

# Northumberland Council



Market Position Statement  
for working age adults with a  
physical disability or illness

## Working in partnership

There are a number of different arrangements for engaging with users, carers, providers and other partners in Northumberland.

- Partnership working between health and social care in Northumberland has received regional recognition.
- A forum for working age adults with a physical disability or illness and their carers meets to discuss issues and concerns and contribute to service planning.
- Quarterly provider forums discuss issues brought to the table by the council and service providers.

This Market Position Statement aims to build on this dialogue so that

- we agree what good support looks like
- we make best use of natural supports and daily community opportunities
- we design and deliver services that match what people want
- the commissioners and providers of services have a shared understanding of the local market
- the council is clear about its priorities for commissioning and how it sees the future, and has shared this with providers.

## Where do we want to go?

We want working age adults with a physical disability or illness and their carers to lead rich and interesting lives as residents of Northumberland.

We want to support their independence so that it is easy to join in the varied and stimulating opportunities that exist within the County in employment, leisure and learning; and they are able also to contribute to the local communities in which they live.

To achieve this, we want to ensure that a range of opportunities are available - including new and different services:

- enabling carers and relatives to support people in their choices
- building on the knowledge and connections of existing providers of care and support
- understanding how local businesses and services can be fully accessible
- providing opportunities for providers with records for best practice who don't work in the County at the moment to join us.

The council wants to work with all these businesses and interested parties to influence them and support them to make this vision a reality. Money has never been tighter – and the pressure to get the best out all of the resources we have has never been more urgent.

It is a journey we would like you to make with us.

# How will we know when we get there?

## *Our ambitions for service outcomes in Northumberland*

Our quality standards describe what a good service looks like for individuals and the people supporting them. They offer a framework which providers can use to show their strengths and describe their unique contribution. Services for working age adults with a disability or illness will vary from person to person, and where they are commissioned using the council's contracts we will set out the minimum needed to make things work well.

For example, those people who receive home care have a right to expect a service which meets the following standards:

### **Standard 1: Improved health and emotional wellbeing**

- I will receive care, treatment and support that meets my needs
- I will be cared for by care workers with the right skills to do their jobs properly
- I will receive assistance with medication if required, in a safe way.

### **Standard 2: Improved quality of life**

- My personal needs will be assessed to ensure I get safe and appropriate care that supports my human rights
- My domiciliary care service will be reviewed and maintained to make sure it meets my needs
- My services will be flexible and adaptable to my changing needs and requirements
- My home-care agency will routinely check the quality of their service.

### **Standard 3: Increased choice and control**

- I will be consulted about my personal preferences and wishes
- I will receive help with finances if required
- I will be supported and consulted about my preferences and wishes for planning end of life care

### **Standard 4: Freedom from discrimination or harassment**

- I will be safe when using a service
- I will receive care, treatment and support that meets my needs.

### **Standard 5: Maintaining personal dignity and respect**

- I will be treated as an individual with dignity and respect
- My personal records and information will be accurate and will be kept safe and confidential
- I will be cared for by care workers who have gone through a thorough recruitment process.

### **Standard 6: Business management**

- The organisation providing care can demonstrate good business management which assists them to meet all service users' outcomes.

## Northumberland's Commissioning Plan for people with long term conditions 2012-15

Key commissioning priorities for this group are:

- Personalisation and self-directed support
- Improving the range of services provided closer to home
- Improving care pathways across health and social care
- Continuing to reduce the use of block contracts for social care
- Supporting the development of user-led organisations
- Improving audiology services
- Improving the services provided to those with a disability or illness, particularly diabetes, cardiovascular disease and cancers

## This Market Position Statement

- gives information and analysis which describes what people and services look like now
- flags the changes to the sort of care and support we think that people will want to increase independence, choice and control
- sets out how we plan to purchase services, to work with the market and how we will discourage poor practice
- helps businesses understand the future environment for their work and decide how to grow in future.

It will be useful for everyone involved with services to working age adults with a disability or illness: people using the services, their carers and those providing them; people who receive public funding and people who fund services themselves.

### ***Existing providers already delivering services in***

***Northumberland*** can use it to help plan any changes which might be necessary and shape their services in future.

***Other local businesses, including voluntary and community organisations*** can learn about future opportunities and what would enable them to build on their knowledge of local needs to develop new activities and services.

### ***Social care providers and organisations not currently active***

***in Northumberland*** can find opportunities to use the strengths and skills they have gained elsewhere to benefit local people and develop their business.

### ***People interested in local business development and social***

***enterprise*** can read about new opportunities in the market and tell us what would help them to come into social care markets and offer innovative services.

### ***People (and carers) who purchase services either from their***

***own resources or using a personal budget/Direct Payment***

will get an overview of what is available and the different models of provision.

# THE CARE ACT IN BRIEF

The Care Act 2014 is the most important statutory change in social care for two decades. It confirms much of the existing law and introduces a number of new features:

- A council duty to provide **preventative services**
- A council duty to promote **integration** with health
- A council duty to provide **information** on care and support
- A council duty to oversee the **social care market** promote variety and quality
- A duty to **co-operate** with councils when asked
- New statutory **eligibility** criteria
- A **cap on social care costs** for individuals
- A council duty to meet **carers' needs**
- Duty to arrange **advocacy** where needed
- A new local authority responsibility for **social care for prisoners**.

The scale and complexity of the changes means that it is difficult to plan ahead, particularly as changes to finance will

## What is happening nationally?

Adult social care is changing radically. Important messages about how this transformation affects services for working age adults with a physical disability or illness include:

- People are being given more control and choice over the support they need.
- Funding for services will be affected by implementation of the reforms introduced by the Care Act in 2016.
- Following the inquiry into services at Winterbourne View, the Winterbourne View Concordat expects robust joint improvement plans to address the issues identified.
- People with an illness or disability now have the opportunity to have a personal budget. They can use this to design their own personalised package of care and support that meets their individual needs. They will be able to choose services from a range of providers. This could include a mix of traditional and mainstream services.
- Some people will also be funding their own care needs in the future.
- The aim is to give people with an illness or disability the same opportunities and responsibilities, aspirations and life chances as other people. This is about making sure people are involved in and are in control of, decisions made about their lives; with greater access to housing, health, education, employment, leisure and transport opportunities and to participation in family and community life.
- There is a key shift from caring to enabling and developing independence.
- The national market around autism is in development. In Northumberland we are producing a strategy to enable us to best progress this locally.

# What do working age people with a disability or illness say?

We seek views from people with a disability or long-term illness and their carers in a wide variety of ways, including user forums for people with a long-term condition, and for people who receive direct payments, carers' forums organised by Carers Northumberland, surveys of service users and carers, and specific consultations about key developments such as the personalisation of social care.

Among the key messages:

- People want services that fit into their lives and do not want to change their lives to fit the service delivery schedules and capacity of care agencies that sometimes cannot for a variety of reasons provide support when they want it.
- The current care management service is valued as a way of having needs assessed and support services arranged, but is also felt to be bureaucratic, with many forms having to be completed to access these services.
- People want to feel that they are listened to and want to be in control of the care planning and care arrangement processes.

In the most recent survey of the people who use adult social care services (the Adult Social Care survey 2013-14), 94% of people who expressed a view were either extremely, very or quite satisfied with the care and support they received.



In the Adult Social Care Survey 2013/14 carried out in Northumberland, some 54% of people of working age with an illness or disability rated their quality of life as either so good it could not be better, very good or good.

Most carer respondents indicated that they felt that their individual needs as a carer were taken into account.

We have a forum for working age people with a disability or illness in Bedlington which includes people with a range of neurological conditions. Key messages that have emerged from their meetings are that they want to see:

- more joined up working between the hospital services responsible for diagnosis and the organisation of support provided by social care, community health and local voluntary organisations – on which people rely after discharge from hospital
- a version of the “Golden Guide” (to services for older people) geared specifically for working age people
- services which promote well-being and a sense of community involvement (a similar message to that from the older people’s forums).

## What do we currently know about who is accessing services?

Between 21,000 and 24,000 adults in Northumberland aged 18-64 have a moderate or severe physical disability.

Of people who need care management support, and whose diagnosis is recorded, around one in five have arthritis, one in eight have multiple sclerosis, and one in eleven are stroke survivors.

165 adults aged 18-64 who do not fall in other need groups are registered with severe sight impairments, and 139 with other sight impairments.

Around 500 adults aged 16 to 60 may have severe to profound deafness, and 12,000 may have mild to moderate deafness.

At the time of the 2001 census, 32,680 people aged 16-64 in Northumberland said that they had a limiting long-term illness or disability (LTLI) – one in six of the population. This total included:

- 11% of all 16-49 year-olds, and 29% of 50-64 year-olds
- 16.8% of people who identified themselves as white, but only 11.3% of people of other ethnicities. The main reason for this seems to have been the younger age profile of non-white working age adults
- 15.6% of women and 17.9% of men.

Demographic change is likely to have some impact on the needs of this group over coming years, though changes in the prevalence of long-term conditions may be more significant. Overall the population aged 18-64 is falling, as shown in the chart below. Between 2010 and 2025 the number in this group is projected to fall by an average 0.4% per year. Within this total, however, the number of people in the oldest decade (55-64), when disabling long-term conditions are most likely, will generally rise, partially or wholly balancing out the impact of the overall fall in numbers.

## The key challenges and opportunities providers describe to us:

- Implementation of personal budgets makes economies of scale more difficult to achieve, more costly back office functions, and less security due to limited block contracts. We need to market our services to individuals rather than just to commissioners which requires a different set of skills.
- The shift in expectation from caring for people to enabling and developing independence means that staff need to have a different attitude and behave in different ways to improve outcomes for people - which has workforce recruitment and training implications.
- The pressure to reduce segregation and involve people in the community means a reduction in traditional day services and residential homes. There is a need to facilitate an increase in alternative housing, access to mainstream leisure, education and employment services but it can be difficult to know how to, or where, to start.
- Not always enough detailed understanding of other agencies, how they work and potential opportunities for networking and collaboration.

# Demanding Times

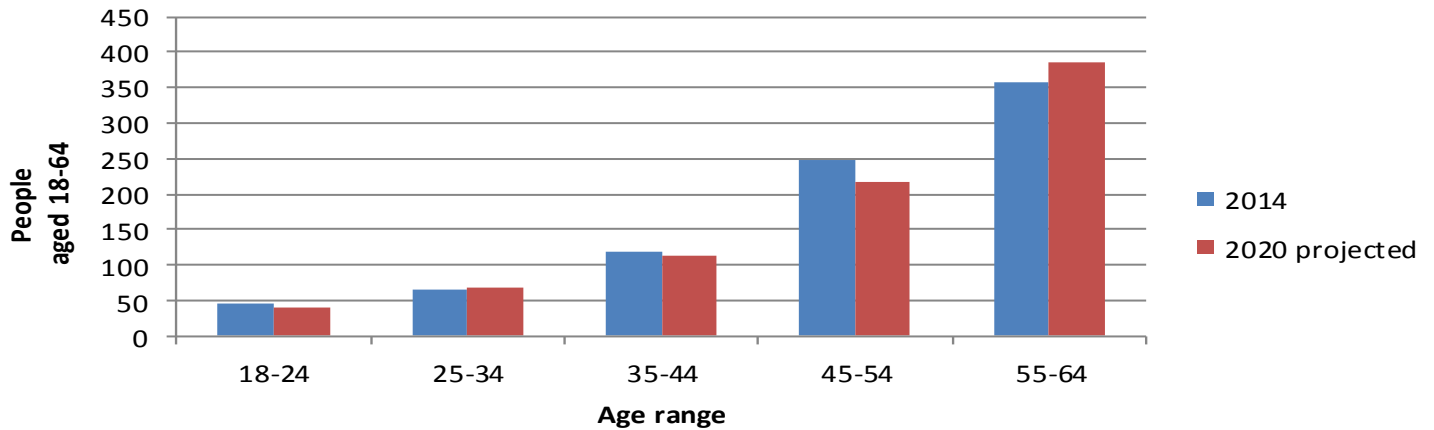
## Working age adults with illness or disability 2014 - 2020

The table and chart below show a predicted 3.3% decrease in the total number of working age people with an illness or disability in Northumberland by 2020. The biggest decrease will be in the age range 45-64. The group 55 – 64 will in contrast increase.

## Working age adults with an illness or disability 2014 - 2020

Age range	2014	2020	% change
18-24	46	41	-10.9
25-34	66	67	2.0
35-44	120	113	-5.5
45-54	248	218	-12.2
55-64	358	386	7.7
Total	838	810	-3.3

## Working age adults with an illness or disability



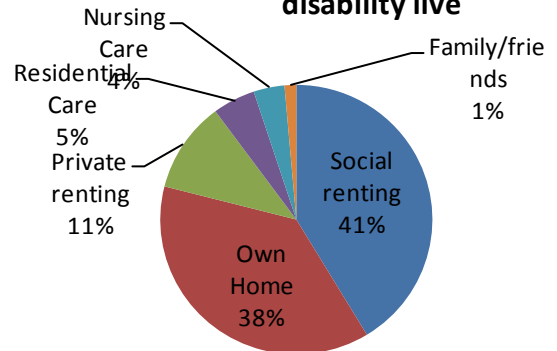
## Where working age people with an illness or disability live

In Northumberland most working age people with a disability or illness live in the community in their own home. There are around 700 people known to the Council who live in their own homes or with families.

Around 297 of these people either own their own home or have a home. Over 300 rent from a social landlord, around 80 rent from a private landlord.

69 live in residential accommodation of some kind, with nearly 30 requiring nursing care.

## Where working age people with illness or disability live





## THE TOP SUPPLY ISSUES

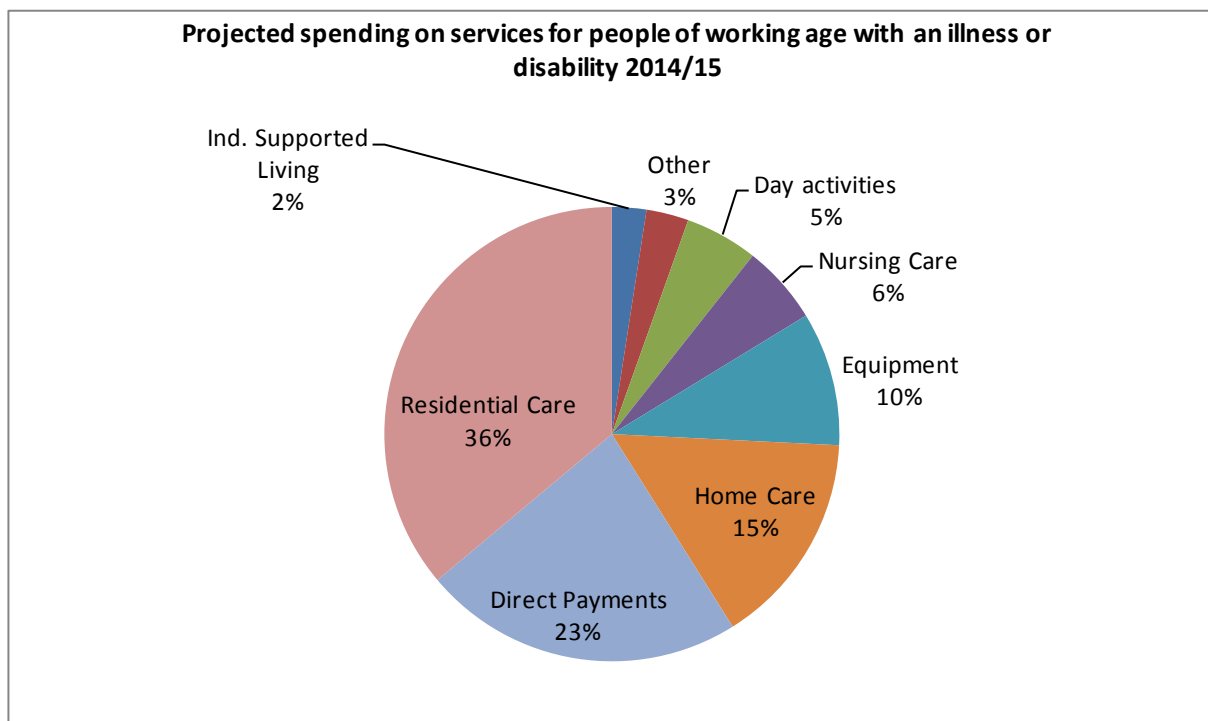
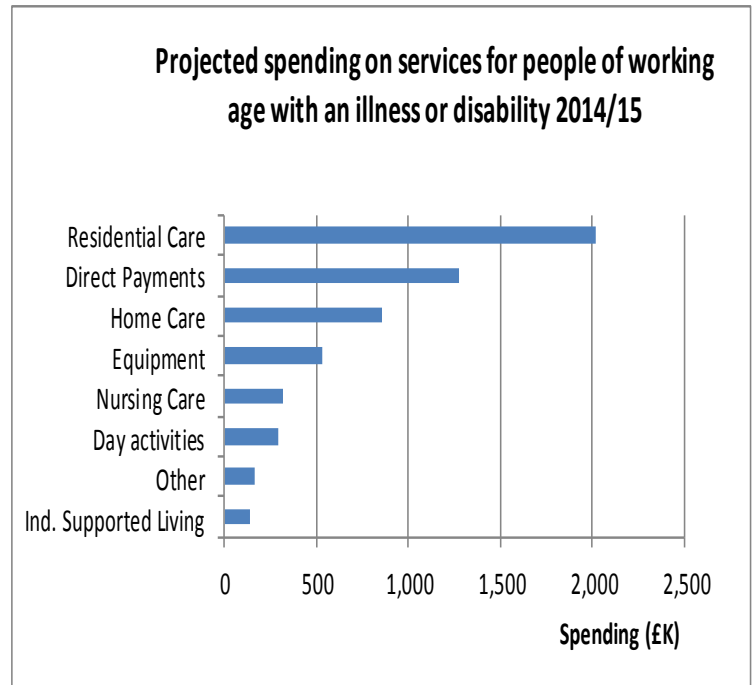
- There is a need to develop person-centred services that have the skills to support people with **complex needs**, in a sustainable way.
- There is an **oversupply of registered residential care homes** with fewer people needing that model of provision.
- Working age people with physical disabilities experience a lack of social inclusion and **opportunities for a social life** outside of services.
- People with physical disabilities and illness have limited access to **employment**.
- There is a need for organisations to **work more collaboratively** if people with physical disabilities and illnesses are going to be supported to achieve the outcomes they desire.
- There is a need to improve **progression pathways** through highly staffed services, and to proactively plan for people's support needs reducing as they enable their move towards greater independence.
- The best providers are able to **adapt the support** they offer as people's needs change, to accompany them on a journey changing plans to keep pace as people develop new skills and their independence grows.

# The current and future level of resourcing

The diagram below shows our expected spending on services for people of working age with an illness or disability in 2013/14. Just over half our spending is expected to fund investment in supporting people in the community.

Of the spending on community services, the most significant is delivered through Direct Payments (nearly £1m). Over £670,000 funds home care; more than £500,000 is paid for equipment; some £300,000 for daytime activities; and independent supported living accounts for £130,000.

For 2015/16 as in many other parts of the country, the council is expect further pressure on the social care budget, and we will continue to be expected to identify further efficiencies. The picture is made more difficult to predict by of uncertainty arising from introducing the financial measure in the Care Act.



## Services for self-funders – a key role for the market

We know there is a need for services for people who choose to arrange their own support or who do not meet our eligibility criteria for support. We are looking for imaginative collaboration between providers, service users and other stakeholders to provide for self-funders, for example:

- Access to social and leisure opportunities alongside other citizens
- Personal skills training such as
  - transport training
  - personal hygiene,
  - cooking
  - budgeting
- Access to employment and voluntary work
- Support to obtain and maintain accommodation within social housing and the private sector
- Support to carers and family members.

## How will the Council help the market and support work on our priorities?

In Northumberland the market for traditional services such as residential care, domiciliary care (including supported living services) and day care is strong, of high quality and offers value for money in most circumstances.

However, these services are mostly based on traditional models of delivery, relying on the Council to commission these services directly on behalf of customers. Residential care service supply currently outstrips demand and if not managed, this would be expected to continue.

We want to build on current changes to the way services are commissioned and delivered to make sure that the customer is effectively and fully in control of their lives and the services they wish to use. Services must flex and adjust constantly as people move towards greater independence.

To support these transformational changes we wish to encourage innovation and the development of best practice in service delivery, in particular with local third sector organisations and SMEs (small and medium sized enterprises).

We want to promote opportunities for people with an illness or disability, families, care managers and health and social care providers to come together to understand mutual needs for growth and development, recognising that services should be designed and delivered jointly by users and providers working in collaboration.

We are keen to offer, in conjunction with appropriate partners, infrastructure support to third sector organisations and SMEs enabling them to grow sustainable enterprises, e.g. developing a business model to support trading activity within the current regulatory framework; or working with individuals to develop micro-enterprises from an initial idea.

We are also interested in improving information about providers, to help suppliers to advertise the services they offer, and customers to access information on different types of services.

## Service development opportunities

We want what we offer to be *individual* rather than institutional – personal as well as *specialised*.

### Your community, your life

- **New ways of taking part** in recreational, social and leisure activities in the local community – e.g. for people with complex needs and for people who pay for services themselves.
- **“Bespoke” daytime activities** – catering for people who choose different things to do from the clubs and activities traditionally on offer. Now people have their own budgets they can be pooled to make this possible.
- **The world of work:** different kinds of activity to prepare people for work or give the same sense of purpose that comes with paid employment. We want as full a menu of these opportunities as possible from volunteering, education, training and volunteering to employment.
- **New respite opportunities** – some people with disabilities or their carers may wish to take breaks away, stay in a hotel, stay with another family, or have assistants to stay in their home rather than go to traditional residential respite placements.

### Your wellbeing, your choice

- **Supporting health needs:** full health means tackling isolation and taking part in the local community as well as finding practical ways of managing weight and exercising.
- **Personal support** – Personal skills training e.g. transport training, personal hygiene, cooking and budgeting, etc.
- **Back office services** – people may wish to employ a personal assistant to help them manage their support package and finances. They may need support recruiting, employing and training people or help with job descriptions, payroll and criminal record bureau checks.

## Want to find out more? - Key contact details for further discussion....

For further discussion you and your organisation can book a personal appointment to discuss how we can work with you.

Arrange an appointment through the Social Care contracts team by email on

[contracts@northumberland.gov.uk](mailto:contracts@northumberland.gov.uk)

or telephone 01670 622437.