

Adult and Community Services

Market Position Statement



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Introduction

I am pleased to present our Adult and Community Services Market Position Statement which sets out Leicestershire County Council's vision for the care and support of people living in the county, as well as our commissioning intentions. We recognise and value the organisations that we work with in the provision of services for people living in the county and we anticipate that this statement will be of benefit to providers by informing them of likely future services and support requirements.

The Adult Social Care Strategy 2016-2020 'Promoting Independence, Supporting Communities' approach to helping people help themselves will shape how services are commissioned. We are committed to developing and supporting the market place for services that meet the needs and expectations of all our customers, including self-funders, and carers.

Leicestershire County Council wants to place the person at the heart of what it does and customers of the department are able to influence decision making through varied co-production, engagement opportunities and partnership boards. Working in this way gives a strong foundation for the introduction of the Care Act 2014 which brings a new focus for us to provide advice and information for people on how they both pay and plan for their future care needs.

We are committed to working with providers and customers as partners and will be open and transparent in our dealings with them. This approach will form the basis of discussions with providers and customers who inform and influence our commissioning activity. In 2016, for example, the 'Help to Live at Home' contract will change the way that home care is delivered as the result of consultation with customers and engagement with providers; the service will have a locality focus and allow for care staff to work creatively and flexibly with customers to help them maintain their independence.

In line with the Care Act, integrated commissioning with the NHS has been a significant development in the way new and different services are commissioned with the Clinical Commissioning Groups (CCGs) in Leicestershire; this is expected to deliver benefits for both providers in the market place and customers. It is a new way of working with the aim of working seamlessly with health so that customers are able to access the help they need when they need it regardless of organisational boundaries.

This statement contains information on the local market, our strategies for different service types, information on the state of specific markets in Leicestershire and analysis that will be of benefit to providers of services. Setting out our priorities and intentions in this way will enable providers to plan their businesses with confidence and meet customer expectations. Whether you are a commissioner, provider or other local organisation I hope you will be able to make use of the additional information and resources made available in the document and by web link.

In addition to this Market Position Statement, we will publish our Adult Social Care Commissioning Strategy and Workforce Strategy in 2016 and these key documents will inform prospective suppliers of our future procurement and market development intentions.

Sandy McMillan
Assistant Director

We are committed to working with providers and customers as partners and will be open and transparent in our dealings with them.

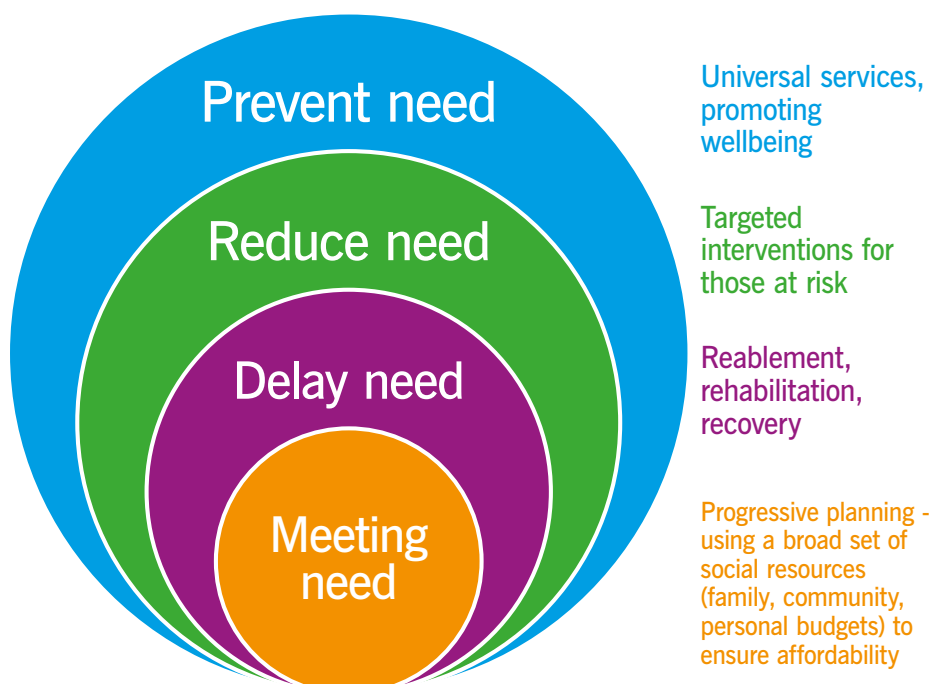
Leicestershire's Strategic Approach

Leicestershire has adopted a strategic approach with a focus on providing information and advice, prevention and reablement; summarised in the [Promoting Independence, Supporting Communities strategy](#). Reablement and rehabilitation services are delivered jointly across the Leicestershire system so that the right interventions are available at the right time and in the right place and customers are supported in a seamless way, in achieving the independence and well-being outcomes they want and value.

At times of change and challenge it is important that the County Council continues to meet its statutory duties including achieving change within our resources. Through Promoting Independence, Supporting Communities our aim is to make the necessary savings to deliver our Medium Term Financial Strategy (MTFS) for 2016-20 whilst delivering good quality, flexible support to those who need it most.

Our model for social care works to principles which aim to put the person at the centre, and to ensure that the support they receive can deliver the right outcomes and manage any risks appropriately. This 'enabling' ethos is at the core of all service offers to customers and must be evident in the behaviours and approaches of the workforce at whatever level services are accessed. We will facilitate collaborative working between statutory, independent and voluntary sectors and promote partnership working to provide more integrated social care services. Where needed, customers will have a specific outcomes based reablement plan that will help them achieve short term goals to restore or maximise the skills they need to retain or regain independence. For those requiring longer term support we expect providers to maximise the use of a customers' existing support and assets, promote self-care, maximise the use of Assistive Technology and take a progressive approach, reducing reliance on local authority funded support over time.

Customers will be offered the appropriate level of help, within our strategic approach using a four tier model.



Prevent need

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- We will work with our partners to prevent people needing our support. We will do this by providing information and advice so that people can benefit from services, facilities or resources which improve their wellbeing.
- This service might not be focused on particular health or support needs - but is available for the whole population – for example, green spaces, libraries, adult learning, places of worship, community centres, leisure centres, and information and advice services.
- We will promote better health and wellbeing and work together with families and communities (including local voluntary and community groups).

Reducing need

[See Page 19 »](#)

- We will identify those people most at risk of needing support in the future and intervene early if possible to help them to stay well and prevent further need for services. For example, we might work with those who have just been diagnosed with dementia, or lost a loved-one, people at risk of isolation, low-level mental health problems, and carers.
- Our work will be targeted at people most likely to develop a need, and try to prevent problems from getting worse so that they do not become dependent on support.
- Provision might include: information, advice, minor adaptations to housing which can prevent a fall, support and assistance provided at a distance using information and communication technology via telephone or computer.

Delaying need

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- This will focus on support for people who have experienced a crisis or who have an illness or disability, for example, after a fall or a stroke, following an accident or onset of illness.
- We will try to minimise the effect of disability or deterioration for people with ongoing health conditions, complex needs or caring responsibilities.
- Our work will include interventions such as reablement, rehabilitation, and recovery from mental health difficulties.
- We will work together with individuals, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost effective support.

Meeting need

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- The need for local authority funded social care support will be determined once we have identified and explored what is available to someone within their family and community.
- People who need our help and have been assessed as eligible for funding, will be supported through a personal budget. The personal budget may be taken as a direct payment using the new direct payment card predominantly.
- Wherever possible we will work with people to provide a choice of help which is suitable to meet their outcomes. However, in all cases the council will ensure that the cost of services provides the best value for money.
- Whilst choice is important in delivering the outcomes that people want, maintaining people's independence and achieving value for money is paramount.

The main opportunities in the year ahead will be related to the provision of services that offer a cost effective alternative to Residential Care, (such as Supported Living and Extra Care) and services that focus on maximising independence (such as Community Life Choices). We will be exploring further opportunities to expand on our reablement offer, to delay the need for more extensive and longer term support, as demonstrated in the imminent Home Care procurement (Help to Live at Home). We are also keen to explore the further use of Assistive Technology and integrated services that promote independence and reduce need.

Key Messages for Providers

Prevent

1. The department will develop our prevention offer with partners by promoting independence in the community, encouraging family support and commissioning services that actively encourage people to take responsibility for improving their own physical and mental wellbeing, maintaining a healthy lifestyle and planning for the future. **We want providers to promote self-reliance and facilitate access to community provision and a comprehensive range of advice and information.**
2. In line with the Public Services (Social Value) Act 2012 we as commissioners will seek to secure economic, social or environmental benefits when buying services above the Official Journal of the European Union (OJEU) threshold. **Therefore the department wants to work with providers that can embed social value within local communities and improve sustainability by developing and promoting innovative services.**

Reduce

3. The department will support carers via a new care pathway, shaped by the requirements of the Care Act, offering information and advice, professional support and in cases where more significant support is required, provision via a personal budget. **The department is committed to continued investment in support services for carers that enable them to remain in their caring role.**
4. Monitoring departmental investment in any services that may reduce need (for example Mental Health Drop-ins peer support groups and Advice services), will ensure that they are targeted towards and accessible to those at future risk of need social care support. **The department will work with providers to measure and better understand the impact of early support in determining future commissioning intentions and targeting funding on services that are cost effective and deliver tangible results.**

Delay

5. Through our central role in Better Care Together, the department is working with health services to reduce duplication and align procurement processes in order to come to the market with 'joined up' requirements and monitoring processes. **Key to this will be the development of reablement 'step down' services to provide temporary support to people leaving hospital and 'step up' services to reduce hospital admissions.**
6. **The department will support people with learning disabilities to access a broader range of resources, thus delaying the need for more traditional packages of care that limit their independence and reduce the potential cost of ongoing support.**
7. **The department will work with providers to develop and deliver an effective employment pathway for working age adults.**

8. **The department will support work with customers, families and service providers to promote the effective use of equipment, and assistive technology, to optimise independence, safety and well-being.**

Meet Need

9. The department must operate within a context of increasing need as the population ages, without a corresponding increase in financial resources. **Achieving value for money is therefore critical to delivering our strategic objectives and we will be working with providers that can deliver outcomes, using person centred approaches that build on community resources and the personal assets of the customer.**
10. Block contracts will continue to reduce as they are replaced with personal budgets, framework agreements and outcome based commissioning arrangements to ensure more person centred provision. **Working with providers that can demonstrate high quality, person centred and progressive care (including access to employment), particularly with regard to support for people with Learning Disabilities or enduring mental health issues, is also a key priority for us.**
11. Procurement will move towards a focus on outcomes rather than time and task activity by identifying best practice nationally, consulting locally and learning from approaches identified through the Innovation programme. **Providers that can demonstrate the cost effective achievement of outcomes will be very well placed to work with us in the future.**
12. We will extend the use of Direct Payments and will welcome the development of more innovative approaches to support people. An increasingly diverse range of providers will be needed to meet the demand from people using their personal budgets to purchase such services. **Our desire to increase the number of Micro Providers and Personal Assistants goes hand in hand with this aspiration.**
13. **LCC will be focusing on developing strategic relationships with a smaller number of care and support providers**, with whom we can promote innovation, consistent quality and effectiveness of service delivery and respond flexibly to the changing needs of the local population. This approach underpins our current partnership programme with Leicestershire's clinical commissioning groups to reshaping homecare services, which focus on reablement and optimising independence. **The Help to Live at Home re-procurement that will take place early in 2016 is a major business opportunity for domiciliary or home care Providers.**
14. **We will be implementing new approaches to Community Life Choices and Supported Living in 2016**, to implement a progressive approach to support with a smaller number of providers.
15. With the high number of individuals transitioning from Children's to Adult services, and the number of high cost placements for those requiring complex care, particularly in relation to Learning Disability services, **we want to work with providers that can deliver sustainable, cost effective and person-centred approaches to support in this area.**

The Population of Leicestershire

PREDICTED POPULATION GROWTH OF



15%
2012-2037

POPULATION 65-84



**GROWTH OF
56%**

**36,708
PEOPLE**



**LONG TERM
CONDITION
OR DISABILITY**

The population of Leicestershire is growing, and it is predicted to reach 753,100 people by 2037, an increase of over 96,000 from 2012. However, the population is not growing uniformly for all age groups; detailed information can be found in the [Joint Strategic Needs Assessment](#) for Leicestershire but summary information is provided here.

- Between 2012 and 2037, the total population is predicted to grow by 15%.
- The population growth in people aged 85 years and over is predicted to be nearly 190%, from 15,900 to 45,600 people.
- The population aged 65-84 is predicted to grow by 56%, from 106,000 to 164,900 people.
- The younger population, aged 0-24 years, is predicted to grow by 7% from 194,800 to 208,800 people.
- However, the adult population aged 25-64 years is predicted to reduce by 2% from 339,900 people to 333,900 people.

The population growth patterns have implications for the provision of services for older people. There will be more older people with complex care needs that will require additional input from all parts of the health and social care system. This will need to be supported by people providing unpaid care through informal caring arrangements.

However, the reduction in adults of working age suggests that, as well as planning for the increased needs for services there is a long-term need to consider the infrastructure needed locally to support people.

This will be essential to maintaining independence and to support people to manage their own health and care needs with a shrinking network of informal care and support.

Health and Care Needs

The 2011 Census data provides an opportunity to review data on people's self-reported health and disability status, and how this changes for people that fall into many of the protected characteristics groups.

- Although 308,763 people in Leicestershire reported that they were in very good health (47%), 21,967 reported that they were in bad health (3%) and 6,053 people reported that they were in very bad health (1%).
- 36,708 people reported that their daily activities were limited a lot by a long term condition or disability (15%) and 44,851 people reported that their daily activities were limited a little by a long-term condition or disability (18%).
- There are a total of 16,431 older people providing unpaid care.
- Only 15% of people aged 85 years and over reported no limitations to their day-to-day activities, with 31% reporting that activities are limited a little and 54% reporting that activities are limited a lot.
- 60% of people aged 75-84 years and 34% of people aged 65-74 years report that their activities are limited by a long-term health problem or disability either a little or a lot.
- In the working age adult population, the proportion is lower but there are still 18% of people aged 50-64 years, 9% of people aged 35-49 years and 6% of people aged 25-34 who report that their activities are limited by a long-term health problem or disability either a little or a lot.
- The proportion of people that report their health as good or very good decreases with age; 98% of 0-15 year olds, 91% of 16-49 year olds, 77% of 50-64 year olds and 54% of people aged 65 years and over reported themselves in good or very good health;
- Nearly half of all people aged 65 years and over do not regard themselves as being in good health, with 34% of this age group reporting their health as bad or very bad.

**16,431
OLDER
PEOPLE**



**PROVIDING
UNPAID
CARE**

**NEARLY
50%
OF PEOPLE
OVER 65**



**REGARD
THEMSELVES
AS HAVING
POOR
HEALTH**

Key issues and priorities for Leicestershire

- 1. Frail Elderly People** - evidence shows that we are an aging population. The population growth patterns have implications for the provision of services for older people. There will be greater numbers of older people with complex care needs who will require more input from all parts of the social care system. This will need to be supported by people providing unpaid care through informal caring arrangements. However, the reduction in adults of working age (who can be informal carers and support providers) suggests that, as well as planning for the increased needs for services there is a long term need to consider the infrastructure needed locally to support people. This will be essential to maintaining independence and to support people to manage their own health and wellbeing. Closely linked to the ageing of the population is a projected increase in the demand for care and support for all people, especially those people affected by higher incidence conditions such as Diabetes, Visual Impairment, Depression, Dementia and Cardio-Vascular Disease (CVD).
- 2. Long term conditions** - the people identified through the 2011 Census as having their daily activities limited due a long-term health condition or disability are a key target population for early intervention and prevention services. The increasing ageing population in Leicestershire will be accompanied by a year on year increase in the number of people in this population group.
- 3. Dementia** - Because of the greater prevalence of dementia amongst older people, it is anticipated that demand for quality dementia services will increase proportionately with demographic changes. Linked to this it is estimated that three quarters of people with dementia also have a physical health condition; another factor likely to increase their need for social care support.
- 4. Mental Health** - There remains a high prevalence of mental ill health across the population and there is a need to have services across the board to meet the needs of this population. Recovery is a key issue for people affected by mental ill health, as is accessing support to secure and maintain appropriate housing, education, training and employment in the longer term.
- 5. Learning Disabilities** - The expected increase in numbers of young people (under 18) who have a learning disability who will transition into adult services during the next 5 years is significant. This will put additional pressure on adult social care services at a time when an increase in the number of older people with learning disabilities is also expected due to extended life expectancy.
- 6. Carers** - The Care Act has for the first time put carers on a par with those for whom they support. This, combined with the predicted rise of 29% in the number of carers by 2030 (corresponding to the number of people likely to need social care support), requires a proactive approach by the Local Authority in order to support them to continue caring, whilst maintaining their own well-being.

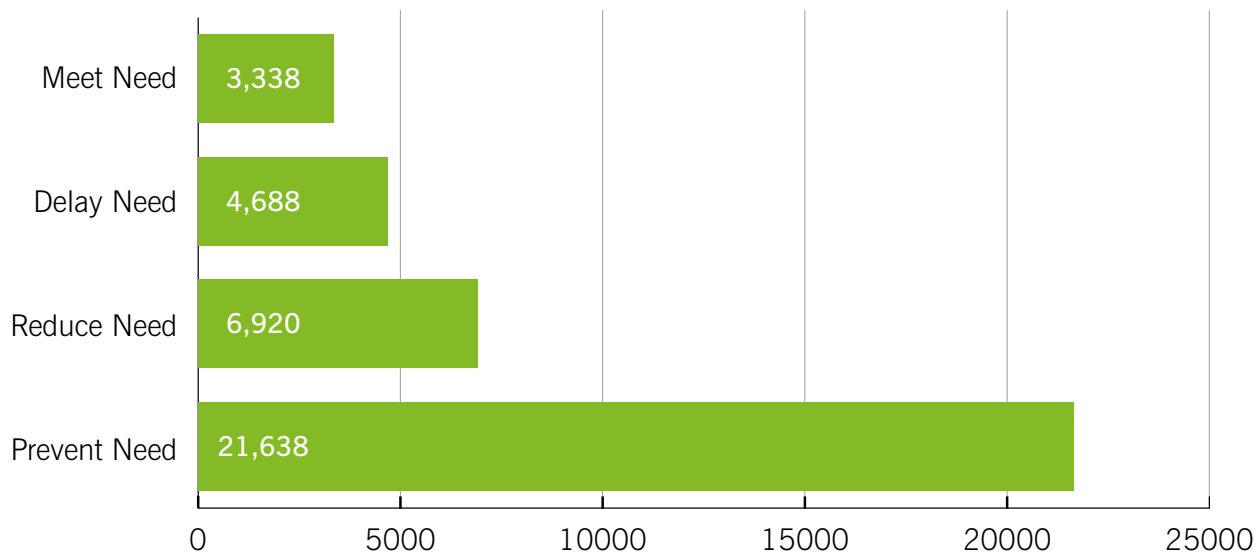
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The Care Act has for the first time put carers on a par with those they support.

Overview of people using Adult Social Care

Set out below is a summary of the anticipated support which will be offered to new customers in Leicestershire during the current year, categorised by the activity undertaken by the council following the request made by the client (the sequel to that request).

Sequel to Customer Requestes for Support 2015/16 (estimate)



Source: SALT 2015/16

- People who contact Adult Social Care and may not be eligible, or need support from other agencies fall into the prevent category. This includes people that are signposted to other agencies such as Housing Support, the NHS and voluntary sector organisations.
- The reduce need group includes people that are supported with equipment, assistive technology, short term residential and home care, crisis response and advocacy.
- The delay need category includes people that receive reablement support either at home or in a short term residential placement and inclusion support for people with mental health challenges.
- People for whom the expected sequel will be that the council meet need include those that obtain long term support such as home, residential or nursing care. It also included people that take a Direct Payment, Supported Living and palliative care.

The central aim of the Adult Social Care Strategy is to shift resources and activities from meeting need to approaches that prevent, reduce and delay need.

The following tables detail the number of people supported in Nursing, Residential and Community Care, categorised by the Primary Support reason. The first table related to working age adults and the second table relates to people who are 65 years and older.

The number of people aged 18-64 years accessing Long Term Support during the year to 31st March

Primary Support Reason	Nursing	Residential	Community				Total
			Direct Payment Only	Part Direct Payment	Managed Personal Budget	Commissioned Support Only	
Physical Support: Access and Mobility Only	-	36	189	26	30	63	345
Physical Support: Personal Care Support	7	23	144	77	110	133	494
Sensory Support: Support for Visual Impairment	-	-	10	-	-	0	13
Support with Memory and Cognition	-	7	-	-	-	-	15
Learning Disability Support	-	334	277	232	181	198	1,225
Mental Health Support	10	66	309	51	36	35	507
Social Support: Substance Misuse Support	-	7	-	-	-	-	16
Social Support: Support for Social Isolation/Other	-	-	22	5	13	-	44
	21	474	958	394	377	436	2,661

SOURCE: SALT 2015/16

The number of people aged 65+ years accessing Long Term Support during the year to 31st March

Primary Support Reason	Nursing	Residential	Community				Total
			Direct Payment Only	Part Direct Payment	Managed Personal Budget	Commissioned Support Only	
Physical Support: Access and Mobility Only	94	350	127	58	251	298	1,178
Physical Support: Personal Care Support	238	989	220	173	1,519	1,130	4,269
Sensory Support: Support for Visual Impairment	-	-	-	-	12	-	25
Support with Memory and Cognition	36	144	15	14	126	32	367
Learning Disability Support	-	65	7	8	24	21	125
Mental Health Support	115	401	57	37	144	108	862
Social Support: Substance Misuse Support	-	-	-	-	-	-	-
Social Support: Support for Social Isolation/Other	-	8	5	-	35	14	66
	484	1,971	434	297	2,119	1,608	6,913

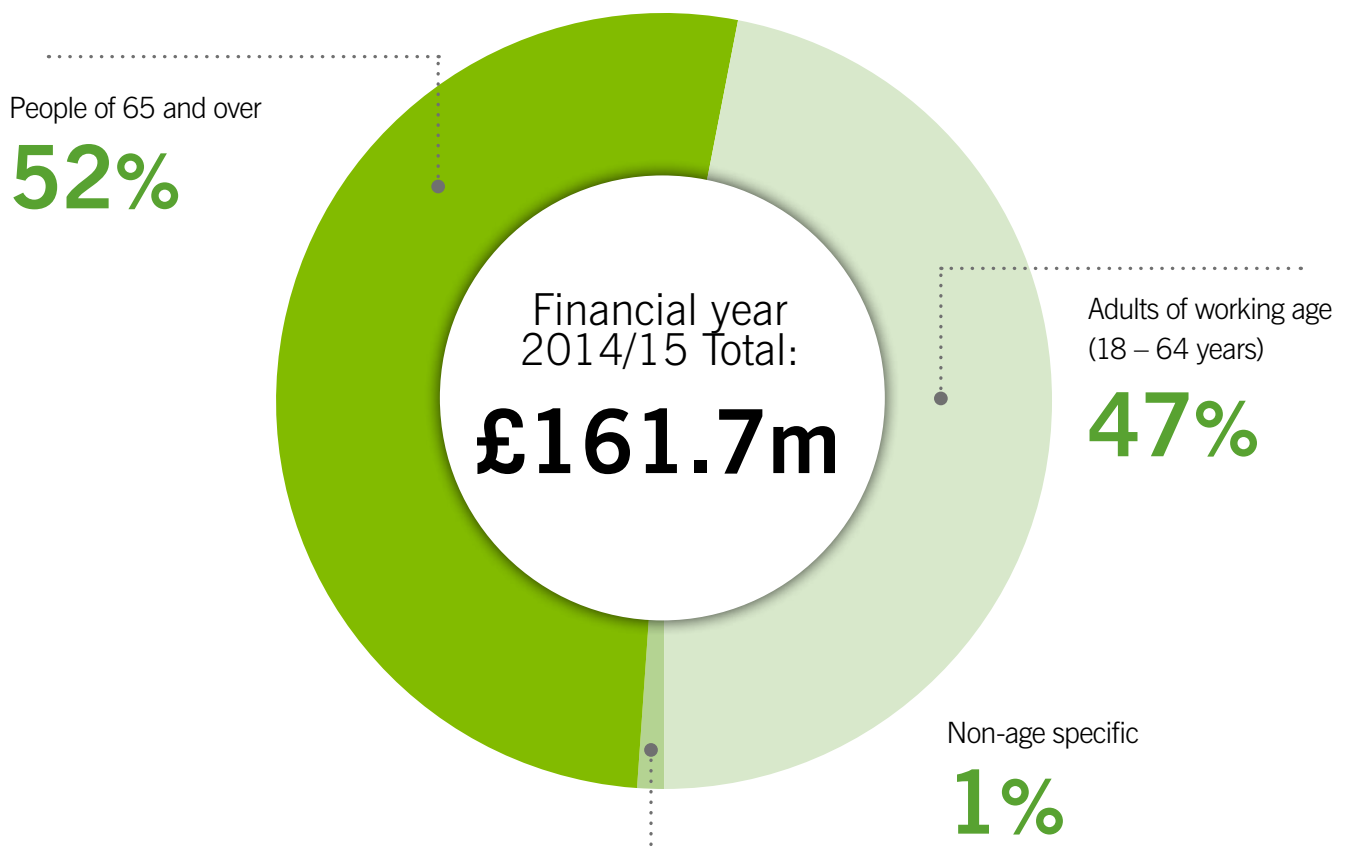
SOURCE: SALT 2015/16

- In the working age group, people with Learning Disabilities represent almost half of the people accessing long term support, the council is reviewing the support provided to this group with a view to improving commissioning to build independence and drive down costs.
- In the older age group, the incidence of dementia is increasing and there is an opportunity for providers that can provide integrated dementia care
- Increasing the take up of Direct Payments, using the Direct Payment Card remains a priority for both age groups.

Resources

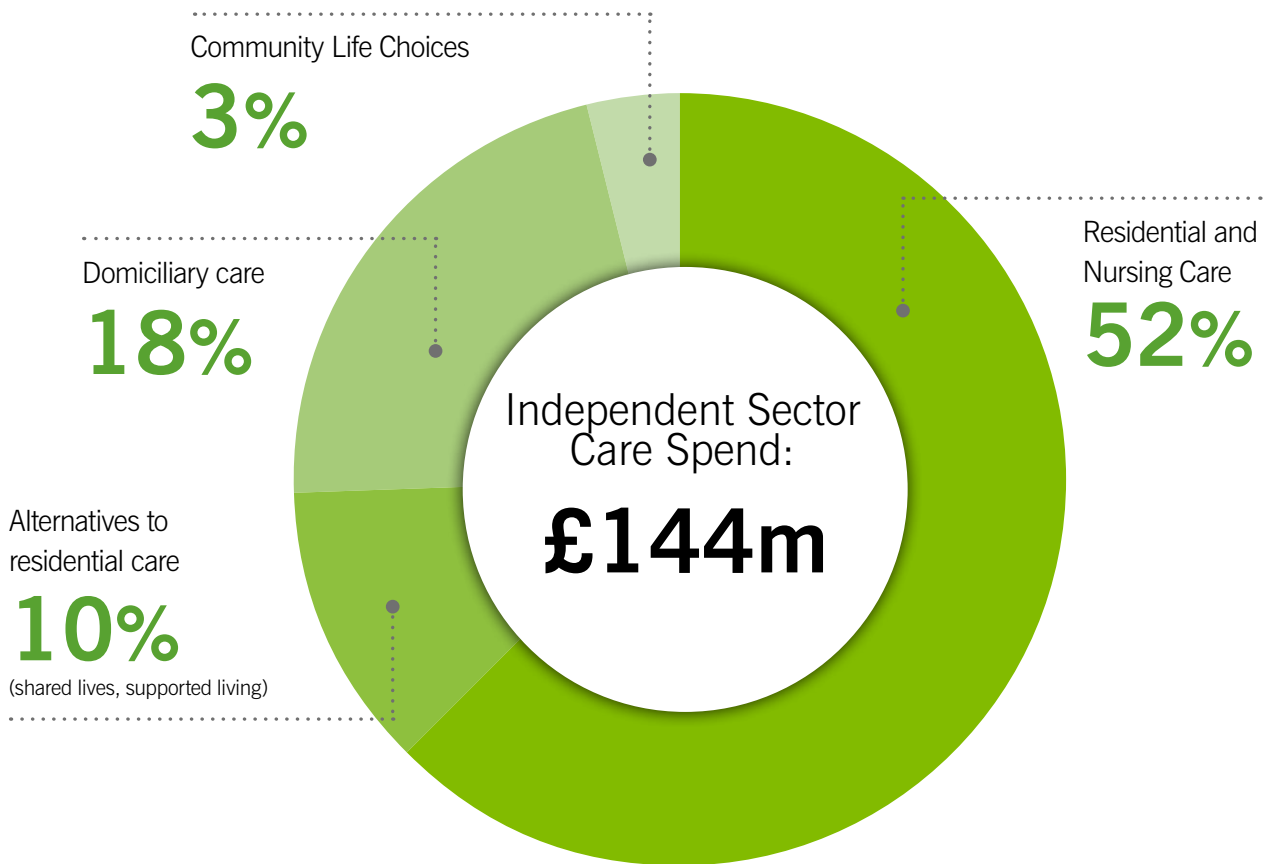
It is essential that transformation of services underpins the Medium Term Financial Strategy (MTFS) proposals to ensure that key outcomes are delivered and services are sustainable in the future. The departmental approach is consistent with the themes in council wide transformation.

In 2014/15, the Council spent £161.7 million on social care support for adults, as follows:



We anticipate that these proportions will change over time, in response to the implementation of progressive planning (reducing the proportion of spend on adults of working age) and the expected increase in the numbers of older people and of people with dementia.

11% (£17.6 million) of the spend on direct social care support was spent on in-house services (Council direct provision) this proportion is expected to reduce over time as fewer services are delivered by in-house provision. Care commissioned from the independent sector was valued at £144 million, spent on the following types of service provision:



The focus on prevention and supporting people to remain independent in their own home as long as possible is expected to reduce the proportion spent on residential and nursing care, whilst increasing the amount used for domiciliary care and alternatives to residential care. The remaining 17% was spent on direct cash personal budgets.

The current departmental savings targets as outlined in the Medium Term Financial Strategy are:

Year	Cumulative Savings (£k)
2016/16	7,660
2017/18	13,970
2018/19	17,635
2019/20	18,585

SOURCE: MTFS 2016/20

Adult Social Care Outcomes for Leicestershire

The performance of councils in relation to adult social care is monitored at a national level via the Adult Social Care Outcomes Framework (ASCOF). This consists of between 25-30 indicators sourced from council collected data and two surveys of people's views.

Integrating health and adult social care is both a national and local priority, supported by the Better Care Fund (BCF), and locally the Better Care Together initiative which is a significant programme of work to transform the health and social care system in Leicester, Leicestershire and Rutland by 2019.

Progress against the BCF is monitored via a number of metrics including ASCOF indicators. ASCOF 2B monitors people discharged from hospital via a reablement service. Whilst the proportion in Leicestershire is lower than the national picture, performance is improving in relation to the percentage of people still living at home 91 days following hospital discharge.

The number of delayed transfers of care, commonly known as bed-blocking, is another area that the BCF focuses on. The position in Leicestershire over the past eighteen months has been similar to the national position with a general increase. However since a significant peak in summer/autumn 2014 performance has seen a marked improvement with BCF quarterly targets on the number of days people are delayed being met. The current performance in Leicestershire is better than average compared with that reported nationally and by comparator councils.

Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency. Research suggests where possible people prefer to stay in their own home rather than move into permanent care. ASCOF 2A monitors the number of people permanently admitted to care and whilst admissions of those aged under 65 has increased over the past three years, the number of those aged over 65 has fallen year-on-year during the same period.

The views and comments from both people using adult social care services and carers are collated via annually conducted surveys. The indication from carers is a need for improvement - ASCOF 1D (quality of life), ASCOF 1I (social contact), and ASCOF 3D (finding information) all show a downward trend in performance over the last couple of years.

Recent findings from the survey of people who use adult social care services shows some similar challenges in relation to levels of social contact, and to a lesser extent finding information (although low, at 74%, this is improving).

Integrating health and adult social care is both a national and local priority

The number of people permanently admitted to care aged over 65 has fallen year-on-year over the past three years.

Feeling safe is another area explored in the survey and ASCOF 4B demonstrates a continuing view that, compared to the national picture, the services people receive help them to feel safe; the feedback in this area puts Leicestershire in the top 25% of councils in England.

Leicestershire County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a direct payment i.e. a cash payment. ASCOF 1C measures the progress in this area and during 2014/15 nine out of ten people were in receipt of a personal budget. Furthermore, over a third did so via a direct payment which is in the top 25% of councils in England.

Under the Care Act, from April 2015 carers have the same rights as the person they care for and the ASCOF metric has been extended to reflect their new rights. Again performance is high with 98% of carers receiving a personal budget and 95% via a direct payment.

The nature of accommodation for people with learning disabilities has a strong impact on their safety and overall quality of life and reducing social exclusion. ASCOF 1G monitors the proportion of customers aged 18-64 with a learning disability who are in settled accommodation. Performance is improving year-on-year and whilst the 2014/15 position was below the national average, further progress has been achieved.

ASCOF 1E measures the proportion of adults with learning disabilities who are receiving long-term services and are in paid employment. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing. It is a similar position to the accommodation indicator with performance improving albeit from a position that is low compared to the national position.

Overall, the ASCOF picture is one of progress and above average performance in some areas but in need of improvement for a larger proportion of the indicators; the views of carers is an area for particular focus. Integration of health and social care as measured through the ASCOF metrics in the Better Care Fund demonstrate good progress.

Delivering the Strategy

Preventing need

The Care Act 2014 brings new responsibilities for local authorities, with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market and safeguarding. Social care services are changing and Leicestershire County Council needs to renew what it offers to people who need our help.

The Council will work with our partners to prevent people developing need for social care support through provision of information and advice to support people to benefit from services, facilities or resources that are not focused on particular health or support needs, but which support wellbeing and are available for the whole population; for example, green spaces, libraries, adult learning services, places of worship, community centres, leisure centres, information and advice services.

There is ongoing and continuous demand for information and advice about social care provision and its remit, and what is available elsewhere. The Council's Customer Service Centre receives an average of 700 calls per week relating to social care, and a commissioned independent service also offers advice about social care, alternatives and options to meet people's needs and helps people to identify suitable alternative support.

It has already been identified that the majority of people seeking social care support in the future will be older people, so it will be necessary to ensure that the information and advice provided targets them as a customer group, from sources and in formats which are accessible to them.

Adult social care has contractual arrangements with approximately 20 organisations in Leicestershire (including the specialist advice and dementia services), which make up part of the information and advice offer available to Leicestershire citizens. Some have a specific interest associated with a particular condition or disability (for example dementia and mental health), are targeted at carers or have a particular form of delivery; for example advocacy.

It has proved difficult to fully map provision other than services commissioned directly by the authority, but it is clear that there is a breadth of community-based resources across the county, and the local voluntary sector infrastructure support organisation Voluntary Action Leicestershire (VAL) has reported that there are 378 organisations or groups with a broad interest in social care.

The internet has significant potential to provide social care information and advice, and work has been undertaken (and will be ongoing) to develop the social care and health website in line with customer needs. Work to date has prioritised the key changes associated with the Care Act, maximising opportunities for people to self-serve.

Further web development work is planned to provide information which will be determined by customer need, routing the customer to further information, community resources, the Council or our partners. It is acknowledged that current information pathways are

not integrated or standardised, and that information is not consistent. So, there will be ongoing work to co-ordinate our offer with that of our partners, to clarify the access routes to good advice and information, and to adopt a set of standards for information to achieve consistency, clarity and ease of use.

The department's prevention approach, consulted on in 2015 was co-produced alongside a range of individuals including carers, current customers of social care, and those with no direct experience of receiving services.

It aims at identifying people at risk and addressing future demand, working with people to identify their needs and assisting them to get timely, effective and relevant information and to access community resources. This must be supported through a wide range of community resources, with the right infrastructure and social capital.

Commissioning Intentions to Prevent Need

Adult Social Care is not the key commissioner for many preventative interventions, therefore underlining the necessity to work with key partners, including other departments within the council to promote positive health and wellbeing.

The department's future contributions include:

- Co-ordinating our information offer with partners in other county Council departments, health services, district councils and local community and voluntary sector organisations.
- We will develop and communicate key messages for those we identify as stakeholders, to increase understanding of our shared role in the promotion of health and well-being.
- We will require all contracted suppliers to provide information as part of their service delivery and review progress during the life of the contract.
- We will support initiatives to progress community developments which promote or maintain people's independence, including early identification of people at risk and facilitating access to universal services.
- We will map community based services that prevent and reduce the need for social care support, so that this can be shared with, and utilised by strategic and operational partners.

Reducing need

To reduce need we will identify those people most at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing and prevent further need for services. Frail older people, people with dementia, learning disabilities and mental health problems will be the key targets groups for services designed to reduce the need for social care, together with carers. The incidence of these conditions and the proportion of these people are all expected to rise significantly in the forthcoming years.

Targeted interventions for people most likely to develop a need, aim to reduce further needs and ensure that people do not become dependent on social support, and might include; minor adaptations to housing which improve accessibility or provide greater assistance for those at risk of a fall, or telecare services.

The Council commissions a mental health drop-in service where people can access information, advice, peer support, and one to one sessions with a member of staff to help with specific issues. At March 2015 this service's customer database numbered 515 people.

The Memory Support Co-ordination Service (paid for by Better Care Funding) is part of the integrated dementia care pathway. The service provides support to individuals and those who are concerned about memory loss or have a diagnosis of dementia, through the provision of support groups and education, and dementia cafes.

Carers support service offers a wide range of targeted advice, information and support for all adults who care across Leicestershire. The service facilitates the countywide forums, support groups, telephone befriending and information around welfare benefit entitlements. The service provides a quarterly newsletter to over 3,500 carers and supported 385 people new to caring between April and September 2015.

The GP Health & Wellbeing Service supports local GP practices across Leicestershire to identify and support patients who are carers in the early stages of their caring role. The service supports them to look after their own health and wellbeing and ensure that they receive appropriate advice, information and support. It offers carer awareness training to primary care staff and aims to identify a dedicated carer champion in each surgery. Since April 2015 the service has made contact with over 310 carers and supported 82 carers to seek more formal support from ASC.

Local Area Co-ordination is being piloted in 8 areas in the county to build individual, family and community resilience by working alongside local people, community organisations and the voluntary sector to design and deliver services needed in the locality. The main role of Local Area Co-ordinators will be to support a caseload of vulnerable customers to access services locally to help them to maintain independence.

The department is supporting the development of local groups and social enterprises, which can increase social capital across the county, is also supported via the Shire Grant programme.

The Innovation Programme is funded by Leicestershire County Council and is now working with providers on phase 3. The purpose of the fund is to support small scale pilots to develop projects with new and innovative ideas, with an emphasis on prevention approaches. These should lead to improved and sustainable health and social care outcomes for vulnerable adults and in hard to reach communities in Leicestershire.

LightBulb is a countywide project led by Blaby District Council and being piloted in 2015/16, which involves the county council and local housing authorities working in partnership to deliver housing and support services for vulnerable people, which are targeted at reducing hospital admissions and delayed discharges. Lightbulb will develop a single point of contact to simplify customers' access to services; a new, integrated assessment and case management process and an enhanced service offer, ranging from handyperson services to affordable warmth advice.

Advocacy services have been reviewed and are being recommissioned jointly across Leicester City, Leicestershire and Rutland with the aim of providing a "seamless" service for customers, avoiding duplication and achieving the best value for money for all three local authorities.

Mental Health support across the county is provided via a drop-in service. We will work with health colleagues in the Better Care Together mental health work stream to achieve better alignment of mental health services across health and social care.

Commissioning Intentions to Reduce Need

The Council will focus on reducing demand in the identified priority customer groups; frail older people, people with mental health difficulties, learning disabilities, dementia and carers.

- As part of the corporate preventative review, better alignment of grant funding will be sought to avoid duplication and offer more aligned approach to council funding for voluntary and community organisations and groups.
- We will support carers to remain mentally, emotionally and physically well through ongoing identification within primary care settings, continued investment in their support services, and the use of carers' personal budgets.
- We will support providers to recognise safe practice in safeguarding.
- We will work with providers to monitor and develop reporting systems to understand the impact and maximise the benefits of early identification services.

Delaying Need

Activity here focuses on support for people who have experienced a crisis or who have a defined illness or disability, for example, after a fall or a stroke, following an accident or onset of illness also on minimising the effect of the disability or deterioration for people with ongoing health conditions, complex needs or caring responsibilities.

It includes interventions such as reablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost effective support.

Services working to delay need include the Crisis Response Service, the Home Assessment and Reablement Team, and the Mental Health Crisis Service.

In 2014/15 the countywide Crisis Response Service handled 1,318 referrals, and provided support in 976 cases. The team focuses on preventing admission to hospital or residential care through the provision of up to 3 days of support at home, including community equipment as well as practical support.

The in-house Assistive Technology team works to help people stay in their own homes through the use of equipment and telecare (lifeline). In 2014/15 the team supplied 1573 items of telecare equipment and 1662 items of stand-alone equipment.

In relation to Mental Health recovery, Adult Social Care has an in-house service for people with a mental health need, which provides one to one support to individuals for up to 12 weeks to enable them to access community based social activities. In 2014/15 this service worked with 770 individuals. The Council also commissions a mental health recovery hostel, which provides 11 beds where people can stay for up to 9 months to learn or regain skills for independent living, and be supported to engage with and move back to community settings.

Commissioning Intentions to Delay Need

We aim to deliver services which will enable people to gain or regain skills to help them to live independently and recover from illness. We will do this in the most unobtrusive and least restrictive manner possible. This means that we will support people in the short term whilst expecting that wherever possible people will support themselves in the longer term. For most people, long term support from the local authority will be the exception rather than the rule.

We will provide 'just enough' support to assist people to build on their current strengths and develop their abilities to look after themselves without becoming overly dependent on council support.

- With regard to bed based reablement we will work to identify appropriate venues across the county where people can be supported to regain independent living skills in settings with flexible levels of support.
- This will link with the work we will continue to develop shared working with health and new discharge from hospital pathways in order to reduce delayed transfers.
- In 2016 the Council will recommission Homecare Services as the Help to Live at Home (HTLAH) Service and incorporate a reablement component that providers will deliver with targets to achieve outcomes that are linked to the Adult Social Care Outcomes Framework. This is a significant shift from the traditional task and time method of delivering homecare services.
- Alongside the implementation of HTLAH, the Council will be facilitating greater use of telehealth, equipment, minor adaptations and assistive technology to help people to maintain independence in their own home and reduce the need for more extensive intervention and ongoing support.

Meeting need

Where people do need support we will make it as easy to access as possible. People will be able to get the help, advice and support they need online, by phone, through clinic appointments or where required through pre-scheduled home visits. On first contact with people we will try to resolve their problems as quickly as possible and seek to utilise support from families and communities before resorting to formal social care services. We will do this because we know that this helps people to be more resilient and have better social outcomes; it reduces isolation and is more cost-effective. Support identified in people's local communities makes life better for both the individual and the community.

Outcomes and value for money are essential

Of course for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a person centered way which delivers the outcomes that people require.

In planning, commissioning and advising regarding services we want to facilitate the best value and most cost-effective delivery of good care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because a significant number of people using support services contribute to their cost and thousands of people in Leicestershire fund their own care entirely. Everyone should expect that the services they are buying or receiving represent value for money.

In order to achieve the savings required against current service delivery and reshape services to ensure they can deliver the new model of social care in the future we will decommission services that are not outcome-focused or effective in their current form.

Choice is also an important factor in people being able to manage their own care, however it cannot be unrestricted. Wherever possible we will work with individuals to deliver personalised social care and health services, but we will only do this on the basis that the services people receive will maximise their independence, provide value for money and be affordable. Working with providers of care we will constantly review people's care arrangements to ensure their outcomes are being met in a cost-effective way.

Community based services

Help to Live at Home

The authority has recently extended current Homecare (domiciliary care) contracts to April 2017, and has embarked on a programme of work that will reshape the market. This will take account of the need to jointly commission services with the NHS locally; the requirements of the Care Act including the need to move towards outcome based commissioning. The programme objectives are to:

- Drive up quality and innovation
- Improve partnership working and develop joint commissioning
- Ensure best use of resources and achieve efficiencies
- Reduce admissions to hospital and delayed transfers from hospital back into the community

Currently the main challenges in the market are that supply is fragmented with over 100 providers across the county and that social care commissioners compete with NHS commissioners and self-funders for services. This, together with growing demand, results in some, but by no means all, delays in hospital discharges, supply problems in certain rural areas and delays in moving people on from Reablement services.

Moving forward, the role of Reablement in the delivery of Help to Live at Home will increase as the work of the local authority Home Assessment and Reablement Team focuses on people leaving hospital. New contract arrangements will also entail outcome based commissioning, which will be related to reablement.

Community Life Choices

We recognise that good lives happen for people when they are supported in their communities. This means being connected to people and places in neighbourhoods and beyond.

Leicestershire aims to support people to work towards being as independent as they can, promoting progression wherever possible throughout a person's life. Our vision for the social care market is underpinned by the principle that wherever possible people should be supported to achieve greater independence, focusing on what people can do.

Our key priorities for improving community-based services for those with a physical or learning disabilities or a long-term condition are:

- Embedding a progressive approach to community support enabling customers to increase skills;
- Ensuring that people have access to effective services that are tailored to meet their individual needs; and
- Ensuring equity of access for all those assessed as needing these services

Commissioning and contracting will be redesigned to support personalisation for people with learning disabilities. Providers, people with learning disabilities and their families, will be fully engaged in this redesign. The Learning Disability Partnership Board, which supports Locality Groups and Subgroups will inform and support these service developments.

Also, in 2016 there will be a fundamental review of our approach to supporting people with Learning Disability via the Community Life Choices framework and providers will be able to participate in that review.

Accommodation based services

Residential and Nursing Home Services

There are currently 180 Care Homes registered with the CQC in Leicestershire and the overall number has been reasonable consistent for the last 5 years.

Summary of Residential and Nursing Homes in Leicestershire						
Locality	Number of beds - Nursing and Residential	Number of Care Homes - Nursing and Residential	Number of Nursing Beds	Number of Nursing Homes	Number of Residential Beds	Number of Residential Homes
Blaby	599	24	137	3	462	21
Charnwood	1,320	57	489	10	831	47
Harborough	600	17	246	3	354	14
Hinckley & Bosworth	774	30	159	3	615	27
Melton	337	10	61	1	276	9
NWL	610	24	234	5	376	19
Oadby & Wigston	578	18	195	4	383	14
Grand Total	4,818	180	1,521	29	3,297	151

Source: CQC Database - 01/10/2015

Surveys of occupancy during the summer of 2015, which had good response rates from a broad range of providers, indicate that occupancy is running at 95% in the residential care sector.

At this level, the market is reasonably stable in that occupancy is not so high that the council is unable to find places when they are needed, but not so low that it threatens the financial viability of care homes in Leicestershire. Further work will be undertaken during 2016 to better understand future demand and sustainability in relation to residential care, taking into account the new departmental strategy to develop alternative models of support.

Extra care

Extra care housing offers older people the opportunity to lead more independent lives in a non-institutional setting, promotes social inclusion, prevents unnecessary hospital admissions and facilitates speedier transfers from hospital.

The council currently works in partnership with a number of extra care housing, care and support providers in the Melton, Harborough, Charnwood and Blaby areas, with further units planned for 2016/17. Following a recent residential reablement pilot, in October 2015 we initiated a Better Care Funded, extra-care reablement pilot, which provides short-term support to enable people to regain confidence, mobility and independent living skills immediately after leaving hospital and prior to returning to their own home.

We are refreshing our current Extra Care Strategy and needs analysis in line with the Medium Term Financial Strategy (MTFS) for 2016-20. We will be working with strategic housing authorities, customers and local providers to develop a consistent, sustainable model of care, support and reablement, which will inform a single, countywide procurement process for extra care.

Supported or Assisted Living

Like Extra Care, Supported Living services can offer a positive alternative to traditional residential care options for adults with a learning or physical disability or enduring mental health condition. We want to review the services we commission to ensure customers have access to the widest range of options for their care and support arrangements.

We have recently refreshed our Support Living Framework and are reviewing our supported living offer, which will focus on progression, building on individuals' strengths, optimising independence and the achievement of outcomes. To further develop alternatives to residential care, a new Accommodation Strategy will be developed in 2016.

Commissioning Intentions for Meeting Need

Commissioning Intentions to meet need.

- Ensure that people have access to high quality information and advice in order to make the best decisions regarding their accommodation, care and support.
- Ensure that we have the right services in the right place at the right time with the right support.
- Help as many people as possible to live in ordinary houses in the communities of their choice.
- Support providers to be flexible and responsive to people's needs, and able to cope with emergencies.
- Develop services that dovetail with the critically important care provided by family and friends, and those services provided by community organisations.
- Support people to improve their quality of life via social inclusion and the development of relationships within a person centred service

Self-funders

Self-funders are defined by the Care Act as people with eligible needs and financial resources, which are above the threshold and as such do not qualify Local Authority financial support. These people generally arrange their own care privately. It was envisaged, under the second phase of the implementation of the Care Act, that the Council would work closely with self-funders to support them in arranging their care and monitor expenditure on eligible support towards the care cap. The decision of the government to delay implementation of the second phase of the Care Act means that this work will not be completed until 2020.

The size of the self-funder market is affected by the cut-off point at which the council provides support, substantial and critical in the case of Leicestershire in recent years, the rate of home ownership, which is high at 72% for those over 85 years of age in Leicestershire, and the average house price which is £157k in Leicestershire compared with £134k across the East Midlands, also indicate that the self-funder market in Leicestershire would be high. Furthermore, another indication that the self-funder market in Leicestershire is strong is that at 137/149, Leicestershire score very low on the Index of Multiple Deprivation (2010) and is therefore a relatively wealthy county.

Substantive research into the size or nature of the entirely privately funded care has not been completed in Leicestershire, relating either to residential or home care. At the time of reporting (January 2016) Adult Social Care funded 2,205 of the 4,818 total places available. The remainder will be occupied by a mixture of people funded by health services or other local authorities, or who are self funders.

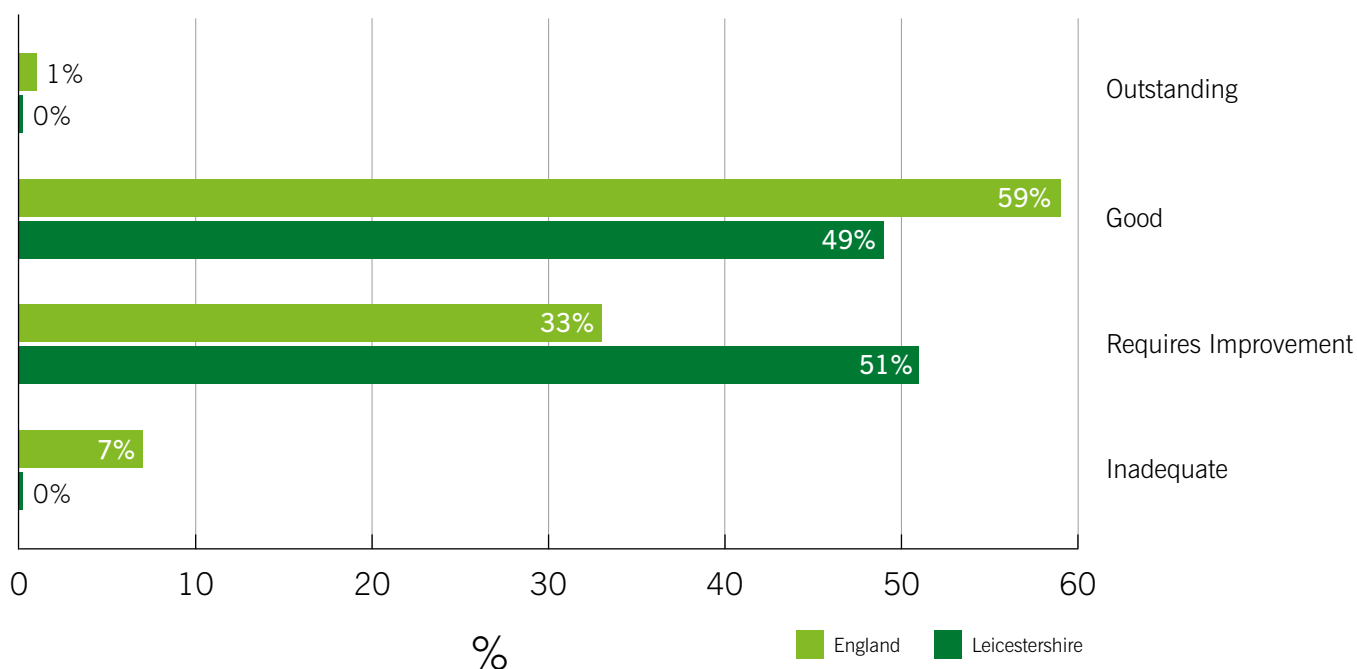
The council will continue to work to gather more detailed information about self funders in all sectors and will include this into specific market sector reports.

Quality Management, Safeguarding and Workforce Development

In October 2015 the Care Quality Commission (CQC) produced its State of Care for 2014/15. For Adult Social Care it highlighted the pressures on care providers including increasing complexity of care needs, significant cuts to LA budgets and increasing staff costs. The main concerns relate to safety, including staffing levels and poor medicine management. Stable and consistent management was identified as a key factor in the development of quality in care services.

Despite the pressures, nationally 60% of Adult Social Care services inspected were judged as providing Good or Outstanding care on the new CQC reporting format. However, in Leicestershire of the 47 inspections undertaken only 49% were judged as providing Good care, none were providing Outstanding care.

CQC State of Care Report 2014/15



SOURCE: CQC State of Care Report 2014/15.

Improving the quality of care

The Quality Improvement Team (QIT) continues to develop and strengthen links with health colleagues to support, for example, the NHS Pressure Ulcer Ambition and to lessen the amount of medicine waste in residential care settings and work in close partnership with the NHS Quality Team, Mental Health in-reach Team, associated clinicians and others.

We continue to see an increase in the number of self-referrals from care providers wanting to improve or wanting to share best practice. QIT are working proactively with these providers to achieve and sustain the Quality Assessment Framework (QAF) and Dignity in Care Awards and to support them to move through the 3 tiers of QAF.

To date, our Quality Team have worked with 143 providers which include 104 residential and nursing care providers, 5 supported living, 2 day care and 32 domiciliary care providers. On referral, we offer providers an individual programme of support which identifies the areas of concern. Priority is given where there is potential risk to customers.

Within the agreed timescale we provide supporting evidence on progress. If the provider has reached agreed performance indicators QIT pull out and the compliance team undertake a compliance validation visit. QIT then revisit the provider at 3, 6, 9, and 12 months to monitor compliance and sustainability and to promote further progress. If the provider remains non-compliant the case is referred back to the compliance team to follow the usual contract monitoring process.

Quality Checkers

A group of people with Learning Disabilities have been supported to become quality checkers. As experts by experience they have developed their concept of quality and had training to prepare them for this role. In 2015, this group started to check council services and will move into the review of independent services in 2016.

Leicestershire Social Care Development Group

Leicestershire Social Care Development Group (LSCDG) has been operational since 2006, the aim of LSCDG is to support the workforce development and raise quality for independent and voluntary sector across Leicestershire and Leicester.

LSCDG works with over 400 care providers including care homes, nursing homes and homecare providers. It runs a series of courses that are delivered by experienced experts in the field; this includes in-house local authority staff and external providers who have been through a robust selection process. Working with partners who are in touch with the independent and voluntary sector enables LSCDG to formulate and direct training plans as well as implement new legislation and procedure.

Safeguarding

The experience of the Safeguarding Team has been that, although fewer investigations are being undertaken, the referral is often of a more serious nature, and there have been a number of investigations recently in response to serious allegations of psychological and physical abuse by staff members in care homes, often reported by whistle-blowers. The Safeguarding Team continues to work in close partnership with the Police, Compliance and QIT, Care Quality Commission, other funding authorities and with providers within these investigations. The Council recognises the key, on-going role of providers in risk management and mitigation and the embedding of best practice in the safeguarding of vulnerable adults.

We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. However we also recognise that we all need to take and accept a level of risk in order that we grow and develop as individuals. We will therefore work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people's safety will be proportionate, flexible and personal and will focus on the individual's wishes and feelings alongside the best interests of the wider community.

The workforce in Leicestershire

As at July 2015, Skills for Care hold information on 6,700 staff working in adult social care in Leicestershire. Across the whole sector, Skills for Care estimates that there are 12,000 direct care workers, 1,200 managerial and supervisory workers, 521 professionals and 2,006 jobs in other non-care providing roles in social care.

The majority of positions held are full-time (61%), which is similar to that of the region where the majority are employed full-time (55%).

The average number of sickness days taken in Leicestershire was 7 in the last year, which is lower than the regional average of 8 days per year. Sickness is a large cost to the sector, with an estimated workforce of 15,700 this would mean Leicestershire lost almost 110,000 days due to sickness in the last year.

Recruitment and retention data shows that Leicestershire has an average staff turnover rate of 31.0%, as at July 2015. This is higher than the turnover rate for East Midlands which is 25.2%. The turnover rate varies depending on job group. Direct care staff have the highest turnover rate (38.7%), followed by regulated professional staff (18.6%) and managerial staff (9.2%). Additionally, as at July 2015, Leicestershire has a vacancy rate of rate of 4.1%.

Given an estimated 12,000 direct care jobs in Leicestershire and a turnover rate of 38.7% this equates to around 4,644 positions being made vacant in the last 12 months. Managerial and supervisory roles had a turnover rate of 9.2% and an estimated 1,200 jobs, this equates to 110 positions being made vacant. There are an estimated 521 regulated professional roles, and a turnover rate of 18.6%, this equates to 97 positions being made vacant in the last 12 months.

From the data available around workforce age e.g. the National Minimum Data Set for Social Care (NMDS-SC) we can assume that the majority of the workforce (43%) in Leicestershire are aged between 45 to 64. Those aged 24 and under represent 13% of the workforce and those aged over 60 represent 10%. With an estimated workforce of 15,700, some 1570 jobs may be lost to retirement in the next 5 years.

The majority of the workforce are female (85%) and the ethnicity of workers is mainly white (84%), with the remainder being of black and other minority ethnic groups (16%). Across the East Midlands as a whole, 87% are of white ethnicity and 13% are of black and other minority ethnic groups.

The data shows that 54% of the workforce in Leicestershire hold a relevant qualification in adult social care. This is lower than the average for the East Midlands wherein 61% hold a qualification. Around 58% of direct care workers hold a level 2 or above social care qualification in Leicestershire. A new Workforce Strategy will be produced in 2016 and working with providers across the county will be vitally important to ensure that it delivers the improvements and sustainability needed.

Conclusion

The need for change: 2016-2020

Demand is increasing significantly; budgets are being cut, so we need to change our approach to the planning and delivery of Adult Social Care in Leicestershire. Our strategic aim will be to promote, maintain and enhance people's independence so that they are healthier, stronger, more resilient and less reliant on formal social care services. This underpins our Market Position Statement and will inform our commissioning intentions and the development of our strategic relationships with suppliers.

Over the next four years LCC will:

- put in place a new, more cost effective approach to delivering adult social care
- work with partners to provide more joined up health and social care
- focus on preventive services which help to avoid problems from getting worse
- reduce demand and free up resources for those who most need them

Alongside this Market Position Statement, the Adult Social Care Strategy takes account of the main factors that are influencing the care market in Leicestershire and sets out the Council's approach, over the period 2016 – 2020.

Adult social care supports people, including unpaid carers, who need practical or emotional support to lead an active life. Social care helps people do everyday things, participate in their community, and safeguards people from significant harm. The number of people who might need adult social care services in the future is expected to rise significantly as explained earlier.

Working in partnership with Providers

As well as providing an overview of the social care market in Leicestershire it is important that we provide information about how we intend to shape the market and work with providers to do that. Early in 2016 we will draft a provider engagement plan for consultation which will set out our approach, the opportunities for providers to engage and coproduce, and communication tools that we want to use.

Following on from this Market Position Statement, and in line with preferences expressed at the Multi Sector Provider Forum, we will produce more detailed State of the Market reports for specific market segments, for example Supported Living. The prevalence of self funders in each market segment will be a key focus in those reports and we will need to collect information from providers to produce a comprehensive view of the market.

The providers of Adult Social Care Services are a vitally important stakeholder and we hope that you will work closely with us as we seek to provide the best possible information, advice, support and care to the people of Leicestershire.

Further information

Further information about the Leicestershire ASCOF performance for 2014/15 is available at the [Health and Social care Information Centre](#).

Further information about the Leicestershire workforce is available at available at the National [Minimum Data Set section of the Skills for Care](#) website.

Further information about the [Medium Term Financial Strategy](#) is available at the Leicestershire County Council Website.

Further information about the Short and Long Term Support (SALT) provided to people by Leicestershire County Council in 2014/15 is available at the [Health and Social care Information Centre](#).

Further information about the CQC State of Care Report can be found at the [Care Quality Commission](#) website.

