Adult Social Care Services

Market Position Statement
2015-2018

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Preface

The aim of this, our second Adult Social Care Market Position Statement is to assist the council's market shaping responsibilities contained within the Care Act 2014 by articulating to service providers the Council's strategic direction relating to Adult Social Care. A strategic direction derived from an analysis of likely trends in needs across the diverse range of client groups supported and service types commissioned.

It is an attempt to signal to the market, likely future demand in its broadest sense, whilst recognising the developing national position on public sector financing which makes it impossible to make definitive quantitative statements about future commissioning intentions. Nonetheless the council can and should express strategic intentions.

To this end the planning of the Market Position Statement has been co-produced with a representative group of providers in an attempt to make available, as far as practicable, the relevant information and analysis required by a range of Social Care Markets to make informed commercial and service planning decisions. In addition, the co-production of this document continues to improve the council's understanding of its local markets and its provider's business models which will enhance the council's ability to continue to undertake intelligent commissioning in a very testing environment.

The Council's market shaping duty aims to promote and support independence and wellbeing, specifically to achieve the outcomes of delaying or preventing the need for acute interventions across the whole health and social care economy reflecting local plans for the integrating of community health and social care services which are currently being implemented in line with the obligations of both the Care Act 2014 and the Health and Social Care Act 2012.

As the Care Act 2014 identifies, successful market shaping is a shared endeavour that requires coordinated action by a range of stakeholders, most particularly commissioners across the whole council and within the local health economy.

The Council also recognises the value of person centred approaches to its commissioning actions and activity and has sought to involve service users and carers appropriately and proportionately, for example in service design and tender evaluation processes.

The financial challenges facing the Council, together with an ageing population means that the Council and its partners will need to stimulate personal resilience, community capacity and networks, particularly targeted at tackling social isolation in order to promote well-being whilst preventing, reducing or delaying the need for on-going support.

Fundamentally, we aspire to promote individual's health and mental resilience through the development of a new culture where individuals are equipped with appropriate knowledge and support to take increasing responsibility for looking after themselves, their families and their communities, and we foresee working with children and young people as crucial in embedding independence within future generations.

In practical terms the Council and its partners will seek to make best use of community assets by integrating them wherever possible with formal care and support services and utilising the existing spend of the Council and partners on preventative services in a more co-ordinated way.

Currently, there are many examples of excellent work happening in the district to facilitate prevention including, the early help offer for children and families and the Connecting Care Programme. We are seeking to develop and implement a multi-agency approach to prevention and early intervention, which cuts across all of the agencies policies, initiatives and programmes of work.

The council will continue to work in partnership to commission appropriate, affordable, quality, rehabilitative and personalised services for those with acute need and to this end will continue to intelligently commission the major and critical service areas which represent the keystones of effective adult social care services. These include Care Homes, Extra Care, Supported Living and Home Based Care and Support.

It must however be remembered that much of the need for care and support crucially continues to be met by families, friends or other informal carers, who we will increasingly support along with:

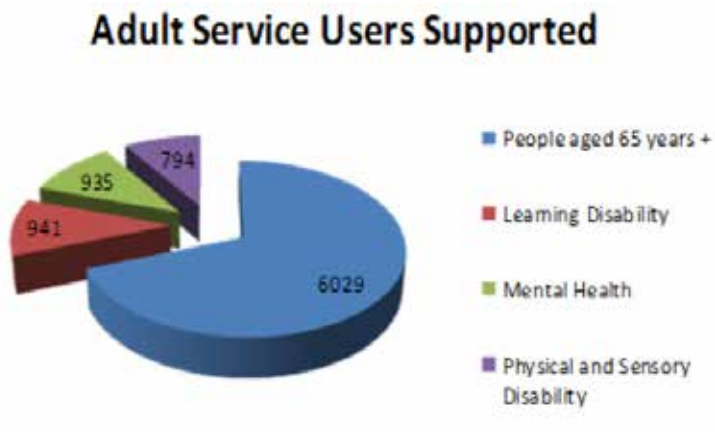
- Community networks and third sector organisations
- An effective range of universal services, all of which promote prevention, provided by the local authority, the health community, and the third sector
- Access to good quality information, advice and advocacy
- Appropriate living accommodation including both specialist housing options and "lifetime homes" across the general needs housing stock.

Contents

1 Key Messages

Demand for care and support continues to increase as people are generally living longer as a consequence of medical advances together with the transition into older age of the baby boomer era. However negative lifestyle choices are impacting on the population's long-term conditions be that smoking, alcohol consumption, obesity, lack of exercise. It is clear that this increase in demand for services together with massive reductions in resources will impact on frontline services.

The Council supports approximately 8,700 with Adult Social Care services in the following client groupings



Whilst the demography of the supported population is growing, so is the proportion of individuals diverted from long term care. This planned development is crucial, and has resulted in an approximate 3% reduction in the number of adults receiving services year on year over the past two years.

Total number of adult clients (all ages) receiving services

	2011-12	2012-13	2013-14
Community Based	7467	7092	6888
Residential Care	1519	1465	1340
Nursing Care	332	315	333
Total clients	**9163**	**8872**	**8561**
% age difference		**-3.2%**	**-3.5%**

	2011-12	2012-13	2013-14
New client contacts whose needs did not require on-going care managed services	**8592**	**9947**	**12841**
% age difference		**+15.8%**	**+29%**

As government funding continues to reduce, reablement, assistive technology, the provision of information and advice together with signposting to lower level third sector support mechanisms will play their part in a viable and sustainable adult social care system moving forward. Recognising that the extreme financial position that the Public Sector faces potentially jeopardises the support and funding of such services.

Value for money will continue to drive all commissioning decisions inevitably leading to more services purchased from independent, voluntary and community organisations as opposed to in-house provision.

The continued drive of personalisation will lead to individuals seeking a wider and more flexible range of support mechanisms. Increasingly the funding provided by the Council will be spent by individuals using Personal Budgets and Direct Payments however in all cases decisions about the provision of care and support must be determined by the value for money that can be achieved in the furtherance of specific and individual objectives.

The integration of Community Health and Social Care services is an important opportunity to better meet needs in a holistic way whilst maximising savings and efficiencies. Such plans are being actively developed locally. The planned reduction in hospital in-bed facilities will place further demands on community services. An effective integrated health and social care community service is being planned and implemented to assist in reducing the demand for hospital admissions whilst supporting early discharge from hospital.

2 National Policy Context

Implementation of the Care Act 2014

The implementation of the Care Act 2014 phased in from April 2015, seeks to overhaul Social Care and Support legislation into a single statue consolidating existing requirements and introducing new duties.

The implications of the Care Act 2014 are far reaching and significant, imposing duties on Local authorities including responsibilities to:

- Shape Markets
- Support Individuals Where Their Provider Fails
- Protect Adults at Risk of Abuse
- Support Prevention
- Further Develop Personalisation
- Implement a New National Funding and Charging Policy
- Support Carers Better
- Apply a National Eligibility Criteria
- Provide independent advocacy, where required

Market Shaping

In order to facilitate and shape markets for adult care, whether arranged or funded by the council or by the individual themselves, Wakefield Council will continue to:

- Develop framework agreements in place of block contracts, encouraging a variety of providers and types of services facilitating wider choice and a sufficiency of provision which can also be accessed by self-funders.
- Implement a range of commissioning approaches including grant making funding agreements and formal contracting as appropriate to each service and market.
- Co-produce the development of service specifications through stakeholder involvement to meet individual's needs.
- Develop and implement more outcome focused specifications, for example the procurement of domiciliary care reflected the Adult Social Care Outcome Framework (ASCOF)
- Undertake robust contract monitoring and management activities to promote high-quality and safe services.
- Develop and implement "fair rate for care" arrangements for the significant areas of spend i.e. care homes and home care, in an attempt to balance local market conditions and organisational pressures.
- Develop a Market Position Statement to enable providers to make informed commercial and service planning decisions within the context of the Council's strategic intentions and the resource pressures which it faces.
- Work with commissioners across health and the council to prioritise preventative services

Whilst the Care Act guidance requires Local authorities to develop markets for care and support, the guidance also recognises that individual providers may exit the market from time to time including for reasons of business failure.

Although Wakefield Council is the single largest purchaser of social care services within the district, an increasing number of individuals pay for their own care and support, for example, approximately 22% within care homes. Therefore the council's influence and leadership within the local markets to promote optimum levels of quality, safety and affordability for everyone who needs them is restricted but nonetheless important.

Provider Failure

As a consequence of the Southern Cross national business failure of its care home provision, the Care Act 2014 introduces a responsibility for the Care Quality Commission (CQC) to monitor the financial "health" of certain care and support providers. The Care and Support (Market Oversight Criteria) Regulations 2014 set out the entry criteria for a provider to fall within the regime. These are intended to be providers which, because of their size, geographic concentration or other factors, would be difficult for one or more local authorities to replace. CQC will determine which providers satisfy the criteria.

Where CQC is satisfied that a provider in the CQC's monitoring regime is likely to experience a business failure, it will inform the relevant local authorities who will be required to assist in reprovision where necessary.

The Care Act also provides a temporary duty for each local authority to meet all adult's and carer's needs for care and support relating to those registered care providers who become unable to carry on the regulated activity in a Local Authority's area because of business failure outside of those providers monitored by CQC above. This duty applies to all adults including those whose needs the local authority is not already meeting, i.e. those who are self-funders, and those whose services are funded by another local authority. If the provider's business has failed but the service continues to be provided then the duty is not triggered e.g. continued operation of the service under an administrator. The guidance is clear that Local Authorities should, insofar as it does not adversely affect people's wellbeing, support efforts to maintain service provision (by, for example, not prematurely withdrawing people from the service that is affected, or ceasing commissioning arrangements).

Autism

Traditionally, autism has not been identified as an individual service area. People with autism who are eligible for care services have usually been identified as having either a learning disability or mental health problem. However, this has now begun to change following the production of the National Autism Strategy "Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England (2010)".

This national strategy and subsequent statutory guidance, sets out to improve access to services and ensure that adults with autism are able to benefit fully from mainstream public services and across all agencies and partners especially so for those individuals on the autistic spectrum who may not fall into learning disability or mental health pathways. While this does not necessarily mean providing specialist autism services, this means that providers of all levels of support need to understand the needs of people with autism, be autism aware and train their staff appropriately so that adults with autism are able to access their support or services."

3 Local Context

In addition to the implementation of the Care Act 2014, the next 12 months will see the simultaneous implementation of a range of far reaching local work programmes which will shape Adult Social Care within the District. These include:

Integration of Social Care and Health - "Connecting Care"

The "Connecting Care" programme is tasked with the integration of health, social care and third sector community services within Wakefield District to support improved outcomes for the citizens of Wakefield District in the context of the local demographic challenges and the acute hospital reconfiguration within the Mid-Yorkshire footprint. This will require different and improved responses from community and primary care services to support people at or closer to home, outside of an acute hospital setting where appropriate.

The "Connecting Care" programme is focused on the development of integrated community services provided from three district 'hubs' and is underpinned by widening the primary care offer and promoting self- care through access to secondary care, advice and clear referral pathways to trained practitioners. The initiative has a particular focus on the frail and elderly, people with respiratory and coronary heart disease and those with mental health conditions.

The Council has begun implementation of a redesign of its assessment and care management arrangements in order to work alongside the developing Connecting Care Programme.

Social Care Workforce

The "Skills for Care" National Minimum Data Set for Social Care (NMDS-SC) 2015 estimates that across the whole sector in England there are 39,000 care providing establishments, 1,520,000 social care jobs and a workforce of 1,450,000 people, as some people hold more than one job.

The NMDS-SC 2015 provides the following local analysis:

- The Wakefield District contains 161 CQC registered services with an estimated 8,500 jobs employed in adult social care, split between the statutory sector (16%), the independent sector (72%) and direct payment recipients (12%). This includes managerial and professional roles in addition to direct care.
- Wakefield District has an average whole time equivalent ratio of 0.7, meaning that on average 100 jobs equates to around 70 whole time jobs.
- The average annual pay for direct care within Wakefield is comparable to the national average and higher than the Yorkshire and Humber average although management rates are significantly lower.
- Wakefield District has a staff turnover rate of 16.9%, which is considerably lower than the Yorkshire & Humber average of 22.8%.
- The average age of the local social care workforce is 43 and it is anticipated that 765 workers could be due to retire in the next 5 years.

Within the Council's limited and reducing resources importance is given to creating an environment to support an effective, sustainable and trained social care workforce through specifying within contracts conditions to support the workforce. In addition, the Council provides access to:

- a comprehensive range of distance learning and open learning resources signposting organisations/individuals to fully funded learning and development opportunities in 23 key areas of social care.
- the CIS Assessment Tool, where staff complete online or paper based assessments to evidence knowledge, identify gaps and prioritise learning and development needs across a range of subject areas.
- the Social Care Information & Learning Service (Scils), an online learning resource/community dedicated to the Health & Social Care Sector.

The Transfer of the Public Health Function to Local Authorities

The Health and Social Care Act 2012 transferred the statutory responsibility for Public Health from Primary Care Trusts (now replaced by Clinical Commissioning Groups) to Local Authorities in April 2013. This reform changed the focus of Public Health from a "professional to patient" perspective to one of community focus providing an opportunity to work with all Council Directorates to influence decisions to improve public health across the district.

The Better Care Fund

The Better Care Fund is a performance based pooled budget arrangement between the Council and NHS Wakefield Clinical Commissioning Group. It encourages health and social care commissioners to bring services and resources together to improve outcomes for local people by reducing emergency admissions to hospital, supporting early hospital discharge arrangements and helping more people to be cared for closer to home. The Wakefield Health and Wellbeing Board have supported a proposal for a pooled budget of £42 million targeted at a planned 3.2% reduction in emergency hospital admissions by 2016/17.

The Local Third Sector

The Third Sector Strategy for Wakefield District 2013-2016 "Meeting the Challenge Together" identifies that Wakefield District is home to a well-established third sector ranging from the smallest self-help and campaigning groups to large service delivery organisations and national charities with approximately 2,800 people working for the sector in the District changing the lives of individuals and communities. Nova Wakefield District is the support agency for Voluntary and Community Groups in the Wakefield District.

The District's third sector includes 567 registered organisations with a collective annual income of approximately £78m. In addition, it is estimated that there over 700 unregistered groups. It is also estimated that 45% of third sector organisations in Wakefield receive a grant from a local statutory agency and 19% hold public contracts.

The range of activities and services carried out by the sector within the district as expected is diverse, with approximately 20% of third sector provision within the health and wellbeing sector.

Rising demand for care and support, changing public expectations together with extreme budget pressures, mean that the development and expansion of the Third Sector is vital for the future sustainability of the social care sector by leveraging the capacity and resources of the local third sector organisations that are already making positive impacts in the District.

The Wakefield Together Partnership has identified four strategic objectives for the Third Sector Strategy:

1. To grow active citizens and voluntary action through effective third sector engagement within local communities.
2. To increase third sector opportunities to design and deliver public services
3. To promote the third sector so that it has opportunity to influence policy and decision making.
4. To develop effective infrastructure support for the third sector throughout the District.

As a crucial component of the developing Connecting Care programme, the diversity of provision within the local third sector will support social prescribing, preventative services and low level interventions specifically reflecting the individual needs within each of the GP network areas harnessing the capacities, skills and energies of the local communities to build civic activism whilst benefiting from the sector's workforce, resources, diversity of provision, agility and flexibility.

The transformation of in-house Adult Social Care Services

The Council has been transforming its delivery of in-house Personal Care (Domiciliary Care) Services for a number of years, reducing the size of in-house service provision whilst focussing on reablement. The next stage of this transformation is nearing its conclusion with the aim of re-designing the service to deliver better outcomes for people with a more efficient service delivery model that supports the integrated "connecting care" programme by preventing unnecessary admissions to hospital and reducing delays in hospital discharges. Reablement will be the focus of this service. The independent sector domiciliary sector will continue to be developed to provide the required capacity to aid throughput of the re-focussed in-house service.

Transition to Adulthood

The council's transition planning for young persons with on-going care and support needs are being strengthened with the integration of a number of specialist adult support Social Workers within Children's Teams. The aim is to implement a variety of care and support options which maximise young adult's independence as far as practical and supports their carers by widening and supplementing service options to include for example, training, employment support and network building together with a range of living options developed in partnership with housing providers as alternatives to registered care home provision

Strategic Housing

There is a known, direct link between good housing and good health and well-being. Evidence for the housing need required locally is provided through the Strategic Housing Market Assessment, the latest of which is due for refresh sometime in 2015.

Strategic Housing and Social Care will work together to commission support to enable people to live as independently as possible.

The Council's Strategic Housing Department specify in their Housing Strategy targets (2013-18) that more affordable and specialist homes for older people, people with learning disabilities and those with mental health conditions are needed. In addition the use of Bed and Breakfast will be kept to a minimum for temporary accommodation. A new Homelessness Strategy was adopted in 2014 to maintain and develop the focus on effective homelessness prevention services.

The Council's Financial Position

The Government's comprehensive spending review in October 2010 produced unprecedented cuts in public spending. The continued Government driven austerity measures are requiring significantly deeper cuts than those originally announced.

It is estimated that Wakefield Council's funding will have reduced by approximately £185 million between 2011 and 2020.

Within this unprecedented financial position the Council continues to evaluate and implement all opportunities to reduce costs requiring very tough and unpalatable decisions. Needs will have to be met in less costly ways and the cessation of services will inevitably occur.

The impact on providers of the austerity measures going forward will include:

- Decommissioning and / or re-commissioning services as appropriate to achieve best value.
- Changes to Social Care individual support packages focused on keeping people safe and managing risks.
- A need for providers to create efficiencies through service delivery and share those savings with the Council.
- Open book accounting methodologies

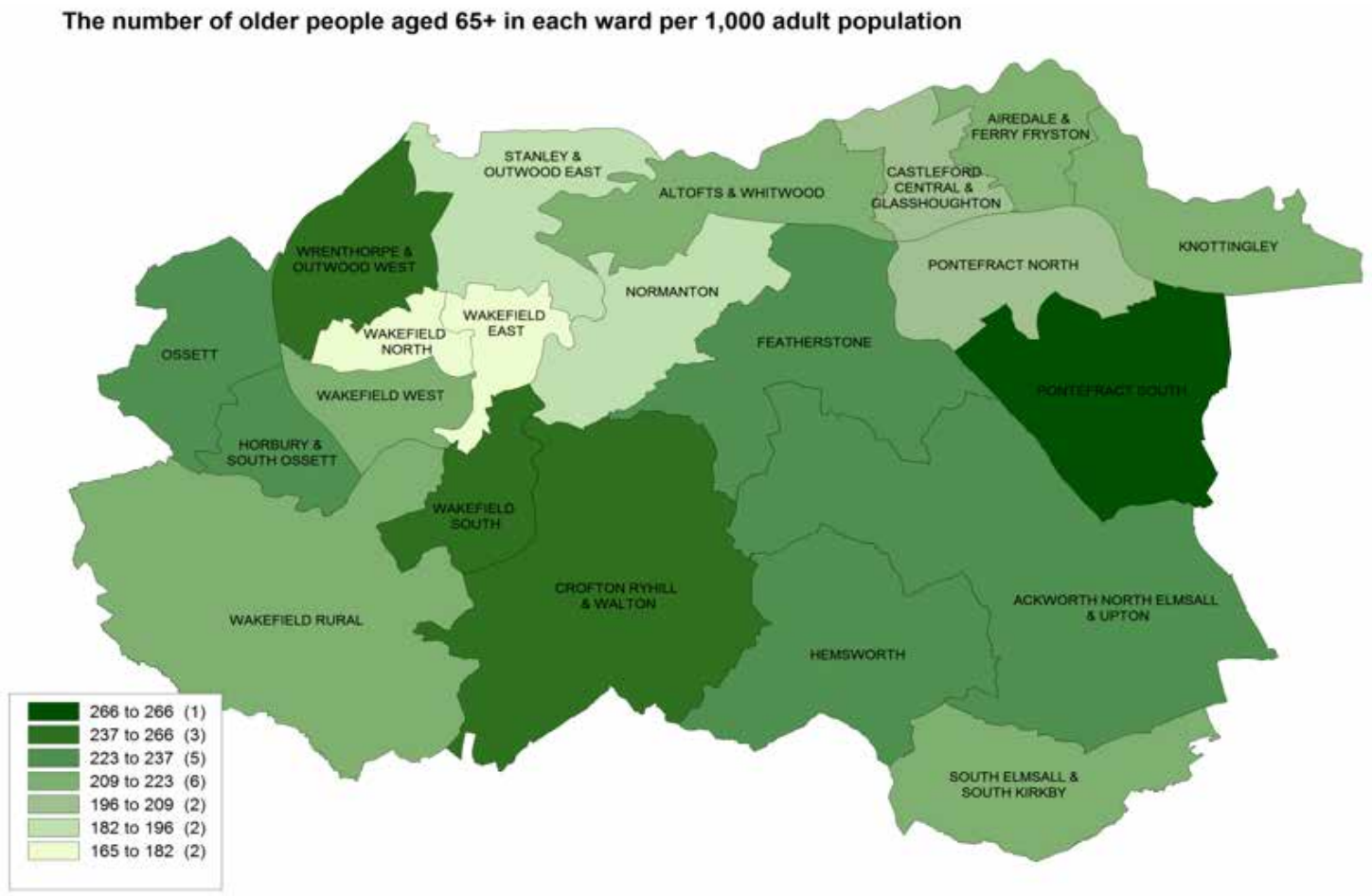
4 Demographic and Prevalence Data

A wealth of data and information about the communities and neighbourhoods in the Wakefield District can be found on the Wakefield Intelligence Observatory at ***http://www.westyorkshireobservatory.org/dataviews/***

Below is a summary and analysis of the key demographic and prevalence measures which in our view impact upon the provision of care and support generally.

In line with national trends, the growth of the local adult population will continue to increase with the largest percentage increase being people aged 85 and over who in turn tend to have the higher levels of social care needs.

	2012	2014	2016	2018	2020	%age increase 2012-2020
Total population	328,700	333,500	338,400	343,300	348,100	5.9%
Population aged 65+	57,800	61,000	63,600	65,700	68,300	18.2%
%age of Population aged 65+	17.58%	18.29%	18.79%	19.14%	19.62%	
Population aged 85+	7,000	7,400	8,000	8,600	9,300	33%
%age of Population aged 85+	2.13%	2.22%	2.36%	2.51%	2.67%	



The ethnic minority population within the district has historically been relatively small but continues to grow from 3.3% in 2001 to 7.2% in 2011. The largest minority ethnic group is "Other White" (Size of ethnic groups, 2011 Census), while the largest group born outside the UK are people born in Poland (2011 Census: Table QS203EW Country of Birth).

The Wakefield Joint Strategic Needs Assessment (JSNA) includes the following headline statistics that support the notion of continued increase in presenting need for social care and support:

- Wakefield is the 67th most deprived district out of 326 in England. It is generally recognised that higher levels of deprivation impacts upon the levels of care and support that individuals consume.
- General life expectancy levels in the Wakefield District lag behind the national average implying higher levels of chronic health conditions.
- In the most deprived areas of Wakefield, life expectancy is 9.9 years lower for men and 7.2 years lower for women compared to the least deprived areas.

The Health and Wellbeing Strategy for Wakefield 2013-2016 identifies six main priorities to improve health and wellbeing outcomes:

1. Inequalities
2. Early Years
3. Mental Health
4. Long Term Conditions
5. Older People
6. Healthy Living and Quality of Life

Deprivation and health inequalities manifest themselves in a prevalence of long-term conditions which stimulate higher demand for care and support. The 2011 census identifies 37,000 adults in the district whose "day to day activities are limited a lot". Whilst preventative support, improved healthcare, better housing and healthier lifestyles can reduce and delay the need for support, it cannot eliminate it. Indeed the prevalence of limiting long-term illness is predicted to continue to rise particularly within the older population.

People Aged 65+ with a Limiting Long-term Illness						**%age increase 2012-2020**
	2012	**2014**	**2016**	**2018**	**2020**	
People aged 65+	32,601	34,383	35,853	37,147	38,680	19%
%age Increase		5.5%	4.3%	3.6%	4.1%	
People aged 85+	4,313	4,560	4,930	5,299	5,731	33%
%age Increase		5.7%	8.1%	7.5%	8.1%	

The Alzheimer's Society Report (September 2014) confirmed that the number of people with dementia is steadily increasing currently in the order of 816,000 people nationally. The report estimates that there will be 857,000 people living with dementia in the UK in 2015 with dementia costing the UK economy £26 billion a year, representing one in every 79 (1.3%) of the entire UK population and 1 in every 14 of the population aged 65 years and over.

If current trends continue the number of people with dementia in the UK is forecast to increase to 1,142,677 by 2025 and 2,092,945 by 2051, an increase of 40% over the next 12 years and of 156% over the next 38 years.

Older People Predicted to have Dementia						**%age increase 2012-2020**
	2012	**2014**	**2016**	**2018**	**2020**	
People aged 65+	3,812	4,036	4,273	4,491	4,813	26%
%age Increase		5.9%	5.9%	5.1%	7.2%	
People aged 85+	1,653	1,757	1,913	2,026	2,222	34%
%age Increase		6.3%	8.9%	5.9%	9.7%	

The continued national growth of the learning disability population is placing significant additional demands on a service already under pressure. The demands faced in this regard within the Wakefield District are outlined below.

Adults Predicted to have a Moderate or Severe Learning Disability						**%age increase 2012-2020**
	2012	**2014**	**2016**	**2018**	**2020**	
Aged 18-64	1,104	1,111	1,122	1,133	1,142	3%
%age Increase		0.6%	1%	1%	0.8%	
Aged 65+	165	174	181	186	192	16%
%age Increase		5.4%	4%	2.8%	3.2%	

Although the national data predicts a small decrease in people aged under 65 the age range 65+ is projected to increase, bringing with it a new challenge of understanding the support needs of older people with autism.

Adults Predicted to have Autism						**%age increase 2014-2030**
	2014	**2015**	**2020**	**2025**	**2030**	
Aged 18-64	2003	2004	2006	2000	1989	
%age Increase/decrease		0.05%	0.1%	-0.3%	-0.6%	-0.7%
Aged 65+	562	577	644	716	801	
%age Increase		2.7%	11.6%	11.2%	11.9%	42.5%

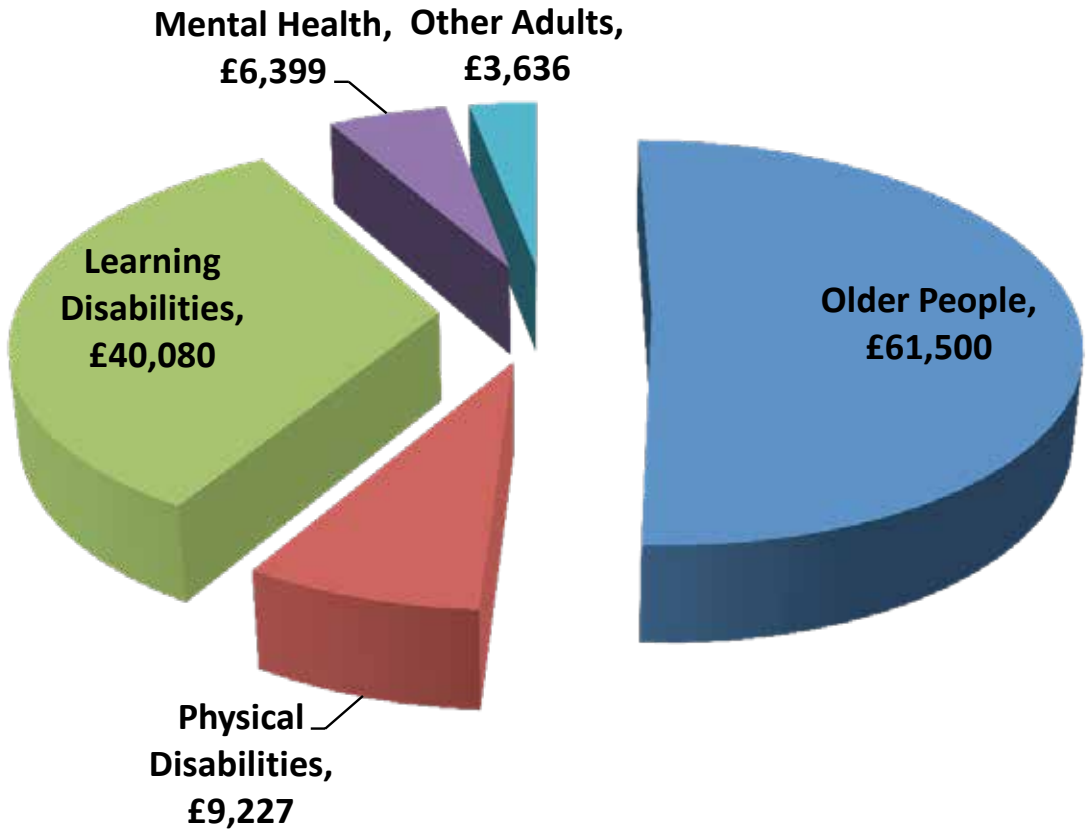
The 2011 census reported that 20.2% of the local population provide unpaid care, many at very high levels. This crucial support massively complements the formal support commissioned by the council providing a vital role in supporting individuals and reducing the need for more intensive services.

Estimated Number of Carers in the Wakefield District Providing Support		
1 to 19 Hours	50,595	15.5%
20 to 49 Hours	5,515	1.7%
50 or More Hours	9,940	3%
Total Carers	66,050	20.2%

The Council is committed to supporting Carers to help maintain their own quality of life whilst balancing their caring responsibilities.

5 Resources

Adult Services gross spend (£000's) by client group 2013/2014



Total All Client Groups					
All Adult Services - Gross Expend (as per PSSEX1 2013/14)	**In House Provision** £'000	**External Provision** £'000	**Total Gross Expenditure** £'000	**Total Income** £'000	**Net Expenditure** £'000
Care home placements	£3,946	£38,569	£42,515	-(16,435)	£26,080
Domiciliary care	£7,453	£10,052	£17,505	-(6,901)	£10,604
Supported living	£3,139	£15,237	£18,376	-(1,875)	£16,501
Direct Payments	£0	£9,045	£9,045	-(3,549)	£5,496
Day care	£6,115	£1,390	£7,505	-(398)	£7,107
Community equipment	£2,719	£0	£2,719	-(1,883)	£836
Other services	£5,054	£2,817	£7,871	-(1,766)	£6,105
Assessment and care management	£12,324	£81	£12,405	-(2,422)	£9,983
Housing support	£0	£2,901	£2,901	0	£2,901
Total	**£40,750**	**£80,092**	**£120,842**	**-(35,229)**	**£85,613**

Appendix One provides a further detailed breakdown of the above figures by client group

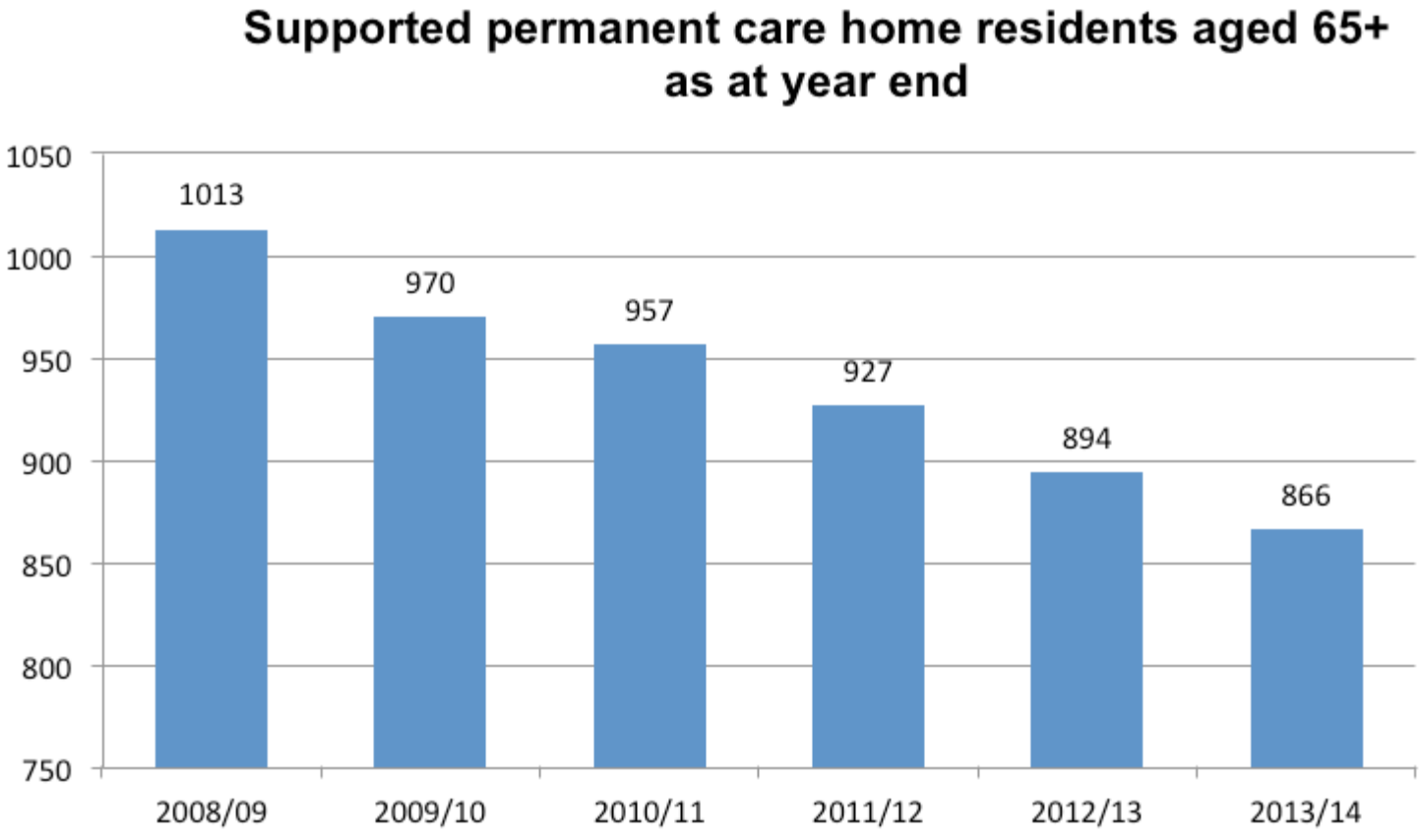
6 Main Areas of Commissioning Activity

Care Home Placements

Wakefield Council's strategic intent is to target resources to enable people to live independently at home for as long as possible, including investment in Extra Care Housing. However it is recognised that there is still a need to provide reasonable levels of stability and sustainability within the local care home market given the local demographics indicating that the number of older people (in particular) in Wakefield will continue to grow. Despite a strategic intent to support and enable people to live at home for longer there will still come a time when people may require residential or nursing care; however the anticipation is that people will enter residential or nursing care with higher care needs and remain in residential or nursing care for less time. This can be seen to be happening already in the data set out below concerning the number of residents supported in permanent residential and nursing placements together with the number of supported permanent admissions to residential and nursing care during the year.

Between 2008/09 and 2013/14 the number of permanent residents aged over 65, financially supported by the council in care homes has reduced by approximately 14.5% in line with the council's strategic objective to support individuals in their own homes as far as practicable. This, together with a 14% increase in bed provision locally over the past 4 years through a combination of new care homes and significant expansion of existing stock, has contributed to an increase in vacancies across the sector within the Council district which is currently in the order of 17% compared to the current national average of 10%. The continued vacancy level within the district illustrates over provision.

Whilst the table below illustrates a continuing decline in the number of individuals aged 65+ supported in care homes, the admissions to care homes for that cohort as evidenced over the page is marginally increasing and mirrors the national average evidencing that people are entering care homes at a later stage of their care journey than in the past and consequently residing for shorter periods with a subsequent effect of increasing turnover in care homes.



Number of supported permanent admissions to residential and nursing care during the year		2011-12	2012-13	2013-14
	Aged 18-64	24	21	22
	Aged 65+	386	408	411
	Total	**410**	**429**	**433**

Learning disability care home provision for individuals with challenging behaviour and complex health needs represent a significant cost pressure within the overall care home provision expenditure. In line with the House of Commons Communities and Local Government Committee report on local government procurement published in March 2014 Wakefield council has developed approaches to implement an open book accounting approach to improve procurement transparency.

The position regarding over 65s residential care home placements contrasts with that of 18- 64 provision as illustrated below.

Number of residents supported in permanent residential and nursing placements		2011-12	2012-13	2013-14
	Aged 18-64	269	266	265
	Aged 65+	927	894	866
	Total	**1196**	**1160**	**1131**

Whilst the number of residents supported in permanent residential and nursing placements aged 18-64 has effectively plateaued in the last 3 years, the admissions to care homes for those aged 18-64 is significantly lower in the Wakefield District than the national average. (During 2013-14 the number of adults aged 18-64 admitted permanently to care homes equated to 10.9 per 100,000 population compared to an England average of 14.4 and Yorkshire and Humber average of 11.0)

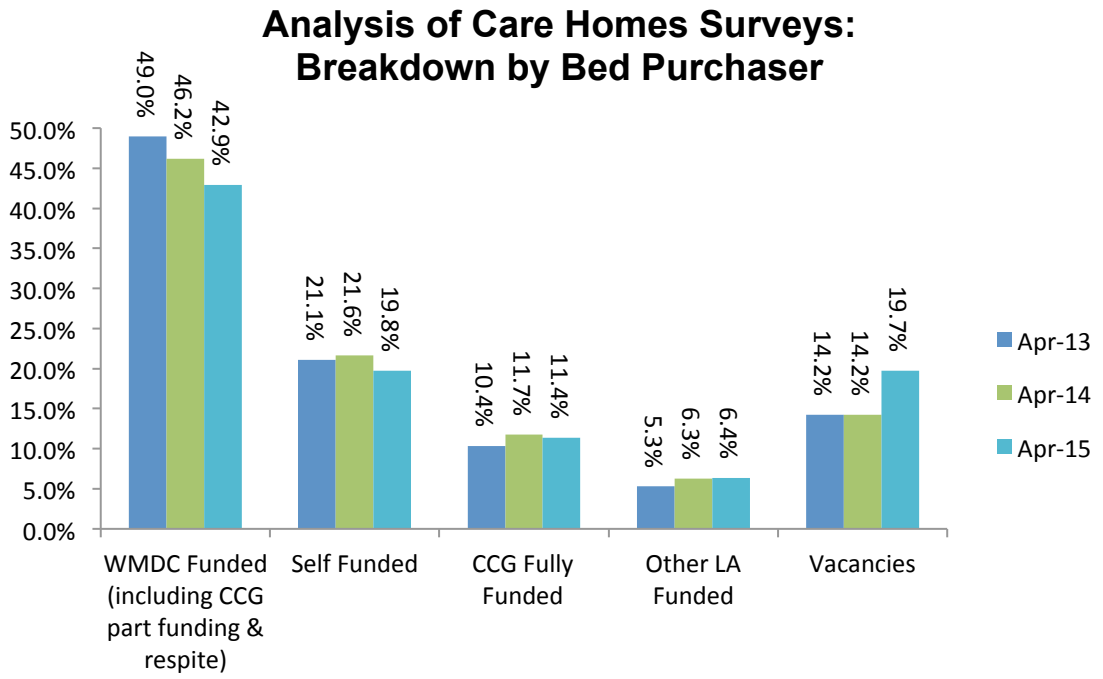
This has been achieved through more community based provision including the development of a range of tenancy based supported living options, extra care for those of working age and framework agreements for providers of community based services.

Analysis of Care Homes Surveys undertaken in 2013 - 15

(All Care Homes catering for Older People over 65 in the Wakefield district)

Including both long term placements, CCG part funded placements and respite placements, as at January 2015 the local authority purchased 42.9% of the care home beds within the district for older people (a 6.1% drop from 2013). Care homes within the district currently report that 19.8% of their placements are self-funders (a 1.3% drop from 2013), which is substantially less than the national average of 43%

(Laing & Buisson "Care of Elderly People" - Market survey 2013/14)



	WMDC Funded (including CCG part funding & respite)	Self Funded	CCG Fully Funded	Other LA Funded	Vacancies
Apr-13	49.0%	21.1%	10.4%	5.3%	14.2%
Apr-14	46.2%	21.6%	11.7%	6.3%	14.2%
Apr-15	42.9%	19.8%	11.4%	6.4%	19.7%

Wakefield Council commissions care home provision via spot purchasing arrangements to promote user choice. Wakefield Council works in partnership with its independent sector market and has developed 'fair rates for care' where the Council is statutorily required to implement "usual rates" in an attempt to balance local market conditions, the strategic aim to promote and support independence, organisational pressures and to provide reasonable levels of stability and sustainability within the local care home market.

The Council has an approach of working with providers to raise standards of care through its contract monitoring and annual review processes.

Residents of care homes for the elderly, funded by the council within district have their care and support packages reviewed on an annual basis via an on-site visit to discuss their satisfaction and experience of services. All issues and actions are taken up with the care home or referred to the community team as appropriate and plans and actions monitored. In addition, care homes are asked to provide self-funded residents with an opportunity for the council to conduct a review of their placement.

Where individuals choose a care home placement, they will continue to be commissioned on an individual and spot basis, however the continuing roll out and take up of personalisation will see even more people seeking alternative services for example, extra care housing, supported living, assistive technology, and intensive domiciliary care, supported through an increase in self-directed care including direct payments.

Extra Care

Over the past few years three Extra Care Housing schemes have been commissioned for older people across the district together with an Extra Care Housing scheme for people with learning disabilities. These schemes provide housing options that promote independence through the provision of on-site care and support and as such are a valuable option within the overall Social Care offer.

A fourth Extra Care Housing scheme for older people has been commissioned in the South East of the district due for completion in winter of 2015.

The Council will continue to explore opportunities for the development of additional Extra Care provisions as such opportunities arise.

Domiciliary Care

Wakefield Council commission approximately 12,000 hours of domiciliary care from independent sector providers per week and support 1,200 people at any one time involving 1.3 million visits per annum.

Wakefield Council commissions domiciliary care through spot purchasing arrangements via a framework agreement to promote user choice. The current framework agreement was procured in 2013 and is in place until 2017.

Wakefield Council's 'whole systems' approach to the commissioning of Domiciliary Care includes:

- An outcomes focussed specification reflecting the Adult Social Care Outcome Framework (ASCOF)
- A 'fair hourly rate' that seeks to balance local market conditions and organisational pressures.
- Recognises travel time and expenses and includes provision within its rates
- Contract management activities to promote high-quality and safe services including electronic call monitoring performance metrics to aid continuous improvement and develop service quality.

The council will continue to spot purchase domiciliary care in response to the increasing number of individuals undertaking self-directed support. For those who do not choose to receive a personal budget via a cash payment, the introduction of call monitoring technology with our contracted providers is enabling us to introduce managed accounts for those individuals. Other related developments include a bilateral agreement between commissioners and contracted providers to amend packages and activities in response to individual service user's needs, together with reviews to monitor quality. This whole systems approach is ensuring a personalised experience for all domiciliary care recipients.

The re-design of the in-house service will support the integrated "connecting care" programme by preventing unnecessary admissions to hospital and reducing delays in hospital discharges. This re-designed service will focus on reablement and early intervention in addition to supporting hospital discharges. The service will increasingly rely on a responsive independent sector service able to pick up

the maintenance of longer term packages of care to aid throughput.

In recognition that the HMRC have been selecting domiciliary care providers for investigation into minimum wage compliance, Council commissioners have engaged with local contracted providers to ensure that they are aware of emerging requirements. Wakefield Council specifically contributes towards travel time which enables providers to roster and pay staff for travel. This position significantly aids providers to be National Minimum Wage compliant.

Supported Living

The Council commissions a range of services to support individual's with a learning disability in their own home to maximise independence addressing their daily living skills (including personal care), housing related needs, health and well-being and assisting access to their local community.

There are two strands to our supported living commissioning activity:

- Intensive care and support provided on a 24 hour - 7 days a week basis (where the Council typically commissions both the care and support service plus the accommodation)
- Support and enablement services for people with lower levels of need who have their own living arrangements in place (e.g. living with parents etc.).

Approximately £13 million per annum is spent on supported living and support and enablement services within the independent sector with a further £4 million on in-house service provision. Services are commissioned via a combination of spot purchase framework agreements together with a large contract derived from a previous hospital re-provision exercise.

In keeping with the national agenda to develop alternatives to care home provision we intend to continue to commission supported living and support and enablement services. As with all commissioning activity undertaken in the financial environment that public bodies now operate in, the objective will be to secure value for money services that achieve positive outcomes for individuals. The Council will actively seek from providers the increased use of telecare technology to reduce the level of direct care input (e.g. waking night provision) to maximise use of the Council's limited resources both within existing and future packages of care and support.

Self-Directed Support

Wakefield Council is committed to supporting all people to self-direct their care and maximise choice, independence and control.

In support of the roll out of personalisation, commissioning and contracting arrangements have been evaluated and amended with the specific purpose of encouraging and enabling providers to offer choice and flexibility not only to those individuals seeking absolute control over the support provided but to all individuals in receipt of services, including self-funders. This has been supported by a dramatic reduction in block or cost and volume contracts with a continued migration to framework and spot contracting arrangements.

The number of clients receiving self-directed support continues to increase in line with the government's policy.

	2011-12	2012-13	2013-14
Direct Payments	654	993	913
Managed Accounts	1362	1860	2218
Total	**2016**	**2853**	**3131**

The continued drive in terms of personalisation will inevitably lead to individuals increasingly seeking a wider range of support mechanisms in preference to existing models of support. To support this approach the council has implemented an e-market place via a web-based portal "Connect to Support Wakefield" which allows individuals to identify potential services and service providers.

Connect to Support Wakefield

https://www.connecttosupport.org/s4s/WhereILive/Council?pageId=340&lockLA=True

7 Safeguarding

Wakefield Council has a duty to safeguard vulnerable people and has a responsibility to co-ordinate all safeguarding activity across the District. The Council has an Adult Safeguarding Board which is now independently chaired and Adult Social Care staff support the Board's work, identifying and preventing risk of harm, investigating complaints and concerns. Across West Yorkshire, Councils have developed common safeguarding policies and procedures to ensure all partners work together effectively. In addition, Adult Social Care staff also monitors all contracted care and support services to ensure that people at risk are effectively safeguarded and supported. The performance data for 2013/14 has seen an increase in the number of safeguarding alerts, from 1531 in 2012-13 to 2131 in 2013-14. The increase is replicated nationally and is associated with the national and local publicity to promote the awareness of adult safeguarding which will have contributed to a rise in alerts.

Appendix One

2013/14 - Adult Services Gross Expenditure - as per PSSEX1 (Final submission)

Older People	In house provision £'000	External provision £'000	Total Gross Expenditure £'000	Total Income £'000	Net Expenditure £'000
Care home placements	£3,946	£22,408	£26,354	-(10,818)	£15,536
Domiciliary care	£7,266	£8,635	£15,901	-(4,966)	£10,935
Supported living	£0	£36	£36	0	£36
Direct Payments	£0	£4,585	£4,585	-(2,012)	£2,573
Day care	£3,006	£120	£3,126	-(96)	£3,030
Community equipment	£2,175	£0	£2,175	-(1,506)	£669
Other services	£2,417	£876	£3,293	-(137)	£3,156
Assessment and care management	£6,030	£0	£6,030	-(1,113)	£4,917
Housing support			£0	0	£0
Total	**24,840**	**36,660**	**61,500**	**-(20,648)**	**40,852**

Physical Disabilities	In house provision £'000	External provision £'000	Total Gross Expenditure £'000	Total Income £'000	Net Expenditure £'000
Care home placements	£0	£2,105	£2,105	-(626)	£1,479
Domiciliary care	£187	£1,193	£1,380	-(607)	£773
Supported living	£0	£255	£255	-(34)	£221
Direct Payments	£0	£2,585	£2,585	-(1,135)	£1,450
Day care	£0	£43	£43	0	£43
Community equipment	£544	£0	£544	-(377)	£167
Other services	£329	£631	£960	-(59)	£901
Assessment and care management	£1,355	£0	£1,355	-(150)	£1,205
Housing support			£0	0	£0
Total	**2,415**	**6,812**	**9,227**	**-(2,988)**	**6,239**

Learning Disabilities	In house provision £'000	External provision £'000	Total Gross Expenditure £'000	Total Income £'000	Net Expenditure £'000
Care home placements	£0	£12,455	£12,455	-(4,662)	£7,793
Domiciliary care	£0	£196	£196	-(1,328)	-£1,132
Supported living	£3,139	£14,946	£18,085	-(1,841)	£16,244
Direct Payments	£0	£1,728	£1,728	-(365)	£1,363
Day care	£3,109	£1,227	£4,336	-(302)	£4,034
Community equipment	£0	£0	£0	0	£0
Other services	£1,295	£100	£1,395	-(55)	£1,340
Assessment and care management	£1,804	£81	£1,885	-(146)	£1,739
Housing support			£0	0	£0
Total	**9,347**	**30,733**	**40,080**	**-(8,699)**	**31,381**

Mental Health	In house provision £'000	External provision £'000	Total Gross Expenditure £'000	Total Income £'000	Net Expenditure £'000
Care home placements	£0	£1,601	£1,601	-(329)	£1,272
Domiciliary care	£0	£28	£28	0	£28
Supported living	£0	£0	£0	0	£0
Direct Payments	£0	£147	£147	-(37)	£110
Day care	£0	£0	£0	0	£0
Community equipment	£0	£0	£0	0	£0
Other services	£759	£729	£1,488	-(747)	£741
Assessment and care management	£3,135	£0	£3,135	-(1,013)	£2,122
Housing support			£0	0	£0
Total	**3,894**	**2,505**	**6,399**	**-(2,126)**	**4,273**

Other Adults	In house provision £'000	External provision £'000	Total Gross Expenditure £'000	Total Income £'000	Net Expenditure £'000
Care home placements	£0	£0	£0	0	£0
Domiciliary care	£0	£0	£0	0	£0
Supported living	£0	£0	£0	0	£0
Direct Payments	£0	£0	£0	0	£0
Day care	£0	£0	£0	0	£0
Community equipment	£0	£0	£0	0	£0
Other services	£254	£481	£735	-(768)	-£33
Assessment and care management	£0	£0	£0	0	£0
Housing support	£0	£2,901	£2,901	0	£2,901
Total	**254**	**3,382**	**3,636**	**-(768)**	**2,868**