



Adult care market position statement

April 2015





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1. Introduction

Who is this Market Position Statement aimed at?

This document is aimed at current and potential providers of adult social care and support. This will include:

- Independent sector, voluntary and community organisations
- Providers interested in local business development and social enterprise
- New providers to the market

This Market Position Statement is also for information to the wider community and informal support network.

What is a Market Position Statement?

Our Market Position Statement (MPS) is a document which sets out what we need from the market for adult social care and support in the future. It represents the results of discussions between Adult Care, Clinical Commissioning Group, service users, carers, families, providers and others about the future of local social care. It will help providers to:

- Understand the future strategic direction of care and support needs and our future commissioning intentions, including Integrated Commissioning intentions
- Make proactive business and investment decisions
- Work with us to develop the market and respond to individual needs and choices
- Understand the current supply of services within the borough

The Care Act places new requirements on the Local Authority in terms of market shaping and the MPS will continue to be updated to reflect these changes. We will work with providers to understand the changes and help with implementation.

This document represents a moment in time and will be subject to change and it is our intention to refresh the document regularly.

Demographic information

Rochdale has a total population of 212,020 residents. This is expected to rise by over 7,000 to 218,800 by 2021. The CCG registered population is approximately 220,000.

The population experiences high levels of deprivation. Two fifths of Rochdale Borough residents experience relatively high levels of disadvantage, with 18% considered to be in the most vulnerable group and a further 22% at risk of becoming vulnerable (MOSAIC segmentation). Wealthy residents make up only 6% of the Borough.

The population is ethnically diverse and in the most disadvantaged groups, around a quarter of people are of Asian origin. These groups are also generally younger than the general population.

The population is relatively young, with 19.7% of the population being under 15, compared with 18.7% across Greater Manchester and 17.7% in England (ONS mid-year estimates 2012). However, there is also a growing proportion of older people. In future there is an expectation that there will be a greater proportion of elderly residents compared to those of working age as people are living longer. The population aged 65 or over in Rochdale Borough is expected to increase by 17.5% by 2021. The North-West Wellbeing Survey in 2012 told us that Rochdale Borough had the 2nd lowest wellbeing of 20 Boroughs across the North-West with an average score of 26.3 out of a possible 35.

Whilst wellbeing in the local population is generally good, we know there are groups of people that have poor levels of wellbeing and may benefit from support. MOSAIC segmented data tells us that wellbeing is lower in males in our most deprived groups.



Key Messages

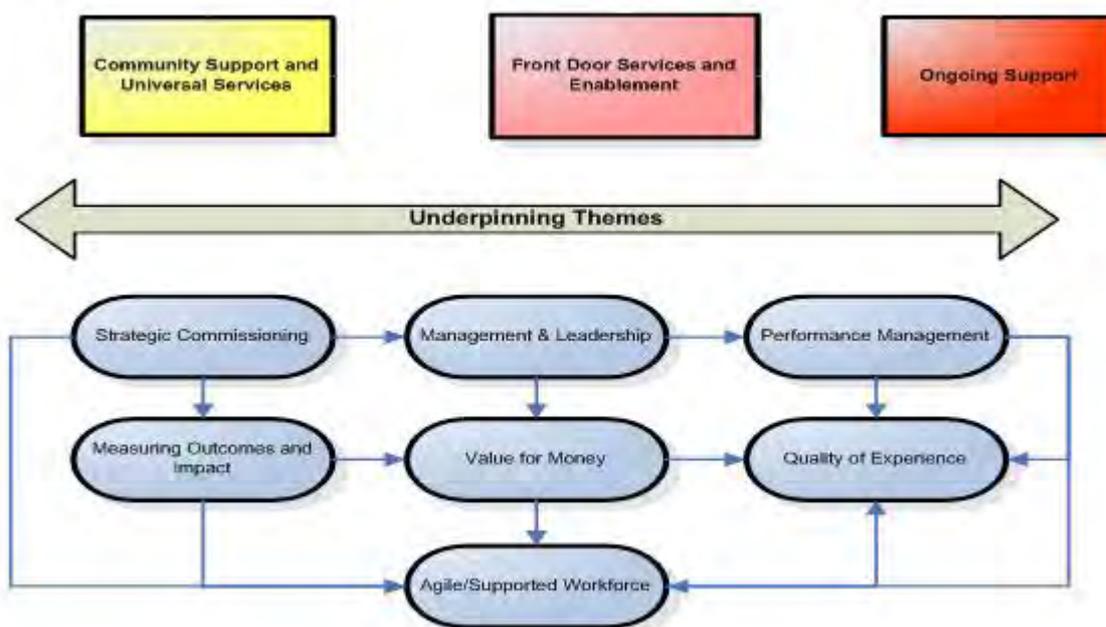
- Making sure Health & Social Care services work together to give the best care based on a person's personal circumstances. Deliver care that is safe, effective and that provides a positive experience for service users.
- Demand for services is ever increasing and changing, in the next twenty years there are likely to be more people with complex health needs and more than one health issue, all of which require a combination of provision.
- More Opportunities, a change in culture- offering a wider more varied list of options to meet individual care and support needs . Putting the control in their hands.
- Personal Budgets will allow people to choose what services are right for them. Increased efficiency with service users managing their own spend on health and social care provision and a significant reduction in the likelihood of duplicating services. Services will increasingly be developed around individual needs and be outcome based
- Partnership Working between Adult Social Care, Health, carers, families, providers and stakeholder partners- we recognise that a strong effective partnership must be at the heart of driving better outcomes for the people of Rochdale and we will continue to aim towards co-production.

2. Adult care vision

Our vision for Adult Care and Support, supported by our health partners, is to improve the health and wellbeing of the people of Rochdale. To enable this we want to work with partners, service users, stakeholders and families to understand the needs and choices of the people. We want to work with partners to develop creative support solutions in the community, plan and commission high quality services which meet the needs of the population both now and in the future as well as providing, or enabling people to access, services for those most in need.

We will achieve this vision through a strategic approach to commissioning which ensures choice, quality and value for money. User involvement and engagement will be a key part of this process and we will continue to aim towards co-production. There will also be an increased focus on joint commissioning with partners in Public Health and the local Clinical Commissioning Group (health).

In future we want more people to be able to be independent for longer, and for those people who are eligible for adult social care support there will be a range of different care and support options. We will ensure a personalised approach to adult care with maximum possible use of personal budgets and a thriving care market offering services that people choose to buy at an affordable price.



There is a focus on enablement and prevention and independence services that help support people to maintain their independence and wellbeing.

Community Support and Universal Services

We want people to ask us for help, when they are unsure of how or unable to help themselves. We want to empower all people to feel able to find that help, access it and use it to improve their health, their wellbeing and their lives in general. We want services in the

community to be the first option for people, and therefore we need to develop that market to ensure the right services are there for us to direct people to them.

To achieve this vision for community support and universal services, it is essential that the support and services are:

- More focussed – they should be commissioned on a strong basis of evidenced need and demand
- Accountable – the expected outcomes need to be clearly defined, measurable and performance managed to ensure the services are delivering value for money
- Promoting independence and social inclusion, as well as empowering individuals to take control and manage their own support needs.
- Encouraging physical activity
- Meeting Health, cultural, leisure and social needs in the community in a preventative way.

Wherever possible we would encourage support in the community as a first point of contact before approaching Adult Care. A priority for providers and Adult Care is to ensure that these community services will be readily available and accessible. They should be supporting people to manage their own lives in an independent way. The following diagram shows the range of services we intend to be in place to provide this support in the community.



Front Door Services and Enablement

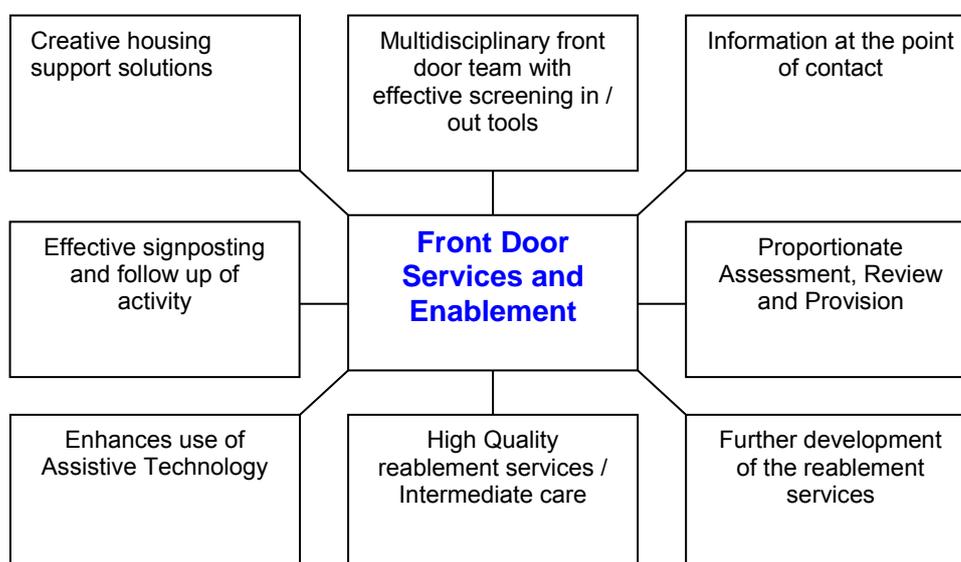
When people come to us for help or are in need, we want to provide the right level of support to them, to improve their health and wellbeing, and hopefully to ensure that they no longer need us. We want people to be able to help themselves again, and manage their own lives and activities independently. The first six weeks of engagement with the service are crucial, and these services are essential to ensure maximum independence. As well as this, there should be clear signposting to alternatives and excellent assessment processes to ensure that people are being directed to the right services.

For people coming out of hospital, we will provide high quality and intensive care services provided jointly with Health, focusing on home-based care as much as possible. Short-term

home-based care is the preferred option, as it is both cost-effective, and it encourages people to be more independent and prevents them from becoming institutionalised in residential services.

We will have a range of services which meet needs in ways which prevent the need for ongoing or reviewable support – e.g. provision of equipment/assistive technology to enable people to manage at home. This model prevents people entering the social care system. Effective housing support is also a key way to reduce permanent admissions to residential care and facilitate timely hospital discharge.

The following diagram shows the range of services we intend to be in place to provide this support in the community.



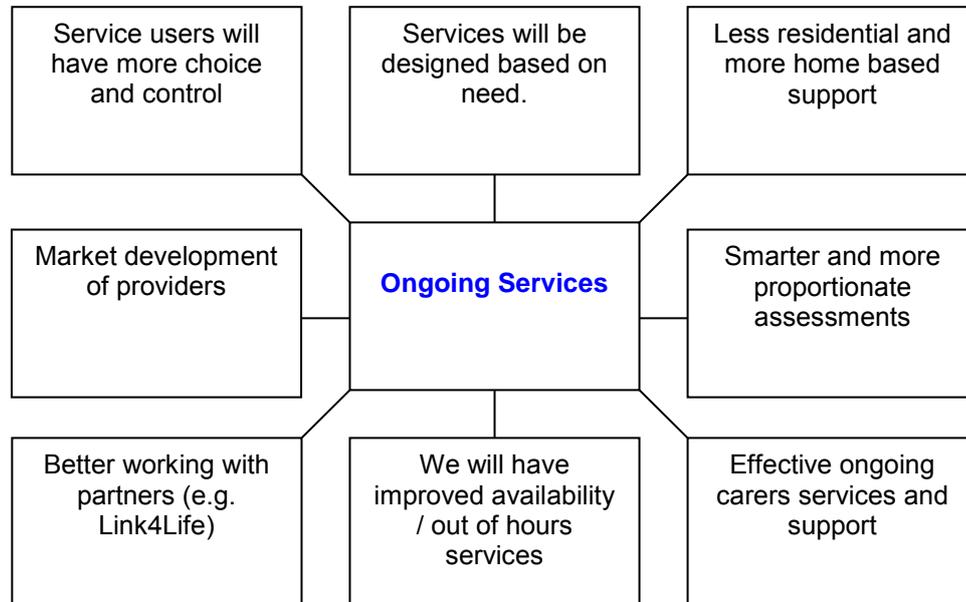
Ongoing Support

When people are no longer able to manage for themselves on an ongoing basis and need our help, we want to be able to give those eligible people as much control and choice as possible over the help that we do provide, and even to manage it themselves if possible. This will include giving people as many options for support as possible, and the resources with which they can then direct that support to improve their lives, health and wellbeing – and continue to enable them to a lesser degree of need.

To achieve this vision for ongoing support, we will put the following elements in place:

- We will be clear about what Social Care is, and what we provide. We are not all things to all people – we will make clear where our responsibilities lie to all service users and potential users.
- We will have a well developed range of options and services, designed based on strategic need, demographic forecasts and co-production with service users.
- We will have considered specifically a new model of service provision for all clients, considering more creative support solutions which are high-quality and value for money.
- We will have fully implemented the personalisation agenda, and service users in need of ongoing support will all be given a personal budget and the appropriate support to manage their own care.

- Carers will remain a high priority on the agenda, and services will be reviewed and designed with carers to ensure we meet the needs of current and future carers in the community.



Carers

The Care Act relates to adult carers (18 +) who are caring for an adult (young carers are supported by children’s legislation) and places a responsibility on local authorities to assess a carers own needs for support – replacing the current need for a carer to provide a “substantial amount of care on a regular basis”.

Our Vision for carers in Rochdale

A Joint Carers Strategy and Action Plan was developed and agreed by RMBC and the CCG in 2013 for the period 2013-16 which sets the vision and strategic context for supporting informal carers across the Borough of Rochdale. Our vision for Carers in Rochdale Borough is that:

- Carers are recognised, valued appreciated and supported for the positive contribution they make to our community
- Carers are enabled and empowered to take control of their own lives

Our vision is based on the aspiration of carers who:

- Want to be able to identify their own needs
- Want increased choice in how they meet their needs.
- Want access to high-quality, flexible support for themselves and the people they care for.
- Want improved information and advice to support them in their caring role.
- Want a choice about caring and the opportunity of a life outside of caring.
- Want young carers to thrive and enjoy their childhood and be prevented from taking on inappropriate caring roles



Going forward it is our intention to build on the joint work between Health and Social Care by integrating the funding for carers within these sectors and jointly commissioning a remodelled offer of Carers services to improve outcomes for Carers. This will be achieved by co – producing the outcomes for carers with carers, stakeholders and providers and redesigning services to maximise the achievement of the agreed outcomes. It is our intension to pursue a collaborative model of service delivery with providers to reduce fragmentation in service delivery and we are currently investigating procurement options in relation to this project.

Personalisation

The council is keen to promote choice and control for service users and carers. We encourage the take up of cash budgets wherever possible and are also promoting other options for personalisation such as Individual Service Funds. There is a change in culture from an over reliance on paid and formal support to empowering people and communities to make the best use of community resources and informal support networks. Rochdale has developed a fair and equitable Resource Allocation System across all clients which calculates how much money a person has available in their personal budget.

Quality

Rochdale MBC is committed to providing quality services which are safe and deliver good outcomes for the clients we serve. To support this we have a robust quality assurance process which is delivered by RMBC Adult Care Commissioning Team. We work closely with the Care Quality Commission and other partner's e.g. Clinical Commissioning Group and provider organisations to support providers in delivering quality services to clients.

3. The Care Act

We will work with providers to implement the key requirements of the Care Act. The key elements of the Care Act are detailed below:

Prevention, information and market shaping

Local authorities are responsible for providing services that prevent or delay the need for ongoing support, for providing clear information and advice about the care and support services available and for ensuring a robust market of service providers. We will work with providers to gather and share information to help shape the market and to inform the public about the services available. There is a need to shape the market for self funders and develop more personalised services e.g. personal assistants.

Assessments and eligibility

The Act gives local authorities a duty to carry out a needs assessment to all people including carers regardless of their finances to determine whether they need care and support.

Personalising care and support planning

The Act will give people a legal entitlement to a personal budget and local authorities a legal responsibility to provide a care and support plan, which is reviewed to ensure needs and outcomes are being met. There will be a need to provide advocacy in relation to the Adult



Care care planning and safeguarding processes and to work with providers in the provision of personal budgets.

Charging and financial assessments

The Act will create a clear, consistent and fair way of assessing what people can afford to pay for their care and support. The Act specifies what people cannot be charged for.

Care and support funding reform

From April 2016 the government will introduce a cap on care costs and increase the upper threshold for means tested support. An account will be set up for people with eligible care needs detailing care costs accrued and progress towards the cost cap above which the local authority will pay the costs of care. This will have implications for providers who support self funders because these care costs can be taken into account in the care account if they are assessed by the Council as having eligible needs. From April 2015 there will be a new legal right for people to defer paying care home costs. We will work with providers to further develop current processes to achieve this.

Protecting Adults from abuse and neglect

The Act enshrines safeguarding Adults Boards in law and provides a legal framework for how local authorities, NHS and other organisations should work together to protect adults at risk of abuse or neglect – whether or not they receive care and support. We will continue to work closely with providers to maintain the safety of vulnerable people.

Carers Personal Budgets

If a carer has a need identified by a Carers Assessment, a carers personal budget may be available. Carers Personal Budgets are an innovative and creative way to support carers to have a break. They enable carers to determine their own outcomes, have greater choice and control and have breaks in personalised ways.

Continuity of Care moving between areas

The Act places a responsibility on local authorities to ensure continuity of care when a person receives care and support wants to move to a new area. It specifies what is required of each authority when someone moves.

Market oversight and provider failure

The Care Act will introduce a regime to oversee the financial stability of care providers to ensure people's care is not interrupted if a provider fails. A legal responsibility will be placed on local authorities to ensure that both residential care and home care continues if a provider fails. We will expect providers to identify any potential risks and work with the Local Authority to ensure continuity of care for service users.

Transition for children to adult care and support services

The Care Act will give young people and carers of children a legal right to request an assessment before they are 18 years old in order to help them to plan for the adult care and support services they may need. A single assessment process is proposed to avoid the need to have multiple assessments. We will work with providers to develop the market for people coming through transition.

Health and Social Care Ratings

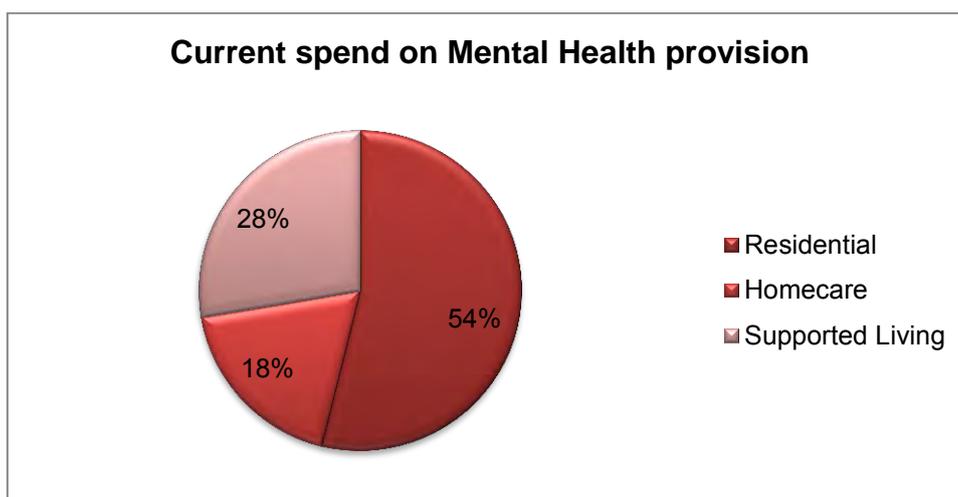
The Care Act implements a key recommendation from the Francis report about having robust ways of checking whether people are being treated safely and with kindness and compassion by introducing a new ratings system which will be the sole responsibility of CQC. We work closely with CQC incorporating their ratings into our Quality Assurance process.

4. Supply

The following provides a breakdown of annual budget spend for Adult Care Services (figures as at October 2014):

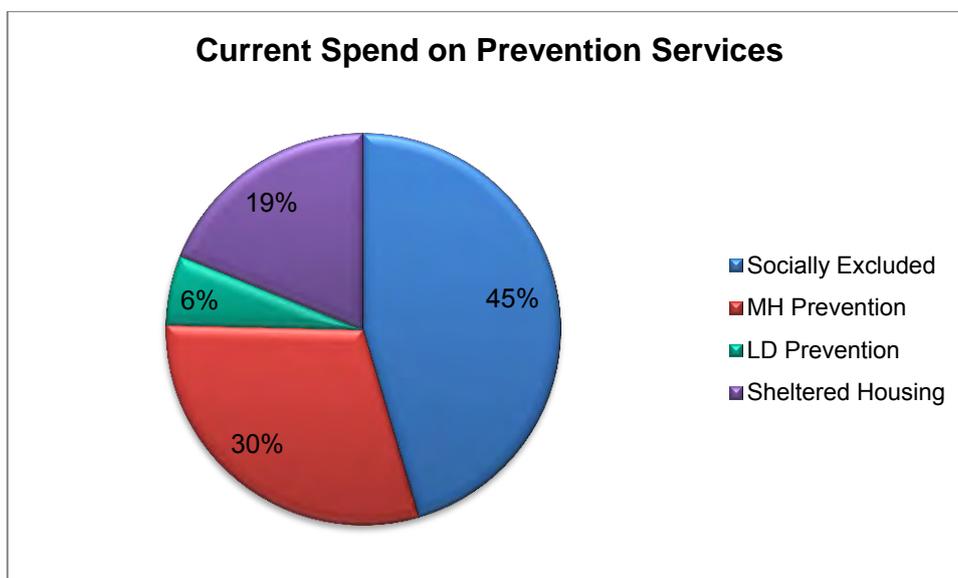
MENTAL HEALTH SERVICES

Mental health	Spend	No of Clients
Residential	£1,546,982.63	68
Homecare	£530,673.24	55
Supported Living	£794,119.55	30
Total	£2,871,775.42	153



PREVENTION SERVICES

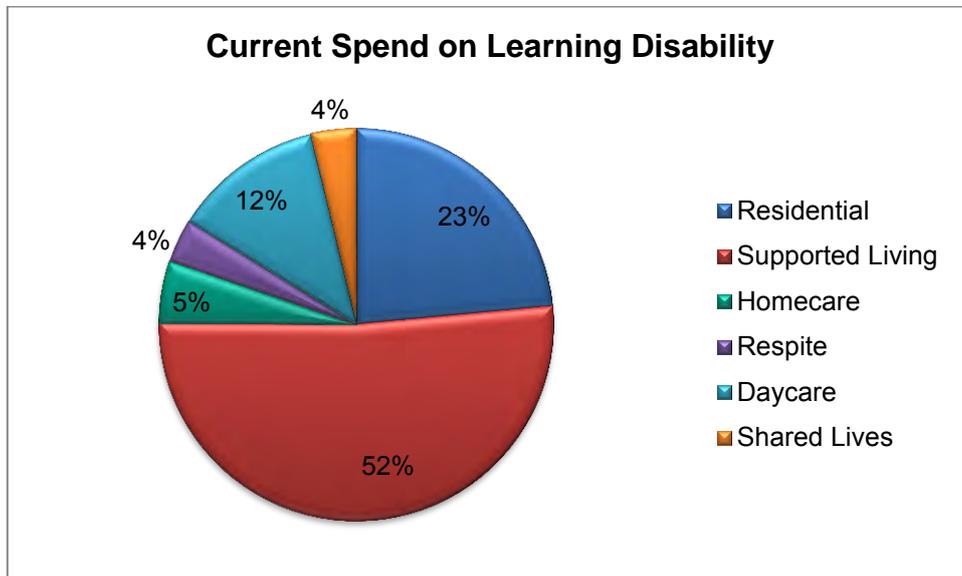
Prevention	Spend	No of Clients
Socially Excluded	£1,659,240.22	361
MH Prevention	£1,093,202.81	229
LD Prevention	£210,509.40	71
Sheltered Housing	£688,693.88	1923
Total	£3,651,646.31	2584



LEARNING DISABILITY SERVICES

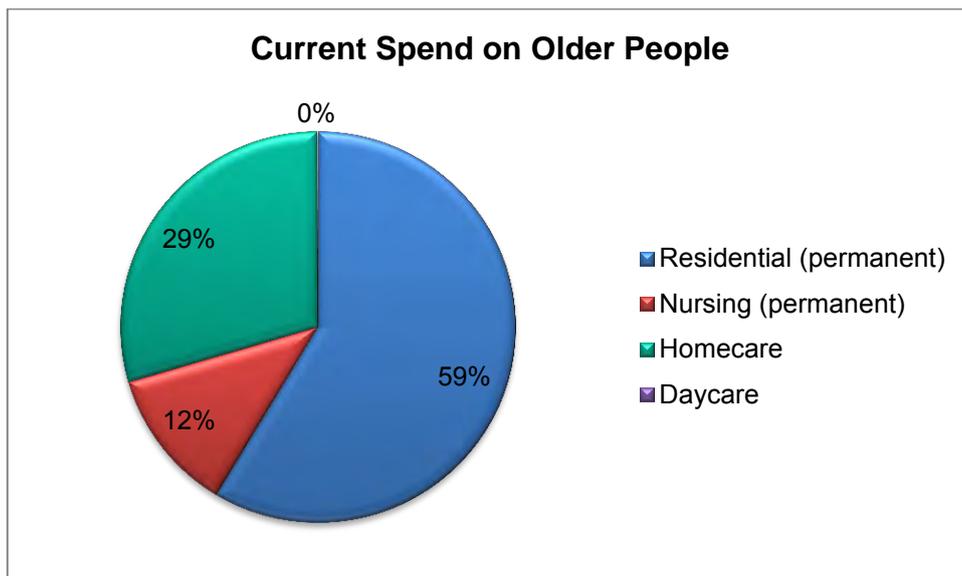
Learning Disability	Spend	Clients
Residential	£4,919,626.92	84
Supported Living	£10,778,708.72	247
Homecare	£1,076,166.14	103
Respite	£753,141.40	66
Day Services	£2,600,315.12	224
Shared Lives	£778,773.00	36
Total	£20,906,731.30	760

Some clients may receive more than one service for example may receive both day services and respite services.



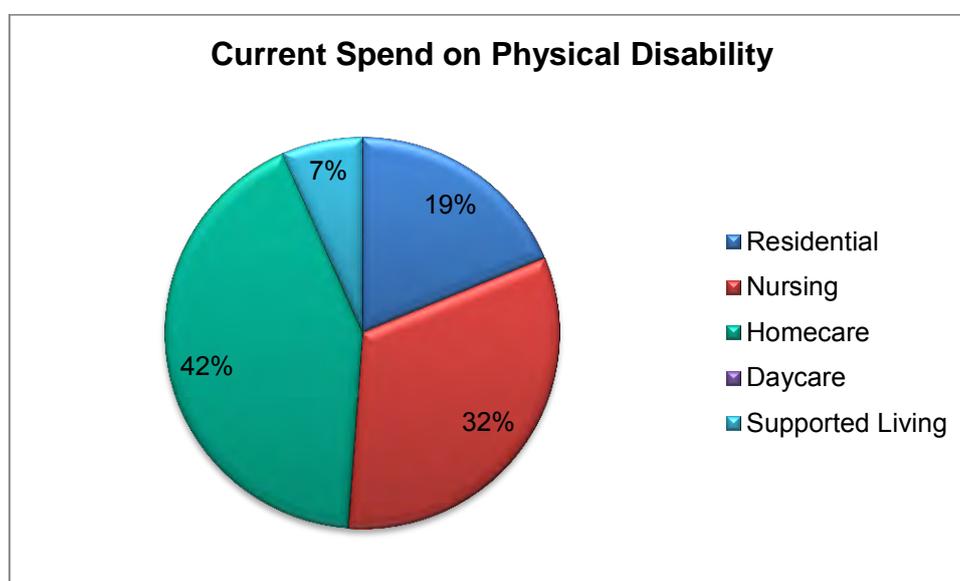
OLDER PEOPLE SERVICES

Older People	Spend	Clients
Residential (permanent)	£12,475,488.00	613
Nursing (permanent)	£2,519,185.00	133
Homecare	£6,274,792.00	732
Day Services	£10,204.86	247
Total	£21,279,669.86	1725



PHYSICAL DISABILITY SERVICES

Physical Disabilities	Spend	Clients
Residential	£624,511.00	28
Nursing	£1,079,651.00	43
Homecare	£1,406,887.00	129
Day Services	0	2
Supported Living	£219,218.00	4
Total	£3,330,267.00	206



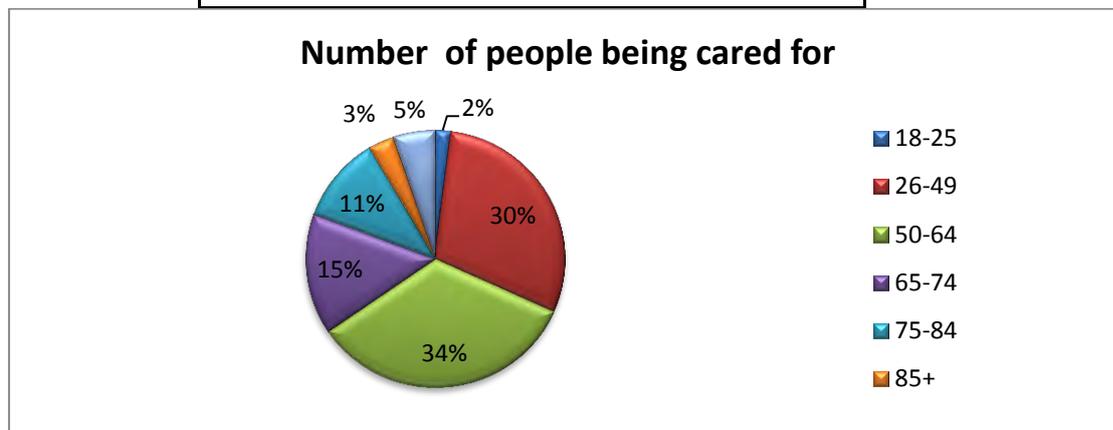
Current Adult Care Providers

Total number of Residential Providers	152
Total number of Supported Living Providers	26
Total Number of Homecare Providers	34
Total Number of Respite Providers	32
Total Number of Daycare Providers	9
Total Number of Prevention Providers	33
Total Number of Shared Lives	1

Carers

The office for National Statistics provides useful information regarding the number of people who are providing unpaid care in Rochdale. 23,260 people claim they are currently providing unpaid care in Rochdale and 6105 carers are providing care for over 50 hours per week. The best source of local information we have about carers in Rochdale is a register of carers. Comparing this to the number of carers in Rochdale cited by the ONS we can see that carers services have identified 10% of carers. We know from the register at Rochdale Carers Service, 75% of the registered carers are female.

Age	Number being cared for
18-25	43
26-49	647
50-64	734
65-74	329
75-84	238
85+	70
No D.O. Recorded	113



Service area (please note that carers were able to record more than one option)	Illness/ disability cared for
Learning Disability	244
Mental Health	509
Older People	262
Physical Disability	1034
No recorded information	125



Self-Funders

From April 2016 we are likely to see fewer self-funders as the capital thresholds increase significantly. In Rochdale this will mean more service users will be funded by the Local Authority and we are likely to see an immediate impact of this particularly in residential care where the capital threshold will increase to a level above 70% of the Authorities house values. However we feel the impact will be ameliorated by the financial assessment and expect to see an increase in placements commissioned by the Local Authority.

In future years we will see another reduction in self-funders as the 'cap' is reached. This is balanced against a general rise in demand. In an area of relatively low values of capital it is expected that the numbers of self-funders will reduce significantly.

Based on projections there could be 745 potential self-funders in Rochdale, the split of this is:

- 333 - Residential
- 412 – Community Based

We are gathering information to increase our knowledge of self-funders in the market and their choices and aspirations. We will continue to review these figures and will provide updated figures in future Market Position Statements.

Outcomes from current provision/Supply

It is important to recognise the contributions and outcomes from current provision and providers in the market. Some of the highlights are:-

- Willingness from providers to work alongside us and be actively involved in the development of future projects
- Very positive collaborative working with increasing range of partners and providers
- A commitment from providers to work within a financially challenging environment to deliver solutions
- Clients returning to borough
- New models of care and support have been developed over recent years to respond to customer choice
- Positive outcomes for young people through joint working

What Our Customers Say

Gaining feedback from all who use our services is very important to us to help us understand where we get things right and also how we can do better. As well as the annual national survey, we also have surveys throughout the year which we send to people who have received a service from us. This gives us valuable information and allows us to shape our services based on the feedback received. On average, 90% of the Service Users who have completed one of our internal surveys during the year have said they are satisfied with the support they have received from us.

Measure from Adult Care Annual Survey	Our 2013/14 results	Have we improved on 2012/13?
Social Care Related Quality of Life (average score from 8 questions- maximum score is 24)	18.7	☺
The proportion of people using adult social care services who have control over their daily life	77.1%	☺
Overall satisfaction with local adult social care services	63.1%	☺
Adult social care users who feel safe and secure	55.3%	☹
Proportion of social care users who express satisfaction in the ability to find information and advice about services in the last year	72.0%	☺
The proportion of people who use services who say that those services have made them feel safe and secure	80.6%	☺
Proportion of people using services with as much social contact as they would like	41.2%	New measure for 13/14 so no data

Measure from Bi Annual Carers Survey	Our 2012/13 results	Are we improving?
Carers reported quality of life Aggregate score of 6 questions based on occupation, Control, personal care, safety, social participation and encouragement & support- not a percentage	8.3	☺
Overall satisfaction of carers with social services ** please see note below	45.9%	☹
The proportion of carers who reported that they have been included/ consulted in discussions about the person they care for	68.0%	☺
The proportion of people who use services and carers who find it easy to find information about services	63.3%	☺

** The 45.9% represents carers who have responded to this question with “extremely or very satisfied”. A further 26% responded to the overall satisfaction question as “quite satisfied”. It is worthy to note that the national result only reflects “extremely or very”. Therefore, 72% were either extremely, very or quite satisfied with Adult Social Care



Summary of Supply Issues

Rochdale has:

- + Too many younger people (under 65) living in permanent residential care settings
- + Insufficient supply of specialist provision and an over reliance on out of borough placements
- + Limited models of supported living
- + Minimal choices and flexibility with the homecare / outreach market
- + A need to further develop community provision
- + A need to further develop joint commissioning with our health partners and stakeholders
- + A requirement to facilitate provision under the Care Act
- + A priority to further encourage the take up of cash budgets
- + Continued roll out of good practice to enable streamline transition through childrens services to adulthood
- + To provide better information and advice to residents of the borough
- + A need to understand our self-funders in the market

5. Demand and key pressure points

To meet the demands of our clients we will:

- Listen to our clients, carers and families
- Work with the market to respond to change in needs
- Continue to research the information we have from various sources to project future needs
- Linking with our partners to improve the health and wellbeing of the people of Rochdale
- Work with our Health Partners to deliver better outcomes and Value for money for our customers and patients through Integrated Commissioning

Demographics & Future Projections

The population in Rochdale is 212,020, with 108,145 females and 103,875 males (ONS mid-2012 population estimates). This represents an increase of over 3% since 2001. The 15-29 and 45-64 age groups have seen the largest percentage increases in population, while the number of over 65 year olds in the borough have also increased (ONS Census 2011).

Analysis of the 2011 Census has recently been undertaken. The key points arising from this analysis are: The population in Rochdale Borough has increased by 3.1% to 211,699. Headline population analysis is summarised in the table below:

Rochdale Borough	2001	2011	% Change
All Persons	205,360	211,700	3.1%
Males	99,712	103,600	3.9%
Females	105,648	108,100	2.3%
Young People (0-19)	57,655	56,200	-2.5%
Older People (65+)	29,415	30,900	5.0%
Households	83,451	87,600	5.0%
Response Rate	93%	93%	0.0%

(Census 2011)

- The ethnic breakdown of the Borough currently has a majority of 78.6% White British
- 2% of Rochdale residents categorised their health as 'very bad', which is greater than regional and national comparators.
- There are 44,359 residents reporting a long-term health problem or disability and 23,981 are of working age (16 to 64). This is greater than regional and national comparators.
- 10.7% of residents reported their day-to-day activities as being 'limited a lot' (22,630 residents); above the proportion for the North West and England.
- 23,260 carers across Rochdale provide unpaid care, with 6,105 providing 50 or more hours per week. This is above regional and national comparators.
- In 2012, 62.5% of the Work Age Population (WAP) was in employment, fewer than local (68.8%) and national (70.7%) comparators, although a greater proportion of economically inactive residents 'wants a job'.

Population projections to 2030 in Rochdale (Under 65)

(Projecting Adult Needs and Service Information www.pansi.org.uk)

	2014	2015	2020	2025	2030
People aged 18-24	18,800	18,400	16,300	15,800	17,300
People aged 25-34	28,600	28,800	29,100	27,900	25,900
People aged 35-44	27,000	26,800	26,800	28,400	28,900
People aged 45-54	29,800	29,800	28,300	25,500	25,500

People aged 55-64	24,300	24,500	26,200	27,500	26,200
Total Population aged 18-64	128,500	128,300	126,700	125,100	123,800

Population projections to 2030 in Rochdale (Over 65)

(Projecting Older People Population Information System www.poppi.org.uk)

	2014	2015	2020	2025	2030
People aged 65-69	11,000	11,300	10,600	11,300	12,300
People aged 70-74	7,800	8,100	10,200	9,600	10,400
People aged 75-79	6,300	6,300	7,000	8,900	8,500
People aged 80-84	4,500	4,500	5,000	5,700	7,300
People aged 85-89	2,700	2,800	3,000	3,500	4,100
People aged 90 and over	1,400	1,500	1,900	2,300	2,900
Total population 65 and over	33,700	34,500	37,700	41,300	45,500

Population aged 18-64 predicted to have a moderate or serious physical disability, broken down by age and projected to 2030

(Projecting Adult Needs and Service Information www.pansi.org.uk)

	2014	2015	2020	2025	2030
Moderate Physical Disability	9,995	10,006	10,040	9,981	9,793
Serious Physical Disability	2,938	2,944	2,986	3,004	2,941

Age (Projecting Adult Needs and Service Information www.pansi.org.uk)	% moderate	% serious
18-24	4.1	0.8
25-34	4.2	0.4
35-44	5.6	1.7
45-54	9.7	2.7
55-64	14.9	5.8

Key factors that may influence demand for health and social care services in people aged 65 and over living in Rochdale (Projecting Older People Population Information System www.poppi.org.uk)					
	2014	2015	2020	2025	2030
People living with dementia aged 65+	2,211	2,279	2,600	2,968	3,500
People with limiting long term illness whose day-to-day activities are limited a little	8,926	9,122	9,982	11,034	12,141
People with a limiting long term illness whose day-to-day activities are limited a lot	9,847	10,073	11,076	12,405	13,769
People unable to manage at least one personal care task	10,955	11,164	12,333	13,941	15,628
People unable to manage at least one domestic care task	13,321	13,583	15,045	17,056	19,105



Our MPS will take the various documents into account:

Joint Strategic Needs Assessment for the Rochdale Borough, 2011-2012

Findings:-

- Around 4,270 people in the Borough (2%) are likely to be affected by severe mental disorders
- Levels of common mental health disorders, including anxiety, depression and phobias are estimated to affect 30,178 people (14% of the population)
- Around 600 local people (age 18-64) have profound or severe learning disabilities. There are around 3,500 people with moderate Learning Disabilities, of whom only around 17% are known to services
- More people are living with Limiting Life Long illnesses, the top 3 being Obesity, Hypertension and depression
- High numbers of hospital admissions for falls
- High rate of Alcohol and drug related hospital admissions
- High level of local emergency admissions to hospital
- Increase in life expectancy but people in Rochdale still live 2 years less than nationally
- Critical Services accounted for just under half of the Council's net budget ie social care for Adults and Children's (2011- 93 million). Effective prevention and integration is needed to reduce this growth
- Stakeholders say that we need to do all we can to strengthen prevention, reduce demand and ensure services are integrated, joined up and jointly commissioned where appropriate

Joint Health and Wellbeing Strategy

We will support our health partners in the Joint Health and Wellbeing Strategy, which focuses on 5 priorities:

1. Children & Young People
- Giving Every Child the Best Start in Life
2. Prevention and Early Intervention
3. Tackling Health Inequalities
4. Wellbeing
5. Healthier Lifestyles

Clinical Commissioning Group (CCG) 5 YR PLAN

From the CCG 5 Year Plan we know the public sector is facing increasing demands on services at a time when the economic position of the country is in a difficult position. We therefore need to work smarter and achieve more with fewer resources. Working with our partners the CCG needs to shape people's expectations of healthcare and enable them to make the best lifestyle choices they can to manage their own health and health care. This may mean making some tough but fair decisions, which are based on sound evidence and agreed through meaningful consultation. We will be working in a more integrated way with health to deliver joint outcomes.

In addition, we will be considering the information within the Strategic Housing Market Assessment.

Client, Families and Stakeholder feedback

- In 2011, consultation was carried out with a wide range of users, families, clients and stakeholders into the future needs and choices for clients with Learning Disabilities. As a result of this, Adult Care developed an Approved list of providers and services, in line with the needs and choices identified through consultation
- Consultation identified that Adult Care needed to develop menus of service provision, from an accredited list with clear charging for services to allow informed choices to be made by service users and their families/carers. The Approved list does this and also is used as a Market Development tool to work with providers in meeting gaps in service provision.
- Approved lists have now been developed across all clients groups as a market development framework

6. Market opportunities

From the information provided on supply and demand, the market opportunities below are an outline of Adult Cares priorities. This will assist providers and other stakeholders in working together to facilitate provision within the market. These opportunities provide scope for creative and flexible solutions and collaborative working. It should be noted that some of these areas will be developed and jointly funded with our Health Partners

Service Area	Priorities
1.Reducing the number of clients in long term residential care	<p>New models of Supported Living which promote independence. This includes Self-contained tenancies within one scheme, virtual community models and ground level supported living options for clients with Mobility issues. Within this, we are keen to use step down models of provision and also Supported Living Plus, for people with Profound Learning Disabilities</p> <p>Development of care models for clients with learning disabilities as their needs change.</p> <p>Encouraging placements back to borough and provision of specialist provision where needed</p>

<p>2. More individuals being supported in the community</p>	<p>More effective use of homecare, including a wider choice of provision and delivery of homecare from bases within the community. Geographical zoning hub and spoke model to reduce travel time for care staff</p> <p>Homecare options for Dementia</p> <p>Respite Provision which offers the opportunity for emergency respite, the options of holidays. Also, we are interested in models of Supported Living with Respite provision linked to enable younger clients and families to plan ahead for the future</p> <p>Focused re-enablement service provision, particularly low level support to enable clients with Sensory impairment to access community activities</p> <p>Enablement in Learning Disabilities and Mental Health – helping people living at home to develop independent living skills and recovery focused community services for people with mental health conditions</p> <p>Services that provide carers with more innovative and personalised short breaks</p> <p>Provide effective support to carers as part of early intervention/prevention pathways</p> <p>Services that enable young carers to thrive and support them to transition to adult carer services</p> <p>Services that prevent young carers from having inappropriate caring responsibilities</p>
<p>3. Increased use of assistive technology</p>	<p>Increased use of Assisted Technology within services to promote independent living, including enhanced provision for Sensory Impairment</p>
<p>4. Self-sustaining support opportunities</p>	<p>Hubs of support within the community, which will develop self-sustaining support opportunities and also provide localised provision eg Homecare support within the locality, so reducing the challenging issues of travelling time for staff</p> <p>Build capacity of individuals and communities to take control of their own support</p> <p>Make health and social services more accessible by providing services together in the community in non-traditional settings</p>

<p>5. Improved information and advice services</p>	<p>Work with providers and stakeholders to map service and community provision and self-support opportunities</p> <p>Develop informal networks and build community capacity to support harder to reach and more vulnerable groups and individuals to access information and services</p> <p>Increasing the number of carers accessing services</p>
<p>6. Local Services</p>	<p>Localised services developed around the individual needs of Out Of Borough clients to enable the return to borough where wanted. In particular, service provision designed around very complex and challenging behaviours</p>
<p>7. Transition</p>	<p>Transition, young person services</p> <p>Providing service pathways in the market for young people from the age of 14 through to Adult hood, so reducing the need for placement out of Borough</p>
<p>8. Specialist Services</p>	<p>Provision for clients on the Autistic Spectrum including self-contained supported tenancy models, environments and properties which are designed around the needs of clients and clear links into community based opportunities and pathways to work</p> <p>Shared Lives provision for clients growing older, particularly for those with Dementia</p> <p>Local services for people with early onset dementia</p> <p>Identifying a range of service Provision for clients with Acquired Brain Injury, which aim to build a clear Pathway with Health colleagues to offer clients opportunities to live their lives fully. This will include support at home from services which are experienced in working with clients with Acquired Brain Injuries, services which develop skills and pathways to employment, supported living and other provision identified by families through consultation</p> <p>Development of specialist residential support e.g. dementia, and nursing. At present just under a third of Older People in Out of Borough Placements are dementia nursing care placements with only a total of approximately 68 beds available for this client group within the borough. The nursing care shortage is not just local and reflects the national trends as outlined in "The State of Care 13/14" produced by CQC.</p> <p>There is a need to work with providers to identify approaches which can</p>

	<p>assist in the growth of new services and enhance existing nursing care building capacity within the system to meet the potential future demands for dementia nursing care.</p>
9. Enablement/ Step down services	<p>Enablement services- step up/down services</p> <p>Low level services which provide minimal support to enable reduced services</p>
10. Self-directed support	<p>Personalisation- PA services</p> <p>New models of domiciliary support offering greater flexibility – personalisation, focus on outcomes for older people</p> <p>Introduction of ISF’s to increase flexibility for older people in the way that they utilise their personal budget</p> <p>Model to support access to PA’s to enable clients to employ own carers</p> <p>Increase carer input into service development and implementation</p> <p>To provide more personalised services around individual needs</p> <p>To ensure professionals treat carers as expert care partners</p> <p>A range of Advocacy Provision</p>
11. Skills development & employment	<p>Skills development and enablement services. Pathway services through to employment, volunteering and skills and work opportunities.</p> <p>Skills and leisure opportunities to enable clients to live as full a life as possible, for example skills development opportunities which work towards client accessing employment and leisure activities designed for clients with sensory impairment and which maximise physical activity</p> <p>Upscale opportunities for volunteering and support workplace volunteering strategies</p> <p>Community hubs , which give opportunity for skills development for clients and community using the hub</p>

<p>12. Integrated Commissioning</p>	<p>All areas of commissioning will consider the need to take an integrated approach with the CCG, public health, housing, the police and other areas of service delivery to ensure the most effective use of public resources across the borough</p> <p>Integrated Commissioning with CCG to remodel all I Carers services to achieve improved outcomes for carers</p> <p>Integrated Commissioning with CCG and Public Health to remodel mental health services to achieve improved outcomes for service users and carers.</p> <p>Joint Commissioning & Integrated Working: Explore the feasibility of Joint Commissioning and pooled budgets in key areas to make best use of resources and enable more effective, joined-up services</p> <p>The development of procurement processes to support collaboration between providers to reduce fragmentation in service delivery, improve efficiency and outcomes for service users</p>
<p>13. Services to reduce hospital admissions and support people in the community</p>	<p>Further development of support options in the community to reduce hospital admissions</p>

7. Working with Rochdale

How we Procure - Approved Provider Lists

As part of developing our market and welcoming new providers and support solutions into Rochdale, we use an Approved list Framework. We currently have Approved List frameworks for our different client groups. As our clients often having a range of needs and also to make it easier for our providers, we aim to amalgamate all our Approved list frameworks in 2015/16.

Our support planners and care managers listen to the choices of our clients and feed the information to commissioners, to ensure that our framework adds provision in line with client's choices and seeks providers.

We try to open our frameworks as often as we can and we would encourage any providers who are interested in working with us to register on the CHEST. This will ensure you then receive information about joining our Approved List. As most of our provision is now spot purchased though our Approved lists, it is important to become an Approved Provider in Rochdale.



Housing

We encourage providers to work closely with housing to provide creative support solutions for the future. Adult Care will work with our partners as part of the strategic housing market assessment.

Health & Social Care Integration

We are working with our partners to meet the integration agenda and will keep providers informed of progress and opportunities. We see this as an exciting opportunity to provide better outcomes for clients and patients and use our funding more effectively.

Cross boundary services

The council is keen to look at opportunities for cross boundary commissioning and the STaR procurement team will assist in this area of development

How to contact us

If you want to register an interest to become a provider please register on the CHEST
If you would like more information, please e:mail
adultcarecommissioningteam@rochdale.gov.uk

Engagement with providers

We are keen to engage with the market through:

- Provider forums
- Individual provider meetings
- Supply and demand briefing sessions
- My care website
- Approved lists

Smaller organisations

We value small and community organisations in Rochdale and wherever possible, will offer supplier briefing sessions for the Approved List and tendering opportunities

We also are keen to hear from consortium bids, which value the specialisms and experience which small organisations often offer

What would you like to see in the Market Position Statement in the future?

We would welcome your views and feedback on this market position statement and what you'd like to see in future statements.

Please let us have these by e;mailing adultcarecommissioningteam@rochdale.gov.uk