



Adult Services and Health

2014 Market Position Statement:

Assisting Organisations to Understand Oldham's
Health and Adult Social Care Market

April 2014

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The Oldham Pledge

By September 2014 we will have ...

- Held a number of open forums to discuss how we might respond to the changing needs for care and support which all providers will be invited.
- Had individual discussions with all the major providers in our area about our future strategic direction based on this document
- Met with any other provider who requests an interview.
- Developed a better analysis of information about people who fund their own care.
- Conducted a market review of care consumer's priorities, including those who self-fund their care provision.
- Produced a more detailed paper outlining the future shape of community based and preventive services ready for discussion with interested providers.

Oldham's Market Position Statement

This Market Position Statement (MPS) is designed to contain information and analysis of benefit to providers of adult health and social care and support services in the borough of Oldham.

It is intended to help identify what the future demand for care and support might look like and to act as a starting point for discussions between the local authority and those who provide services.

It contains information concerning:

- What Oldham looks like in terms of current and future demographic and service provision?
- The Council's intentions as a facilitator of care and support for its adult population.
- The Council's vision for how services might respond to the changing needs for care and support in the future.

Supporting the main document is the Joint Strategic Needs Assessment (JSNA) which provides greater detail about demographic trends and commissioning activity
http://www.oldham.gov.uk/hwbboard/download/downloads/id/14/transitional_joint_strategic_needs_assessment_for_oldham_key_findings_and_implications_201112

A sense of direction

Oldham Council wishes to stimulate a diverse market for care and support offering people a real choice of provision. This may come from existing providers, from those who do not currently work in the authority or from new start-ups.

To achieve this aim the authority recognises that it needs to know how best it can influence, help and support the local care and support market to achieve better outcomes and value. We see our Market Position Statement (MPS) as an important part of this process, initiating a new dialogue with care and support providers in the area, where:

- We exceed the government's requirements.
- Market information is pooled and shared
- The Council is transparent about the way it intends to strategically commission and influence services in the future and how it wishes to extend choice to residents.
- Services can be developed that adults need and want.

The Government White Paper ‘Caring for our future’

The White Paper sets out the vision for a reformed care and support system:

- “The new system will focus on people’s wellbeing and support them to stay independent for as long as possible.”
- “The government supports the diverse range of care providers that currently offer care and support, including user and carer led organisations, small and micro enterprises and social enterprises.”
- To strengthen this diversity, the Government will introduce a duty upon local authorities to promote diversity and quality in the provision of services.

From the ‘Caring for our Future’ White Paper

Transforming Health and Adult Social Care

The current financial climate means all local authorities need to consider what they do and how they do it. This, combined with a number of other influential local and national factors means that change is not optional, but a given. Factors include:

- Demographic changes – more older people, people with dementia, people with complex care needs living longer;
- Personalisation – culture shift giving individuals more choice and control over their care;
- A change in culture from an over reliance on paid for and formalised support to empowering people and communities to make the best use of their own personal assets, community capital and informal support networks;
- Resource Allocation System (RAS) – calculated how much money a person has available in their personal budget. This will mean that individuals will have their own personal budget to purchase support of their choice to meet their needs;
- Focus on enablement and reablement – people will have a period of enablement to ensure that they are able to support themselves or be supported with reduced long term input. This may be when someone is discharged from hospital or needs support to regain their independence;
- Prevention and independence – services that help support people to maintain their independence and wellbeing rather than relying on services to support them at a point of crisis e.g. befriending and low level support in someone’s own home.

Oldham is committed to achieving a cooperative future, where citizens, partners, the Clinical Commissioning Group and the Council work together to ensure a productive borough with confident and resilient communities. The aim is that everyone ‘does their bit’ with everyone benefiting.

Oldham is developing a Cooperative Public Services Model which takes the opportunity provided by the difficult and challenging times facing the borough to reshape fundamentally the relationship between public services and residents.

In this way it will:

- Help create social value for citizens and communities;
- Enhance citizen autonomy, capability and resilience;
- Unlock citizen resources; and
- Support existing social networks and build collective community capacity.

An aspiring model of public services requires a new way of working with creative delivery models and approaches to investment being part of this.

From CQC State of Care Report 2011/12

The national picture

Latest figures show that by mid 2011 England's population was at its highest ever level, at an estimate 53.1 million. Within this 8.7 million people were aged 65 or over and 1.2 million were over 85.

There are now 800,000 people living with dementia across the UK. It is forecast that 1 in 3 people over 65 will develop dementia, which means providers will have to develop increasingly specialised skills to care for people.

The provision for homecare rose significantly in the year: there were 6,830 domiciliary care agencies registered with CQC, an increase of 16% on 2010/11. At the same time the number of residential care homes registered with CQC decreased by 2.5%.

However, with the increase in the number of people with complex co-morbidities and the rising numbers of people with dementia there is a need for more nursing care within social care settings. This demand is reflected in an increase in the number of nursing homes registered with CQC. In 2011/12 the total rose by 1.4% and accounted for a 3.3% increase in the number of registered nursing home beds.

Key messages in this MPS

If the current volumes of service provision are applied to the demographic data for Oldham there would be an expectation that over the next three years demand would rise by 14% in home care and 7% in residential care. At the same time the Health and Adult Social Care budget will fall by 11.3%. The authority will address this gap by having an approach that:

- Intends to lessen demand;
- Is focussed on outcomes;
- Promotes delivery models that can deliver savings;
- Supports people to avoid using residential care services; and
- Invests in preventative services.

The use of short-term care is a convenient option when planned or unforeseen circumstances require a temporary move into an emergency care environment. However, the numbers of people entering short-term care has risen, with a high proportion remaining in this provision or moving into long-term residential care. Therefore Oldham will:

- Support people to maintain control of their lives, as far as possible, and enable them to maintain their independence in their own home.
- Develop the capacity of the reablement / rehabilitation service.
- Increase the usage of assistive technology to support people receiving care and support in their own home.

Demand for sheltered and extra care housing is outstripping the current available provision by approximately 10%. This type of housing is becoming increasingly popular with people with long-term conditions or disabilities that make living in their own home difficult, but who don't want to move into a residential care home. The authority will address this by:

- Working with registered providers to review the existing housing stock and to ensure long term all supported housing is fully accessible with 24 hours support.
- Stimulating the growth of extra care housing.
- Working with developers to offer rehabilitation, intermediate care options and specialist care for people with dementia.

Having the opportunity to live independently in their own home can have an enormous impact on the confidence and wellbeing of people. However, following a period of reablement / intermediate

care people are becoming increasingly dependent on domiciliary support services to meet their needs. Therefore Oldham will:

- Increase the range of care and support available to help people increase their independence at home, purchasing on the basis of outcomes.

Key statistics

In 2010 the population of England aged 65 and over was estimated as being 8.5 million, by 2020 it is thought it will reach nearly 13 million. In 2007, for the first time ever, the number of people in the UK aged 65 and over was greater than the number of children aged under 16.

Life expectancy is expected to continue to rise for both men and women reaching 81 and 85 years of age respectively by 2020 with the life expectancy for men increasing at a faster rate than that for women.*

By 2030 Oldham will have around 12,827 people who are aged 80 and over, an increase of 31%.

Male life expectancy in Oldham in 2012 was 77.1 years and female 81.1 years, compared to 77.9 and 82 years nationally giving Oldham a rank of 332 and

323 compared to other local authorities.

Oldham's population is predominantly White British at 96.6% of the 75 and over population.

** National data available from the Office of National Statistics (ONS) and from POPPI.*

- Promote 'activity based care', encouraging people to stay fit and active and do as many daily tasks for themselves as they are capable of doing.

The numbers of older people, particularly those with dementia, entering residential and specialist nursing care has increased by 7% with this seen as the only option available to meet personal health and care needs. To address this the authority will:

- Stimulate the growth of alternative provision, enabling people to live as independent a life as possible in their own homes.
- Commission residential care services for people only when their needs cannot be met in their own home.
- Ensure people have alternative choices to residential care.

We do not currently have sufficient community based services to support the growing number of older people with dementia. Oldham will address this by:

- Integrating community based provision.
- Purchasing on the basis of outcomes.
- Encouraging the development of new providers and promote innovative models of service delivery

Our services for carers are limited and not targeted on those most in need. Therefore the authority will:

- Offer additional targeted support where carers are struggling and where older people are at risk of coming into care or having repeat hospital admissions.
- Encourage the development of innovative models of service delivery that better meet the needs of both carers and users.

Oldham's strategy for health and adult social care and support is focused on delivering:

- An improved universal offer to all adult residents.
- Early intervention and prevention.
- More help to live independently.
- Focus on reablement and recovery.
- Providing alternatives to a reliance on residential care.
- Safe, good quality long term care.

The impact of demographic growth is not just on health and social care services. All Oldham Council services will need to review how their support will need to adapt to meet different patterns of demand. We will ensure that we focus our work on achieving:

- A productive place to invest where business and enterprise thrive;
- Confident communities where everybody does their bit;
- A co-operative Council creating responsive and high quality services.

Oldham demographics

- Adults with general learning disabilities will remain constant for the next five years – but those with a severe condition are expected to rise.
- Those with the ability to live with a relative are also predicted to fall over the same five years.
- The levels of people expected to have a severe physical disability are expected to stay steady over the next five years between the ages of 18 – 55 then rise sharply for people aged 56 and over.
- The same increase in people aged over 55 is expected among people with a moderate personal care

need, though those with more severe cases are expected to remain the same.

- Over the next five years against the steady increase in people aged 70+ a decrease of 1,100 is expected in people aged 65 – 69.

Information from ONS 2012 reports, POPPI and PANSI through Oxford Brookes.

The local context

Oldham has an estimated population of 228,700, of whom 134,900 are aged 18-64 years and 35,900 people are aged 65 and over. The population is projected to grow by 7% to 235,900 by 2020 (18-64 years), whilst the older population will increase by 13% to 38,900, nearly 17% of the total population. (ONS 2011 revised predictions).

Current and Predicted Population of Oldham						
District	Population		18-64		65+	
	2012	2020	2012	2020	2012	2020
East Oldham (16.6%)	36,320	39,160	28,103	29,094	21,961	22,253
West Oldham (22.1%)	48,400	52,135	37,415	38,734	29,238	29,627
Chadderton (14.3%)	31,250	33,734	24,209	25,063	18,918	19,170
Failsworth and Hollinwood (14.3%)	31,390	33,734	24,209	25,063	18,918	19,170
Saddleworth and Lees (13.7%)	29,910	32,319	23,194	24,011	18,124	18,366
Royton Shaw and Crompton (19%)	41,490	44,822	32,167	33,301	25,136	25,471

This predicted population growth aligns with an increase in care and support needs by adults and older people in Oldham.

Category of need	2012	2020
Adults Predicted to have a learning disability	3290	3328
Adults predicted to have a moderate or severe learning disability	738	757
Adults predicted to have a moderate or serious personal care disability	6,190	6,385
Drugs and alcohol disability	4,577	4,620
Mental health issue	9,724	9,809
Older people living alone	7,591	8,989
Older people tenured	71.83%	53.56%
Older people living in a care home	1,378	1,620
Older people unable to complete at least one domestic task	13,740	15,876
Older people unable to complete at least one self-	11,277	12,992

care activity on their own
Older people with a limiting long term illness
Older People with Depression
Older People with Dementia
Older people with a longstanding health condition caused by heart attack/stroke/bronchitis or emphysema
Older people predicted to have a fall
Older people admitted to hospital as a result of fall
Older people predicted to have moderate or severe visual impairment
Older people with a moderate or severe hearing impairment
Older people with mobility issues
Older people with a BMI of 30 or more/Diabetes

Substance misuse among older adults.
www.ncbi.nlm.nih.gov

Older people with a severe learning difficulty

The trends and predictions of population growth in Oldham over the last ten years have been broadly similar to the national picture in England and Wales.

Public Health

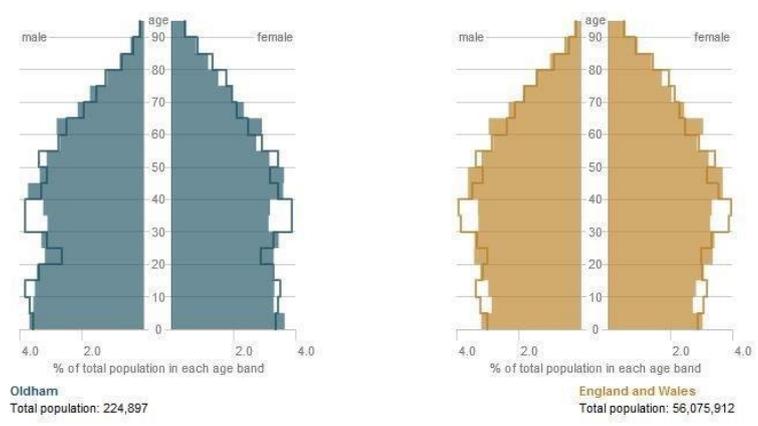
‘The adoption of just one additional healthy behaviour would result in a 13% reduction in dementia, a 12% drop in diabetes, 6% less cardiovascular disease and a 5% reduction in deaths in men over a 35 year period.’

Professor Elwood, Cardiff University School of Medicine.

<http://dementiachallenge.dh.gov.uk>

Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems facing the country. Yet, even as the number of older adults suffering from these disorders climbs, the situation remains underestimated, under identified, underdiagnosed, and undertreated.

2011 Census: population estimates for England and Wales (outlines show 2001)



Due to the combined impact of advances in medical science and demographic change more people in Oldham will be living for longer. This aging, increasingly frail population will trigger a growing demand for adult social care services which will rise slowly over the next five years. Growth in demand will not, however, be matched by a growth in public funding.

Population growth trends also suggest that there will be an increase in the numbers of people requiring more specialist support due to complex challenging behaviours, complex manual handling needs or carer breakdown resulting from dementia, stroke, autistic spectrum disorders and / or substance misuse and dependencies.

The expectations of older people over the next twenty years in Oldham will be very different to those of people currently receiving services. It is anticipated there will be a rising demand for innovative and age-relevant cultural and leisure services for a diverse older population. The lifestyles and interests of the aging post-war Baby Boom generation, the oldest of whom are now entering their sixties, suggests that there will be opportunities for

providers who take an increasingly flexible approach to later life, including developing opportunities for learning, working and recreation.

There is growing evidence of the role of activities such as hobbies, sports, religion and volunteering in promoting health and well-being in later life, maximising independence and generating social capital.

Baby boom generation adults, who are used to far greater choice and control over their needs and aspirations, will expect more from their Council and care providers in terms of the range and quality of services on offer.

The national picture of care supply

CQC data shows that at 31 March 2012 there were 13,131 residential care homes with 247,824 beds registered in England, and 4,672 nursing homes with 215,463 beds.

There are some 6,830 agencies providing home care delivering just over 200 million hours of state funded care.

The number of home care providers registered with CQC

increased by 16% between 2010/11 and 2011/12 at the same time as the number of residential care homes registered, decreased by 2.5%.

An estimated 45% of care homes places in England are occupied by people who are self-funding.

Information from CQC State of Care report 2011/12.

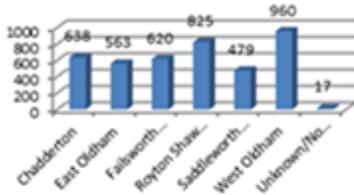
Current state of supply

We have included below a range of data demonstrating the current range of supply in order to give an indication of activity levels in Oldham.

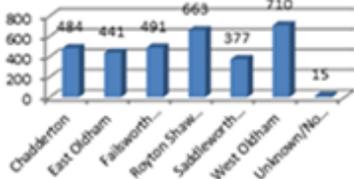
Total numbers of adults receiving support and care by category	2012-13
Number of people receiving care managed services	4,085
Number of people in permanent residential and nursing care	1,042
Number of people helped to live at home	3,166
Number of people receiving self-directed support	2,612
Number of people receiving a cash individual budget	768
Number of people signposted and receiving non-care managed support	3,847
Number of people receiving a Reablement service to help them remain independent	667
Total	16,187

The charts below relate to specific activity in each of Oldham's six districts during the years 2012/13.

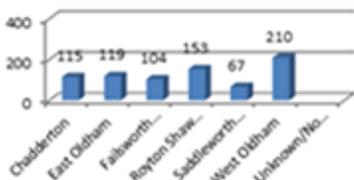
Receiving Care Managed Services



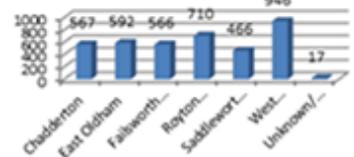
Helped to Live at Home



Receiving a Cash Individual Budget



Signposted and Receiving a Non-care Managed Service



remains 7% of homes not currently rated.

There are a further 13 care homes (with nursing) in Oldham with 845 registered beds currently running with 87 vacancies (10.2%). The Care Quality Commission has rated these homes as good (69%) and adequate (23%). There are 8% of homes not rated.

Vacancy levels by quality rating:

Excellent homes	0%
Good homes	7%
Adequate homes	15%
Poor homes	19%
Not rated	19%

Information from local CQC reports 2013.

Oldham's picture of care supply

Of the 30 care homes (residential only) in Oldham, there are 919 registered beds with 101 vacancies (10.9%). The Care Quality Commission has rated these homes as excellent (10%), good (43%), adequate (33%) and poor (7%). There

In 2012 Oldham established a trading arm, Oldham Care and Support Ltd, for the Council's Adult Social Care services on the basis of a majority council owned company, with the minority stake held by the employees in a co-operative. The services provided by this organisation are specifically aimed at:

- Older people aged over 65 years.
- Adults with physical conditions between the ages of 18 and 65 years.
- Adults with learning disabilities between the ages of 18 and 65 years.
- Adults with mental health problems between the ages of 18 and 65 years.

Oldham Care and Support Ltd is achieving flexibility and responsiveness within the market and is able to respond to changing needs of services users with the provision of the following:

1. Reablement and recovery services - community assessment and reablement, residential assessment and reablement and residential mental health assessment, reablement and rehabilitation.

2. Community alarm and emergency response services - maintenance and repair or community alarm equipment, call monitoring and response service and up to 72 hours short term emergency crisis support to identified people.
3. Supported living services for older people - day care services for older people, short term transitional care services and emergency and booked respite care placements.
4. Supported living services for 18-64 year olds with complex social care support needs - supported accommodation, shared lives scheme, booked and emergency respite care placements and day time activities.
5. Managed services - community equipment service, major adaptations service, blue badge scheme and maintenance and monitoring of assistive technology equipment.

Oldham Care and Support Ltd provide support services for approximately one third of the market in Oldham (£13 million). The Community Care market is shared between 97 other providers of adult support and care as shown in the table below:

Category of ASC Service	No. of Providers	Budget 2019/20
Community Care:	97	32,743,750
Supported Living	7	2,480,510
Home Care	16	8,354,050
Sheltered Accommodation	17	1,000,000
Residential	43	10,544,193
Other services	13	2,703,730
Individual Budgets	n/a	7,179,810
Community Care Support Services:	1	12,595,330
Adult Provider Services	1	12,595,330
Total	98	45,339,080

From the Oldham survey we know that ...

Seven in ten respondents rated their health as excellent or good (71%).

One in three respondents (36%) reported a long-term health condition or disability that limits their day-to-day activities.

9% of respondents are inactive physically and just over half say they do enough activity to meet the recommended weekly amount (53%).

Half of the respondents are either overweight or obese (50%, based on their reported height and weight data, and only about one in three (36%) has a healthy weight.

A minority (26%) say they eat the recommended daily total of five portions of fruit and vegetables.

One in seven (17%) is a smoker, although closer to half (46% have smoked at some point in their lives.

The majority of respondents drink at least some alcohol (67%), and one in three (36%) consumes enough alcohol for this to be a possible source of risk to health.

Information from Ipsos MORI 'You and your community' report 2013

Future demands

- Demand for care and support services is likely to rise but will not be matched by levels of public spending over the next five years.
- The rise in the oldest members of the population is not just a

challenge for social care, but for our whole Council and community.

- Local Health Service performance with regard to strokes and falls is a concern and may well be pushing up demand for social care services.
- We expect the population in residential care to decline, become frail and be in care for a shorter period of time.

- Life expectancy is increasing and entry into all care services are likely to be later in life, but from people with more complex support needs.
- Older people's housing is a key part of their well-being, yet in Oldham there is a lack of specialist social housing, sheltered housing and extra care.
- Part of the challenge of the changing demographic is the growth in the numbers of older people with dementia. We do not currently service this population well. We do not have sufficient community based alternatives and older people with dementia stay in hospital longer, have poorer outcomes and are likely to enter residential care.
- Our website and information, advice and guidance provision is not yet as user-friendly as we would like to support informed choices.

If the authority does nothing to reduce demand for care and support and future population growth and if the current data is simply extrapolated against this year's provision, then demand for state funded care alone would look as follows:

Potential future demand for state funded care		2012	2013	2014
Home care (service users)	3,218	3,218	3,218	3,218
Self-Directed Support (service users)	2,649	2,649	2,776	3,417
Direct payments (service users)	776	776	813	1,001

Residential care (placements)	1,096	1,148	1,413
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The authority recognises that this level of LA funded services is not sustainable in the current economic climate.

Resources

In Oldham £12.6 million was spent on state funded residential care in 2012/13 made up of £9.9 million (residential care) and £2.2 million (nursing care). A further £8.8 million was spent on home care out of a total adult care budget of £50.7 million.

Nationally 55% of all social care expenditure is spent on older people's service. Of the total of £17 billion expenditure some £4.9 billion is spent on older people's residential care.

In 2012 83% of councils set their threshold for eligibility for state-funded care at 'substantial', compared with 78% in 2011. This is also true of Oldham.

Information from CQC State of Care Report 2011/12 and Oldham Council.

Finance and funding

The policy context for local authorities and partner agencies, in particular the NHS is changing rapidly. The Wanless¹ report has identified the future funding gap for social care over the next 20 years and in addition the Dilnot² commission has made recommendations over the future funding of social care.

The Council and partner organisations are in a very challenging financial position and there is an increasing focus of delivering financial efficiencies alongside maintaining good outcomes for those receiving our services.

The adult social care budget for 2012/13 was £50.7 million. The budget available in 2013/14 was £47.3 million, 6.8% less and in 2014/15 a further 8.9% less with savings of £4.2 million required.

Category of ASC Spend	2012-13 Budget (£)	2013-14 Budget
Community Care: of which	27,051,030	26,309,
Temporary 24 Hour Services	780,840	781,
Permanent 24 Hour Service	12,249,860	12,075,
External Supported Living	1,919,020	1,698,
Individual Budgets	7,017,270	7,179,
Home Care	8,310,830	8,304,
Other community based schemes		1,655,
Block Contracts	1,204,390	1,048,
Other Services (internal recharge)	351,800	432,
NHS funding	-852,000	-1,394,

¹ Wanless Social Care Review Kings Fund 2006

² Dilnot, Warner & Williams 2011 – Fairer Care Funding: the Report of the Commission on Funding Care and Support

Fairer Charging	-3,802,980	-4,190,290	-387,310	10%
Other Income	-128,000	-1,282,290	-1,154,290	902%
Community Care Support services	988,560	759,110	-229,450	-23%
Social care Demographic Funding	-2,530,810	-2,906,000	-375,190	15%
Asylum Seekers	25,000	38,110	13,110	52%
Strategic management	29,770	211,900	182,130	612%
Care Management	10,351,870	10,300,146	-51,724	0%
Adult Provider Services	14,816,880	12,595,330	-2,221,550	-15%
Total	50,732,300	47,307,976	-3,424,324	-7%

Integrated Care

In 2010, the government set out plans for reforming the NHS in 'Equity and excellence: Liberating the NHS. It stated that the primary purpose of the NHS is to improve the outcomes of healthcare for all: to deliver care that is safer, more effective, and that provides a better experience for patients.

In 2012, the mandate to NHS England set out a requirement to provide 'care which feels more joined-up to the users of services' and which 'ensures people experience smooth transitions between care settings and organisations.'

Also in 2012, the care and support white paper set out more detailed proposals for integrating health and care services.

The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. The aim is to improve the quality of services and people's experiences of them.

The Care Bill gives local councils a duty to promote integrated services.

Information from the DoH policy document: Making sure health and social care services work together – updated 14 May 2013.

Our financial future is heavily dependent on the overall success of our prevention and reablement strategy. If we are successful in our attempts to reduce the numbers of people who require long term care, we are confident that we will be able to manage the

likely reduction in funding without having to change our eligibility criteria. We are consequently taking an 'invest to save' approach by identifying new ways of helping people regain their independence and recover from serious illness without the need for long term care.

The Better Care Fund

The Department of Health announced a fund of £3.8 billion in the July 2013 spending review to bring about integration of health and social care.

It is described as a 'single pooled budget for health and social care services to work more closely together in local areas based on a plan agreed between the NHS and local authorities'.

Whilst the Better Care Fund does not come into full effect until 2015-16, plans for both that year and use of the interim funding in 2014-15 is being developed by local authorities and Clinical Commissioning Groups for agreement by March 2014.

The Better Care Fund will be a pooled budget to be deployed in Oldham on social care and health, subject to the following national conditions which will have to be addressed:

- Protection for social care services (not spending)
- As part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;

- Better data sharing between health and social care;
- Ensure a joint approach to assessments and care planning;
- Ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Risk-sharing principles and contingency plans if targets are not met; and
- Agreement on the consequential impact of changes in the acute sector.

Integration is not new to Oldham as partners have worked together over many years developing integrated partnerships, commissioning arrangements and service delivery. It is accepted that there are some areas of good practice however there is still no system wide approach. Oldham Council and the local Clinical Commissioning Group (CCG) are working together to develop and demonstrate the use of innovative approaches to deliver integrated care, utilising the Better Care Fund as an enabler.

The White Paper and the care market

The Government will:

- "set out what people should expect when using care and support, and the roles and responsibilities of different organisations to deliver this;
- Give people access to clear and comparative information about the quality of care providers and the options they offer, so that people are empowered to make informed decisions;
- Strengthen the ways that people can comment on their experiences of care and support by supporting new feedback websites;
- Require local authorities to develop and maintain a diverse range of high-quality care providers in their area, so that people have different care options to choose from;
- Rule out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support; and
- Consult on further steps to ensure service continuity for people using care and support, should a provider go out of business".

From the 'Caring for our Future' White Paper.

Our commissioning intentions ...

The establishment of a new and effective commissioning approach is vital to the delivery supporting economic growth, delivering social value and the success of our public sector reform ambitions. We need to move resources more flexibly around the public sector and share savings / financial benefits resulting from improving outcomes and reducing demand on reactive services. In order to do this commissioning will focus on three interdependent themes:

- Transforming behaviour and systems, focusing on reducing demand – through new delivery models and investment agreements;
- Delivering service improvement, targeting resources, reducing costs and enhancing customer experience; and
- Working with other agencies to achieve shared outcomes and contribute to our shared priorities.

Our commissioning approach will be under-pinned by four principles:

1. Commissioning is everybody's business and dedicated support will be provided to help challenge the status quo and support service transformation.
2. Commissioning will drive a commercial, innovative and dynamic culture across all sectors and will challenge the market to identify opportunities for collaboration across providers and partners.
3. Commissioning will be done at a number of levels (sub regional, borough wide and

neighbourhood level) underpinned by the co-operative ethos of enabling everyone to contribute.

4. Commissioning will secure the greatest social return on every pound spent in Oldham e.g. local jobs, apprenticeships living wage – this will include Public Sector Reform approaches and new investment models.

This will mean:

- Securing the best outcomes for local communities, making use of all available resources without regard to how 'the solutions' (rather than services) are provided.
- Proactively working with communities and citizens to enable them to help deliver the required changes.
- Working closely with District Partnerships and maximizing neighbourhood working to ensure this supports our ambitions.
- Working with our citizens and communities as a whole, based on understanding their needs, wants, aspirations and experience and focus on commissioning for outcomes rather than simply commissioning of services.
- An integrated approach with collaboration across public and private sector organisations to secure better outcomes through aligning all available resources.

Connected Communities ...

Oldham will explore 'social network' approaches to social economic challenges and opportunities. It aims to co-produce action with local communities in a way that takes into account what is already there.

Oldham will support citizens, informal groups, public sector and third sector agencies and private sector businesses to think about enterprise, particularly in the context of turning a community's hidden wealth into business and employment opportunities that serve to meet local social need.

It will:

- Develop social network approaches to social inclusion and wellbeing.
- Build a system to generate 'social prescriptions' – linking patients to local activities and groups.

- Support businesses to explore relationships with their customers and local community to co-produce value and opportunity.

- Strengthening and rebalancing the contribution from public services, communities and citizens to improving outcomes.
- Promoting the understanding and development of local markets and work with local suppliers.
- Supporting the measurement of impact of services and solutions to ensure they continue to meet needs and provide value for money.

Commissioning priorities for the third sector include:

- Third sector role in developing community capacity and accessing community assets to promote improvements in community led support for people with care and support needs. This will include increasing numbers of volunteers across a range of areas where support could be provided.
- Development of sustainable community capacity and preventative services.
- Piloting alternative models of support such as social prescribing, dementia advisers and 'dementia

friendly environments' in people's own homes.

- Providing specialist support and advice and support on self care for particular long term conditions e.g. stroke.
- Supporting the commissioning process for returning people placed out of Oldham where those people are ready to do so or are placed inappropriately.
- Develop brokerage and support planning services.

There are an estimated 1,112 organisations operating in the third sector in Oldham with a total income estimates at £56 million in 2011/12, but year-on-year reductions in income have been identified. The most frequently identified public sector funding source was Oldham Council. The third sector relationship with Oldham is therefore crucial to its ability to operate effectively. However the relationship with commercial businesses is likely to increase in importance over the next few years as funding from public sources becomes less readily available.

Commissioning priorities for growth within the private sector include:

- Improved workforce skills to provide dementia care within residential care and nursing care homes.
- The development of private sector extra care housing / specialised housing with care and support.
- Development of services that offer home delivery / improved accessibility for older and disabled people, such as community pharmacy services and dementia friendly design principles and signage on the high street and in local shops.

Citizen Power ...

Oldham aims to up-tap the potential of Oldham's communities and citizens. It aims to increase social value and support communities become more resilient and self-reliant by:

- Working with local communities to help solve environmental problems – 'Sustainable Citizenship'.
- Understanding how the personal, social and community capital can help tackle drug and alcohol use and generate the support necessary for recovery – 'Recovery Capital'.
- Creating spaces for political and social debate, discussion and local activism – 'Civic Commons'.
- Delivering high-quality creative experiences through the arts to strengthen civic life in the borough – 'Arts and Social Change'.

- Mapping civic leaders and seeking to unlock the collective asset they represent – ‘ChangeMakers’.
- Enabling senior managers across the borough to forge a new public service culture based on co-operation and creativity – ‘Innovation Forum’.

Living, Learning and Working Well (18-64 years)

Developing citizen participation and community engagement in this population will support efforts to reduce demand on public services. Oldham is committed to supporting people to stay in work, supporting employers to make work a positive factor in health, developing community networks and resilience and improving health behaviour in relation to physical activity, diet, alcohol and smoking.

What we will do and by when:

- Achieve a shift in investment away from reactive activity responding to crisis and towards planned activity that supports the prevention of ill health and early detection and intervention in 2013-16.
- Understand the ways in which commissioned or provided services are unequal, both in terms of how the public can access these services

and in terms of the outcomes that these services achieve. Our aim is to demonstrate a reduction in such inequalities during 2014-15.

- Expand efforts to engage individuals and communities across Oldham in civic life through innovative practices and wide reach across Oldham in 2013.
- Engage with public- and private-sector employers to champion and support the introduction of health at work practices and charters in 2013.
- Ensure the availability of early intervention services for people at risk of losing employment through ill-health in 2014-15.
- Understand the opportunities to add ‘social value’ outcomes to health and social care service provision, and make achievement of such outcomes a reality in 2015-16.

Aging well and later life care (65+ years)

Oldham will provide opportunities to explore how organisations can do things radically differently and enable an aging population to be more involved in helping themselves and their communities. Oldham is committed to early intervention and prevention, and ensuring people who require care and support receive them in a way that is offered to them with dignity and respect. Vulnerable people will be supported to remain at home, with choice and control over services to meet their personal needs. This also includes sensitive and responsive support for people with dementia, informal carers and those at the end of their lives.

What we will do and by when:

- Reduce reliance on institutional care through intervening

Shaping the Health and Adult Social Care Market

Three core perspectives must be brought together to create a partnership approach to market facilitation:

1. People, carers and families – users of care and support services;
2. Providers – those people and organisation who provide services; and
3. Commissioners – those people and organisations who seek to influence / secure services on behalf of others.

Stronger relationships and better partnerships need to be founded on mutual trust in each other's intentions and abilities.

Commissioners, providers and people, carers and families should be real partners in shaping local markets of care and support

A clear, shared understanding of how decisions will be made must be established, and each parties' contribution recognised and valued.

From think local act personal report, Stronger partnerships for better outcomes: A protocol for market relations.

and preventing more intensive interventions throughout 2013-16.

- Ensure the right balance of services across the whole spectrum of need to support people as they age – this will include developing excellence in care for people with dementia in 2013-15.
- Promote the integration of services which is no longer just about joint working but is radically changing the way services and agencies operate, including pooling budgets and sharing resources and skills in 2013.
- Work together in a fundamentally different way to make the significant shift required to move the emphasis

away from institutional and acute care and towards community- and home-based care and support, independent living, and recovery-focused services in 2013-14.

- Challenge who is best placed to provide services, who pays for them and how throughout 2013-16.
- Provide a range of innovative services and support for carers to enable them to continue caring for as long as they want to and are able to do so in 2013.
- Understand inequality in access to and outcomes from service provision and plan to reduce such inequality in 2013-14.

Characteristics of the provider of the future

Oldham intends to continue to foster loose working arrangements with health and adult social care providers and maintain partnership working to achieve changes in service delivery.

We believe that the best providers in developing this relationship will:

- Have explicit quality standards and who will publish results of their independent monitoring.
- Are prepared to work to an open book accounting approach.
- Are able to take a person-centred approach and involve their customers in shaping services.
- Are putting forward their understanding of demand and how this is changing over time.
- Are able to show the impact of their activities in terms of outcomes they achieve rather than in terms of the number of people for whom they provide a service.
- Are capable of maximizing the resources available to the person from their immediate area of support and from the community.
- Are able to demonstrate and propose innovative ways of working.

Oldham needs you

For further discussion you and your organisation can book a personal appointment to discuss how we can work with you as a potential care and support provider. We would particularly wish to meet with:

- Providers who are interested in developing extra care housing for sale and lease.
- Residential care providers who wish to diversify their care and support offer.
- Home care providers who feel they could take on a wider range of services.
- Community organisations that wish to extend their work in dementia care.
- Voluntary organisations who are able to offer help and advice for carers.

We hosted a 'provider event' in January 2014 to discuss the Market Position Statement. For further information please arrange an appointment through:

- Writing to the Integrated Commissioning Team, Oldham Council, Civic Centre, West Street, Oldham OL1 1UT.
- Email integratedcommissioning@oldham.gov.uk

Care and support for the future

The following items and topics, based on our understanding of the current care and support market, our review of demand / supply and the level of resources we expect the local authority to be able to offer, represents the activities we will be engaged in over the next two years.

- **Choice** – Increase choice for adults in terms of the services available to them regardless of how those services are funded. However, Oldham does not see this as simply a choice of provider offering the same or similar services, but a genuine, well-informed choice in terms of what is on offer, when it is available and choice over the person who delivers this service.
- **Drive down demand** – Recognise that at times of financial restriction, services purchased using public funds need to drive down demand rather than up, and be cost effective. This applies just as much to broad based community services as high intensity provision. As an example, on the one hand we will try to make sure nobody leaves hospital and goes straight to a care home without the offer of reablement and / or intermediate care and on the other we will assess with the local voluntary sector the nature of their offer to the local community and ensure we are not funding services which may increase the demand for care as compared to reducing it.
- **Support for self-funders** – Look to provide more support to self-funders and particularly ensure that people are aware of the range of provision that is available to help people remain within the community.
- **Information and advice** – We will develop our resource centres' offer of help and advice about community alternatives. We will develop our website to capture user reviews and our information leaflets to ensure they are written around people's needs, expectations and outcomes. We will work with Age UK and other local bodies to ensure this is true of all our information material. We also need to ensure those who advise adults about their care and support are well informed about the choices that are available.
- **Diversity** – Encourage the development of new providers, especially user led organisations and micro businesses, to deliver leisure and daytime activities in the future. We would expect adults to use personal budgets to purchase these services. We wish to find ways to make the Direct Payments process simpler but without lessening Council responsibility for ensuring public money is well spent.
- **End of life care** – Work to identify and improve end of life care services, not only due to the aging population but also to the requirement to give people choice about where they receive their care. We will work with the CCG in delivering this aspiration.

Sources of information

In addition to the data supplied in this document there are a range of other sources of information:

The Department of Health Provider Quality Profiles allows users to search for local providers within their area and link to CQC reports and information.

<http://www.nhs.uk/carersdirect/guide/practicalsupport/pages/carehomes.aspx>

The regulator of the care sector is the Care Quality Commission. The information they hold is available at

<http://www.cqc.org.uk/>

The Elderly Accommodation Counsel also has supplier information and information about sheltered and extra care housing. <http://www.eac.org.uk/>

The Social Care Institute for Excellence (SCIE) provides information and research abstracts about methods and approaches in social care. <http://www.scie.org.uk/about/index.asp>

A number of organisations supply statistical data e.g.

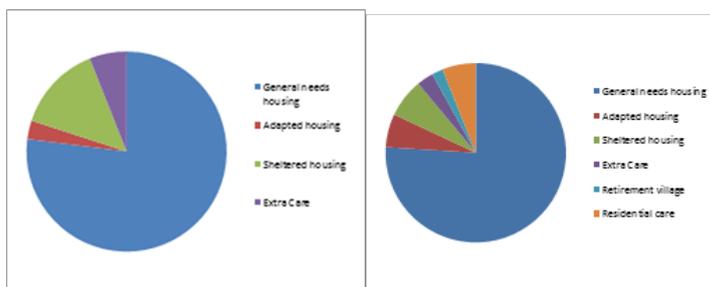
- The NASCIS data portal, which contains a wide range of information about local authority performance. <https://nascis.ic.nhs.uk/>
- POPPI supplies information about current and future populations of older people and projections against a number of key health conditions and indicators. <http://www.poppi.org.uk/>

- **Reablement** – Continue to develop capacity within the Oldham’s reablement service, including training for the independent sector support at home providers to support the inclusion of enablement principles within long term care and support.
- **Assistive technology** – Increase capacity and take-up of assistive technology to support risk management

and efficient use of resources for people choosing to receive care and support in their own home.

- **Residential care** – We wish to reverse the current trend and reduce the reliance on state-funded residential care. However, whilst we wish to see this form of care used far less often in line with public expectations, we also recognise that in order to deliver quality care we need to raise the level of fees paid. We will work with the sector to identify who we think residential care should be for.
- **Dementia** – Work with the mental health trust to deliver more training to both care staff and nursing staff in hospitals and care homes in managing dementia. We will work with health providers to eliminate the use of anti-psychotic drugs on people with dementia as a method of controlling challenging behaviour.
- **Home care** – Seek to expand the range of tasks undertaken by home care through integrating housing related support with home care followed by care and repair and telecare provision. We believe we can only manage to deliver quality provision on less money through integrating community based provision and purchasing on the basis of outcomes to be achieved.
- **Extra care housing** – Expand the use of extra care housing both for social rent and for sale / lease. We recognise that some people would also welcome the development of a retirement village in Oldham. We will work with registered providers, housing managers and the planning authority in order to develop extra care housing schemes.
- **Sheltered housing** – Work with registered providers to review the existing sheltered housing stock with an aim of ensuring that in five years’ time all sheltered housing is capable of being a home for life in terms of amenities and accessibility.

Distribution of older people’s accommodation 2012 and planned for 2017³



³ Example developed by the Institute of Public Care