

Shaping our Future

Adult Social Care in Cumbria

2015-2020

Market Position Statement

Foreword

This Market Position Statement (MPS) sets out Cumbria County Council's ambition, through commissioning and market facilitation activity, to deliver our vision for Cumbria

- **To Support Older and Vulnerable People to Live Independent and Healthy Lives**
- **To enable communities to live safely and shape services locally**
- **To promote health and wellbeing, and tackle poverty, and**
- **To be a modern and efficient Council**

Within this document we set out the ongoing direction of travel which will continue to shape delivery of adult social care services. It is a response to recognising that the world in which the Council operates is changing in terms of different customer expectations, different models of service delivery, technological advances, and a changing role for the Council in this time of financial austerity. It builds on our strategic approach in recent years to invest in services which promote self-help, wellbeing, choice and independence with the aim of avoiding, reducing and/or delaying the need for higher level care services. This approach has already resulted in a changed demand for services.

The Statement provides a strategic overview of the Council's plans for service development, commissioning and market facilitation across the whole of the adult social care market in Cumbria and will support the Council and our partners in Health to meet our strategic and financial objectives.

It sets out a process for ongoing engagement, involvement and partnership with service providers across all sectors as we seek to develop and improve services in response to local needs and aspirations¹, and the challenges set out in key national policy documents and legislation.²

The Market Position Statement will support changes in service provision to enable people with personal budgets to exercise their power as customers to purchase a wider range of flexible and innovative care and support services to meet their needs.

The Statement was informed by and builds on the Cumbria Health and Wellbeing Strategy which provides strategic direction for decision makers in health and social care services in Cumbria based on challenges identified in the Joint Strategic Needs Assessment (JSNA)³. Challenges identified in the Health and Wellbeing Strategy and the JSNA, to which this Statement responds, include:

- Reducing inequalities across Cumbria
- Building capacity and ensuring integrated services and partnership working for effective services to cope with increased demand on health and social care services
- Promoting mental and emotional wellbeing across all age groups
- Planning for increasing numbers of people in Cumbria who will live to a greater age with a number of long term conditions including dementia
- Involving our communities and supporting them to remain independent
- Ensuring health and care systems are built on good intelligence

¹ See also Cumbria's six Local Area Plans <http://www.cumbria.gov.uk/community/areaplans.asp>

² Market Analysis: Appendix 13 "References/Weblinks – National"

³ <http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/about/strategies.asp>

Commissioning and Market Facilitation activity outlined in this Strategy will contribute to the Measures of Success within the Health and Wellbeing Strategy.

This document also supports the Care Act 2014 requirements. This Act sets out a new framework of local authority duties in relation to the arrangement and funding of social care, including requirements on local authorities to manage and develop the market for care in their area, having regard to ensuring a sufficiency of provision and ensuring the market has the information it requires (e.g. through the issuing of a Market Position Statement) so that it can respond effectively to meet demand.

A priority for the Authority is to be a modern and efficient Council. A key element for the delivery of this Statement will be to continually review how we commission and procure services, and how we manage our own systems and staffing structures. This will ensure that we maximise opportunities to engage in the most efficient methods of operation for commissioning and delivery so we optimise all available resources to improve outcomes for our service users.

A sustainable health and social care system for the future can only be achieved if professionals and communities work together to improve health, we place a greater emphasis on helping people to stay healthier for longer, and ensure that individuals are equipped with the skills to make the right health choices and supported to take more ownership of their own care where appropriate. The key to capacity building, particularly at a time of austerity and fewer resources, is the leverage provided by working together towards a set of common goals. This Statement sets out a clear direction for the Council, partners in Health and the Third Sector, Providers of services and the Community to jointly engage and work towards better outcomes for everyone.

Beth Furneaux: Portfolio holder Health and Care Services

Executive Summary

The Council spends approximately £106.7million with the independent sector for social care services. Cumbria faces major demographic changes affecting employment and service delivery at a time of increasing financial austerity. An increase in the number of older people with their associated health and social care needs sits alongside a fall in the number of people of working age within Cumbria and has the potential to cause pressure on capacity in the care market.

In recent years the Council's strategic direction has been to invest in services which promote self-help, wellbeing, choice and independence with the aim of avoiding, reducing and/or delaying the need for people to require more specialist care services.

Prioritising outcome-focussed prevention and early intervention services, has already impacted positively on demand for a range of higher level services.

With an ageing population, growing numbers of young people with complex behaviour and people living longer with long term conditions, increasing pressure is being put on the local authority's budget. However, fewer people year on year have been accessing Council funded residential care, home care and day services. This is the result of successfully developing prevention services such as the Neighbourhood Care Independence Programme (NCIP), and Reablement; and alternatives to residential care such as Extra Care Housing, Night-time home care services, and the increased use of assistive technology to manage risks within people's homes. The Council is also supporting increased use of non-statutory services in local communities to help meet people's needs where appropriate.

There is an ongoing increase in the use of Direct Payments (DPs) and the Council will continue to promote the use of DPs and Individual Service Funds (ISFs) as a means of achieving more personalised support for people.

Day Services

More people are taking personal budgets and exercising choice to access a range of community based activities leading to a steady downward trend in the use of buildings based day services for older people. Future procurement for day services will take account of this trend and focus on supporting people with dementia or those who have other complex care needs and as such will be key in offering support for family carers to continue in their role.

Reablement

We will continue to develop capacity within the Cumbria Reablement Service delivered by the Council in-house provider Cumbria Care.

Assistive Technology

We will continue to increase capacity and take-up of assistive technology to support risk management and efficient use of resources for people choosing to receive care and support in their own home.⁴

⁴ Aging Population Priority Measure for Success Health and Wellbeing Strategy

Home Care

We will involve providers in the design of tender processes and contract model prior to the re-tender of the current framework agreement for Support at Home services.

We propose to tender for Supported Living Services, and Mental Health services under separate frameworks.

Extra Care Housing

We will continue to develop and increase Extra Care Housing capacity with housing providers throughout the county.⁵

Residential Care/Accommodation with Care

We will continue to ensure people have alternative choices to residential care.

We will revise the specification for residential care and will agree the direction for future commissioning and procurement of residential care placements (2015/16).

We will commission residential care services for people with a learning disability and/or autism only when their needs cannot be met in an 'ordinary' setting and they have been identified as meeting the criteria for specialised services.

Specialised Commissioning

We will prevent people from being placed out of county by improving the range of services in Cumbria.

We will work with Children's Services to identify future demand.

We will work to ensure that there are services available for those with dementia or other complex care needs that are staffed by people with the understanding, skills and ability to provide quality support and care.

Partnership/Integration

We will work in partnership with the NHS Cumbria Clinical Commissioning Group to:

- Reduce un-necessary admission to hospital
- Reduce un-necessary admission to a care home
- Improve co-ordination of Prevention, Intermediate Care and Homecare Reablement services.

Conclusion

This Statement and accompanying Appendices will inform current and potential suppliers of our future intentions and provide information that supports suppliers with business planning for the future.

⁵ Aging Population Priority Measure for Success Health and Wellbeing Strategy

Market Position Statement

Our Vision and Principles

The Council's vision for Adult Social Care Services is

- To Support Older and Vulnerable People to Live Independent and Healthy Lives
- To enable communities to live safely and shape services locally
- To promote health and wellbeing, and tackle poverty
- To be a modern and efficient Council

The principles underpinning this statement are:

- Promoting people's wellbeing and independence
- Working together and working locally
- Commissioning for Quality and Value

A Sense of Direction

Cumbria County Council wants to stimulate a diverse market for care and support, offering people a real choice of provision and supporting greater independence. This may come from existing providers, from those who do not currently work in Cumbria or from new initiatives.

To achieve this, the Council recognises that it needs to know how best it can influence, help and support the existing and future local care market to achieve better outcomes and value.

In this current financial climate there is a great deal of uncertainty for both local authorities and providers. Change is never far away and one of the key changes for Cumbria County Council is a centralised contracting, commissioning and procurement function introduced in June 2014.

What does remain constant is the need for the Council and providers to work closely to ensure that the older and vulnerable people of Cumbria are supported to live independent and healthy lives.

Much of the information included in this Statement and accompanying Appendices is a 'snapshot' of funding and service provision and is designed to give service providers information to help them plan services for the future. We recognise that this is just the start of the journey and that we need to continue to develop and review the Market Position Statement (MPS) and associated documents over the coming months as an iterative process.

These documents should be read alongside the Cumbria Health and Wellbeing Strategy which provides strategic direction for decision makers in health and social care services in Cumbria based on challenges identified in the Joint Strategic Needs Assessment (JSNA).⁶

⁶ <http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/about/strategies.asp>

As part of the development of this MPS providers were asked in a series of workshops what they would like to see included and how we could forge stronger working relationships. Key themes that came from the workshops were:

- Information on demographics
- Current levels of service and gaps
- Funding
- What the Council's commissioning priorities are
- Move to outcomes rather than purchasing hours of care
- Information on self-funders
- Regular communication
- Building trust

Key Messages

Cumbria faces major demographic changes affecting employment and service delivery. An increase in the number of older people with their associated health and social care needs sits alongside a fall in the number of people of working age within Cumbria and has the potential to cause pressure on capacity in the care market.

In recent years the Council's strategic direction has been to invest in services which promote self-help, wellbeing, choice and independence with the aim of avoiding, reducing and/or delaying the need for people to require more specialist care services.

Prioritising outcome-focussed prevention and early intervention services, has already impacted positively on demand for a range of higher level services.

With an ageing population, growing numbers of young people with complex behaviour, and people living longer with long term conditions, increasing pressure is being put on the local authority's budget. To address this Cumbria County Council will have an approach that supports:

- Embedding public health objectives in all that we do to promote wellbeing, healthy lifestyles and reduce health inequalities
- Increased use of non-statutory services in local communities
- More people accessing prevention and reablement services
- Effective use of financial resources to ensure value for money without loss of quality
- No further development of buildings based day services unless a specific gap has been identified
- Proactive development of a number of extra care housing schemes to provide 1000+ extra care housing units across the county
- A move to outcomes focused support planning processes to provide a more person centred delivery model that promotes independence
- The repatriation of people that are in services out of county that are inappropriately placed or wish and are able to return to Cumbria
- Development of residential care for people with learning disabilities and/or autism spectrum disorder **only** where they have complex and challenging behaviour and can't be supported in 'ordinary' services

- Improved understanding and skills within mainstream services to enable better support to be provided for people with dementia
- Risk management and timely response of support services through the use of assistive technologies for people living at home in the community
- Commissioning for quality
- Ensuring there are services available to meet the increasing numbers of people with the most complex needs

The Council will ensure that individual Equality Impact Assessments are carried out on commissioning proposals that are encompassed within these documents.

Key statistics⁷

Cumbria County Council's Directorate of Health and Care Services arranges care and support services for adults aged 18 years and older. It works with adults who have physical disability, learning disability, sensory impairment, mental health needs and substance misuse issues, as well as people who care for others. It also supports the transition of young people who are transferring from Children's Services to Adult Social Care. The Directorate operates through six teams that are approximately coterminous with the six district councils in the county.

The Directorate commissions services from independent sector providers and also provides them directly through its Cumbria Care division. Cumbria Care is part of the Directorate with responsibility for the provision of domiciliary, residential care and day care services to older adults, those with learning disabilities, young adults with physical disabilities and people with mental health needs.

Geography

Cumbria is a diverse county, covering an area of 2,635 square miles with a population estimated to be 498,100 persons at mid-2013 (-0.2% since mid-2012)⁸. Cumbria is the second largest county in England, yet it is also the second most sparsely populated county, with over 50% of the population living in rural communities compared to 19% in England.

The large and rural nature of Cumbria presents unique challenges in service design and delivery, with some residents having to travel considerable distances to access essential services. Seventy per cent of settlements have less than 200 residents

Transport links

While these issues of rurality do pose challenges, there are good transport links with easy access to the M6 motorway, main west coast rail line and cross Pennine rail service.

⁷ See also Local Area Plans: <http://www.cumbria.gov.uk/community/areaplans.asp>

⁸ based on the Mid-2012 and Mid-2013 Population Estimates produced by the Office for National Statistics.

Demography⁹

The county has experienced a rise in population since 2001, however growth has been slower than the national trend and by 2017 it is projected that Cumbria's population will decrease by 1,400 persons (-0.3%).

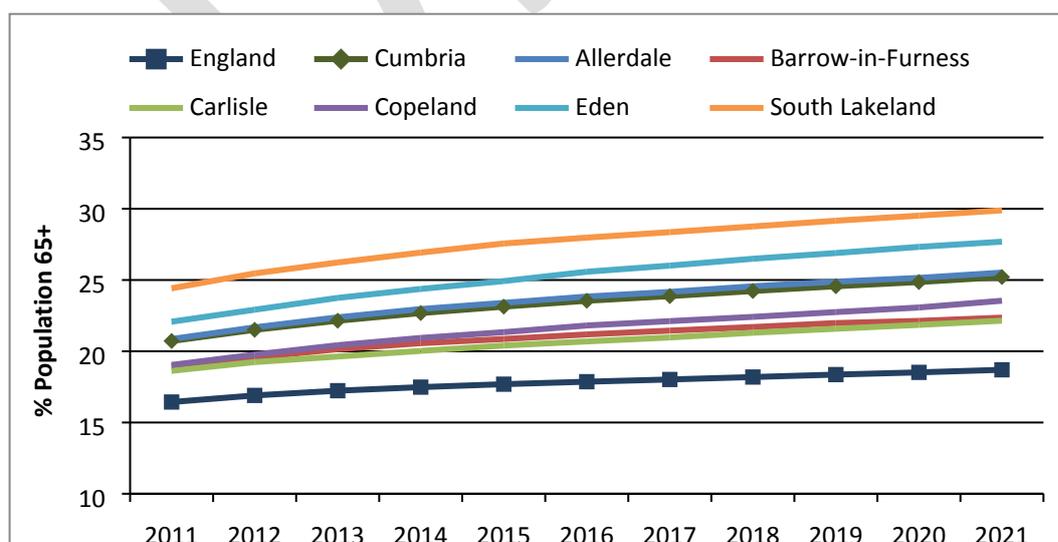
Cumbria has an older population profile than England & Wales, with lower proportions of residents in younger age groups and higher proportions of residents in older age groups.

Cumbria's population is ageing rapidly, particularly in rural areas. Since 2001, the number of residents aged over 65 has increased by 15%, a faster increase than the national average of 11%. In addition the number of young people aged 14 and under has decreased in Cumbria over the last decade by 9.6% compared to an increase of 0.6% in England and Wales.

The most recent population projections (2012-Based SNPPs, Office for National Statistics) show that in Cumbria, the numbers of residents in the three youngest age-groups have decreased between mid-2012 and mid-2013. During the same time period, numbers of residents in each of the four oldest age groups have increased. Cumbria's decreases in 15-29 and 30-44 year olds were much more pronounced than the decreases seen nationally for these age groups. In contrast, the county's increases in residents aged 45-59, 60-74 and 85+ years were less pronounced than the national average. However, Cumbria's increase in 75-84 year olds was more pronounced than the national increase.

In relation to residents aged 65+ years, the 2012-Based SNPPs project that numbers of residents aged 65+ in Cumbria and England will increase each year to 2037. By 2017 numbers of residents aged 65+ will increase by 12,300 persons (+11.4%) across Cumbria (England +11.6%) and the proportion of residents aged 65+ will increase to 24.1% across Cumbria, the 6th greatest proportion of all counties (England 18.2%). All Cumbrian districts will have greater proportions of residents aged 65+ than the national average.

Population Projections 65+



⁹ See also Cumbria Intelligence Observatory website. <http://www.cumbriaobservatory.org.uk/>

The proportion of residents from black and minority ethnic (BME) groups is low at 4.5% compared to 19.5% nationally. However, the proportion of Black and Minority Ethnic residents has increased in recent years but at a much slower rate than the rest of England.

Health outcomes¹⁰

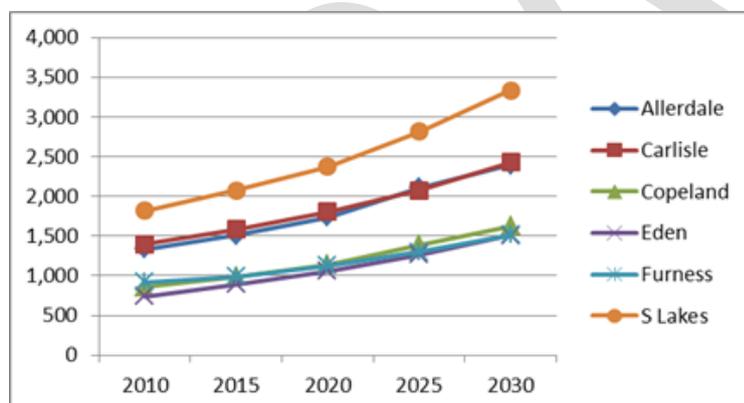
Health outcomes are poorest in Barrow-in-Furness and Copeland. Barrow-in-Furness is the third most deprived district in England in terms of health. In contrast both Eden and South Lakeland have high levels of health and wellbeing.

Cumbria's overall performance in a range of health and wellbeing indicators disguises significant inequalities in health outcomes. There is a 19.5 year gap between the wards in the highest and lowest life expectancies in the county, with life expectancy in some areas 8.4 years below the national average

The main causes of premature mortality in Cumbria are cancer (particularly lung cancer) and circulatory disease

Dementia prevalence is expected to rise:

Estimated future prevalence of dementia in Cumbria by District 2010-2030



Locally commissioned research conducted by the Dementia Services Development Centre, University of Stirling across Cumbria gave clear indication of the need for enhanced community and carer support for people living with dementia. This work will inform our approach to dementia support.

What people have told us

¹⁰ More information can be found in the Cumbria Joint Strategic Needs Assessment 2012-2015

www.cumbriaobservatory.org.uk/health/JSNA/2012

Learning Disability stakeholders held an Open Space event in September 2014 supported by Alder Consulting, with title 'Improving the lives of Adults with Learning Disabilities in Cumbria'

Key priorities as voted by the attendees were:

- Having choice of where we live and with who and who supports us
- Specialised LD social work teams integrated with health
- Focus on reducing hate crime
- More education opportunities
- Access to appropriate health care services
- Housing – how to make it better and more available
- How to help people with a LD have healthier diet and exercise
- More work opportunities

People First ran a wide consultation in June 2014 to inform the future Mental Health Commissioning Strategy being developed with lead from CCG, titled 'Your voice in shaping Mental Health Services in Cumbria'

Key trends via the various consultation methods were:

- Access to MH services and lack of information
- Community MH Team improvements – consistency of service, staffing levels and availability
- Improved MH awareness from all including GPs
- Improved waiting and referral times
- Improved range of therapies and treatments
- Improved availability of structured activity including more activities and support groups in the community
- Improved communication and better joint working between all services and support networks
- Improved confidentiality
- More beds available for those in crisis

In the last Adult Social Care Survey (ASCS) July 2014 the Quality of Life domains where people are indicating the highest levels of need are:

- being occupied / having things to do that they value or enjoy,
- feeling they have control over daily life,
- having enough social contact with people they like.

These are the areas where there is greatest unmet need and therefore the greatest opportunity for services and support to improve quality of life. This could be achieved for example, by effective use of neighbourhood care, opportunities for increased access to community activities, personal assistant and better promotion of community based support generally. Also activity programmes in care home settings are important.

In the survey people were particularly satisfied with the overall quality of care, support and services and the impact of these on:

- their overall quality of life

- their independence
- being able to get out and do things
- being able to socialise, spend time with family and maintain friendships
- personal care
- feeling safe inside their homes
- feeling safe from slips, trips and falls related to medical conditions, physical or sensory disability or their mental health

“I could not manage without them and they enable me to stay independent in my home - which is what I want.” (Customer in receipt of community based services)

People were dissatisfied with:

- not having the same carers every day, not being notified of changes to care staff, times of visits etc.
- not feeling safe outside of their home – particularly in relation to community safety e.g. anti-social behaviour or violence from others
- needing more care – either more of the same or additional care due to changing needs

“Getting the same carers is important so we get to know each other. I get the same carer most of the time. When I get a different carer they sometimes don't seem to know what to do.” (Customer in receipt of community based services)

Meeting Cumbria’s needs and aspirations of its public

The impact of demographic growth is not just on health and social care services. All Cumbria County Council services will need to review how their support systems will need to adapt to meet different patterns of demand.

When planning services for our population in Cumbria, the key points for commissioners and service planners to consider are:

- **Increasing numbers of people will live to a greater age with long term conditions.**
Historically, investment in long term conditions has been on treatment and prevention of further deterioration. Future investment should be focused on preventing or delaying the onset of long term conditions. People will need to be supported to self-manage their conditions through better patient education and enhanced care pathways.
- **Support communities to remain independent.**
As people prefer to remain in their own homes as long as possible, developing services to enable them to achieve this will be particularly important. Developments in Telecare, assistive technology, improved housing and access to personal budgets will be needed to support this, as well as preventative services to reduce risks from problems such as falls and a review into end of life care.

- **Many more people will be living with dementia.**
Delivery of national and local dementia strategies in partnership with local authorities will be a key issue as the prevalence of dementia increases. Cumbria will see growing numbers of people with dementia in addition to other long term conditions. This will include younger people with dementia.
- **Build capacity through partnership working.**
As the demand on health and social care services increase, mobilising community assets and greater joined-up working between the NHS, the Council and voluntary sector will be needed. Close working with the district councils and housing developers will ensure joined up solutions to enable people to stay in their own homes in the community.
- **Ensuring services are of the right quality.**
Procuring and monitoring services that ensure delivery of quality care and support will be central to commissioning and contract management¹¹.

People with increasingly complex health and social care needs living at home in the community

- National and local research has shown that people prefer to be cared for at home for as long as possible.
- Cumbria Health and Care Services and the NHS Cumbria Clinical Commissioning Group are working together to implement strategies that will see resources moved from institutional form of health and social care into community based services such as intermediate care, intensive support at home and Telecare - all of which support people's aspirations to be cared for in their own home.
- Increasing numbers of young people reaching adulthood with autism, complex needs and/or challenging behaviour will continue to pose challenges around accommodation and appropriate service models

The National Picture

The Care Quality Commission Report *The State of Health Care and Adult Social Care in England 2012-2013*¹² states that there

“were 53 million people in England living in 22.1 million households in 2011, up from 49.1 million people in 2001 (an increase of 7.9%). The population is getting older and one in six people is aged 65 and over.

Despite predictions to the contrary, the number of older people living alone has actually gone down, from 2.9 million people 65 and over in 2001 (14.4% of all households) to 2.7 million in 2011 (12.4%). This decrease is linked to the fact that

¹¹ Cumbria Corporate Procurement Strategy

<http://www.cumbria.gov.uk/scprocurement/ProcurementGuidance/strategy.asp>

¹² http://www.cqc.org.uk/sites/default/files/documents/cqc_soc_report_2013_lores2.pdf

people are living longer: there has been a fall in the proportions of people who are widowed.

The percentage of people in England with a long term illness that limits their day-to-day activity has changed little over the last 10 years – 18% (9.4 million) in 2011, compared to 18% (8.8 million) in 2001. The most common conditions seen by GPs and covering all ages were hypertension (7.6 million patients), and asthma (3.3 million).”

In relation to mental health, the UK Household Longitudinal Survey (2010/11) published in June 2013 showed that around a fifth (19%) of individuals had some indication of anxiety or depression. Women were more likely than men to have these mental health problems. Mental ill-health was more likely to affect people aged 40 to 59, and 80 and over. There was also some evidence of anxiety and depression being more common among people who were either divorced, not in paid work, caring for someone else in their household, or living on their own.

The number of people providing unpaid care has increased from 4.9 million (9.9% of the population) to 5.4 million (10.2%). The greatest rise has been among those providing over 20 hours a week, which is the point at which caring starts to significantly impact on the health and wellbeing of the carer and their ability to hold down paid employment. The number of people providing the most care – more than 50 hours a week – has risen from just under one million to almost 1.3 million.”

1 in 4 people in the United Kingdom will suffer a mental health problem in the course of a year according to statistics from The Mental Health Foundation. The Department of Health, 2011 stated the cost of mental health to the economy in England has recently been estimated at £105 billion and treatment costs are expected to double in the next twenty years.

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

Recent national drivers for change in health and social care provision have focused on:

- Investment in Prevention – supporting people to maintain their independence and their connections to the community
- The needs of the individual and their carer(s) – ensuring everyone has control over the care they receive
- Integrated services – joined up around the needs of people
- Known costs for care¹³

The Health and Social Care Act 2012

¹³ the Dilnot, recommendations within the Care Act bring in new measures to give people greater peace of mind that they'll get the support they need without the worry of facing unlimited costs.

There will be a new system which will cap the amount people have to spend on the care they need, regardless of how much they have in savings or assets. Once that cap on care is reached the state will pay those costs. The means testing level is also increased so that government help kicks in earlier than before, meaning people with modest wealth will be eligible for state help towards that cap. This will mean 35,000 more older people will get help with their care costs when the system comes into force from April 2016.

This Act legislated for the reform of health and care services in England and introduced major changes to the way health and social care services are funded, commissioned and administered.

- From April 2013, to promote clinically led commissioning, NHS Primary Care Trusts were replaced by Clinical Commissioning Groups – GP led bodies responsible for commissioning most health services. CCGs have a ‘duty to promote integrated health, social care and ‘health related services’ around the needs of service users.’
- Local authorities took on the responsibility for Public Health
- Local authorities were required to set up Health and Wellbeing Boards made up of health and social care commissioners, councillors and lay representatives to tackle health and wellbeing issues locally

The Care Act 2014

This Act received Royal Assent in May 2014. This Act sets out a new framework of local authority duties in relation to the arrangement and funding of social care, along with a number of changes to the regulations of social care providers.

The Care Act places care and support law into a single, clear modern statute for the first time and enshrines the principle of individual wellbeing as the driving force behind it.

It ensures that people will have clearer information and advice to help them navigate the system, and a more diverse, high quality range of support to choose from to meet their needs.

The Act places more emphasis than ever before on prevention – shifting from a system which manages crises to one which focuses on people’s strengths and capabilities and supports them to live independently for as long as possible.

The Act will make the care and support system clearer and fairer for those who need it. The government will set a national minimum eligibility threshold to help people better understand whether they are eligible for local authority support. This also paves the way to allow older people and those with disabilities to move from one area to another with less fear of having their care and support interrupted.

For the first time, carers will be put on the same legal footing as the people they care for, with extended rights to assessment, and new entitlements to support to meet their eligible needs.

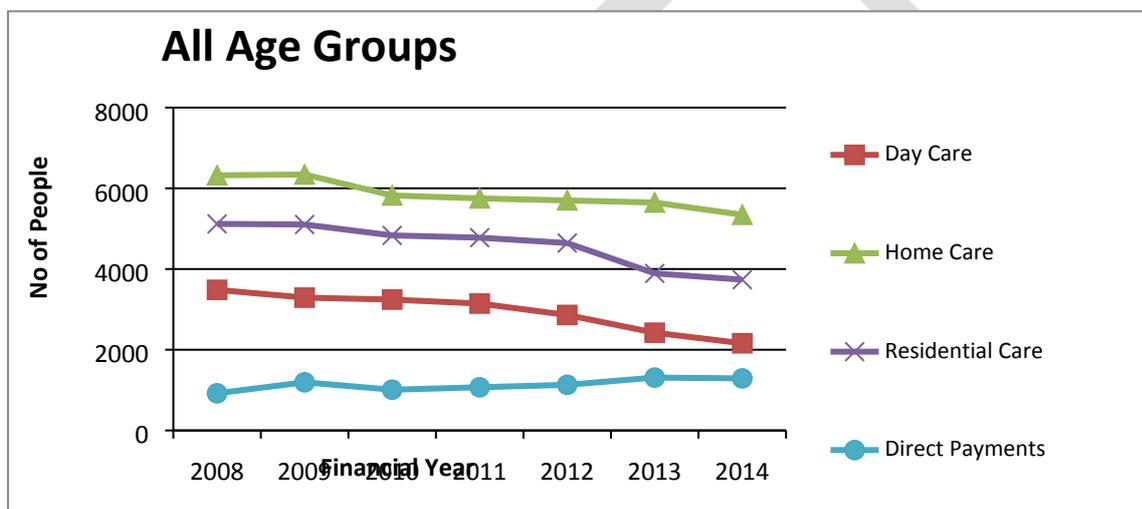
Provisions also include:

- Duties on local authorities to carry out their care and support responsibilities with the aim of promoting greater integration with NHS and other health-related services
- Requirements on local authorities to manage and develop the market for care in their area, having regard to ensuring a sufficiency of provision and to ensure the market has the information it requires (e.g. through the issuing of a Market Position Statement) so that it can respond effectively to meet demand
- Ensuring plans are in place to reduce the risk of provider failure and to manage a failure should it occur (financial stability is considered a key factor)

- Engagement of providers and service users to inform local commissioning strategy and service requirements

Current state of supply

The strategy that has been pursued in Cumbria, in line with the national direction for social care services, to meet the long standing challenge of increasing demand and financial pressure, is one of “Avoid, Reduce, Delay”. A number of approaches are being used to promote independence and reduce demand for services, particularly more costly services such as residential care. This has resulted in reduced demand for services in recent years and an increase in Direct Payments



Short Term Services

Prevention Support

The Neighbourhood Care Independence Programme is the main prevention service in Cumbria. It provides support to vulnerable adults of any age who require extra assistance from time to time, to remain active, healthy and independent. This programme provides people with access to practical support and advice on a wide range of issues such as purchasing care services, equipment and adaptations, hearing aids, home from hospital support, handyman services for minor DIY tasks, energy efficiency checks, access to practical home support services, support to attend social activity groups, volunteering and befriending.

Neighbourhood Care is provided by approximately 30 voluntary and community organisations. The programme started in April 2013 and has the potential to help around 20,000 people. The programme is funded by Cumbria County Council and managed by the Cumbria Community Foundation. Total funding is £867,000 of grants per year until 2016.

Supporting People Services

Supporting People services support vulnerable people to secure and maintain their accommodation. The service:

- has a responsive and flexible approach
- increases independence of people being supported
- delivers a personalised service to each person
- protects the individual
- focuses on developing the assets and skills of the individual to ensure that they are able to maintain their accommodation

There are 13 providers working across the county delivering housing related support to short term accommodation projects and sheltered housing schemes and Floating Support¹⁴. The total budget for this is approximately £4 million pounds (2014/15)

All services are currently commissioned through Framework agreements. Housing related support linked to accommodation is purchased through block contracts, and floating support through a call off contract.

The Council supports a range of client groups when there is a housing support need for short term accommodation.

Housing related support in sheltered housing and extra care schemes is commissioned in 22 clusters which are organised around towns and communities in the county (872 units, £350k per year)

We also commission generic floating support for people who need it on an individual basis across the county. This is arranged following an assessment through a central access point and called off against the contract from 3 to 4 providers in each of the six localities (148,000 hours per year).

Reablement

Reablement is an Adult Social Care service which aims to help people regain their independence following an illness, injury, disability or loss of personal support network. It is a free service and is provided for a short period of time, usually up to six weeks or less.

Cumbria Care, the Council's in house service provider, delivers Reablement support and has delivered 3,560 reablement episodes over the past 2 years. Reablement works with other prevention services, such as neighbourhood care and assistive technology, to provide timely and focussed short term support to improve outcomes for customers and carers.

Reablement has been shown to facilitate discharge from hospital, prevent admission to hospital, and support customers and carers to continue living within their communities.

Cumbria Care will further invest and streamline this service to ensure that it is flexible and responsive. Provision of a skilled and focussed Cumbria Care workforce, working closely with health and long term providers of home care, will ensure that the impact of this service to avoid, reduce or delay demand for long term services is maximised.

¹⁴ Floating Support provides housing related support to vulnerable people living in their own homes irrespective of tenure; or at risk of homelessness; or are homeless

Community Services

Telecare and Assistive Technology

Telecare can be accessed through the Council's contracted service. The Council has a target of 2,000 Telecare users by March 2015. The current number of users (November 2014) is 1,911. The council is also trialling use of:

- Safe walking (GPS trackers) devices – to manage risks associated with independent movement outside the home
- Stand alone assistive technology – simple alarms which alert carers when people they live with are at risk in the home

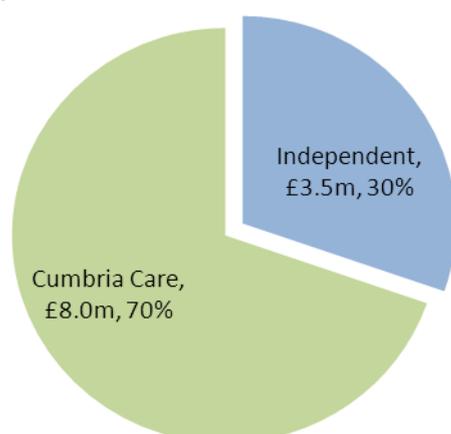
The Council also uses *Just Checking* as an assessment tool. This provides evidence of people's personal routines in the home enabling more effective design of support.

The Council's Telecare service is complemented by independently available services provided by local community alarms providers who between them have around 3,500 users countywide.

Day Opportunities

Day opportunities are currently accessed either through the in house provider, Cumbria Care, or with the independent sector under a framework agreement that commenced June 2012 and with extensions (final year still to be approved) ends May 2016. A range of buildings based day services, day opportunities in the community and employment support is offered through this framework.

Market Share - Day Care



Valuing People Now (a Department for Health strategy for people with Learning Disabilities) states that we need to consider how people spend their time in a way that meets their own wishes and needs. Central Government guidance is that more people will be enabled to access education, training and employment.

There will be an increased focus on supporting people of all ages to access mainstream service for sport leisure and recreation. Through person centred planning and self-directed support people will be encouraged to consider more fully how they would wish to spend their leisure time, supported to access community facilities and encouraged to take up healthy lifestyles. This is now reflected in the Joint Health and Social Care annual self-assessment from 2013 submissions¹⁵

There are a range of day centres and day opportunities in the community being delivered across the county by 23 contracted providers, and 33 centres are served by the Council's in house provider Cumbria Care. There are currently 1526 attendees of day opportunity services, including Cumbria Care, across all client groups¹⁶

More people are taking personal budgets and exercising choice to access a range of community based activities leading to a steady downward trend in the use of buildings based day services for older people.

Future procurement for day services will take account of this trend and focus on supporting people with dementia or those who have other complex care needs and as such will be key in offering support for family carers to continue in their role.

Support at Home

Support at Home offers a range of home care and supported living services to enable people to live as independently as possible in their own homes.

This is currently purchased through a framework agreement which is due to end in 2016. There are a number of Group A and Group B providers in each district; Group A providers are the council's 'preferred' providers based on the fact that they scored the highest combined points across both price and quality criteria following a comprehensive selection exercise.

There are 42 active independent sector providers delivering care and support services for the Council – 37 who are on the framework agreement, and 5 others.¹⁷

The average independent sector urban price is £13.28 and the rural price is £15.05.

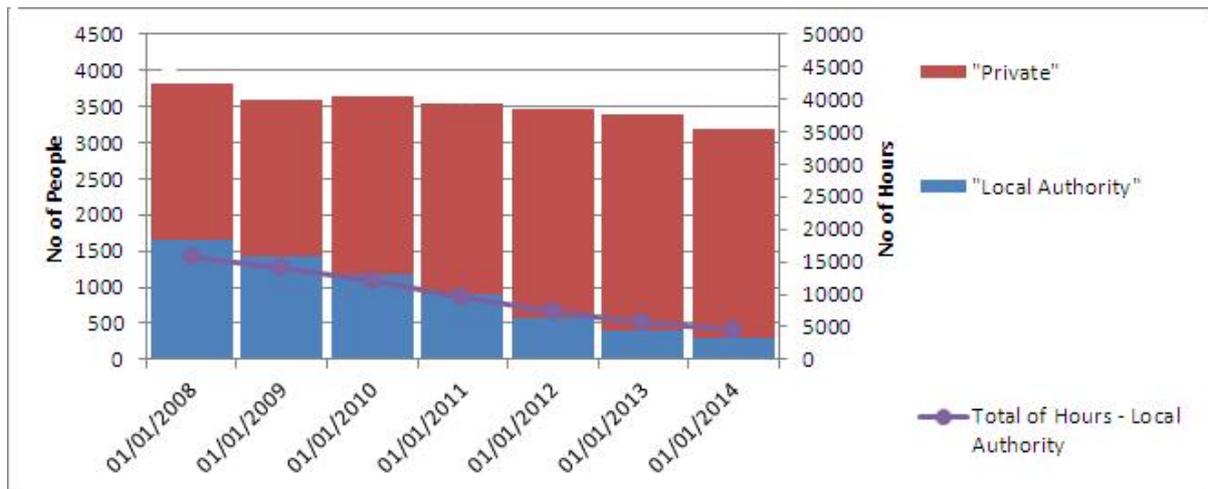
The Council's strategy of investing in services that avoid, reduce and/or delay the need for higher level services has impacted on demand for all age groups whilst population figures increase and total number of Support at Home hours purchased has reduced year on year.

¹⁵ <https://www.improvinghealthandlives.org.uk/projects/hscldsaf>

¹⁶ As at August 2014

¹⁷ As at September 2014

The table below shows recent purchase patterns for home care, excluding supported living.



The main challenges of current and future provision are:

- recruitment and retention of care staff
- capacity of providers to offer rural/extra rural cover for care and support
- maintaining the quality of care delivered
- skilled care staff who can meet the needs of the clients they are working with
- delivering large care and support packages effectively in Supported Living settings
- facilitating hospital discharge in a timely way

The challenge for future commissioning will be to offer the market sustainable contracts that allow for investment in skilled staff, countywide coverage, flexible services that ensure that the service user is in control of their care and support, and provision of quality services.

In order to achieve this, the Council propose to go to market in 2015 for Support at Home services through redesigned service models that separate out generic home care, supported living and MH services for people with complex care, and support sustainability by offering increased opportunities for more business per organisation with the Council.

Direct Payments, Individual Service Funds and Brokerage

The Council will continue to support increased use of Direct Payments and Individual Service Funds as means to achieve more personalised support for customers.

Cumbria County Council has a long history of use of Direct Payments to enable customers to take more choice and control of their support. In 2013/14, 1266 customers in Cumbria used a Direct Payment. This equates to 28% of customers using community based services (ASCOF 2013/14) ranking the council 27th out of 150 councils.

The Council has also developed Individual Service Funds (ISFs) through which providers can manage personal budgets on behalf of customers. Following a successful trial in Carlisle, Individual Service Funds are being offered to customers across the county during 2014/15.

The Council has introduced use of pre-paid card accounts for Direct Payments and Individual Service Funds to make it easier for customers and providers to manage funds for support. All new Direct Payments use pre-paid card accounts. The implementation of pre-paid cards for the delivery of carers' budgets has increased efficiency and supported independent choice.

Cumbria has started a six month trial of support brokerage approaches which aims to explore how best to implement support brokerage in the future, leading to greater use of Direct Payments and Individual Service Funds. In the first part of the trial, internal brokerage teams were able to achieve a three-fold increase in Direct Payments and Individual Services Funds. The trial continues with use of an external support brokerage provider which started in October 2014.

Carers Support

The Council and NHS Cumbria CCG have commissioned a single organisation, Carers Support Cumbria Limited, to identify carers, provide information, assess carers' needs and provide support planning activities to enable carers to continue to care. This has increased greatly our capacity to provide statutory carers assessments ready for the forthcoming Care Act.

Of the 56,495 carers in the county, 13,303 provide over 50 hours of care per week. In addition to the increased efficiency of one contract, grants have been made available to voluntary organisations to establish activities tailored to local need, that support carers, building on community assets and existing social capital, diverting need away from more costly statutory provision.

Carers' budgets have increased steadily since their introduction in November 2012. Their purpose being to give carers control and flexibility to access the support they need to continue to care. Following an assessment, Carers are first enabled to access community assets and to maximise their social capital before accessing small budgets. This approach diverts, delays and diminishes pressure on statutory services from the customer and protects carers from becoming customers themselves prematurely.

Accommodation with Care

Extra Care Housing

The aim of the County Council Extra Care Housing Strategy¹⁸ is to enable people in Cumbria to plan for their future and realise their aspirations to live independently. It will complement and support the work of colleagues in Housing who share this aim, and it is part of our wider strategy to support individuals to remain in their own homes to avoid, or delay residential care.

Extra care housing describes a type of sheltered housing property. People who live in extra care housing have their own self-contained homes with a lounge, kitchen, bedroom and bathroom and care staff available on site 24 hours a day, 7 days a week. There are also communal facilities and activities available.

Extra care housing means:

- People have their own front door and decide who can come in
- An accessible environment
- Couples can stay together
- There is a mix of able and less able people
- 24 hour care and support services available
- People are supported to keep their independence
- People choose whether to join in with onsite activities
- People have security of tenure

Nationally provision of this type of care is increasing. From 2001 onwards the Council has invested in Extra Care Housing as a real alternative to residential care thus contributing to reduced use of residential care placements. Extra Care Housing provides a genuine alternative to residential care and many people have been supported to remain living at the scheme through to end of life without the need to transfer to residential/nursing homes.

There are currently 12 schemes providing 377 units.

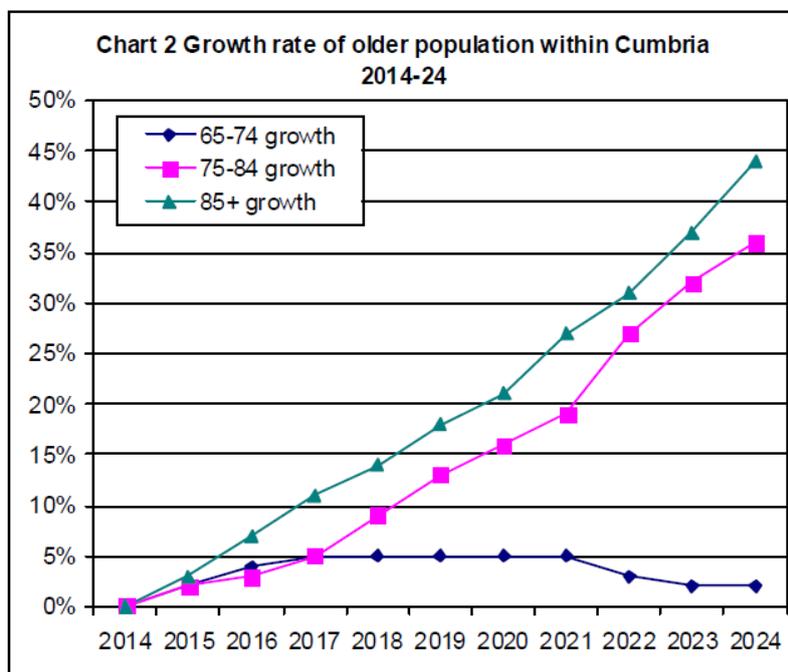
There is also a privately developed scheme in Eden with a total of 57 units that are a combination of owner occupied and rented.

We are proactively developing/commissioning more extra care facilities in Cumbria working in partnership with district councils and housing providers, and supported by the HCA Capital and CCC capital programme. As well as the 5 schemes already underway, which will provide over 190 units, there are pipeline proposals for 6 further schemes, a further 200+ units.

¹⁸ <http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/about/strategies.asp>

Residential Care

The population in Cumbria aged 85 and over is projected to increase by 6,400 people over the next ten years to 21,100 in 2024. The number of people aged 75 to 84 will increase by 13,100 to 49,500 in 2024, and the number of people aged 65 to 74 will increase by 1,200 to 63,600 over this period.



The Council currently has pre-purchase contracts for residential care in Cumbria with 142 residential and nursing care homes, of which 101 are primarily for older people, and of which 33 are nursing homes. There are also 32 Cumbria Care residential care homes of which 29 are primarily for older adults.

There are approximately 4,400 older adult residential care beds in Cumbria, of which just over 1600 are nursing beds, with the Council purchasing just over half of these places.

Nationally there is a slight increase in residential care bed provision in recent years, with a more significant increase in nursing places. Local demand has decreased and whilst the demand for care and support for the older population may increase, especially for the 85+ age group, due to increases projected for Cumbria in the older adult population, this demand will largely be met by provision of community services such as extra care and care at home.

However there will always be a need for good quality residential and nursing care, particularly for people with dementia. As the lines between residential care and nursing care are blurring then this will require providers to look at flexible models of care with a workforce trained to deliver more complex tasks.

We will work with the market to ensure supply in Cumbria is responsive to demand, offering the right type of care locally; that it will meet the needs of people with complex care requirements; that we have an aligned approach with Health; and that care is of the right quality by ensuring that an integrated approach to quality management is in place.

In 2014-15 the Council has carried out work to inform future demand and procurement, and to ensure that it is paying a fair price for residential care. Analysis of the Residential Care

Market was carried out by LaingBuisson, a nationally recognised social care consultancy organisation, and further detail from this report will be added to the Market Analysis section when available.¹⁹

In 2015 the Council intends to go out to market to renew its pre-purchase contracts for residential care with an updated specification and pricing schedules.

Learning Disability

Changes in society's attitudes towards disability and in social care and health policy now mean that people with a disability are being encouraged to increase their independence in their daily lives and in the decisions concerning the services they receive. The emphasis is upon enhancing their abilities rather than concentrating upon their disabilities.

In relation to the housing needs of people with learning disabilities the governments 'Valuing People Now' strategy stated that the emphasis needs to be placed on providing alternative ways of meeting individual housing needs and the support that is needed for the individual to live safely in their home.

It also stated that those who plan and commission services should always consider how they can develop creative solutions to meet people's needs and aspirations. These should include services being commissioned for people with learning disabilities to enable them to be supported to live in their own homes as owners or tenants and where applicable to be supported to live with others.

'Independent supported living can be enjoyed by people with high or complex needs as well as those with fewer needs, because the support is tailored to their particular requirements.'

Following the Winterbourne View Concordat the 'Transforming Care' review also stated that services must be commissioned that enabled people to be supported in their own home, in their local communities with a focus on personalisation with a support package tailored to meet their individual needs.

Historically social care has been good at providing services that minimise risk. However personalisation means that in the future Health and Social care services have to work towards providing choices rather than services. We shouldn't discourage people from taking risks.

To support the continued development of services that can meet people's needs but also provide models of support that are outcomes focused and time limited with 'progression' at the centre we will commission a framework for supported living in 2015 which will come into effect in April 2016.

¹⁹ LaingBuisson Market Analysis Summary to be added when available – Dec 14/Jan 15

Specialised Services

Cumbria Adult Social Care considers individuals to be “complex” if, as a result of their disability, age or condition, they;

“present chronic or episodic challenging behaviours and/or support needs that require long term service response, are workforce intensive, require interventions both physical and non-physical from two or more agencies, could pose a risk to themselves and others and have specific needs for which there is no sustainable “ordinary” community support system available”.

There is currently a ‘specialised’ framework which is used to commission services for people who have complex needs. This framework commenced in January 2014 and will run for four years.

Mental Health Services

A joint NHS and Local Authority Mental Health Commissioning Strategy for Cumbria (2014-19) is currently being produced.

The strategy will inform priorities across Health and Social Care and also how commissioning intentions and existing services can be integrated to improve an individual’s recovery journey. This will include a review of existing provision, whether we are over or under provided in localities and where there are gaps in the range of accommodation and support on offer. A recent service review highlighted a possible gap in the market for mental health specific older adult accommodation and support which many individuals may start to require to enable them to stay in their communities. Service provision will focus on active Rehabilitation and Recovery based support to enable individuals to maximise their independence and control of own lives.

Mental health Service Providers and Commissioners will continue to develop closer working relationships with housing providers. Accommodation must be conducive to recovery and current housing stock may not always be the most appropriate. Access to accommodation in local communities must not be a barrier to development or to individuals being able to step down into their own tenancies. We will explore alternatives for crisis support to reduce inpatient admissions and promote delivery by the ‘Right service’ at the ‘Right time’ in the ‘Right place’ to enable each individual to remain ‘Closer to Home’ wherever possible.

Current key policy drivers include:

- Personalised community based approach for everyone
- Real control over resources
- JSNA – health and well-being focus
- Integrate health and social care commissioning around agreed outcomes
- Integrate health and social care processes, systems and resources
- Engage with local networks, community associations and assets
- Build on community capacity – stronger and more collaborative relationships
- Outcomes based commissioning and procurement

There will be an increased focus on supporting people with a mental health issue to access accommodation based support to facilitate a person-centred active Rehabilitation and Recovery journey. This model will take into consideration all aspects of an individual's recovery needs and will link into community and mainstream activity either via Individual Service Funds or Direct Payments. The model will be outcome focused and encourage the individual to design their own outcome targets so that all support is then meaningful and measured. Through person centred planning and self-directed support individuals will be encouraged to consider more fully how they would wish to spend their time, access community facilities and take up healthy lifestyles.

There is a range of existing mental health specific accommodation based and day opportunities being delivered across the county, with a number of services jointly funded or directly contracted via NHS Cumbria CCG and some provision with the Council's in house provider Cumbria Care. There were 1444 individuals with mental health as a primary need accessing Community based and/or Residential services via Cumbria County Council between 1st April 2013 and 31st March 2014.

There is a downward trend in demand for buildings based day service places with many individuals now electing to access mainstream and universal services via a direct payment.

In 2015 the Council intends to go to market for providers to be appointed to a Framework Agreement for Mental Health Active Rehabilitation and Recovery Pathways. This will include a range of Accommodation based service types to enable step up/step down and will cover the full pathway from high end 24 hour services, to minimal community based support.

Cumbria County Council in-house provision

Cumbria Care is the Health and Care Services Directorate in-house provider and provides domiciliary, residential care and day care services to older adults, people with learning disabilities and people with mental health needs.

Cumbria Care provides care services across the diverse geography of Cumbria to approximately 4,000 people each week. These care services consist of approximately 958 older adults residential beds, 39 disability and mental health residential beds, 6500 hours of older adults domiciliary, reablement plus mobile overnight service care, 850 older adults day care places and approximately 2500 disability and mental health day care places. Supported living services are also provided to 77 people enabling them to live as independent a life as possible in their own homes.

Cumbria Care will continue to work with commissioners to ensure that Cumbria Care services maximise the value for money contribution from the Cumbria Care annual budget of £43.5m. Future plans for Cumbria will align with the Adult Social Care strategic commissioning to enable change and some service remodelling that secures a sustainable future for Cumbria Care.

Current and future level of resourcing

| 2014/15 Independent Sector Purchasing Budget | | | | | | | | |
|--|-------------|--------------------|-------------------|-------------------|---------------|------------------|----------------------|--------------|
| £million | Specialised | Allerdale ASC Area | Carlisle ASC Area | Copeland ASC Area | Eden ASC Area | Furness ASC Area | South Lakes ASC Area | Total |
| Residential Care | 10.1 | 7.6 | 7.5 | 4.4 | 3.1 | 4.9 | 4.9 | 42.5 |
| Nursing Care | 0.0 | 2.0 | 2.9 | 1.1 | 1.3 | 5.2 | 3.1 | 15.6 |
| Home care | 0.2 | 2.9 | 3.9 | 2.4 | 2.7 | 3.7 | 3.1 | 19.0 |
| Supported Living | 6.0 | 0.9 | 2.2 | 0.9 | 0.7 | 0.5 | 0.3 | 11.4 |
| Extra Care | 0.0 | 0.0 | 0.2 | 0.5 | 0.2 | 0.3 | 0.6 | 1.8 |
| Direct Payments | 0.5 | 1.5 | 1.8 | 1.2 | 1.1 | 2.1 | 1.9 | 10.1 |
| Day Care | 0.0 | 1.0 | 0.9 | 0.7 | 0.2 | 0.1 | 0.1 | 3.0 |
| Transport | 0.0 | 0.6 | 1.0 | 0.4 | 0.3 | 0.6 | 0.3 | 3.2 |
| | 16.9 | 16.5 | 20.5 | 11.5 | 9.7 | 17.3 | 14.3 | 106.7 |

Cumbria County Council is facing unprecedented reductions to its budget, the contraction in central government grant funding (at a time of rising demand for services) will continue to be the key challenge facing the organisation. The government is reducing the funding it provides to the county council as part of its efforts to balance the nation's books.

Councils across the country are midway through the delivery of the most challenging austerity programme since the Second World War.

Over the last three years, Cumbria County Council has delivered £88 million in savings. Further savings of another £89 million are now required over the next three years (2014 - 2017) to bridge the funding gap. Proposals for the 2015/16 budget, to be agreed at Council in February 2015, will need to include identification of further savings of £32.2 million across the Council. All told, the County Council is losing one in every four pounds which it used to receive to pay for services.

The 2014/15 budget agreed at Council in February includes £30.284m worth of savings across a range of areas, including:

- A range of internal efficiency savings across council directorates.
- Integrating health and social care and managing demand in key services
- Introducing electronic recording for the delivery of home care to make the system more efficient and ensure the council only pays for services being delivered.
- Implementation of pre-paid cards for the delivery of personal budgets, direct payments and carers' budgets.
- Bringing Together low income support services in one place
- Review of Transport Policies (Post 16 Transport)

It is therefore the case that in order to meet future budget reductions all Directorates of the Council will need to make further savings and efficiencies.

Our strategic intentions

Putting People First

We will do this by:

- Helping individuals, families and communities to help themselves (building Social Capital), to reduce dependency on statutory services and achieve better, sustainable outcomes for individuals and communities
- Providing easy access to up-to-date, comprehensive information on services to help people make informed purchasing decisions – Cumbria Support Directory
- Ensuring that individuals and their carers can have an input into all aspects of their support plan
- Actively promoting the use of Direct Payments and Individual Service Funds to give people a greater freedom of choice in purchasing services that best meet their agreed outcomes
- Introducing pre-paid cards
- Continuing to develop contracting and procurement arrangements that are designed to encourage choice, quality, maintenance of standards and accountability in service provision and will continue to review these
- Ensuring that there are quality management systems in place to ensure that we providing the service meets people's needs
- Working with NHS Cumbria to promote, across all partner organisations through education and training, the North West End of Life Care model to support people to live and die well in their place of choice
- Promoting an environment for collaborative and partnership working where appropriate. Cumbria has many issues, such as geographically isolated communities, that will need collaborative solutions between private providers and the third sector and between health and social care
- Commissioning services that actively promote the public health agenda

Priorities for the third sector include:

- Third sector role in developing community capacity and accessing community assets to promote improvements in community led support for people with care and support needs. This will include increasing numbers of volunteers across a range of areas where support could be provided
- Development of sustainable community capacity and preventative services through the Council's neighbourhood care programmes
- Piloting alternative models of support such as social prescribing, dementia advisers and 'dementia friendly environments' in people's own homes
- Providing specialist support advice and support on self-care for particular long term conditions e.g. stroke

- Supporting the commissioning process for returning people placed out of Cumbria where those people are ready to do so or are placed inappropriately
- Developing brokerage and support planning services

Priorities for the private sector include:

- Improved workforce skills to provide specialist dementia care within residential care and nursing care homes
- The development of private sector extra care housing/specialised housing with care and support
- Encouraging residential/nursing home providers to embrace dementia environment standards which we know helps to support people particularly those that might otherwise exhibit challenging behaviour.
- Development of services that offer home delivery/improved accessibility for older and disabled people, such as community pharmacy services and dementia friendly design principles and signage on the high street and in local shops
- Supporting commissioners in Health and Social Care with flexible and responsive provision as these bodies move to seven day service implementation

Continue to work towards Integrated Commissioning

- Deliver the agreed Cumbria Better Care Fund Plan²⁰
- Work with our partners in Health to bring services together, particularly for adults with combined health and social care needs, and wherever possible commission services jointly.
- Work with our partners in Health to commission services that
 - actively support people from inappropriate hospital admissions, and enable hospital discharge as soon individuals are able to return home
 - encourage innovative solutions, particularly for more isolated communities, where traditional approaches to the market are not workable

Characteristics of the provider of the future

The Council intends to continue to foster close working arrangements with social care providers and maintain partnership working to achieve changes in service delivery.

We expect that successful providers in Cumbria, in developing this relationship, will:

- Be flexible and adaptable
- Take a person centred approach and involve their customers in shaping services
- Demonstrate innovative ways of working
- Increasingly contribute to assessments, service planning and reviews
- Work to achieve agreed outcomes for individuals, designed to promote maximum

²⁰ <http://www.cumbria.gov.uk/eLibrary/Content/Internet/535/6004/41733153417.pdf>

- independence
- Actively market their services
- Engage with the Council in a pro-active manner to promote change and improvement
- Maximise the resources available to the individual from their immediate area of support and from the community
- Provide value for money
- Be able to accommodate direct payments and individual service funds as well as self- funding individuals
- Be able to offer integrated services addressing both health and social care needs

Workforce issues

The young adult population of Cumbria is projected to decrease in all age bands between now and 2024, with the exception of those aged 55 to 64, whilst the older adult population is projected to increase, especially in the 85+ bracket. This will mean ongoing challenges for providers to staff services.

Issues of rurality and opportunities to work in tourism and retail mean that in some areas of the county, providers have struggled with recruitment and retention of care and support staff. Improved workforce data and planning will be required to address capacity, recruitment and retention issues resulting from self-directed support and people accessing personal budgets as well as other market forces.²¹

Key to Care, the Report of the Burstow Commission on the future of the home care workforce, states that nationally, “even at current skills levels, there is likely to be a shortage of care workers. According to the International Longevity Centre, if we continue to support current levels of need, with rising demand we will need an additional 765,000 care workers by 2025.”²²

The Council has funded, via a third sector organisation, a Recruitment and Retention Officer until end of June 2015 to support the independent sector. The Council continues to support the Care Sector Alliance Cumbria (CSAC), an employer led alliance of over 200 local social care organisations, to work together to promote social care workforce development across Cumbria

Care and Support for the future

The following items and topics, based on our understanding of the current care and support market, our view of demand/supply and the level of resources we expect the Local Authority to be able to offer, represents the activities we will be engaged in over the next years:

²¹ See also Local Authority Profiles Skills for Care

<https://www.nmds-sc-online.org.uk/research/researchdocs.aspx?id=2>

²² Key to Care <http://www.lgiu.org.uk/wp-content/uploads/2014/12/KeyToCare.pdf>

And The Future Care Workforce, International Longevity Centre, UK, February 2014

http://www.ilcuk.org.uk/index.php/publications/publication_details/the_future_care_workforce

1. Health and Wellbeing

- Engage providers in review of housing related support with a view to retendering
- Develop personalisation in housing related support

2. Reablement Home Care

- Continue to develop capacity within Cumbria Reablement Service, delivered by CCC in-house provider Cumbria Care

3. Telecare and Assistive Technology

- Increase capacity and take-up of Telecare and assistive technology to support risk management and efficient use of resources for people choosing to receive care and support in their own home
- Introduce Telecare and assistive technology for our customers with the most complex needs
- Increase the usage of Telecare and assistive technology to support people in extra care housing and residential settings
- Broaden the range of assistive technology options available to complement existing Telecare services
- Continued use of *Just Checking* systems to support assessment and support planning for people at risk of losing their independence through admission to residential care

4. Support at Home

- Involve providers in the design of tender processes and contract model prior to the re-tender of the current framework agreement for Support at Home services
- Address issues relating to market stability and continuity of care
- Support provider development including personal assistants through promotion of personal budgets, direct payments and individual service funds to support choice and access to local community based resources
- Development of outcomes focused support planning processes will support the move away from purchasing pre-defined hours of care and support to more person centred delivery models
- Develop a support delivery culture which focuses on the principles of Reablement supporting people to be independent as they possibly can be

5. Extra Care Housing

- Continue to develop Extra Care Housing capacity with district councils and housing providers throughout the county as reflected in Cumbria County Council Local Area Plans 2014-2017²³
- Purchase new extra care service provision for new schemes under development in Kirby Stephen and Keswick (2014/15)

²³ <http://www.cumbria.gov.uk/community/areaplans.asp>

6. Accommodation with Care

- Continue to ensure people have alternative choices to residential care
- Revise the specification for residential care and will agree the direction for future commissioning and procurement of residential care placements (2015/16)
- Commission residential care services for people with a learning disability and/or autism only when their needs cannot be met in an 'ordinary' setting and they have been identified as meeting the criteria for specialised services

7. Specialised Commissioning

- Continue to work with organisations to ensure that right level of accommodation with support is available
- Prevent people from being placed out of county by improving the range of services in Cumbria
- Work with Children's Services to identify future demand

8. Mental Health

- Complete and implement the joint MH commissioning strategy in partnership with the NHS Cumbria Clinical Commissioning Group
- Procure a new Framework for Active Rehabilitation and Recovery accommodation based support following a review of existing services and gap analysis of the market
- Continue to promote and explore self-directed support with all eligible individuals making best use of mainstream and universal services in conjunction with statutory and contracted support to best achieve independence and recovery based outcomes
- Integrate Health and Social Care commissioning and processes

9. Day Services

- Future procurement for day services will focus on supporting people with dementia or those who have other complex care needs, and as such will be key in offering support for family carers to continue in their role

10. Whole Systems Reviews

Work in partnership with the NHS Cumbria Clinical Commissioning Group to:

- Reduce un-necessary admission to hospital
- Reduce un-necessary admission to a care home
- Improve co-ordination of Prevention, Intermediate Care and Homecare Reablement services

Undertake whole systems reviews, for example a review of services available to support frail elderly people to ensure:

- Improved joint working
- Information sharing

- Less duplication
- Use of risk stratification tools to provide support in a proactive way
- Identification of people approaching a crisis to enable timely intervention
- Identification of service gaps/areas for improvement
- Review bed capacity and usage in acute, step-up-step-down and intermediate care settings

11. Advice and Information and Advocacy

The Council has a duty under the Care Act to *establish and maintain a service for providing people with information and advice relating to care and support for adults and support for carers*. We will:

- Continue to provide access to a range of information and advice to support people's wellbeing and possible care and support needs
- Develop and commission tools that will support people when planning and making decisions about their care and paying for their care e.g. Cumbria Support Directory (a free online directory of services, which lists a wide range of organisations and services available to people in Cumbria).²⁴
- Re-commission statutory advocacy services to ensure vulnerable people are supported where necessary
- Commission advocacy services to support people who will have substantial difficulty being involved in their assessment, support planning and review of their care and support
- Work in partnership with other agencies and providers to ensure customers are provided with accessible and proportionate information, advice and advocacy
- Ensure all relevant contracts support the delivery of this requirement
- Provide an accredited list of Direct Payment advice and support providers in 2015
- Explore on-line software to support self-funders, and those in receipt of a personal budget, helping people to identify good quality affordable services which would meet their identified social care need and linking them with CQC information. There is also the potential to offer a secure on-line solution for self-funders to organise their support and pay providers directly through such software.

12. Social Care Market – Strategic Approach

We will:

- Continue to promote the use of Individual Service Funds for people who don't want to or are unable to manage a Direct Payments or don't want a care managed package, enabling people to have more choice and control over the services that they receive
- Increase the number of Direct Payments
- Support people to become Personal Assistants
- Evaluate pilots for brokerage to progress implementation of brokerage services
- Undertake a review of the framework contracts currently used to purchase services and involve providers in a process of co-production for the design of commissioning and contract arrangements for the future

²⁴ <http://www.cumbriasupportdirectory.org.uk>

- Regularly update the Market Position Statement to reflect the changes brought about by people directing their own support and also any changes to national policy and guidance and also local needs and demand
 - Work with our partners in Health to bring services together, particularly for adults with combined health and social care needs, and wherever possible commission services jointly
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