to look at new ways in which their services can be designed, working with customers and carers, both individually through personal plans and reviews and through overarching service design and general ways of working.

### **Workforce development**

Alongside carers and volunteers, the workforce will make a positive difference, contributing to people's health, happiness and wellbeing. Providers will be encouraged to develop apprenticeships within their workforce. Providers will need to meet the required workforce knowledge and skills we have set out through our procurement approaches and they will increasingly be expected to contribute to assessments, service planning and reviews in order to actively facilitate and demonstrate delivery of outcomes.

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## WHAT CAN PROVIDERS EXPECT FROM US

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### **Publish commissioning intentions**

The council and NHS have a number of contracts that will be due for re-procurement in the next two years and we will publish details of procurement dates in advance. In line with Government requirements, we will publish all procurement documents at the start of the procurement process.

### **Quality support**

We will work with care providers to facilitate market interventions to promote quality. We will work with providers to identify practical steps that make a difference, such as paying care workers more, or working with third parties such as Skills for Care on the Care Certificate, or facilitating skills training for Registered Managers.

### **Reviewing needs**

We know that providers contact social workers and Health professionals when a person's needs change. In the year ahead we will be developing new ways of working in collaboration with providers to adjust care plans and packages of care more quickly.

### **Pay providers on time**

We will continue to improve our payments process to ensure we pay invoices on time.