

# Telford & Wrekin Domiciliary Care Change Programme



## Domiciliary Care Market Position Statement



**April 2013**

## Foreword

As a Co-operative Council Telford & Wrekin is committed to working together with residents, partners and local organisations to collectively deliver the best we can for Telford and Wrekin with the combined resources we have.

This means applying the Cooperative Values of openness, honesty, ownership, fairness, respect, and involvement in all aspects of our work so that we can deliver our shared priorities for Telford & Wrekin.

We've created this Market Position Statement because we know that the way in which adult care services are provided needs to change. A combination of national policy and local priorities, reducing resources, the changing nature of the borough's population and the expectations of residents all demand that we look critically at what's needed for the future. And in line with our Co-operative Values, we want to involve residents, partners and local organisations in designing and delivering that change.

In so doing, we believe that we can make an important contribution towards some of the challenges we have set ourselves:

- Supporting people with specific health and social care needs to live independently for as long as possible
- Improving people's experience of health and care services
- Developing our relationships with service providers, maximising opportunities for local businesses and increasing local choice
- Strengthening our relationship with the Voluntary & Community Sector – recognising the key role of the VCS in meeting the needs within our community and in delivering our shared vision for the borough
- Supporting existing and new businesses to develop the skills and services that people with care and support needs expect and require.

This document is aimed at existing and potential providers of Domiciliary Care services. It represents the start of a dialogue between the Council, people who use services, carers, providers and others about the vision for the future of the local Domiciliary Care market, based on a shared understanding of the local context, the changing needs of people living in Telford & Wrekin and the services they can expect.

## Contents

Foreword	2
<b>Domiciliary Care in Telford &amp; Wrekin</b>	3
A Changing Market	3
Direction of Travel	4
<b>Current &amp; Future Demand</b>	5
Analysis	5
Key Messages: Demand	8
<b>The Current State of Supply</b>	10
Analysis	10
Quality	11
Current Spending	12
Key Messages: Supply	12
<b>Next Steps</b>	14
Reviewing the Evidence	14
Possible models of practice	14
Future levels of resourcing	15
Facilitating the market	16

**We are committed to stimulating a diverse, active market where innovation is encouraged and recognised and where poor practice is actively discouraged.**

## Domiciliary Care in Telford & Wrekin: our Market Position Statement

This Market Position Statement reflects our analysis of current and future demand for Domiciliary Care services, the state of Domiciliary Care provision and the changes needed to deliver a diverse, high quality and sustainable market. The analysis is supported by a robust evidence base, which we've published separately (see Domiciliary Care Market Position Statement: Evidence Base). In producing these publications, we hope that:

- Providers of adult social care can learn about the Council's vision for care including how services might respond to the personalisation agenda and identify opportunities to improve the local Domiciliary Care market.
- Voluntary and community organisations can learn about future opportunities and what would enable them to build on their knowledge of local needs to develop new activities and services.
- People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help them to come into social care markets and offer innovative services.
- Social care providers and organisations not currently active in Telford & Wrekin could find opportunities to use their strengths and skills to benefit local people and develop their business.

The focus of this analysis is the Domiciliary Care market for adults in Telford & Wrekin – services provided to people in their own homes, helping them to live as independently as possible, rather than using residential, long-term, or institution-based care.

### A changing market

There are a number of factors driving local plans and these will inevitably have an effect on care services such as Domiciliary Care in Telford & Wrekin:

**The direction set by national policy** - the government's reform of the health, social care and public health system, incorporating the principles of personalisation, community support, prevention and reablement. This involves promoting well-being and independence at all stages to reduce the risk of people reaching a crisis point and so improve their lives.

**The priorities we have identified for our local communities** – our Co-operative Commissions have identified priorities across five themes and these are key to our service planning. Our success will increasingly be judged against the improvements we make against these priorities.

**The resources we have available to help us deliver our priorities** – the continued pressure on public sector funding means that the Council has less money available to spend on social care. We must reduce our adult social care budget by 30% by March 2015 and this means that we must find different ways of meeting the demand for care and support.

**The changing nature of the borough** – Population projections indicate a significant shift in our future demographic profile. We expect there to be a big increase in the number of older people living in Telford & Wrekin in the future and need to prepare for this now so that older people living in Telford & Wrekin can look forward to an independent future.

**The changing expectations of people who live in Telford & Wrekin** - the expectations of people with care and support needs in the next 10 to 20 years will increase. We are all used to having far greater

choice and control over the way we live our lives and this should not change on reaching old age. People should rightly expect more in terms of the range and quality of services on offer.

### The direction of travel

We envisage Domiciliary Care services operating within a personalised and community-based system, where ***we will do everything we can – as individuals, as communities and as organisations – to prevent, postpone and minimise people’s need for formal care.*** The system should be built around the simple notion of promoting people’s independence and wellbeing.

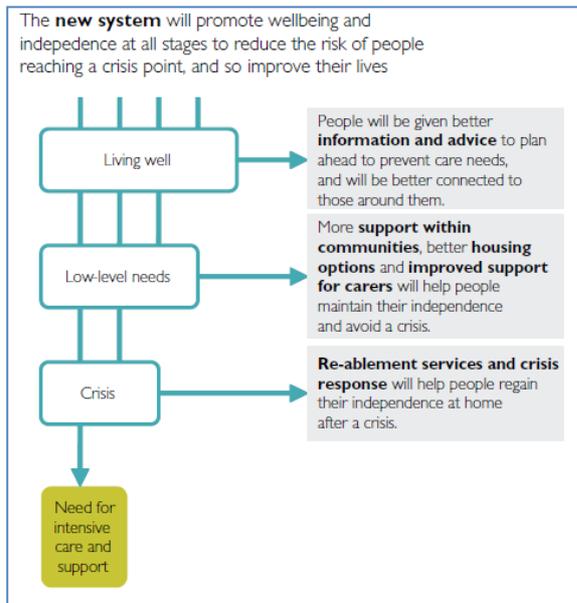


Figure 1: A new system for care and support

We believe that ***people should be in control of their own care and support.*** Initiatives like personal budgets and direct payments, backed by clear, comparable information and advice, will empower individuals and their carers to make the choices that are right for them. This will encourage providers to improve and respond to the challenge to provide high-quality, integrated services built around the needs of individuals. Local authorities will also have a more significant leadership role to play in, shaping the local market and working with the NHS and others to integrate local services.

We see Domiciliary Care provision as a key part of the system, helping people to remain at home rather than use residential, long-term, or institution-based care. This supports our aim to help people to maintain their independence while living in their own homes, and reducing or delaying the need for intensive and high cost support.

***Our success will be measured not on the basis of our effort, but on the outcomes we achieve.*** People do not value services per se but rather the effect those services have on them. In order to measure the ‘value’ of Domiciliary Care services we would, therefore, wish to measure the outcomes they confer to service users.

As a Co-operative Council, we are committed to working with residents, partners and local organisations to collectively deliver the best we can for people. One of the features of a community-based system is that ***we will work co-operatively and productively to achieve our vision*** for Domiciliary Care. We know that by combining our knowledge and other resources we will design and deliver better outcomes and ensure that care needs are met, now and into the future.

***Collectively, we will create a diverse, high quality and sustainable Domiciliary Care market that treats people as individuals, helps them to regain and maintain their independence and improves their well-being.***

## Current and Future Demand

Our analysis of demand is based on Office for National Statistics (ONS) Census data, ONS and local population projections to 2030, national prevalence data applied to population projections and an assessment of performance data from the Council’s own systems. Full details are to be found in the Evidence Base accompanying this Market Position Statement.

### Analysis

The 2011 Census population of Telford and Wrekin was recorded as 166,641 – an increase of 8,300 or 5.2% from 2001.

The borough has a higher proportion of White British residents than regional or national averages. Black and Minority Ethnic communities are expected to grow from around 17,500 in 2011 to around 21,800 in 2026.

The age profile in Telford & Wrekin is changing, with the older age groups increasing most rapidly.

The 65+ cohort currently accounts for 14.5% of the population (2001: 12.4%) compared to 16.4% nationally.

There are 12,313 households (18.5% of the total) where all residents are aged 65 and over. 7,113 people aged over 65 are living alone in the borough.

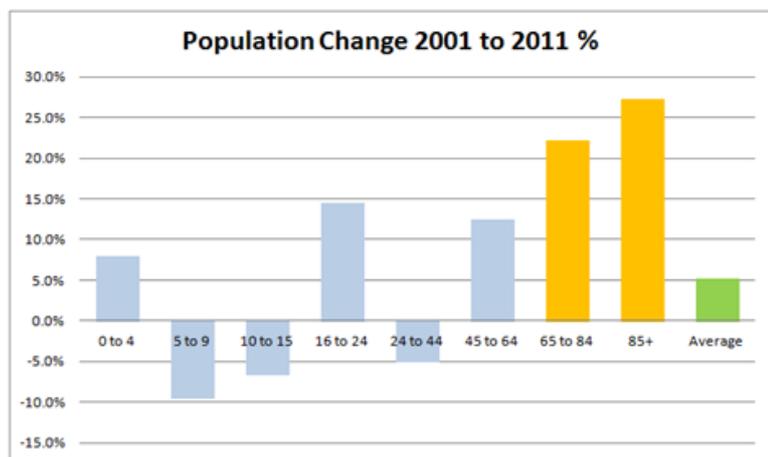


Figure 2: A changing population profile

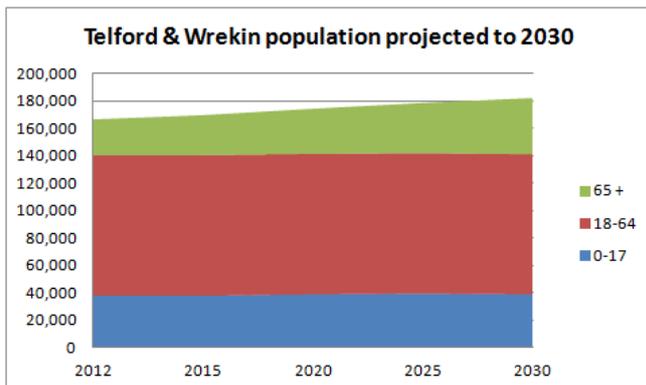


Figure 3: population projection by age range to 2030 (ONS data)

Population projections show that the total population of Telford & Wrekin will continue to grow, with the most significant increase (between 37% and 56% according to local and ONS population models) projected in the over 65 age group.

Demand for care and support is also driven by social and economic factors such as income, employment and education. Telford & Wrekin has a number of neighbourhoods that are amongst the 10% most deprived nationally and such deprivation is recognised as being a wider determinant of physical and mental health care needs. Around 10,000 people in Telford & Wrekin are predicted to have challenges with their use of drugs and alcohol, with less than 10% of these undergoing drug treatment programmes.

The percentage of adults with depression is higher than regional and national averages, with Telford & Wrekin having the 10<sup>th</sup> highest rate nationally, whilst treatment and outcomes for people with mental health care needs are also generally worse than regional and national averages.

This suggests a need for better mental health provision in Telford & Wrekin, with more preventative support available to mitigate the wider determinants and risk factors and more community-based support in place to supplement clinical treatments.

As responsibility for commissioning community mental health services passes to the Clinical Commissioning Group in April 2013, there is an opportunity to consider the role that Domiciliary Care providers can play in offering preventative and early intervention supports.

Dementia and other limiting long-term conditions are increasingly prevalent with age and in an ageing society, such conditions are expected to have a disproportionate effect on demand.

It is estimated that over 1,700 people in Telford & Wrekin are currently living with dementia.

Data collected from Primary Care Trusts (PCTs)<sup>1</sup> in England shows that dementia diagnosis in the Telford & Wrekin PCT area at 39.3% is lower than the average rates for the West Midlands SHA (43%) and England (44.2%).

An increase in diagnosis rates to the regional average would immediately result in a further 65 people being diagnosed with dementia and potentially accessing early intervention care and support services.

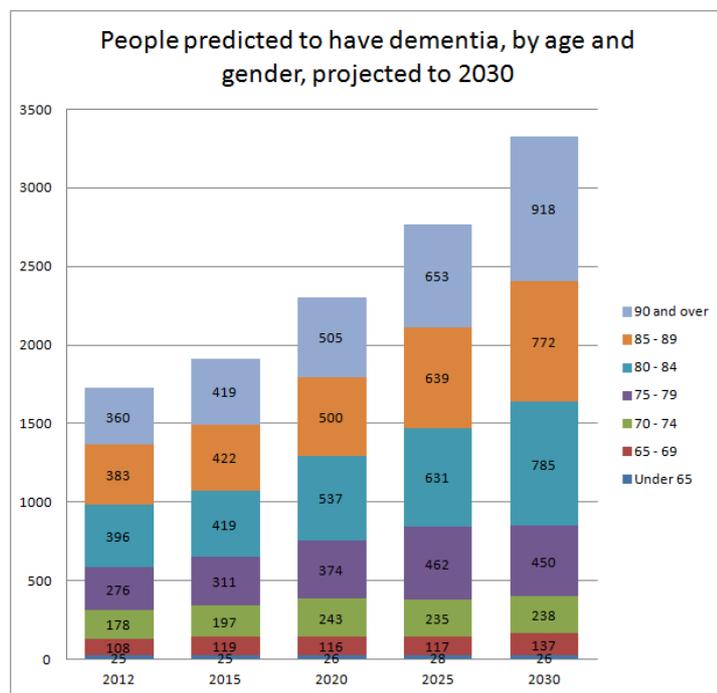


Figure 4: The growth in dementia

The number of people in Telford & Wrekin predicted to have dementia will double by 2030, with the biggest increases for people aged 75 and over.

The ambition set out in the National Dementia Strategy and the Prime Minister's Dementia Challenge is to create a society where everyone diagnosed with dementia, their families and carers receive high quality and timely care and support regardless of the care setting.

<sup>1</sup> Under NHS reforms, PCTs cease to exist on 31<sup>st</sup> March 2013, with responsibility for the commissioning of community health services transferring to Clinical Commissioning Groups.

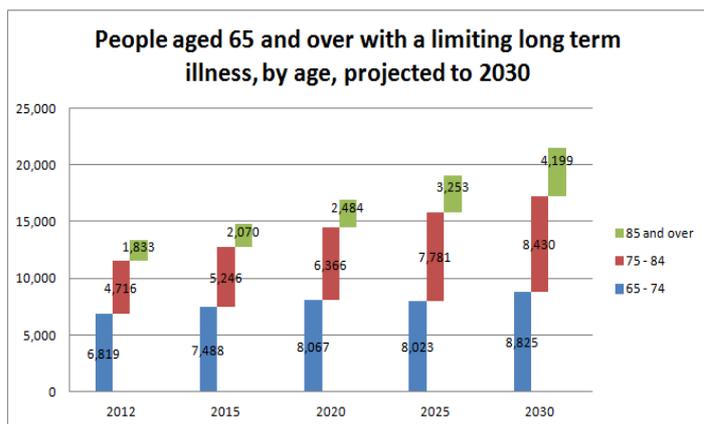


Figure 5: Limiting long term illness (ONS projections)

The Census records whether people perceive that they have a long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.

ONS population projections and UK prevalence and performance data project a 60% increase in the number of people aged 65 and over living with a limiting long term illness by 2030.

Other indicators of demand include the ability of people to manage self care and domestic care tasks. Population projections for 2012 show around 8,500 people unable to manage at least one self care task and 10,300 people unable to manage at least one domestic task. Significantly, these numbers are both projected to grow by 70% by 2030.

ONS data suggests that in Telford and Wrekin there are currently just under 3,000 people aged 65 and above who provide more than 50 hours of care. As the population ages and people live for longer with increasing care and support needs, a 50% increase in the number of older carers is projected.

	2012	2015	2020	2025	2030
People living with dementia	1726	1912	2301	2765	3326
People with a limiting long-term illness	13368	14804	16917	19057	21454
People unable to manage at least one self care task	8466	9349	10947	12521	14364
People unable to manage at least one domestic care task	10300	11380	13389	15330	17549
People aged 65 and over providing more than 50 hours care per week	2988	3295	3674	3920	4327

Figure 6: Factors affecting demand amongst people aged 65 and over

Key factors that may influence potential changes in demand for care and support in the younger adults (18 – 65 years) age group include physical disability, learning disability and mental health needs, all of which may be reflected in some form of personal care disability requiring support with one or more of the following: getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet.

Whilst population projections show that the numbers of people with these conditions in Telford & Wrekin is likely to remain at current levels for the next 20 years, the expectations of younger adults will increase. Future generations of younger adults with care and support needs are likely to want to exercise greater choice and control over their care, and may drive the supply market for different and innovate services through their expectations rather than any increase in population.

	2011	2015	2020	2025	2030
People with a moderate or severe learning disability	560	563	566	574	582
People with a moderate or severe physical disability	10445	10491	10618	10733	10509
People with a moderate or severe personal care disability	4842	4861	4941	5011	4887
People with a common mental disorder	16472	16497	16470	16449	16382

Figure 7: Factors affecting demand amongst younger adults

Of the 5,500 people in Telford & Wrekin in receipt of Council funded care, around 1,300 access Domiciliary Care.

Most of the demand for Domiciliary Care services comes from older people (69%); adults with physical disabilities account for 16% of the funded Domiciliary Care client base; learning disabled service users comprise 11% of and people with mental health problems account for just 4%.

### Key Messages about demand

The projected change in the demographic profile in Telford & Wrekin is the most significant factor affecting demand for care and support services. Significantly more older people, living longer, and many with limiting illnesses, all points to an increase in demand and a need for more services that are better attuned to the needs of older service users. This is particularly so for service users with dementia.

It also means that the Council will need to develop its approach to managing demand if it is to achieve savings of 30% of the adult social care budget by 2015.

The emphasis on maximising independence means that many older people will want to stay at home for as long as possible and this is likely to result in an increased demand for domiciliary and community based services over residential care.

As the population ages, it is expected that more elderly people will assume more caring responsibilities. Maintaining the health and well-being of carers must therefore be seen as a priority.

There is also a need to ensure that Domiciliary Care services reflect and respect the cultural needs of minority communities. There is national evidence to suggest that this requires attention if people are not to be excluded from care and support.

Prevention and early intervention are well recognised as helping people stay well, live independently and remain healthy for longer. It is important to ensure that a wide range of preventative services are available to support people across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This will ensure that people do not go without the support which could prevent critical needs developing in the future.

Rising demand and expectations within the care and support market will require that commissioners and providers of Domiciliary Care services respond in ways they might traditionally not have thought of. People will expect better information and advice as well as a broad range of services and they will want to access these without approaching the Local Authority. There will be a growing need to offer

people the right kind of information to help their buying decisions. There is a real need to involve people in the design of services that will help them remain well at home.

Providers will need to consider how to help people regain and maintain independence at home, remaining healthy and with a sense of wellbeing for longer. This means considering how to help people maintain good physical, mental, social, emotional and spiritual wellbeing in order to remain healthy, active citizens now and in the future.

People will fund their care in different ways, for example, insurance policies, savings, pensions and investments. Council funding will increasingly be through Direct Payments and Individual Service Funds, placing the buying decision firmly in the hands of the person most likely to benefit.

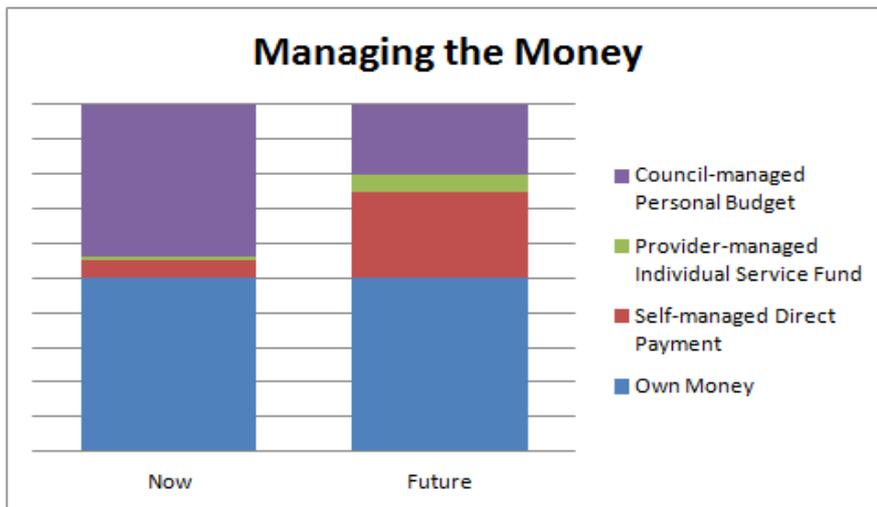


Figure 8: Managing the Money - a shift in buying power (illustrative only)

This means that the Council will commission proportionately less provision than it does now whilst individuals will increasingly take on the purchasing role. Providers will increasingly need to develop their service offer so that it attracts individual rather than statutory purchasers of services.

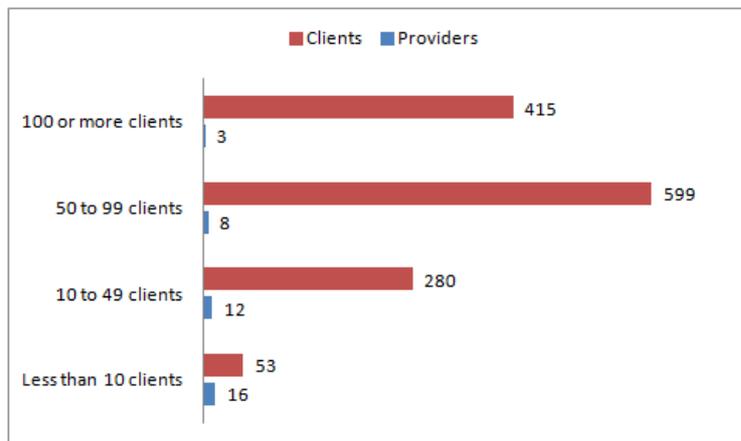
## The Current State of Supply

The Council’s duties in respect of the market for care services extend to both state-funded and self-funded provision and are set out in the draft Care and Support Bill. This requires that the Council ensures the diversity, quality and sustainability of provision; the state of the economy dictates that this will be within a severely constrained financial context.

### Analysis

The Council has commissioned Domiciliary Care services from 39 local, regional and national providers during 2012/13, with these providers supporting approximately 1,347 people in total.

16 of the providers under contract to the Council (41%) are expected to each serve less than 10 people in 2012/13 (54 people in total). 5 of these will support a single client.



11 providers account for 75% of all Domiciliary Care service users funded by the Council, with the 3 largest providers serving 31% of all Council funded Domiciliary Care service users (415 people).

The provider with the largest number of service users serves 167 people (12.3% of the total funded provision).

Figure 9: Domiciliary Care providers by size of client base

33 of the 39 providers contracted to the Council are independent or private sector enterprises, supporting 92.3% of Local Authority funded service users and accounting for 98.5% of Local Authority spending on Domiciliary Care contracts. The 11 largest providers are all private limited companies. The largest community provider (by LA funded client base) is a co-operative, supporting 46 service users.

Care Quality Commission (CQC) registrations confirm the range of services being provided by those contracted to the Council, with specialisms reported against a number of categories.

This shows a fair spread of providers across service specialisms, with the smallest number of providers registering support for Substance Misuse as a specialism.

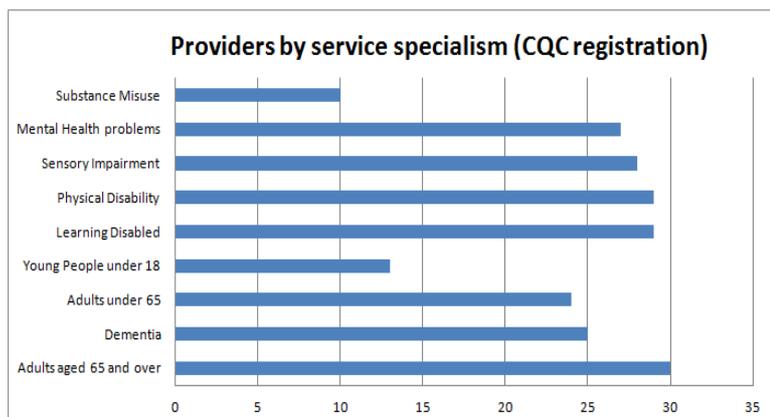


Figure 10: Providers by service specialism (CQC data)

Whilst information about the number of people buying Domiciliary Care services directly from the wider market is not known, CQC registrations data shows that there are 263 providers registered to provide care services in the Telford and Shropshire areas. Of these, 84 offer home-based care.

These numbers increase significantly when providers based in neighbouring Local Authority areas are added in (for example, the total rises to 358, of which 127 offer home care, when including Wolverhampton based providers). The proximity of Telford & Wrekin to other Local Authority areas makes it difficult to estimate the actual number of providers active in the area although the numbers suggest this to be many more than are contracted to the Council.

All Domiciliary Care providers are required to be registered with the CQC. Registrations were confirmed for 37 providers contracted to the Council, whilst registrations had lapsed for the remaining 2 (neither of who is now trading or under contract to the council). One provider's registration relates to the operation of a Care Home rather than the provision of Domiciliary Care: This provider provides care to a small number of adults with learning disabilities: The provider is in the process of changing the care model to supported living and adopting the relevant registration as a Domiciliary Care agency.

## Quality

The quality of provision is the primary responsibility of providers, whilst Local Authorities are responsible for ensuring quality across the whole of the care and support market. The Council carries out quality monitoring visits in line with its contract management arrangements but does not currently assess or seek to influence quality with non-contracted providers (other than through its relationship with Shropshire Partners in Care and a "light touch" accreditation process ). The Council monitors and responds to complaints that it becomes aware of, but there is currently no system for gathering and analysing complaints and compliments from across the market other than for contract management purposes. Overall, opportunities for wider learning through an understanding of quality from a service users perspective are not yet fully developed.

A review of CQC inspections showed that of the 37 providers with current registrations, 32 had recently been inspected and the majority (24 out of 32) were meeting CQC requirements, leaving 8 with failings against CQC standards.

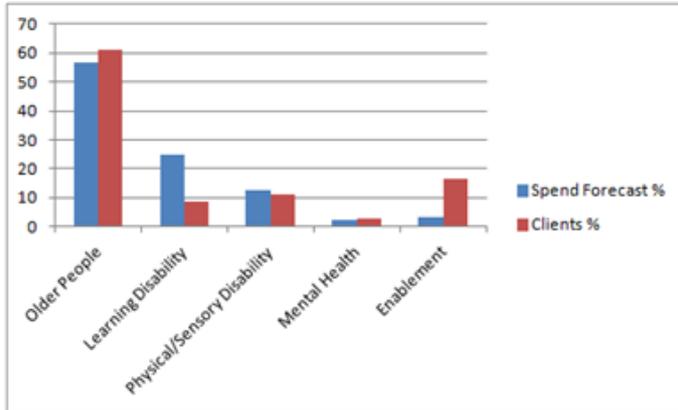
CQC consider providers against 5 outcome areas; 3 providers had failings identified within 3 or more outcome areas; 4 providers had failings in just 1 outcome area.

Four of those where failings were identified were amongst the "top 11" providers by client base, providing care to 391 people between them.

The most common failing (in 5 out of the 8 where shortcomings were identified) was in respect of the outcome around Staffing. For one provider the most significant failing, relating to the outcome on Quality & Sustainability of Management, required CQC enforcement action (this provider subsequently ceased trading).

### Current Spending

The Council currently spends around £10m per annum on Domiciliary Care services (2012/13 projections). This equates to in excess of 655,000 hours per annum of care at an average cost of £15.10 per hour.



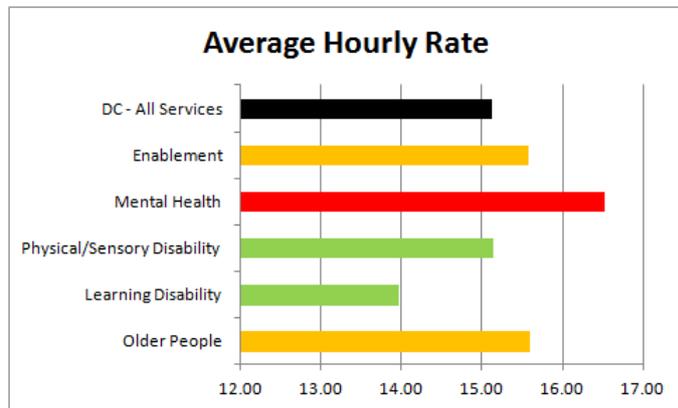
Around 61% of LA funded service users, access “older people’s” Domiciliary Care services, spending around 57% of the total bill.

117 Learning Disabled service users (9% of the total) use Domiciliary Care services at a cost of just under £2.5m (25% of the total spend).

Figure 11: Forecast expenditure by client group

Enablement services account for 16% of all service users accessing Domiciliary Care, at a cost of just £340k (3% of the total). The Council has an in house enablement service, this team will pick up enablement care wherever possible, topping up with purchasing from local Domiciliary Care agencies when required.

Average hourly rates vary somewhat between each client group. Physical / Sensory and Learning disability provision is charged at less than the all-service average of £15.10 per hour, whilst Enablement, Older People’s and Mental Health services are all charged at above average rates.



14 providers charge more than 10% above the average hourly rate.

Figure 12: Average hourly rates by client group

### Key Messages about supply

Diversity of provision is important because it will ensure that people have more choice of providers and services to meet their needs, and because competition is expected to stimulate innovation and help manage costs.

Overall, the evidence suggests that the Telford & Wrekin Domiciliary Care market is reasonably diverse, with a large number of providers operating in and around the area.

However, the market appears to be dominated by the independent sector, both in terms of provider numbers and share of the client base. Third sector providers are under-represented, certainly in terms of the Council-commissioned part of the market.

25% of the provider base accounts for 75% (by client number) of the market and there are 3 'dominant' providers who between them have more than a 30% share of Council-funded service users. The risks for the sustainability of the market should one or more of these providers fail or exit the market have not yet been assessed.

The diversity and increased competition within the market does not yet appear to have had a dampening effect on prices. Average hourly rates in some client groups are significantly distorted by exceptional one-off cases. Overall, the Council will be taking action to understand costs within the sector, agree fair prices and, work with providers to clearly demonstrate an increasing return (in terms of outcomes) on the money spent.

The Care and Support White Paper makes it clear that the primary responsibility for quality rests with providers, whilst Local Authorities are under a duty to promote quality across the whole of the market.

There are currently only limited indicators of quality within the local market and little has yet been achieved in terms of making this information accessible to people making decisions about their care and support. CQC assessments for those providers contracted to the Council are generally satisfactory, showing that in most cases the required standards are being met.

There is a need to understand more about quality from a provider and a service user perspective and in particular to commence a dialogue aimed at driving up quality across both the state-funded and self-funded parts of the market.

The Council's online care and support directory<sup>2</sup> includes listings for Domiciliary Care providers but makes no reference to quality assessments. The planned introduction of the My Life portal will provide enhanced information about care and support services available locally. The use of the system will be evaluated and the potential for further development of MyLife will be explored: Opportunities exist to enhance information about provider quality; allow service users to rate their experiences, and support the development of an on-line market place.

At present the cost of providing care varies amongst providers and client groups. In the face of significant budget savings of 30% by 2015 across its adult social care function, the Council will want to move towards a fair pricing system where the true costs of services are shown. The Council intends to introduce framework agreements where a fair price will be set and paid for providing care that represents good quality and value for money.

As demographic changes take effect, the way in which the Council manages demand for care and support services is changing, with a shift in focus and resources from long term and acute needs towards more community-based, short-term reablement support and preventative services. This will require an increase in the availability and effectiveness of shorter, recovery-based interventions aimed at maximising independence

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<sup>2</sup> [http://www.telford.gov.uk/info/100010/health\\_and\\_social\\_care/1160/adult\\_care\\_and\\_support\\_directory](http://www.telford.gov.uk/info/100010/health_and_social_care/1160/adult_care_and_support_directory)

## Next Steps

### Reviewing the Evidence

Our analysis of the national and local policy context, the current and projected future demand and the current state of supply within the Domiciliary Care market in Telford & Wrekin is underpinned by an evidence base that supports the need for change. We aim to maintain the evidence base and use it periodically to refresh our analysis and update our plans. In this way we hope to ensure that Domiciliary Care in Telford & Wrekin remains responsive to people's changing needs.

The evidence base is available too and can be accessed from the WebPage on which this document is hosted.

### Possible models of practice

The development of a personalised and community-based care and support system built around the notion of promoting people's independence is a priority for everyone involved in the care and support market.

The population and demographic changes that are happening now and projected to accelerate into the future have the potential to impose an unsustainable burden on both individual and statutory funders of care and support.

We need a high quality, diverse and sustainable market that is affordable, with services designed and delivered flexibly around the needs of the people who will use them.

To address the issues identified, we believe that there is a strong need for change. We aim to use our analysis and the underpinning evidence to shape and inform our service delivery and market development plans and in particular to help us identify the priorities for action.

We are already committed to a number of key actions that are benefitting those in receipt of care and support in Telford & Wrekin and these include:

- Offering all individuals eligible for publicly-funded adult social care a personal budget - a clear upfront allocation of funding to enable them to make informed choices about how best to meet their health, well-being and care needs.
- Extending and clarifying the deployment options that are available for people in receipt of a personal budget so that there is real choice and control over how the money is utilised.
- Developing our online services – the MyLife portal will provide information to the public about local care and support services. We will evaluate use of the system and explore its potential to offer enhanced information about provider quality; allow service users to rate their experiences and support the development of an on-line market place.
- Making it easier for organisations to do business with the Council – ensuring that our processes are accessible and transparent and that they don't disadvantage smaller community-based providers.
- Supporting the voluntary sector – making it easier for voluntary organisations to compete in the care and support market through a Voluntary Sector Commissioning Framework and in particular strengthening the range of community-based support that is available.

- Ensuring that the market offers real choice from a wide pool of high quality providers - maximising opportunities for local businesses and community-based providers.
- Our service delivery model reflects our aim to help people remain independent, safe and healthy for as long as possible whilst at all times ensuring that they can access the services that suit them and their personal care requirements. We want people to have greater control over the services they choose and, for those in receipt of state funding, how they receive and spend the money provided for their care.

In line with our co-operative values, we wish to explore with providers and people who use Domiciliary Care services some of the following:

- Introducing outcomes-based framework agreements, with all Council-commissioned Domiciliary Care to be purchased under the framework. This would require a shift in both commissioner and provider focus, with specified outcomes driving contract design, performance management and remuneration.
- Decommissioning and remodelling - working with existing providers to respond to personalisation – putting people at the centre of the service and making sure that the services of the future are tailored to them and help maintain their independence.
- Supporting innovation – looking to new development and diversification through micromarkets, social enterprises and “people doing it for themselves”. Increasing collaboration between providers and with the Council. Investigating the business case for electronic monitoring within Domiciliary Care provision.
- Quality – achieving a balanced and proportionate approach to quality improvement that gives confidence to those buying and using Domiciliary Care services; working collaboratively to drive improved standards of quality and safety.
- Diversity - working with potential providers to explore opportunities for new and less traditional services; increasing the number of preventative and recovery-based services to maximise independence.
- Sustainability – developing resilience within the Domiciliary Care market so that we gain an early indication of risk and market failure and put in place appropriate plans to mitigate the impact for people in receipt of care and support.
- Building our ‘relationship’ model – recognising that a new relationship must exist between the Council and the market; ensuring that we can engage productively at individual and representative levels.

We recognise that there will be many more opportunities for change and specific challenges that must be addressed and will explore and evaluate these through our ongoing engagement with providers and people who use Domiciliary Care services.

### Future levels of resourcing

The Council faces significant financial challenges, with overall spending on adult social care due to fall by 30% by 2015. This means that we are required to find new and innovative ways of ensuring that people can access high quality care and support.

**Managing demand** - our service delivery model envisages a bigger proportion of overall spending being allocated to low-level preventative services and those targeted towards maximising

independence. Our investment decisions will increasingly reflect these priorities whilst our view of success will be based on the extent to which outcomes are achieved.

**Relevant services, relevant skills** – meeting the challenges of an ageing population and addressing the wider determinants of health and mental health so that people can remain healthy and independent for as long as possible. As the population continues to age, with increased numbers of older people living with dementia and other limiting long term conditions, we expect a growth in services that support this demographic group. This will require a workforce that is sensitive to the needs of older people and in particular that older people's services become more 'dementia friendly'.

**Supporting carers** – because carers are a vital part of the care and support system. As carers age they become increasingly likely to suffer ill health – so maintaining the health and well-being of carers is a key strand of our Carers Strategy.

**Focus on Quality and Outcomes** - we expect that all providers will offer high quality affordable services that are focused around the achievement of personal outcomes. The Council's commissioning approach will be to seek out quality services that offer value for money and maintain high levels of user satisfaction.

**Helping people take control of their care and support** – making it easier for people to choose the services they need and the ways in which the money is managed. We want to increase the number and quality of personal budgets so that people can benefit from being in control. At the same time, we recognise that not everyone will want to manage the money for themselves so we will offer a choice of deployment options.

**Better information about community-based support** - we will offer improved access to information, support, and advocacy to help people manage their own care and support needs and to decide on the best options for them. The Council will wish to do business with providers who can share this commitment by offering people the right advice, help and support where appropriate.

**Helping to ensure affordable services within a sustainable market** – we recognise the need for services to be affordable to those who pay for them, whilst ensuring that the market operates in a way that allows providers to thrive and develop the range and quality of services they offer. We need to ensure that providers are fairly rewarded for delivering high quality services that improve outcomes for those who use them.

### Facilitating the Market

New methods of developing and facilitating the social care market are required which can build on the Council's unique position. The Council can bring information it has about population and demand of its service users and carers, into a dialogue with providers about investment and risk. The aim is to encourage and support providers to shape their services to personalisation, demonstrate good outcomes, and improved models of practice, and explore ways in which they can complement these approaches and be rewarded for doing so.

The Council recognises that to deliver change providers will require investment. This might include providing new types of service, training staff to improve quality or spending time with customers to plan and tailor services. If we wish to see small and medium-size providers in the market we must consider their capacity to invest money and take risks. Larger providers should not be overlooked

either, but generally have more capacity to take risks and to allow demand for services to build up over time.

We also recognise the need to foster a supportive environment of shared risk taking across the board from assessment and support planning, through to brokering services, frontline service delivery and reviews. Shared risk taking in terms of the packages of support that people are given will reduce dependency and promote independence. We recognise the importance of providing timely short term interventions to support people regaining their independence: We want to explore, with providers, the options for expanding this approach.

We wish to consider, with providers, the issues around stimulating new and innovative forms of provision with the aim of achieving with the market an appropriate range of services. We will want to explore ways in which social investment can be leveraged in order to facilitate development.

The Council wants to support voluntary sector providers and has developed a Telford & Wrekin Voluntary Sector Commissioning Framework to progress this work. It also wants to reduce the requirements placed on providers to work within complex contractual arrangements and to make it easier for existing and new providers to enter the market and work with us. The Council aims to continue to encourage local people to help influence local commissioning decisions and will always consult with its residents to shape the services they want and to do what is right for Telford & Wrekin.

This Market Position Statement is the start of a process. It is intended to serve as an introduction to the many discussions that need to be had between the Council and providers but also to encourage providers to think about their current business models and how they may need to change for the future.

It does not prevent providers seeking a competitive advantage through their own market research and other activities. The right kind of freely-shared and published intelligence could lower barriers to market entry and prevent providers from wasting resources on poorly-targeted initiatives.

We recognise that our evidence base, though extensive, is not complete in all respects, for example in respect of the information we hold about the demand for and provision of services used by people who fund their own care. We are committed to enhancing the evidence base so that future iterations of the Market Position Statement can reflect a richer mix of intelligence gathered from a wider range of sources. In this respect we welcome views on the type of market information that providers would find especially useful in the future and hope to encourage a market whereby such intelligence is openly shared for mutual benefit.



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