

Adult Social Care *Market Position Statement*



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1. Forward

We want to be clear with the market about the challenges in meeting need we face, and how we respond to it together. We want to work together to have responsive high-quality services available to wrap around the needs of the person presenting to us not forcing people to fit boxes that already exist. We will work together to innovate and transform to ensure we have best practice services available in Sefton. The demographic challenge, the need for us all to give greater focus on prevention and continue to meet needs in a continually challenging budget environment. We have an obligation to work together to make best use of the resources we have, to offer the right guidance, advice, care and support to the people who need it most. The market position statement helps the council to communicate what its priorities are for Adult Social Care and how we see us working with those delivering care and support in Sefton. It is the start of the conversation, and we will use it to engage more widely to gain a greater understanding of how we move forward. Our aim is to ensure that together with all our current and future providers, we have a good understanding of how we need to shape the future, so that people have access to a wide range of good value, high quality and innovative services. We want to make sure we are delivering the right services, at the right time and in the right place for the people that live in Sefton, whilst at the same time making the best use of resources available to us to deliver services designed to secure the sustainable outcomes they need. The next stage will be the development of a more detailed commissioning strategy for Adult Social Care and Health.

Councillor Paul Cummins,
Cabinet Member - Adult Social Care

Deborah Butcher,
Executive Director for Adult Social Care and Health.

2. Introduction

This document has been developed as a market facilitation tool for existing and prospective providers and partners who may be looking to establish services in Sefton or change the way their services are provided in order to deliver the outcomes that are really needed. We want to support people in the community to have choice and control over their lives and the outcomes they can achieve. As an organisation we will work with all stakeholders and across all boundaries to deliver this.

This document been developed to:

- set out our direction of travel including strategic and legislative drivers that are influencing change;
- provide information to the social care market on population needs, service demands, commissioning priorities and resource availability, to facilitate the effective planning and development of services and opportunities to meet the needs of our residents – both now and in the future;
- encourage understanding and provide a basis for constructive and creative dialogue with stakeholders and providers. This will be based on a clear message from us on exactly what we want and need from the market.
- set out opportunities for market development and encourage the development of a quality adult social care market that is innovative, flexible, affordable, sustainable and diverse – offering a true choice for local people;
- set out how providers can work in partnership with the Council to deliver change including what support is available for your business

This market position statement is a snapshot of a moving picture, this document was produced in 2019/20 and we are still experiencing the impact of Coronavirus on our communities and social and healthcare providers. The needs and aspirations of our local people are not static – neither is the legislation and guidance directing the improvement and delivery of services. There will be gaps in our knowledge of current supply, and priorities will change as services develop and provision evolves. We therefore ask that providers and partners to talk to us and encourage dialogue to help shape future services in partnership

The CCG's combined spend in 2019/20 was £497.1 million, most of which is

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on acute services. There is significant potential to advance pooled budget arrangements, subject to our joint level of ambition. All current commissioned and community provided services can be found here in the Sefton Directory; <https://www.seftondirectory.com/kb5/sefton/directory/home.page>

3. What is a Market Position Statement?

The Care Act 2014 places a duty on Local Authorities to facilitate and shape our market for Care and Support: to ensure sustainability, diversity, and to be continuously improving and innovating services. This will benefit the people that live in Sefton and help us manage the challenge of delivering outcomes from high quality efficient service within restricted budgets, to an ageing population, and within a system that is moving towards maximising independence at home.

The Market Position Statement is a vital part of Sefton Council's relationship with the care and support sector. It should communicate the long-term vision for the future of public services in Sefton, explain what new services and approaches are needed, and encourage our partners to help us formulate new ideas a way of doing business. This should help to shape sustainable models of care that achieve better Health and Wellbeing Outcomes, promote independence and holds prevention at its core. The Council want to build on and expand its aligned working with Health, Community, Voluntary and Faith sector and Unpaid Carers to provide services closer to home while ensuring access to high quality specialist services when needed.

Our strategic direction is to move towards person centred services and to invest in innovative and creative services that can evidence personalisation, good outcomes as well as being effective and affordable. The document will also advise on the current challenges that Sefton faces about service provision. (please see section 4.4 'we will do this by')

Choice and control for our residents is key to achieving our vision. We need to work with you to stimulate a market that provides that, and helps residents live as independently as possible for as long as possible. Many of the services commissioned by Adult Social Care are delivered by independent organisations. It is important that providers know what we want to deliver and where we want our services to be in the future, so that they can use such information in their business planning to enable them to respond to the specific needs of the local population. (please see section 13 working with us)

A strong dialogue and shared understanding with the market is key to achieving the outcomes we need to meet in the current financial climate. The market position statement should reflect to the market; what we need, the direction travel and provide the information to help the market plan their businesses and develop and deliver what the people who live in Sefton need. The market

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position statement outlines the models of care that Sefton Council wishes to encourage. It helps commissioners to develop effective approaches to address local needs and identifies the services and interventions that the Council would be interested in commissioning. Good, well-functioning, Strategic Commissioning should include the following elements:

Focused on outcomes and population health	Based on an assessment of population need	About driving improved experiences for local people
Assessing and forecasting future needs	Planning the nature and range of future services	Strengthening local accountability
Working in partnership – integrating processes and governance	Linking financial investment to population need	Built from system leadership and principles that bind members

4. The Council's key strategic aims;

4.1 Key Strategic documents;

The Health and Wellbeing Strategy:

The Health and Wellbeing Strategy 2020- 2025 gives the Health and Care system overarching vision and guiding principles. It identifies the following outcomes for the life stage of live well (the middle part of lives) and Age Well (older age groups)

Live Well

- Health, care and wellbeing services across Sefton will work together
- Everyone will have a fulfilling role which can support their needs
- The wider system will have a strong role in prevention and early intervention

Age Well

- Older people will stay active, connected and involved
- As people grow older they will be provided with support tailored to their needs
- Our communities and the built environment will meet the needs of people as they get older

2030 Vision: Working together towards 2030

In 2016 Sefton Council lead on developing a new and exciting vision for the future of the borough aimed at anyone who lives, works or visits Sefton.

Working closely with partners, businesses, private sector organisations, the voluntary, community and faith sector and the wider Sefton community, the aim was to focus on what is important and to be ambitious for the borough and its communities in the future.

Imagine Sefton 2030 engaged the public, local businesses and potential investors in creating a vision that will collectively promote shared prosperity, coordinated public investment, and a healthy environment and population. The Vision and Outcomes Framework went on to guide long term planning - helping to collectively stimulate growth, prosperity, set new expectation levels and to help focus on what is important for Sefton.

Key pillars for Adult Social Care of this vision are:

Together a stronger community. Working towards the following outcomes;

- People are influencing decisions which affect them, and communities work together and with partners to deliver effective change
- Stronger community leadership
- People are taking responsibility for their own health and well-being
- People feel safe and supported and are free from discrimination and harm
- People understand and exercise their safeguarding responsibilities
- Communities and individuals are benefitting from many volunteering opportunities and schemes
- People are not socially isolated
- People are well informed
- People rely less on public sector services

And **A borough for everyone:**

- People enjoy being part of energetic local communities with their own unique identities and sense of pride
- People are prepared for change
- People aspire and achieve their ambitions through education, training and

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lifelong-learning

- People are accessing education and training opportunities
- People are accessing to an integrated, efficient and sustainable health and social care system

In Sefton working with the Community, Voluntary and Faith sector is key to delivering our vision. As focus shifts to prevention and using the assets around people to maximise independence and connect people to the community around them and develop Social Networks that positively impact on wellbeing and resilience. More information on how we do this can be found here;

<https://seftoncvcs.org.uk/about/newrealities/>

New Realities is a ‘Can-do’ collaborative agreement for Sefton Council & Sefton’s Voluntary, Community & Faith Sector

The document recognizes that local government and local communities are changing. At the heart of the changes that are under way is a ‘re-imagining’ of local relationships, within which the development of new, better, more equal and more productive partnerships between local authorities and local communities is key. The overarching aim being to help to make Sefton a great place to be and to improve the health and wellbeing of everyone in our communities. To help to achieve this, we will establish a clear vision and operational framework that strengthens working relationships between the local authority and the Voluntary, Community and Faith sector in the Borough. The document offers a framework for making the best use of scarce resource by challenging creative response and flexibility, empowering partnerships, recognizing the changing role of the local authority, ensuring inclusivity and utilizing the assets of our communities

The emerging role of Social Prescriber in Sefton is key to this. A social prescribing work stream was established in early 2019 as part of the Sefton Health and Care Partnership. Its system wide project group is working to:

- Gain a collective understanding of social prescribing and the wide range of activities currently in place within Sefton
- Agree a common strategic approach to its further development (in the context of the developments within the new NHS long term plan and emerging national guidance) which builds on the strength of existing local

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approaches and is sensitive to the needs of the different communities within Sefton

- Consider key enablers, which may support the implementation of the model
- Develop a collective plan of action to enable the delivery of the agreed approach with partners across Sefton

There is considerable enthusiasm from all partners for this work stream and an opportunity for the VCF Advisory Group to facilitate links with our communities, within our localities to develop an approach which really meets local need

The Due North report (2014) highlighted differences in health across England – people in the north had worse health when compared to people living in the south. It recommended:

- tackling poverty and economic inequality within the North and between the North and the rest of England.
- promoting healthy development in early childhood.
- sharing power over resources and increase the influence that the public has on how resources are used to improve the determinants of health.
- strengthening the role of the health sector in promoting health equity.

It also recommended tackling health inequalities by building on the strengths of a community, for example the expertise of people in the area. The report stated that the public must have a say in how resources are used to improve health and reduce health inequalities. These findings were used by Public Health England to establish a well north programme to pilot this approach across several areas in the north of England. Sefton was one of the first areas selected to take part in the programme.

Health inequalities are created over time, sometimes over decades, and can take just as long to be addressed. As stated in ‘Health Equity in England: The Marmot Review 10 Years On’ (2020) IV (and he repeats this in the December review on the impact of Covid – Build Back Fairer) more work is needed to reduce the widening health inequalities gap.

The recently published Sefton Public health report highlighted what action can be taken at a local level to address the wider determinants of health in order to

reduce many of the avoidable health inequalities we have in Sefton. In line with the approach recommended by the Due North Report (2004), Well Sefton has worked hard to address inequalities by focusing on a community-led approach, building on local assets and developing community capacity. Coincidentally, the Public health approach underpinning Well Sefton aligns closely with the recent recommendations published in the Marmot Review 10 years on. The Sefton public health report recommends the use of a local social value approach, investment in social, cultural and economic resources in deprived communities, a focus on early intervention and prevention, recognition of the value of engagement with local communities and a vision of community led partnerships. The Sefton Health and Wellbeing Board in its March 2020 meeting approved a report on the proposed engagement in the work to see Cheshire and Merseyside become a Marmot region and recognised its significance in delivering the Sefton Health and Wellbeing Strategy.

4.2 Our Commissioning Principles;

We will commission based on the following principles, several emerged following a strategic commissioning workshop held with CCG colleagues in July 2019:

Value for money We aim to achieve maximum value for money from all services and commissioned activity. Every pound we spend on behalf of the taxpayer must demonstrate its worth and we will always seek to allocate expenditure to achieve maximum impact, which can mean decommissioning services and to reduce expenditure where expected benefits are not being realised. However, whilst the price we pay for services is important to us, we recognise that it is not the only measure of value; and so, the outcomes delivered, and the social value achieved are also of importance. We will look to bench mark and work regionally to ensure we are achieving a price that is value for money for the council and partners and is also sustainable and appropriate for the service delivery.

Outcomes focused Our primary focus is on the delivery of improved outcomes for the people who live in Sefton and their Unpaid Carers and Families and we will therefore commission only provision that delivers our priority outcomes, reduces inequality and maximises personalisation, choice and control, and supports maximized independence.

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Evidence based We will base commissioning decisions on the evidence available to us, whether this is through an analysis of needs and gaps, an understanding of what works in achieving desired outcomes, an assessment of best practice, or an options analysis.

User involvement and focus We aim to ensure that the views of the people that use our services to shape commissioning decisions; and we are committed to developing innovative ways of engaging service users, for example, through co-design and co-production. The voice of the people that need our services will be part of all commissioning activity and subsequent performance management Framework design.

Proportionate Our commissioning arrangements range from multi-million-pound contracts with large private sector companies, to grants of less than a thousand pounds to small voluntary organisations. We aim to differentiate our commissioning processes so that they are proportionate; for example, to the amount of spend, the level of risk involved, and the type of provider. A fundamental principle is that our arrangements and processes for sourcing and procuring provision should be as simple and streamlined as possible.

Innovative We will seek to improve our commissioning practice, including the development of alternative models of delivery, procurement, funding and payment.

Provider diversity We aim to encourage more diverse provider markets operating locally in order to stimulate quality, choice and greater value for money. We are seeking to work together to develop services, and to be in a position where placements are prioritised with good or outstanding providers.

Transparency and fairness Our commissioning processes and decisions will be underpinned by principles of transparency and fairness. We will develop provider and market forums to enable open dialogue and will inform providers of the reasons for our decisions. We will build on existing provider forum networks and see this strategy as the beginning of the partnership journey in how we get there.

4.3 Integrated Commissioning;

We are committed in the future to further develop jointly commissioned services with our strategic health partners, the CCGs. The Integrated Commissioning Group is the key vehicle for this, it is a formal sub group of the Health and Wellbeing Board and includes key commissioning, Directors and Finance representation from the Local Council and the CCGs in Sefton. Joint commissioning will achieve economies of scale, savings and reduce duplication of services and most importantly drive improvements for people that live in Sefton. The resources saved can be applied to any gaps in service delivery.

This will include:

- Enabling, through established governance mechanisms, pooled resources to develop a broader joint commissioning framework across partner agencies to direct the commissioning intentions for early help wholistic approaches and maximise best value.
- Develop an intelligence led approach to commissioning that draws together key public funding streams to develop a broader joint commissioning framework across partner agencies to direct the commissioning intentions for prevention and early help
- Ensure all stakeholders, including adults and Unpaid Carers, have a voice at every stage of the commissioning cycle and provide feedback to measure and review impact and enable redesigned services that better meet the needs of the people who live in Sefton.

4.4 Our Adult Social Care Vision by 2030.

Sefton's Adult Social Care Principles

- Early Intervention and Prevention
- Intelligence led decision making
- Innovation and ready for the future
- Coproduction and co design of our services.
- A valued workforce that is fit for the future
- Increased choice enabling people to have control over their lives, improving outcomes and maximising independence
- High quality and person-centred services that respect people's dignity, rights and choices
- Safeguarding
- Support and involve Unpaid Carers
- Recognise volunteering and social action as key enablers
- Provide choice that focuses on outcomes and maximising independence Design and deliver integrated services which are created in partnership with people and communities

We want to offer care and support that empowers people to live an independent life, exercise choice and control, and be fully informed. We will ensure that services are targeted at protecting the most vulnerable and enabling everyone to be as independent as possible for as long as possible. Our offer will be focused on prevention, support, advice and build support plans based on an individual's assets and built around gaining the right outcomes for that individual from a range of minimally invasive offers. We will support individuals to live as independently as possible and work to prevent needs escalating to a point of reliance on more formal complex care delivery. We will focus our efforts on ensuring a diverse range of high-quality care and support offers to meet the full spectrum of need

We will do this by:

- Helping people to help themselves – providing good quality advice and information at the first point of contact and facilitating connectivity of local communities and existing networks. This will include target communications and ensuring self-directed advice and guidance is easily accessible
- Helping people when they need it – Working with people in a timely way and supporting them to make their own decisions about short term support to promote their independence.
- Maximising independence and reviewing progress – Helping people achieve what is important to them and keeping progress under active review. This will include maximizing employment opportunities wherever possible.
- Work with the market to ensure a diverse range of flexible care and support. Giving choice and control to the individual and equipping our practitioners with the right tools to build person centred outcome focused support plans that allow them to act in the best interest if the individual
- Ensuring services are operating and delivering to the highest possible quality standard
- Ensuring value for money and best use of resource
- Recognise our joint responsibility in supporting the vital role undertaken by informal Unpaid Carers.
- Keeping people safe from abuse, neglect and harm by carrying out effective safeguarding partnerships across boundaries.
- Developing a flexible workforce with the right skills to work across organisational boundaries, that focuses on asset-based approaches.
- Through commitment to coproduction and co design to ensure the voice of the adult is clear in the way our practice and services are delivered.
- Utilising the opportunities integrated practice can provide to ensure services delivered to people are seamless
- Working together with our health partners to have a shared understanding of demand and supply and working together to commission services where this makes sense, based on need and best practice and the most effective way to meet outcomes.
- Through a strengthened reablement offer, that means we have the capacity to offer a focused period of reablement to all individuals entering Care at Home services as part of a discharge process or crisis in the community.

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- Through the recommissioning of supported living services, day service offers and respite in Sefton.
- Through the continued progression as a leader in the regional single-handed care transformation programme, that seeks to deliver dignity in care where ever possible through the maximisation of the use of equipment and manual handling techniques, ensuring double handed care is minimized where ever possible (to date savings have been made in 25% of cases).

We see the journey through our services looking like this;

ADULT SOCIAL CARE VISION

We want people who live in Sefton to live as independently as possible for as long as possible. If and when they need it, we want people to have access to good quality support that has a positive impact on their lives.

Helping people to help themselves

Helping people when they need it

Helping people to live their lives as independently as possible

Informal Support and Universal Services

- Connecting people with information and support that is available within their local communities
- Helping people make the most of existing networks.
- Providing good quality advice and information at the first point of contact

LESS SUPPORT NEEDED

Short Term Support with a focus on regaining independence

- Providing support for a short period of time that is focused on enabling people to regain their independence
- Providing equipment, adaptations and assistive technology that prevents the need for personal care services

LESS SUPPORT NEEDED

Long Term Support with a focus on maximising independence

- Person centred support that helps people achieve what is important to them.
- Providing support in a way that helps people live their lives as independently as they are able to.

MORE SUPPORT NEEDED

MORE SUPPORT NEEDED

We believe in getting the right service to the right people at the right time. This means most of our work should fit within self-assessment, signposting and guidance, early intervention and prevention elements of service.

4.5 The Joint Strategic Needs Assessment:

Our Joint Strategic Needs Assessment (JSNA [https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-\(jsna\).aspx](https://www.sefton.gov.uk/your-council/plans-policies/business-intelligence,-insight,-performance/joint-strategic-needs-assessment-(jsna).aspx)) contains a wealth of data and intelligence and is used to help understand place and to inform resourcing our priorities, how we commission and work with others to improve the health and wellbeing of local people and reduce the health inequalities that exist in the borough.

Core Areas of Concern

based on the current relative comparison of national performance across all available health and wellbeing metrics the following issues have been identified where Sefton is performing most poorly compared to the national, North West, or Liverpool City Region averages:

- Mental & behavioural disorders relating to alcohol are high as is severe mental illness and issues such as increasing levels of self-harm. In contrast alcohol and drug treatment success is low.
- Cardiac issue prevalence is high in all areas, as is the prevalence of stroke and kidney disease.
- Issues relating to older age are concerning including high predicted rates for hearing and sight loss, dementia prevalence, falls, and high rates of admissions to care homes.
- Some operational health practice areas are low including health assessments for dementia and Alzheimer's, and NHS health checks for those aged over 40.

In 2018 the JSNA was refreshed and highlights the following areas we need to impact on;

- Prevention and early diagnosis of long-term conditions, particularly cardiovascular disease

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- Obesity and the implications for long-term population health
- Mental health, particularly in association with substance use
- Impact of social isolation on health and wellbeing

One of the starkest statistics for Sefton is the disparity in healthy life expectancy in our borough, for example health male life expectancy in Bootle is 49.8 years and in Formby 68.3. We will aspire to have an impact on this and that commissioning activity and market response it delivered on a locality basis. Working with the newly emerging Primary Care Networks to outline how Health and Care will be commissioned to meet locality-based need. Primary Care Networks (PCNs) with wraparound Integrated Community Teams are the foundation for neighbourhood (locality) working and are the building block for integrated care. PCNs are groups of GP practices who have agreed to work together, though a formal agreement to support the development and sustainability of general practice services, work with other partners in their community to improve the health and wellbeing of local people. Whilst focusing on the needs of their local populations, PCNs have also agreed to deliver the requirements of a national PCN contract. National policy states PCNs purpose to be:

- Stability: support for and sustainability of GP services
- Better health and care: be the hub for NHS community services in Sefton to meet health and wellbeing needs
- Integration: an essential building block for integrated working, based on populations of around 30-50k
- Investment: joint investment and delivery vehicle
- Additional specified roles to be developed over 5 years
- Community leadership: Clinical Director role – strategic and clinical leadership

PCNs are a core component of Health Transformation and are central to Sefton2gether – the NHS local five-year plan They enable stronger collective voice and engagement of general practice with other partners to improve health and wellbeing. There are seven PCNs established across our eight “health” localities in Sefton. One PCN covers two of our localities – Crosby and Maghull. PCNs will be budget holding and will make decisions about spending locally. This represents further opportunity for integrated control on spend to ensure local needs are met.

4.6 The Impact of COVID

Sefton saw a 65% increase in death rate during the Covid period, with 18% Covid-associated deaths occurred in care homes, and 75% in hospital. Nationally these figures are 29% and 65%.

As for other health outcomes, the overall risk of experiencing life-changing outcomes from the Coronavirus pandemic, is mediated through systematic differences in;

- **vulnerability**, e.g. from pre-existing health conditions,
- **exposure to harm in the world around us** - infection and other health risks from living and working conditions
- **resources and influence** – the money, knowledge, skills, support and autonomy a person can call upon to help them deal with the sudden risks and challenges brought by the pandemic – this is shaped to a large extent by past and present social and economic policy

The table below illustrates how these apply to health determinants for Covid-19.

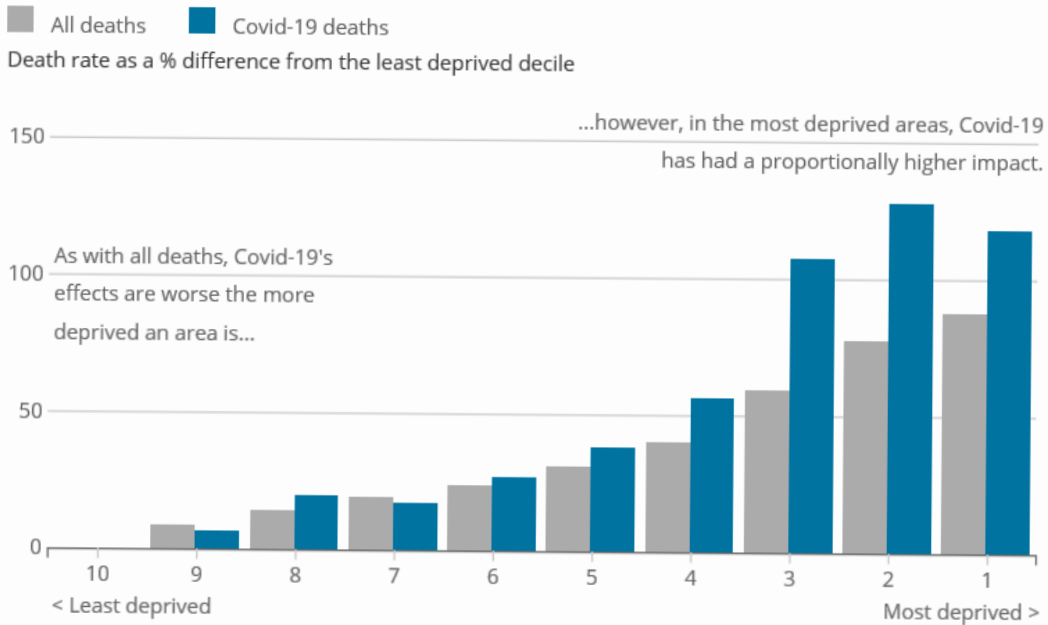
Risks associated with deprivation add to non-modifiable risks such as sex, age and genetics. They increase the likelihood of becoming infected, of developing severe disease or dying from Covid-19, and of experiencing more lasting and more impactful consequences from the pandemic and the virus. Local and national policy interventions should target vulnerability, exposure, and resilience factors.

As the graph below shows, the gradient in Covid-19 mortality along lines of deprivation is easy to spot. Other dimensions of inequality are very relevant in Sefton as well.

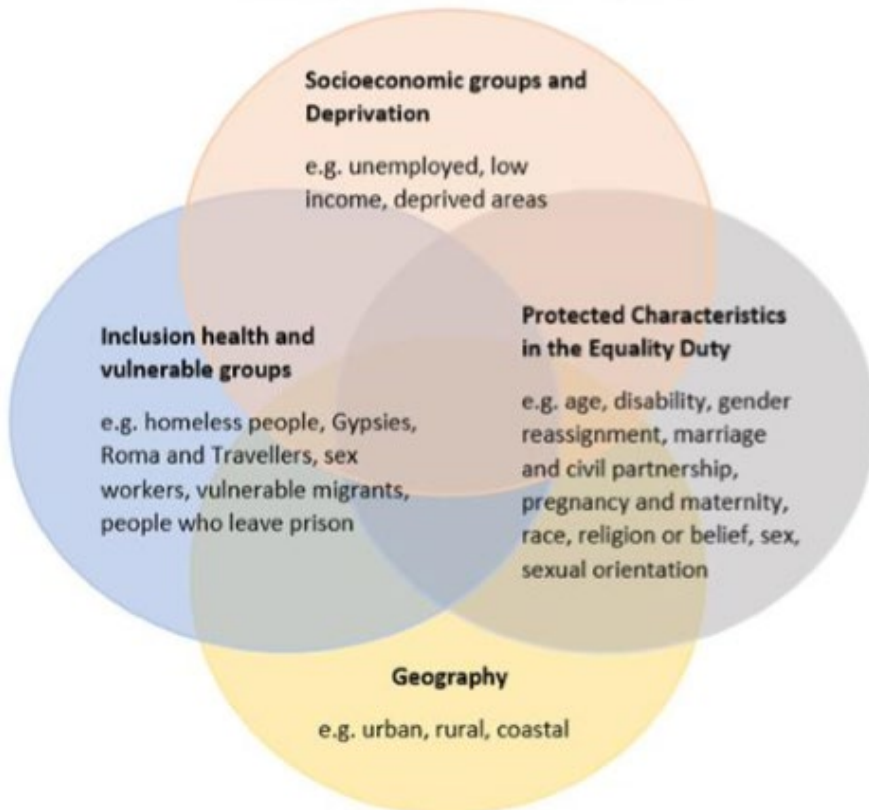
The impacts of Covid-19 on individuals and communities can be direct and indirect; immediate, or longer-term; predictable or unexpected. Some social and environmental changes will be positive for population health. It is important to be alert to opportunities and innovations as well as risks and challenges.

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Age-standardised mortality rates, all deaths and deaths involving the coronavirus (COVID-19), Index of Multiple Deprivation, England, deaths occurring between 1 March and 17 April 2020



Overlapping dimensions of health inequalities



The North West Association of Directors of Adults Social Services (ADASS) recently published a North West Service Continuity and

Care Markets Regional Account, which looked at the market viability and threats to service continuity for the 23 local authorities (LAs) with statutory responsibilities for adult social care (ASC) and the 3,113 active ASC organisations within the North West region. The report reflects the fragilities identified in 2017 market analysis have been heightened through the pandemic and new risks have emerged, most notably:

- Unsustainably low occupancy in areas of the market;
- Low levels of local authority reserves, impacting on the ability to manage additional cost (such as insurance premiums) and demand pressures, coupled with a lack of clarity around funding settlements and strategic direction within the sector, which makes it harder to develop effectively for the next 2 to 4 years;
- Heightened staff recruitment, retention and absence challenges; and
- Emotional and psychological impact of the pandemic on local authority and provider staff, individuals in receipt of services, their families and Unpaid Carers.

Whilst local authorities in our region individually, and collectively, are working tirelessly to meet the additional pressures the pandemic has brought about, there are three key areas which we require support from our colleagues in the Department of Health and Social Care; these are:

- Urgent government intervention on key operational challenges, such as spiralling increases in insurance premiums and improved access to testing for social care services
- Short term financial support for the next 6-12 months to assist with increased resource and cost pressures; and
- Development of a long-term strategic plan and funding settlement upon which the social care services of the future can be developed

In October 2020 across the North West there were 5,686 bed vacancies which account for 9% of the total CQC registered beds in the region; however, there is are some regional variances, with rates rising to 16%. Furthermore, there were over 3,000 excess deaths in care homes registered up to 17th October compared with the previous 5 years average. Up to 20th October, 1,134 (59.1%) care homes had reported a Covid-19 outbreak to PHE-NW

Post Covid Syndrome (up until now known as Long Covid) effects a significant minority of people who contract COVID-19. It causes debilitating illness and a range of symptoms that effect people's ability to participate in employment, education and other social interactions. Persistent health problems reported following acute COVID-19 disease include: respiratory and cardiovascular symptoms; protracted loss or change of smell and taste; depression, anxiety; inflammatory disorders; gastrointestinal disturbance; continuing headaches; fatigue; liver and kidney dysfunction; clotting disorders; and skin rashes.

The NHS in the North West has been allocated £1.2 million to establish services for people with long COVID and NICE are currently developing guidelines. However, prevalence estimates vary and there is not a robust system of measuring it through existing surveillance systems. This makes service planning challenging. As Sefton CCGs plan/develop 'long COVID' clinics, there is a need for the Health and Wellbeing partnership to work together to assess local needs, develop pathways and evaluate services. The partnership will also need to communicate the risks of Long Covid and ensure equitable access to healthcare, but also self-help resources and holistic support on housing, job losses, access to benefits etc.

4.7 Health and Care Working Together

The Better Care Fund

The Better Care Fund (BCF) is a government led initiative to help promote greater integration between health and social care for Older People and vulnerable adults. Sefton Council and Clinical Commissioning Groups (CCG's) from Southport and Formby and South Sefton are working in partnership to ensure that all elements of the BCF Plan are embedded with a focus on ensuring that national conditions are met.

The latest NHS England approved BCF plan 2019/20 details a pooled budget of £48.7 million pounds. Plans will continue to focus on key areas such as (non – exhaustive):

- Closer integration between health and social care – including potential opportunities for integrated commissioning
- A commitment to seven day working
- A reduction in delayed transfers of care

Approach to Integration;

The Sefton approach to integration is based on our locality model. We have eight health localities (neighbourhoods) based on 30-50,000 population footprints (with seven Primary Care Networks) and three Council localities that serve larger population footprints and provide a holistic, whole-family approach. Sefton has two CCGs, with different community providers in South Sefton and Southport & Formby. This has resulted in a complex provider landscape with integration consequently at different stages of development across the borough. The Integrated Community Re-ablement and Assessment Service (ICRAS) is an exemplar service that is jointly commissioned through the BCF and one that we are seeking to develop further in the coming year through greater enhancement of our community offer. 88% Aged 65+ still at Home 91 days after Discharge to Reablement – National Top Quartile is 89% We are developing joint commissioning plans, which will be underpinned by a joint commissioning strategy, and will also include aspects of Public Health commissioning (mental health and addiction services) and Children & Young People's Services. These plans are being developed by our Integrated Commissioning Group. Funded through regional and local Sefton Health and Care Transformation monies,

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we have had two Integrated Community Team pilots in two localities, working with emerging Primary Care networks, for over a year in South Sefton, with full coverage across Sefton being achieved by the end of 2019/20. Our community services provider in South Sefton is leading a Sefton-wide approach and is developing a specification supported by standard operating procedures. Our aim is to have a consistent service offer that can be adapted for local need in each health locality. In Southport & Formby we are rolling out Integrated Community Team and aim to have integrated community teams in all eight localities by the end of 2019/20, albeit that they will be at different stages of development. There have been some clear achievements through the ICRAS Model around increasing capacity, single points of access and advancing discharge to assess models. The opportunity for joint management of the market to achieve improved quality, market oversight and value for money through synergy of commissioning presents a significant opportunity. In 2021/22 we expect this area to develop significantly in line with the recent NHS England consultation on Integration (<https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/>) and a focus on the 'place' of Sefton and its Health and Wellbeing needs driving the Strategic Management and Operational Delivery of Health and Care in the Borough of Sefton.

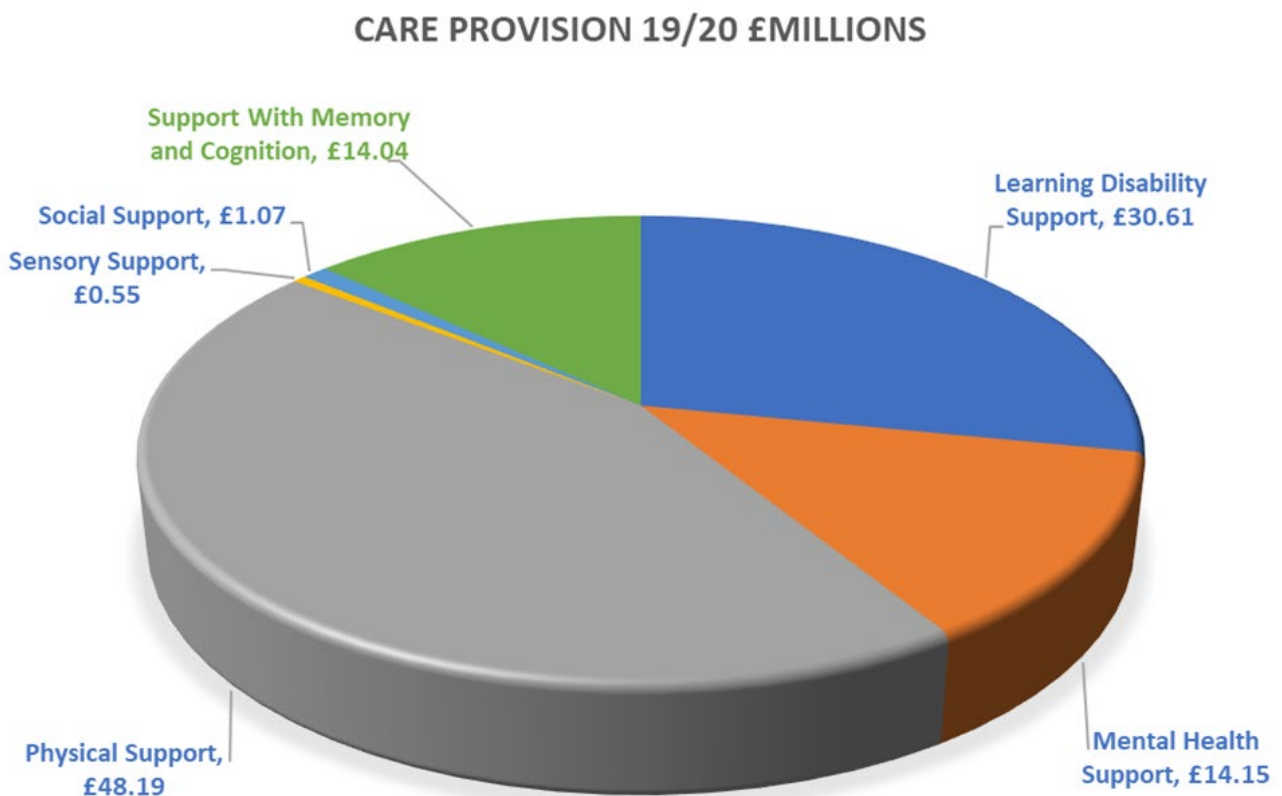
4.8 Summarising the Key messages for providers;

Services and opportunities for local people in the future should:

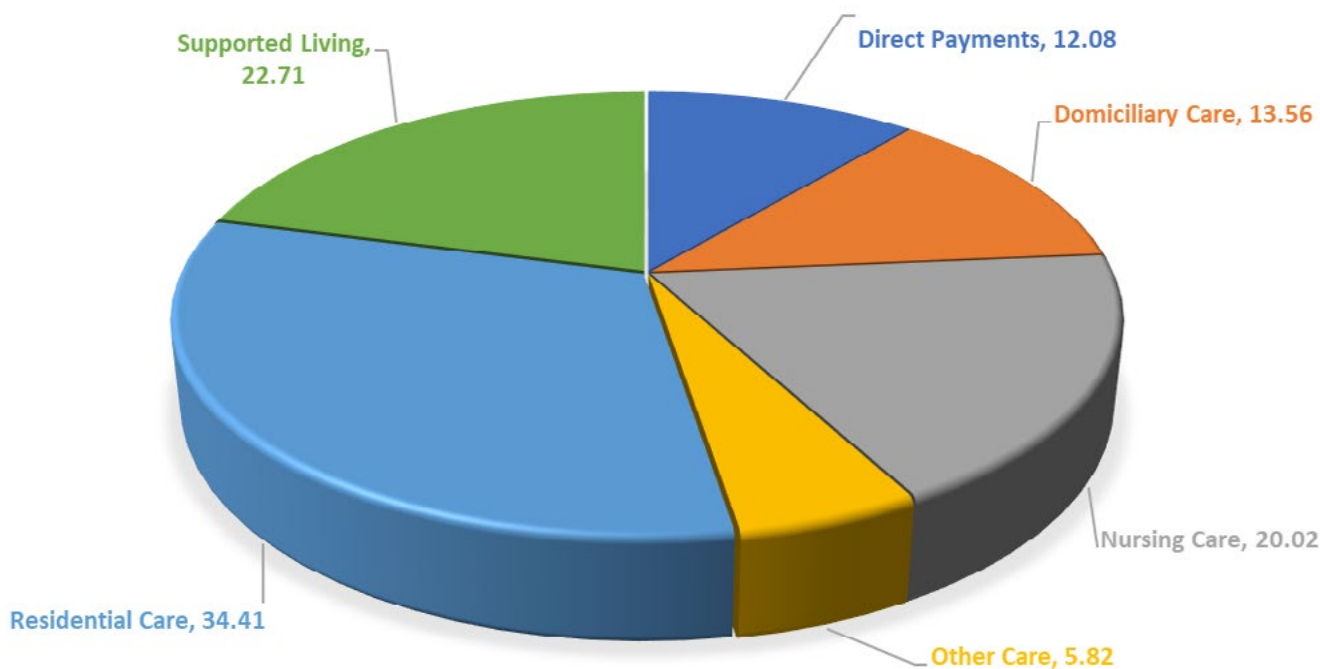
- **Be preventative so that people can maintain or regain their independence and**
- **where possible move away from support or on to less intensive support.**
- **Be joined up with priorities aligned to improving outcomes for local people**
- **Be person centred and co-produced with local people, the Council and partners**
- **Be ready for the future**
- **Encourage personal and community resilience.**

5. Finance

The total gross revenue budget for Adult Social Care in 2020/21 is £153.3million. It receives income of £58.6 million, resulting in a net budget of £94.7 million. Just over £107.7m of the gross budget is allocated to the commissioning of care packages with 50% being allocated to Residential and Nursing Care provision. The following charts show how the budget was spent in 2019/20. The first illustration shows expenditure by primary support reason and the second breaks down expenditure by type of care provision.



CARE PROVISION 19/20 £MILLIONS



5.1 The Budget Challenge

Central government funding to Sefton has reduced by 51% compared to 2010. It is anticipated that it will continue to cost more to simply maintain services at their current level on the basis that prices are going up and demand for services is increasing as the population grows. The council will continue to protect the most vulnerable people i.e. those who have complex care needs with no capacity to care for themselves and no other networks of support. However, it will be looking to residents and communities to do more for themselves and help one another. It is imperative that the Council continues to explore all opportunities to make every pound count through the efficient delivery of services and commissioning practices.

In order to manage demand on the system the Council is looking to implement a strategy to shift the balance of support improve quality of life for its residents whilst reducing costs by shifting the balance of services from left to right in the model illustrated below:

Managing Demand – Shifting the Balance



We will achieve this by;

Keeping Well/Healthy Independent Living

- Encouraging people to live healthy lifestyles

Early Intervention and Prevention

- Providing good quality information, advice and guidance
- Using community/family/ neighbourhood solutions rather than formal care
- Helping people to self-manage long term conditions
- Focus on short term services that support recovery
- Enabling people to regain lost skills and learn new skills
- Maximising the use of aids, adaptations and technology first
- Offering advice on income maximization

Independence at Home

- Utilising aids, adaptations and technology to reduce the need for personal care
- Reducing admissions to residential and nursing care
- Expanding the use of Extra Care Housing / Housing with Care to give more control and choice in Sefton.
- Timely reviews to ensure that people's needs continue to be appropriately met

Long Term Residential and Nursing Care

- The last resort when exhausted all other options

Cross Cutting Themes

- Ensuring that adults at risk are protected from avoidable harm and people feel safe
- Strength based / Asset based Practice
- Technology/ Aids/ Adaptations First
- Avoiding risk averse practices – particularly at point of hospital discharge
- Commissioning for outcomes
- Enough quantity of good quality care at a fair price that offers choice and control

6. Housing

The Strategic Housing Market Assessment told us that the most prevalent tenure type in Sefton is Owner occupied (with varying levels in parts of Sefton, such as 90% in Formby and 46% in Bootle). The greatest unmet need is for smaller homes, especially one, 2- and 3 bedroom homes. Our Local Plan, housing planning policy, seeks a mix of property types on all new-build housing schemes.

Under occupation being is one of the biggest issues for us with 39% of homes having 2 or more spare rooms. There is the potential to make better use of some of the existing housing in Sefton. We have already seen a growth in the size of the private rented sector across Sefton, with many landlords converting properties into smaller sized homes such as Houses in Multiple occupation (HMOs). The Council has introduced Planning policies and Housing Licensing schemes to try to ensure these are of a suitable quality, which is important as such homes are often occupied by vulnerable people including young people.

There is additional need for affordable housing of all types in the North of Sefton. In Bootle and Netherton but over all we have an overall small surplus of affordable housing, but shortages of one-bedroom homes. A more specific Housing Market assessment for those with support needs will be carried out and the results will could help us engage with the market about developing different types and models of housing. This suggest provides an opportunity for the use of the housing market to meet the needs of those in transition, particularly with housing associations who provide affordable homes.

first, new models of housing might include Housing First type approaches, whereby a home and tenancy are provided to the person and the a suitable support service package can be built around that individual.

Sefton are party to a new housing protocol agreed between Liverpool City Region Councils and many housing associations. The purpose of the new protocol is to provide 16-18-year olds leaving care with a better route to secure a suitable home and tenancy with a Housing Association.

Working with our Planning function to ensure that approval for new buildings and remodelling is in line with the Social Care needs of our residents.

Extra Care

The extra care model provides purpose-built environments that are community friendly, promote independence and are focused at meeting the changing needs of individuals as they age. They include self-contained apartments with 24-hour on-site flexible care and support available. There is a range of facilities designed to help individuals maintain their independence and reduce social isolation. The extra care schemes offer apartments through a range of tenures including rental, shared ownership and owner occupancies to individuals with varying levels of need and dependencies.

According to the Housing LIN (learning improvement network), providing the correct model is in place, extra care housing can significantly reduce the number of individuals needing longer term residential type models of care.

Individuals with moderate to high needs are the priority to be supported in extra care schemes. For some individuals residential and nursing homes are a suitable option, but the council aspires to reduce the reliance on residential and nursing accommodation in favour of promoting independence and community-based alternatives.

The Council currently supports only a small number of people within Extra Care Housing and there is significant opportunity for development in this area to meet our preventative and diversion ambitions.

We want to work with providers to develop more innovative solutions to the way that care, and support are delivered locally.

The Council is currently developing its Extra Care model of support that is hoped to have a market place of around 1,300 places by 2036.

We would hope to reduce our reliance on long-term residential care in a managed way that prevents market destabilisation

The latest Strategic Housing Market Assessment estimates a total need for 1,304 Extra Care units.

A suggested Geographical and Tenure Split of the estimated number of 1,304 Ex-Care Units is displayed below;

	Southport	Formby	Maghull/ Aintree	Crosby	Bootle	Netherton	Sefton
% Pop 65+	37.19	11.81	15.04	16.69	9.12	10.15	100%
Social rented	315	100	127	142	119	132	925
Private/ Leasehold	170	54	69	76	0	0	369

7. Workforce

1. Skills for Care estimates that Sefton had 9,900 jobs in adult social care in 2017
2. Social Care employment is about 18% of total employment in the Liverpool City Region
3. About 8.1% of jobs in Sefton remain unfilled, i.e. approximately 800 roles are open at any time (this compares to 7.8% nationally)
4. In Sefton we have 184 CQC regulated services, 134 of which are residential and 50 non-residential
5. The social care Workforce is ageing, with 28% aged over 55
6. Only 54% of the adult social care workforce in Sefton holds a relevant qualification

There are too many unfilled jobs meaning Sefton can pay more for care the DWP continue to report social care vacancies as “hard to fill” despite continuous marketing. Sefton@work also report little interest from workless residents seeking jobs in this sector.

Our procured suppliers experience ongoing staff shortages, resulting in instances of care packages being undeliverable at agreed rates. There are a greater number of people leaving the industry than joining. High Turnover rates persist, with employers experiencing loss of qualified staff as “churn” to other areas of health/social care or to other sectors of employment. Pay, conditions, lack of investment in staff are cited among the reasons for poor retention in the workforce and can affect the quality of care.

Sefton has an ageing workforce. Whilst turnover of staff is high, in Sefton we have a core of experienced workers, with an average rate of experience of 9 years. 73% of workers in the sector have been retained for more than 3 years but the workforce profile is ageing and too few younger workers are entering the sector. In Sefton, 81% of the social care workforce is female with an average age of 44.1 years, 93% have a British nationality, with 5% from the EU and 2% with non-EU nationalities. The over-reliance on EU workers may be an issue post-Brexit. Although this is considered low risk in relative terms, and along with arrangements for right to remain for Care Workers.

This most significant factors that have led to the current workforce situation can be summarized as follows:

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1. Increased demands for care from an ageing population
2. Welfare reform – the effect of Universal Credit and other changes have impacted on working patterns in this sector and beyond and have placed new obligations on people seeking work
3. Perceptions from jobseekers continue about the sector being low skilled with low prestige and poor prospects for advancement. This affect application rates of potential new entrants, especially among graduates.
4. Employer behaviours with respect to terms & conditions, pay, hours, etc contribute to the negative perceptions
5. Ongoing financial constraints have required difficult choices to be made by commissioners, constraining growth for service delivery rates

In order to address this the council will be work across the organisation and with stakeholders to shift perceptions about what working in this sector is really like, highlight great employment practice and promote better understanding of how much difference good care can make, making the sector more attractive to more people. For example, trough, the “Every day is different campaign” <https://www.everydayisdifferent.com/home.aspx>, which will link local case studies and vacancies to this national campaign. promotion activities with employers to encourage applications, particularly among those supplies working for the Council, negotiation with employers on terms and conditions and Recruitment support programme for SME or utilising Social value aspects of Care Commissioning. In terms of addressing the ageing population challenge work will be done to promote work placements to students on social care programme through employer engagement, visits, summertime working etc. This will be a pilot in south, followed by wider rollout in new academic term

The Council will engage with our Colleges and learning providers to make social care a sector of choice for more of our younger residents, promoting work experience, work trials and other initiatives with our commissioned suppliers. Commissioners will ensure we optimise the benefits of social value requiring employers to work proactively with Sefton@work on improving terms and conditions and Invest Sefton on local supply chain benefit. Including consideration of the adoption of the Unison Ethical Care Charter. The Council will work with our workless residents to ensure they have greater information about the sector, and they have access to bespoke second chance learning to help them enter or re-enter the sector. For example, through Intelligence

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sharing with DWP on unfilled vacancy rates and Retention and productivity support for care employers

If successful we would see more local residents will access better quality employment in the Borough. An increased availability of staff able to enter the sector in Sefton. A more reliable delivery of care packages commissioned by Sefton Council and greater confidence in control of costs. A more systematic involvement of commissioners with Sefton@Work on generating social value employment impacts and wider use of Employment related KPIs across other service areas. This is linked to the wealth and health parts of the Health and Wellbeing Strategy. We require a joined up local response to systemic difficulties.

We work closely with Skills for Care and actively encourage dialogue with the sector on how we work together with the sector to address these local and national challenges.

Real Living Wage

The real living wage is now set at £9.50 in North West this will affect nearly 20,000 people in the North West.

Since 2011 almost £90 million (£89,933,059) in extra wages has gone to low-paid workers in the North West thanks to the Living Wage movement, including almost £13m since the start of lockdown.

Over 15,000 people in key worker industries in the North West have benefitted from almost £60m in extra wages since 2011.

Living Wage Foundation research finds that 602,000 (21.4%) workers in the North West are still paid under the real Living Wage

We are committed to further exploration on implementing all elements of the Ethical Care Charter including paying a real living wage with our providers, who currently pay the national living wage, the 2021/22 fair cost of care exercise is ongoing and longer-term consideration in relation to fees will be made through this process.

8. Support in the Community for Vulnerable Adults; Community based support and accommodation-based services.

Demand

According to national population estimates the total population in Sefton aged 18-64 predicted to have a learning disability will reduce from 3,799 in 2019 to 3,594 by 2030. Of these, the total predicted to have a moderate to severe learning disability (and hence likely to be in receipt of services) will change from 861 in 2019 to 824 by 2030.

Internal predictions indicate that Sefton will continue to have an above average age of LD clients 55+ as well as younger people in transition and by 2025 we will see 350 extra clients aged 18-64 with a Learning Disability or Mental health Concern.

Sefton Council currently spends £28 Million supporting people with Learning Disability (where this is recorded as their primary support need). This number will increase as young people move to adulthood and as people require independent accommodation with support as parent Unpaid Carers grow older (We know we have a significant number of Older Parents Caring for this population, please see the Unpaid Carers section for further information). There are also challenges in relation to the growing number of people over the age of 65 who have a learning disability and associated frailty and an increasing number of people with complex and challenging needs.

We also want to promote and increase access to employment and training opportunities we currently see low numbers in employment, 2% Learning Disabled Clients are in 'Paid Employment' the National Top Quartile is 9% This is a key area of growth for us.

We know Mental Health needs are increasing in Sefton, the 2018 JSNA reflects that 10% of our population have diagnosed depression and 1.2% have a Severe Mental Illness. We have an excess rate of under 75 mortalities in our Adults with serious Mental Illness. We have a lower than national average rate of people with a Mental Health Condition in paid employment (at 2.5%). From October 2018 to October 2019 we provided long term service to 752 people with Mental Health as a primary support need.

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We will focus on enabling access to employment and potential for Social Enterprise Development. This will build on the successful programs of Natural Alternatives and Imagine. Natural Alternatives, part of the Council's Green Sefton services, offer a ranger service, where people attending support the Council staff with its role in managing Sefton's green spaces, parks and gardens, repairing fences and building benches, etc. The service has an ambition to develop a Social Enterprise Model, which would enable people to access real employment opportunities and will help and support both the Council and local communities to enhance and sustain the green spaces we have in our Borough.

We commission several support services on an accommodation basis and in the community for people who are deemed eligible under the Care Act eligibility framework.

- Day services
- Outreach services
- Step down services
- Domiciliary care
- Residential and Nursing Care
- Supported living services.

Both supported living and community support services enable local people to live the lives they want to lead and retain their independence. There are approximately 626 people receiving supported living and community support services in Sefton, with approximately 450 people currently living in 125 supported tenancy settings and approximately 176 people receiving support to access the community. In Sefton this support is currently delivered by approximately 24 care Providers and are a mix of local, national and charitable Providers.

Supported living provision is delivered in the persons own tenancy normally on a 24-hour basis. Community support provides support for people to access services in the community or via a floating support type provision, often for people who live at home with elderly parents or people with mental health issues who don't require 24-hour type provision

- Residential or nursing services
- Respite/short breaks services
- Outreach services

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In 2018/19 we spent £13.10 Million and in 2019/2020 we spent £13 million (gross) on Adult Social Care Services for people with Mental Health conditions. This is spent on services delivered by the Council and the independent and charitable sectors.

Nationally the demand for social care related support is increasing and we see the demand outstrips supply, this may be

- Better awareness and diagnostic practices amongst professionals.
- Increased opportunities for joint working and the integration of operational teams across health and social care.
- Increased access to NHS Mental Health services, subsequently resulting in higher referrals to social care.

Evidence shows that people with severe mental illnesses die between 15-20 years earlier than the average. Causes of premature death are mainly from chronic physical conditions such as coronary heart disease, type 2 diabetes and respiratory disease. All associated with external risk factors such as obesity, smoking and high blood pressure, and the side effects of psychiatric medication. Nationally the suicide rate in adults had increased in 2018 to 11.12 per 100,000, locally we have seen a lot of sting prevention work and see our NHS Colleagues adopt the principle of zero suicide as part of their 5-year plan.

Opportunities for the market:

All existing and new accommodation needs to reflect the increasing incidence of physical disability and mobility difficulties amongst those with learning disabilities and appropriate sensory adaptations undertaken for individuals with Autism. Appropriate building regulations and accessibility guidelines for each group of service users must be followed. Consideration also needs to be given to the needs of individuals as they age and their needs become more complex or they develop new conditions such as dementia, in order that their needs can continue to be met.

We want care providers to develop provision and approaches that deliver improved outcomes in terms of:

- Involving Service Users in the process of devising service specifications to best meet personal outcomes and demonstrate value for money, in order to give people greater control over their care
- Short term enabling provision focused on outcomes such as improving ability to travel, work, and eat a healthy diet.
- Real social networks that can sustain and support people's independence on a lifelong basis.
- Development of independent living and functional skills. This includes adults living in residential care: emphasis for more working age adults planning to move from residential care into supported living.
- Working with individuals to reduce the occurrence of challenging behaviour by building behavioural skills and by changing aspects of a person's social environment that affect challenging behaviour.
- Sustainable employment: provision of support to access employment through evidence-based interventions such as job coaching.

We are also looking to maximise the utilisation of Assistive Technology to increase independence and avoid restrictive practice and locally delivered response services would benefit local communities.

We must find ways to ensure that the overall spend on Adult Social Care continues to be able to meet growing demand and the best way to do this is to change the balance of services and spend a lower proportion on costly small supported living settings with 24/7 support and a higher proportion on prevention, rehabilitation and supported housing and care in local communities that evidences a flexible pathway into more independent living accommodation where appropriate. We are also looking to reduce the numbers of people who remain in long term residential care provision and look to provide appropriate support for those who need this level of care locally within the Borough.

Adults with learning disabilities will be supported to be as independent as possible. Primary consideration is for people to be offered excellent care at

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home supported within their own communities. If a higher level of care is required, then alternatives such as Extra Care Schemes should be available and lower level supported living services such as key ring type schemes.

To support our ambition to achieve independence and wellbeing we are looking develop an accommodation with care “offer” which can be categorised in one of four ways:

- Independence with support, delivered through general needs housing – both to rent and to buy – with personalised care and support (including Shared Lives Shared Lives, which is also known as Adult Placement in some areas, is a UK form of support and accommodation for adults with need wherein approved individuals or families open their lives to aid older or disabled persons)
- Clustered independent housing– both to rent and to buy - with flexible support to meet need including access to 24-hour care support when needed.
- Shared accommodation with care and support to meet individual and collective need. But with access to 24/7 accessible support
- Residential and nursing care for those with the highest care needs and where independent living is not possible. These forms of care will need to meet specialised Mental Health needs, particularly with respect to conditions such as Korsakoff’s and early on-set dementia

9. Advocacy and Unpaid Carers and Day Opportunities

9.1 Unpaid Carers

Family and Friends and Unpaid Carers

- A Carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner, child with additional needs and disabilities, or friend who is ill, frail, disabled or experiencing mental health or substance misuse problems.
- Young Unpaid Carers are children and young people under the age of 18 who provide care to a family member who has a physical illness or disability, mental illness, sensory disability or problematic use of drugs or alcohol.
- The Care Act 2014 defines a Carer as “someone who helps another person, usually a relative or friend in their day to day life. This is not the same as someone who provides care professionally or through a voluntary organisations”

The 2011 Census identified that there are over 34,000 Unpaid Carers in the city which equates to just over 12.5% of the overall population. 9,000 of these Unpaid Carers provide more than 50 hours a of care a week.

The Care Act 2014 meant that for the first time Unpaid Carers would be recognised in the law in the same way as those they care for. It simplifies, consolidates and improves existing legislation; “putting Unpaid Carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation”.

The Council recognises that Unpaid Carers, and the people they care for, are valued members of our communities and that Unpaid Carers provide invaluable care and support to their families, and within local communities. The Council works closely in partnership with Unpaid Carers, providers, and health organisations to identify and address issues raised that affect Unpaid Carers. The Unpaid Carers Strategy was co-produced with Unpaid Carers and partners across the borough. The strategy focuses on sharing principles of good practice

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and promotes the ways in which organisations can work with Unpaid Carers to achieve a number of measurable outcomes to support their wellbeing and those who they care for. The approach outlined within the strategy is based on the principle of supporting Unpaid Carers, and those they care for, to help themselves and to exercise their views and promotes choice to enable them to maintain independence and have more power and control over their lives.

The aim is “to ensure that vulnerable Unpaid Carers of all ages in Sefton are valued for the role they play, have access to information and support which allows them to be self-sufficient, to gain the help they need to learn, develop and thrive in their communities, and have access to opportunities for a life outside caring resulting in a feeling of improved wellbeing. We aim to ensure that Unpaid Carers and those they care for have a voice and are listened to when services are designed to ensure they meet their needs.”

The Carers Strategy outlines the following objectives:

Carer Involvement – Unpaid Carers in Sefton are involved in all stages of the planning of care for the person they care for ensuring that they have a voice and that care plans meet their needs.

Joined Up & In Partnership – organisations providing information and support to Unpaid Carers in Sefton and those that they care for are joined up to ensure that they deliver more consistent care and avoid duplication. Organisations that talk to each other, talk and listen to Unpaid Carers and those who they care for, promote independence, enable Unpaid Carers to help themselves and those that they care for.

Information – Unpaid Carers in Sefton and those that they care for know where to go for help and can access information. Information is accessible, up to date and is provided in a timely manner to enable Unpaid Carers and those they care for to be self-sufficient, independent and take responsibility for their own health and wellbeing.

Whole Life Course – Unpaid Carers and those that they care for are supported during transitions of major life events including young people to adults, college to employment, women who undertake a caring role and become pregnant, family changes, retirement and bereavement.

Young Unpaid Carers - young Unpaid Carers are identified and supported through schools, colleges and the voluntary sector so that they can live fulfilling

lives and progress with their education, career and life aspirations.

In order to achieve the above it is the Council's vision that services for Unpaid Carers will support them to:

- Achieve the outcomes that matter to them in their lives
- Access services through effective sign posting
- Improve choices for Unpaid Carers
- Navigate the health and social care systems
- Retain or regain their skills and confidence
- Prevent need
- Delay deterioration
- Manage their Personal Budget

9.2 Advocacy

Current arrangements for the provision of independent advocacy will be reviewed and redesigned with a view to have a joint Health and Care Advocacy Hub by October 2021 to accommodate the new Liberty Protection guidelines due to come into effect from April 2022. Further engagement with market and opportunity to codesign will happen over the next 12 months.

9.3 Day Opportunities

The Council seek to provide a building-based option for those people with the most complex needs and enabling others to achieve a much more enriched range of opportunities within the community, where enhanced opportunities for employment could be developed.

In addition, there is a need to re-visit and consult with people who currently use day services to refresh our understanding of needs in developing our day service offer and approach. It would be helpful to consider feedback received from families and young people as part of the engagement undertaken around Special Educational Needs provision and what the ambitions and aspirations of our young people are as they transition into adults' services.

There is a need to undertake a competitive process or work within an existing LCR purchasing system to ensure that services are commissioned within the Councils contract procedure rules. In addition to ensure that a specification

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is in place which reflects the ambitions of the Council and its communities in ensuring that the best possible experiences are available to people who require support.

Providers will need to be consulted with regarding the method of re-commissioning day services developed and enabling a more effective cost model to be implemented which ensures value for money.

The ambition to support the development of Social Enterprise models also need to be re-established to ensure that where possible people can be enabled to live more fulfilling lives and have access to real employment opportunities.

People who access provision using a Direct Payment are using this to purchase a range of services in the community, many of which offer more flexible arrangements.

There is a need to further enhance and support the Voluntary, Community and Faith Sector to support with the range of opportunities available.

In a many case the Council would seek to become the facilitator or conduit to enabling people to access community provision which enhances people's experiences and promotes independence rather than commissioning a range of building based services which can often prohibit development opportunities and reduce employment options.

Many people also chose to access their care provision via a Direct Payment and have chosen to use this to source in some cases other more innovative day opportunities, some of which offer much more independent and community-based options.

Many people who use services have a disability and access day care provision also have other service in place, for example, supported living and shared lives, many will be in their own homes with a domiciliary care package and access to respite provision. Many families living with people with a disability will access day provision as a means of respite and so they can live their own lives, accessing work etc. This is a similar situation for older people and those with dementia where families will find that access to day services provides both an opportunity to their loved one to be part of an activity or meeting up with other people and enables families to be assured that their loved one is safe during the day.

At times access to day services can be a more cost-effective means of providing

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support for people during the day.

The current market has not been subject to a competitive process and consists of a range of historic spot contracting arrangements, with some services having been commissioned at a micro level via social work teams without any contractual basis being agreed.

Services have not been subject to a fee review to establish a costed model. Generally, prices have been agreed based upon what providers have requested as a fee level. Some providers are accessing additional support via 1-1 funding in cases where they feel individuals being supported are more challenging. Prices can often vary in the same service with costs ranging from £45 per day to over £110 per day in some cases.

Most services are building based, and although this could be expected to an extent for services catering for older people or those with dementia, 60% of people in day care are those with a Learning Disability, with 64% of people under 60 years of age.

Over the past few years the number of younger people accessing day care has been reducing whilst the numbers of older people increasing. Whilst there is capacity in the market due to reducing numbers, there are gaps in service provision particularly for young people with complex care needs. We are aware that approx. 28 young people coming through transitions will require these services over the next 5 years.

The use of a Direct Payment to fund access to day services has increased and there are now 208 people using their Direct Payment for this purpose out of the 648 who use service this is almost a quarter of the day care cohort.

The current DP rate for day care is £45 per day and so there is a need to more fully explore the use of day care by this cohort to establish how people are using their funds as opposed to the commissioning of more traditional type services. Although we are aware that many people still purchase the same services which are commissioned, for example Manna, Bridge Inn Farm and 1-2-1 In the Community.

It is difficult to fully predict changes in demand for day care provision as past attempts to establish a more community-based model and use asset-based assessments to reflect more individual approaches, has caused some fluctuation in numbers over recent years. If looking at services in their current

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form you could predict a reduction in numbers attending, particularly younger people. However, if we projected current numbers going forward, we could expect to see an increase to 650 people (current 648) attending day services by 2022. This means that services are generally static in numbers and are predicted to stay at similar levels. Although as identified there are still some gaps in meeting more complex needs

10. Sefton New Directions

Sefton New Directions was incorporated in 2007 as a Local Council trading company to deliver services previously delivered directly by the Council. The company is an independent legal entity and operates under the governance of a board with Sefton Council being the sole shareholder.

The company is registered with the Care Quality Commission and provides a range of services including Day Services, Reablement, Residential care, Supported Living and Shared Lives. They also provide Home Care and Residential Care services which are delivered under separate individual contracts with the Council.

New Directions is an important organisation to the Council, delivering a range of services that meet strategic priorities and provide statutory services to vulnerable people in the borough. New Directions have continued to deliver services which have assisted with meeting key aims such as reducing hospital discharge delays, supporting people to regain the independence and providing community-based services and opportunities for people with complex needs. In addition, the organisation has grown principally with respect to delivering more community based and residential care services. We see New Directions as key to the integrated delivery with Health of Intermediate Care functions such as Step up Step down and Discharge to Assess models. We will also look to work with New Directions around

The Council will continue to work in partnership with New Directions to review services, develop the organisation and performance manage services to ensure that they continue to meet desired outcomes. This includes our aim to increase our reablement offer to ensure we work to reduce long term reliance on Care Packages

10.1 Reablement

Sefton Council have, for several years, commissioned homecare re-ablement and other services from one provider, Sefton New Directions. This specification sets out the service requirements for the future homecare re-ablement service across the whole of Sefton, in order to achieve outcomes including;

- Reductions in hospital re-admissions and delayed discharges
- Reductions in the number of people requiring ongoing longer-term care –

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including Residential and Nursing Care

- Enabling people to live more independently

Across Sefton, our definition of homecare reablement is as follows:

A service to help people with poor physical or mental health to accommodate their condition by learning or re-learning the skills necessary for daily living, thereby helping them to maximise their level of independence so that they can remain living at home with the lowest appropriate level of formal care support.

117 Current Rate per 10k of Clients 65+ with reablement – NW Top Quartile is 340

11. Independence at Home

Sefton faces significant challenges over the coming years because of the structure of its population. We have a much higher than average proportion of older people and we expect over the next few years to have increasing numbers of:

- People living alone with an increasing risk of social isolation, loneliness and depression.
- People with dementia, by 2025 11% of our 64 plus age group will have Dementia.
- People with multiple and complex long-term needs.
- Unpaid Unpaid Carers, many of whom will be older people with their own care needs.

At present we support and admit many more clients in Care Homes for all ages than the national average suggesting a structural issue with over provision or insufficient levels of preventative or diversionary activity and a lack or underuse of alternatives. We currently see 753 per 100k rate of Permanent Admissions of 65+ to Care Homes, the national top quartile is 458, and for 18 – 64-year olds, we see 29 per 100k of Permanent Admissions to Care Homes, the national top quartile is 9. In 2017/18 when compared to other Councils with Adult Social Care responsibility we were the 150th highest long term Residential & Nursing Unit Costs out of 152.

Given Sefton's high proportion of older people and an aging population dynamic it is unsurprising that there is and is likely to remain a need for nursing and complex support around memory and cognition (dementia) we need the market to be ready to meet these needs. However, there is also an increasing number of people who are currently placed directly into residential level care who might be better suited to alternative provision such as 'Extra Care' housing.

We will also see a more joined up focus on quality and commitment to supporting the market to build on its successful track record of quality to see further increases in services rated as Outstanding.

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	2017	2025	2035	% change (2017 - 35)
Total population - all ages	273,800	277,300	281,500	3%
population aged 18-64	157,400	150,100	142,700	-9%
population aged 65 – 79	46,517	51,725	56,935	22%
population aged 80-89	17,617	19,625	24,235	38%
people aged 90 and over	3,300	4,600	6,800	106%

We need more services in the community that people can buy directly with a direct payment, personal budget or from their own means to provide flexible support for everyday living and independence. We wish to encourage the uptake of Direct Payments and Personal Health Budgets, to help encourage choice and control and diversity of offers in the market.

We would like a wider and more diverse provision of sustainable preventative level schemes than are available at present. These schemes should address some of the key issues facing Sefton including: social isolation and associated mental health concerns, creative alternatives to formal service provision, dementia care and support, and Carer / family support.

We intend, wherever possible, to support people to live independently in the community and we want to encourage the development of community-based resources which can help to build mutual support in communities and reduce the impact of loneliness and isolation.

Where people need more intensive support, they should be able to access the right services at the right time and transition from existing to new services should be as smooth as possible and wherever possible provide wraparound support for help at an early stage.

We will continue to develop an integrated approach with health services, particularly around avoiding unnecessary hospital admissions and supporting

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people to leave hospital in a timely and safe manner and wherever possible ensure this is a return home with a focus on recovery.

We want to work with providers to develop more innovative solutions to the way that care and support is delivered locally.

Through our Occupational Therapy service, we want to support people to make adaptations to their homes, and to make use of equipment available in the market to help them live more independently. we want Providers to engage with initiatives to support these aims and ensure their staff have the correct training required to achieve this

We are keen to work with providers to develop a sustainable workforce for social care, using our combined resources to improve recruitment, career pathways, training and retention, and remove barriers to new entrants.

We would like to work with organisations able to develop the availability of personal assistants.

We would like providers to look at the opportunities to work with our employment support services to offer employment opportunities to people who have lived experience

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Table 1. All Long-term Service Users – Population Projections

	18 - 64		65 and Over	
	Population Based ¹	Linear Based ²	Population Based ¹	Linear Based ²
2017				
2020				
2025				
2030				
2035				

Table 1b. All Long-term Care Home Service Users – Population Projections

	18 - 64		65 and Over	
	Population Based ¹	Linear Based ²	Population Based ¹	Linear Based ²
2017	206	204	1364	1385
2020	201	217	1509	1489
2025	195	234	1646	1590
2030	188	250	1816	1716
2035	185	266	1921	1842

¹ Based on current % of population supported extended on bases of population change

² Based on current client linear projection

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Figure 2a. All Long-term Service Users – Population Trend Models

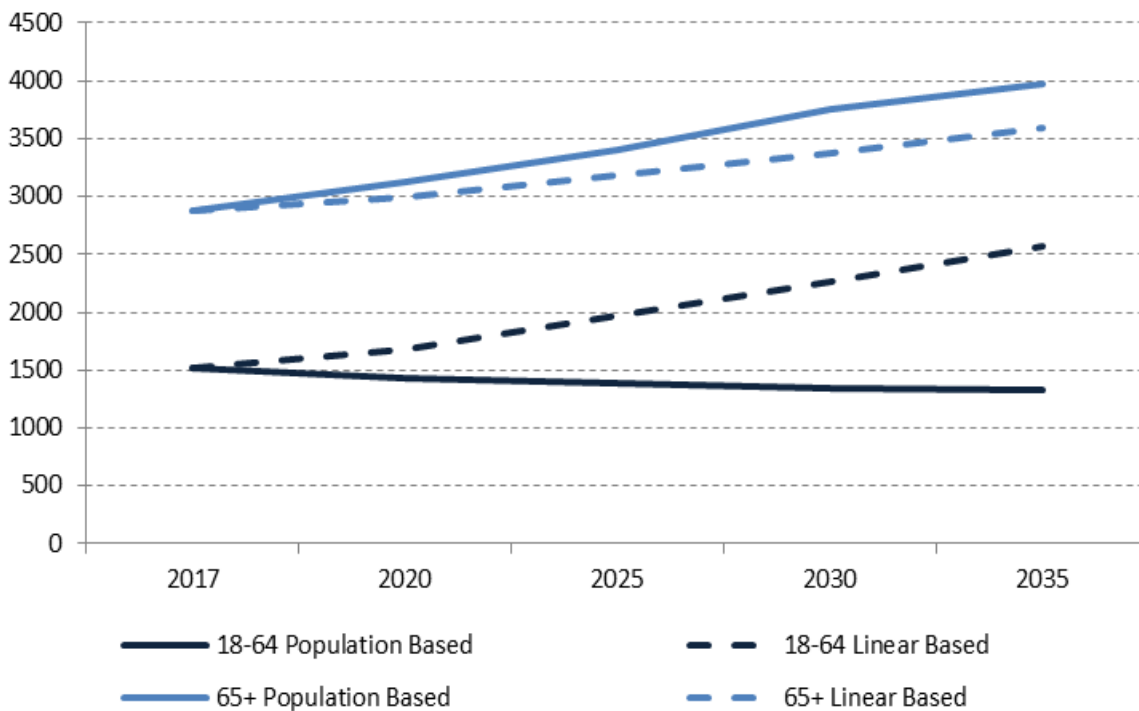
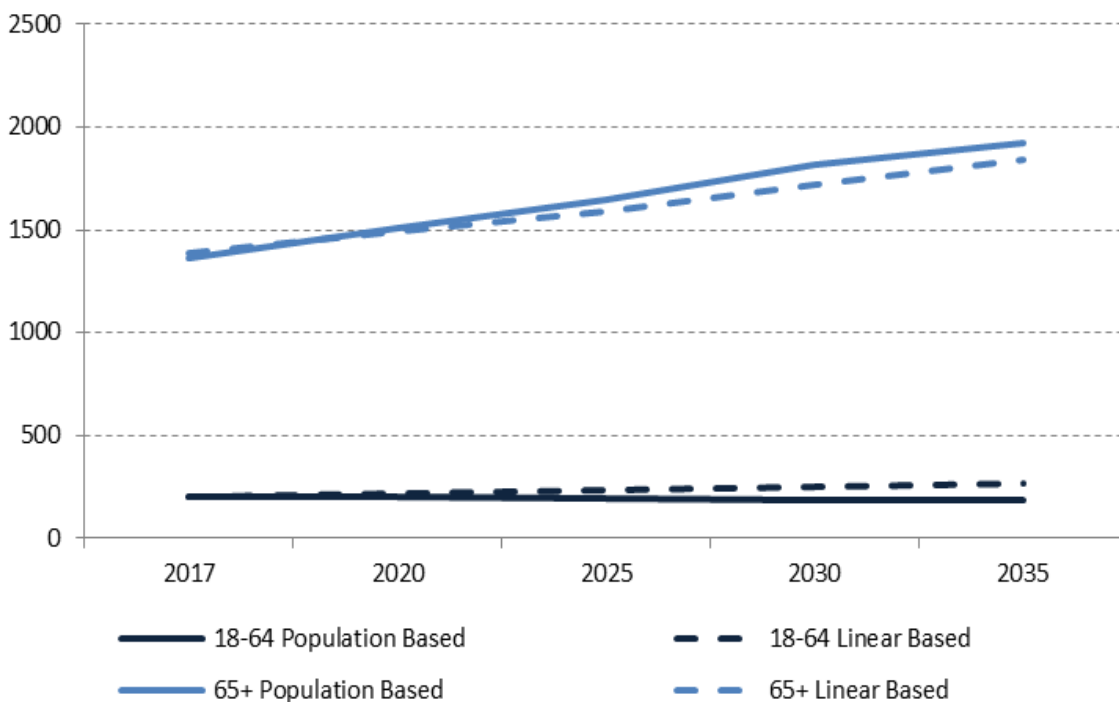


Figure 2b. All Long-term Care Home Service Users – Population Trend Models



11.1 Care Homes

Sefton supports approximately 520 clients in long-term nursing and 1,040 clients in long-term residential on any one day. There are 131 Care Homes in Sefton with approximately 3,750 beds 43% of which are utilised by the Local Council.

We currently spend some £53.4m on Care Home provision, 20% of which is spend on clients under 65 years of age.

Average unit costs vary widely from £390 per week for clients aged 65+ with primarily physical disabilities in a residential home to £930 per week for clients aged 18-64 with primarily learning disabilities in a nursing home.

In general Sefton has a high proportion of Care Homes rated good or outstanding by the Care Quality Commission (CQC). This partly reflects the structure of the Care Home market in Sefton which relies on a significant number of small and medium independent providers rather than a single large national provider and research suggests that in general small to medium homes receive better ratings than larger ones. We hold an ambition to get our all our homes to good or outstanding and will work with Health colleagues and providers to develop a joined-up approach to supporting Quality and delivering the best we can to our older population.

Estimates suggest that self-funders occupy around 1,000 of the Care Home beds available in Sefton; and many more are likely to manage their care needs informally through support from family, friends, and neighbours given Sefton's high proportion of informal Unpaid Carers.

We would welcome discussions with local care home providers about opportunities to secure contracted capacity at the Council's usual fee.

We would like more homes to have dual residential and nursing registration to avoid people having to move if their needs increase.

We would like more care at home providers to offer same day discharge from hospital and hope to work with providers to understand how best we can achieve this.

In 2020/21 we will begin to explore the opportunities presented by aligning our

Care Home Commissioning with our CCG colleagues.

We want our care homes to be equipped to meet more complex needs and to think about how they may start to evolve to deliver further care in the community. We see the future of care home provision as meeting the needs of those with a higher dependency. We are looking for something different from the Care Home Market and we expect greater focus in prevention will mean a decrease in low end needs coming to residential and nursing provision.

We will support the Care Home Market through offering a program of grants for Care Home Improvements, these may be to bring in innovation and technology, improve access to outdoor space or support homes in their quality improvement journey.

Care Home Self-Funders

The following estimates of people paying for their own care in a Care Home is a calculation based on: the total available beds from the Care Quality Commission (CQC); average vacancy rates; snapshot of beds used by Sefton; beds funded by NHS continuing care; estimates of other LA placements within the Borough.

It is estimated that some 27% (1,000 beds) are occupied by self-funders from a total market of approximately 3,700 beds. We also utilise some beds to offer Intermediate Care and Discharge to Assess models, Health and Social Care have increased this offer in 2019/20 and will be keen to seek solutions to support winter pressures in the wider market going forward.

The Local Government Association has worked with the Liverpool City Region to assess viability across the regional market, developing key indicators to help the Local Authority and the Care Home Market to work together to ensure the impact of lower occupancy and reduce length of stay can be managed to ensure the market is able to continue to meet the needs and offer choice as outlined above.

11.2 Home Care

Sefton supports approximately 1,920 clients in home care services (including Direct Payment – home care) on any one day and spend 11.8 Million in 19/20. We will seek to move towards a model whereby we are confident that the Home Care resource is used in the most appropriate way and alongside other sources of supporting people to remain independent. This includes the expansion of

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reablement, discharge to assess model and Single Handed Care

In 2018/19 we spent some £12.3m on care home provision (excludes Direct Payment clients who may be purchasing home care direct) 16% of which is spend on clients under 64. We have the 110th Highest Home Care Unit Costs

Sefton has the 6th Highest national % of 65+ living alone

We are currently part of a national program of Care with Dignity, looking to deliver personal care by one Carer wherever possible using equipment and moving and handling techniques this maximise the dignity of the person in receipt of care, builds on assets and helps manage the precious resource of care availability in the community.

Home Care Self-Funders

The Care act gives the Council responsibility for Market Management and Oversight. The Care Act gives us clear responsibilities where a care provider fails to ensure needs continue to be met regardless of whether the local Council pay for that placement or not.

The following estimates of people paying for their own care in their home is a calculation based on the English Longitudinal Survey of Ageing (Wave 5) (ELSA). One of the questions in this survey creates percentages by 5-year age groups for those 65+ for those who are helped by a privately paid help or employee with getting dressed, eating, and moving around the house. These proportions can then be applied to the total estimated population in those groups.

It is estimated that some 42% of the overall Home Care market (1,400 people) may be self-funding.

ELSA also provides estimates for the number of people who additionally have support for lower-level activities such as shopping and taking medicines. Estimates would suggest there are an additional 1,600 people in this cohort. We would link this to community offers around maintaining independence and less reliance on statutory services. The council has also developed and invested in it support and advice functions to self-funders.

12. Independence at Home Future Models

We would wish to expand our offers around services that support people to continue to live at home for as long as possible. We would wish to build packages of care and support around the needs of the person. Using a flexible and diverse range of service offers to meet individual need and deliver the outcomes that the person wants. This means greater use of Telecare, Home Improvement Service and Community Equipment. This section will detail our needs and intentions around the use of Telecare, Community Equipment and the Home Improvement service. In Sefton these services are all internally delivered, and the challenge is to ensure we are making the most of delivering this service area as a streamlined pathway that provides the solutions to supports strength-based assessment

12.1 Telecare - Sefton Arc

The Council delivers several healthcare and security services under the operating banner of Sefton Arc, including Telecare, Telehealth, alarms, response and CCTV services. This in-house service provider also provides services to several other public and private sector companies and private individuals. Sefton Arc will continue to be considered as first choice provider for these services, where it maintains high quality, efficient and outcome-focused service delivery. When considering the commissioning/procurement of similar services the Council will always consider whether those services could be provided by Sefton Arc. This consideration will always be undertaken within the context of the legal and constitutional parameters that apply to the commissioning/procurement of services and with a focus on the quality and cost effectiveness of the service and outcomes delivered.

Technology plays an increasing role in promoting people's independence, we see telecare as a key element of supporting independence at home and would seek to increase the number of people using this. The vision is to provide an assistive technology service for the residents of Sefton which is accessible across both social care and health. As services become more integrated and technology is developed, the aim is to include telehealth commissioning with our CCG colleagues. If deployed correctly technology can improve the quality of many people's lives by supporting them to remain independent in their own homes whilst managing and minimising risk. The use of assistive technology services can potentially reduce the use of other forms of higher

cost service provision, such as night care staff for example and can assist the Council to make the most effective use of public resources. Self-funders should also have access to flexible and responsive services and we would encourage maximisation of this through our advice and information at first point of contact. We will also specifically seek to use this in our going Supported living recommission.

12.2 Community Equipment Service

Community equipment refers to a range of products designed to help individuals to continue to stay active, comfortable and independent in your own home, as well as safe in the community. Equipment ranges from relatively simple items, such as walking sticks, crutches and walking frames to aid mobility, to complex equipment like beds, hoists and pressure care equipment.

Sefton delivers an integrated Community Equipment Service jointly commissioned with our health colleagues, this is delivered in house. The service delivers an average of 3,300 pieces of equipment a month and supports hospital discharge, people to live entirely independently and support for Unpaid Carers.

The current service model will be reviewed and developed to further integrate the model. The Minor works service is already delivered as part of the model making a more streamlined effective service for clients in need of support to remain independent. Occupational therapist from community-based teams, the NHS, Physios and Nurses will prescribe equipment. Going forward we are looking to develop a customer facing facility that encourages people to consider what pieces of equipment they may like to try and to purchase themselves to support independence without the need for formal assessments. It will compliment

our model of developing self-assessment in our Occupational Therapy service and strengthening the support and guidance function we are committed to offering. The Community Equipment Service also supports the development of a single-handed care model across Sefton and has supplied specific equipment to support Care being delivered by one person wherever possible. The service has supported 63 people to date, and we would see the next phase of this project to be the roll out to Care Homes.

The future direction: we expect this area to be an area of growth and see potential to deliver more through this service model. The service will be reviewed and developed and will continue to use a range of suppliers of equipment to ensure the best quality and value for money.

12.3 Home Improvement Service

Our Home Improvement service is an internal service that delivers our Disabled Facility Grant (DFG). The DFG is awarded to Local Authorities from the Ministry of Housing, Communities and Local Government and is included within the Better Care Fund (BCF). This is to encourage areas to think strategically about the use of home aids/adaptations, use of technologies to support people in their own homes, and to take a joined-up approach to improving outcomes across health, social care and housing and is reported to the Health and Wellbeing Board.

The DFG is made up of the following:

- “Core” DFG Programme - Adaptations to people’s homes.
- “Wider Social Care” Capital Programme - Additional funding to support capital projects linked to BCF with national conditions for reductions in hospital and care

In 2019/20 the core DFG budget is £1,824,000 and the wider programme is £975,000 with planned growth in 2020/21 to £3,076,000 and £5,363,000. From 1st April to 31st October there were 183 referrals made by Occupational Therapists. During the same period 154 referrals had costs approved and 134 adaptations were completed on behalf of clients including items such as stair lifts, vertical lifts, bathroom adaptations, extensions and hoists. The Wider programme activity includes: Care Home Improvement grants, increasing OT capacity, supporting Community equipment and single-handed care, installing changing places, supporting assistive technology use in supported living, support to the development of Extra Care, wider use of the Telecare, a retail outlet for community equipment, and short breaks review. In the future we would wish to see more creative use of DFGs to support people to remain independent in their homes and look to create a whole path way approach to supporting our social workers and Occupational Therapists to use the service alongside other elements to support independence and reduce the reliance on more substantial packages of care or residential or nursing home placements.

13. Sensory Needs

Sefton currently undertakes its statutory role for people with sensory needs via its Occupational therapy team.

For visual impairments, this includes the referral and assessment pathway, role of a Rehabilitation Officer for Visually Impaired (ROVI) and ongoing support provision for people with sensory needs.

In addition, Sefton funds a range of external provision primarily through the VCF sector to support its statutory provision and its statutory role in providing information and advice to people with sensory needs. A recent review of the area has identified some gaps which have been heightened by the COVID-19 pandemic and impacted on pre-existing difficulties in supporting those people with a sensory impairment. Our Social Care and Occupational Therapy offer will continue to work with the VCF sector to develop its role working to maximize and maintain independence for adults with Sensory needs.

14. Working with us

This section sets out some details of how Sefton Council wants to work with providers generally to deliver the outcomes set out in previous sections. It includes how Sefton Council will collaborate and coproduce with providers and partners, its approach to quality, contracts and procurement. The MPS is a tool or the 1st step in opening conversations with the market around how we work together to meet the challenging need.

Collaboration and Co-production

A key objective of this MPS is to support an open dialogue between commissioners and partners, in particular to:

- Jointly generate new ideas and problem solving in terms of meeting the forecast reductions in budgets in an inclusive and progressive way.
- Identify ways of simplifying the bureaucracy of procurement where it is disproportionate
- Use joint learning and engagement events to share knowledge and best practice on common priorities such as developing outcome measures, quality monitoring and the effective use of assistive technology.
- Facilitate more alliance and partnership development in the borough to respond to the Council's strategic priorities.

Sefton Council wants to collaborate and coproduce with providers and with people who use services as full partners in the process of devising service specifications to best meet personal outcomes and demonstrate value for money, in order to give people greater control over their care.

As a key planning tool, the aim is to co-produce the MPS, to ensure it is helpful for the market. Sefton Council will effectively seek views, and routinely review and update the MPS. One way we will do this is through our renewed approach to Provider Forums, for example the North and South Sefton Care Home Forum which has recently been relaunched jointly with the council to work with Care Home providers, CQC, Skills for Care and NHS Providers.

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Sefton Council is committed to providing high quality services to meet both the current and future needs of local people. Effective procurement, based on a principal of value for money, will only support the Council in achieving this vision and meeting its corporate objectives. The Council strives to ensure that its activities are undertaken with honesty, equality, integrity and transparency. The Council sees its suppliers as having a key role to play, as such the Council encourages competition, welcoming proposals from both new and existing suppliers.

The Council has to follow certain rules and regulations that are set both internally by the Council (the Authorities Contract Procedure Rules), and nationally by Central Government (the Public Contracts Regulations incorporating EU Directives and the principals of Best Value). The regulations that apply are often linked to the value of the contract involved.

Within this legislation, and relevant to social care and health services, are rules that allow flexibility in procurement for certain service contracts in social care, health and education - they allow a Light Touch Regime (LTR) to be applied to the procurement process. This allows us to tailor the procurement to take into account additional criteria such as the market and its development, specific needs of the client group, and the involvement and empowerment of service users.

Future ambitions;

We would like to support as many people as possible to live independent, connected, and fulfilled lives. Working to increase the number of supported employment opportunities, use of technology to enable independent tenancies, and working with high quality provision of supported accommodation for those with higher end needs.

We will work with the NHS to clearly establish where joint funding and brokerage of service is applicable and ensure that we commission streamlined effective services that met combined health and care needs

15. Conclusion

The MPS is the first step in communicating the vision for Adult Social Care and to being ongoing dialogue with the market around how we work together to meet need.

The statement outlines the following key priorities for the delivery of Adult Social Care in Sefton;

- To reduce reliance on longer term care services
- To increase the number of people receiving support at home through a range of service offers, increasing the use of Telecare, Community Equipment and use of the Home Improvement Service.
- To increase the number of Direct Payments, Individual Funding and Personal Health Budgets.
- To review and recommission supported living to increase choice and control.
- To work with Housing providers to deliver Extra Care.
- To work in much more integrated way with our Health Partners and Community and Voluntary Sector.
- To review and reduce packages of care through the single-handed care review and review of all low level low care package.

