

Market Position Statement Autumn 2010



City of Bradford MDC

www.bradford.gov.uk

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This document is aimed at existing and potential providers of adult social care and support. It represents the start of a dialogue, between the Council, people who use services, carers, providers and others about the vision for the future of local social care markets. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged.

Providers of adult social care can learn about the Council's intentions as a purchaser of services, and its vision for how services might respond to the personalisation of adult social care and support.

Voluntary and community organisations can learn about future opportunities and what would enable you to build on your knowledge of local needs to develop new activities and services.

People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help you to come into social care markets and offer innovative services.

Social care providers and organisations not currently active in the Bradford District could find opportunities to use your strengths and skills to benefit local people and develop your business.



Key messages

- Demand for care and support services will rise but will not be matched by a similar commitment in public spending
- Individual accounts will increasingly allow people to choose from a wider menu of activities, options and demand is expected to decrease for traditional models such as day care. People will be able to choose to use a mix of traditional and mainstream services
- The partnership between housing, support and care will be strengthened; with provisions such as telecare and equipment enabling people to continue living at home
- Spending on residential and nursing care will continue to decrease as a proportion of spending on older people; therefore staying well and independent for longer must be integral to mainstream services
- There will be opportunities to offer an even wider and more varied menu of options for people to meet their social care and support needs
- Life expectancy is increasing and entry into services is likely to be later in people's lives

Opportunities for business change

- Community activities - you may want to consider offering recreational, educational, social and support activities in the local community.
- Day opportunities – people with cash personal budgets as well as those funding their own support may no longer want to use traditional day services. You could consider setting up a club or activity.

- Community meals – you may want to consider offering hot meals for people in your local area or to set up a lunch club
- Information, brokerage and advocacy – you may wish to offer a wider range of support to help people find the help they need, arrange their support and express their views
- Back office services – if people are recruiting their own personal assistants they may need support with advertising, recruitment, payroll, Criminal Records Bureau checks or training
- Domestic services – you could consider setting up domestic help, gardening or shopping services, for example helping people to shop rather than doing it for them
- Equipment provision – people can spend their personal budgets on equipment and there is a range of items such as rails, stairlifts and riser chairs

The future of adult social care is going to see significant demographic change. In Bradford, the number of people over the age of 65 is forecast to increase by 10% in 2015, by 20% in 2020 and by 33% in 2025.¹ The demand for services to older people will increase as the shape of the local and national population changes as a result of advances in medical science meaning more people are living longer. This rise in demand will not be matched by Government funding meaning a new approach is needed to how social care and support is delivered. Higher eligibility thresholds for local authority funding have, in part, led to the increased number of people funding their own care. Regardless of funding, people want more choice and flexibility over how those needs are met.

¹ Projecting Older People Population Information System www.poppi.org.uk

Key message

The NHS White Paper 'Equity and Excellence; Liberating the NHS' will see closer integration of Health and Social Care ²

The tables below show the rise is even sharper after the initial five years for the oldest old population and those most likely to be in need of social care services:

Table 1. Potential population growth of older people in Bradford

	2010 current figure	2015 figures and % increase	2020 figures and % increase	2025 figures and % increase
All people aged 65 and over	68,800	75,900 10%	82,400 20%	91,200 33%
People aged 85 and over	9,400	10,800 15%	12,500 33%	15,000 60%

Table 2. Key factors that may influence potential changes in demand for health and social care in people aged 65 and over living in Bradford

	2010 current figure	2015 figures and % increase	2020 figures and % increase	2025 figures and % increase
People living with dementia	4,970	5,427 9%	6,022 21%	6,872 38%
People with a limiting long-term illness	33,417	36,761 10%	39,864 19%	44,429 33%
People unable to manage at least one personal care task	23,564	25,689 9%	28,035 19%	31,424 33%
People unable to manage at least one domestic care task	28,782	31,284 9%	34,159 19%	38,330 33%
People aged 75 and over providing more than 50 hours care per week	1,161	1,231	1,307	1,542

² Department of Health www.dh.gov.uk/en/Publicationsandstatistics/index.htm

Table 3 shows the number of people in Bradford aged 18-64 is also forecast to increase by 5% by 2015, 9% by 2020 and 13% by 2025, all significantly higher than the average for England ³

Table 3. Predicted population in Bradford of people age 18-64 with a disability or a mental health problem ⁴

	2010 current figure	2015 figures and % increase	2020 figures and % increase	2025 figures and % increase
People with a moderate or severe learning disability	1,715	1,810 6%	1,906 11%	2,013 17%
People with moderate physical disability	23,172	24,102 4%	25,222 9%	26,111 13%
People with a severe physical disability	6,635	6,831 3%	7,212 9%	7,530 13%
People with a moderate or severe personal care disability	13,589	14,103 4%	14,866 9%	15,432 14%
People with a mental health problem	50,446	52,766 5%	54,718 8%	56,644 12%

The highest numbers of older people in Bradford ⁵ live in the Keighley ⁶ and Shipley ⁷ localities. These areas are thought to have a higher likely prevalence of dementia, mobility issues and functional impairment. Bingley and Bingley Rural wards

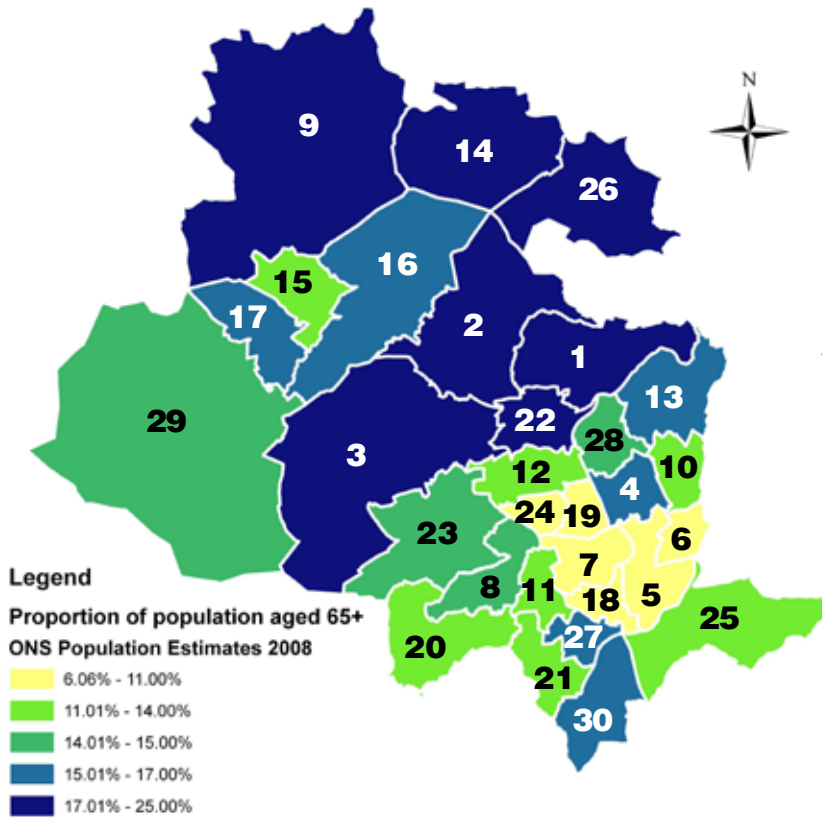
make up 37.5% of the elderly population. There is likely to be continued growth in the older population of these wards, as it is a popular location for retirement. Figures 1 and 2 show the distribution of the older people's population in Bradford in 2008.



3. Projecting Adults Needs and Service Information www.pansi.org.uk
 4 Projecting Adults Needs and Service Information www.pansi.org.uk
 5 Office for National Statistics 2007 www.statistics.gov.uk/hub/index.html

6 Craven, Ilkley, Keighley Central, Keighley East, Keighley West and Worth Valley wards
 7 Baildon, Bingley, Bingley Rural, Shipley, Wharfedale & Windhill and Wrose wards

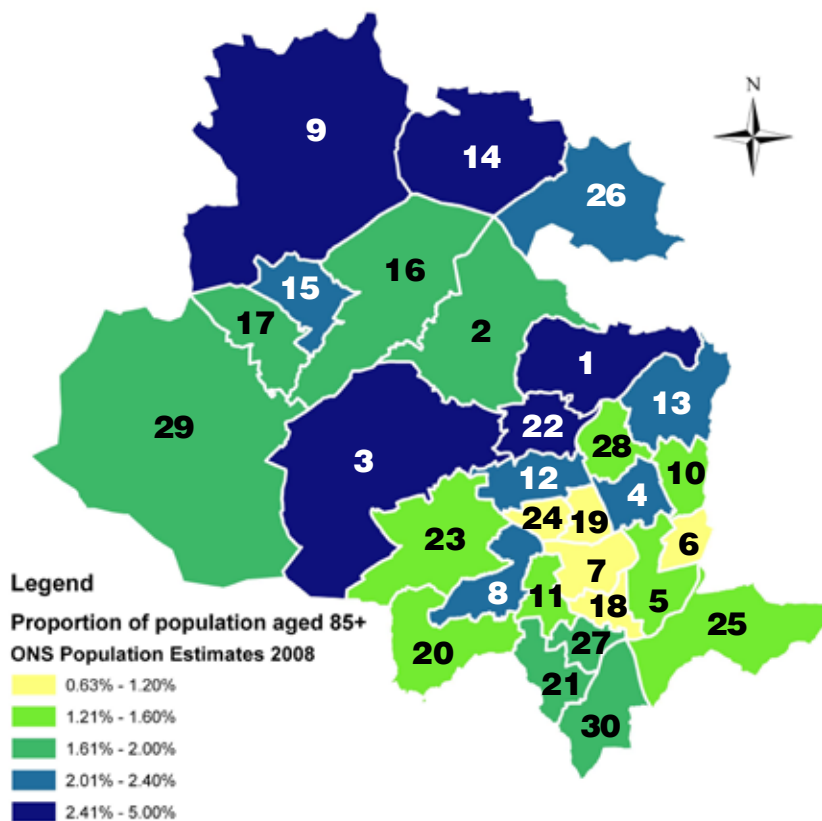
Figure 1. Proportion of population estimates per ward of people age 65+



Key to maps

- 1 Baildon
- 2 Bingley
- 3 Bingley Rural
- 4 Bolton & Undercliffe
- 5 Bowling & Barkerend
- 6 Bradford Moor
- 7 City
- 8 Clayton & Fairweather Green
- 9 Craven
- 10 Eccleshill
- 11 Great Horton
- 12 Heaton
- 13 Idle & Thackley
- 14 Ilkley
- 15 Keighley Central
- 16 Keighley East
- 17 Keighley West
- 18 Little Horton
- 19 Manningham
- 20 Queensbury
- 21 Royds
- 22 Shipley
- 23 Thornton & Allerton
- 24 Toller
- 25 Tong
- 26 Wharfedale
- 27 Wibsey
- 28 Windhill & Wrose
- 29 Worth Valley
- 30 Wyke

Figure 2. Proportion of population estimates per ward of people age 85+



Changing attitudes, expectation and paying for care

Attitudes and expectations are also changing. The expectations of people who will reach older age in the next 10 to 20 years will be different to older people now. People are used to expressing far greater choice and control over their needs and aspirations. Currently, people are much more socially mobile than before and have generally experienced a wider exposure to different goods and services than ever before. People now and in the future will expect more from their local authority and care providers in terms of the range and quality of services on offer.

To meet this rising demand and expectation the social care market, including how the local authority behaves, providers will need to respond in ways it might traditionally not have thought of. Demand and funding for long term residential and day care will reduce over time and many older people will want to stay at home for as long as possible. Providers will need to consider how to maintain people at home, remaining healthy and with a sense of wellbeing for longer. This means considering how to help people maintain good physical, mental, social, emotional and spiritual wellbeing in order to remain healthy, active citizens now and in the future.

People will also fund their care in a greater number of ways, for example, insurance policies, savings, pensions and investments. Significantly, tenure will play a part in shaping the market as a growing number of older people will opt for home ownership. This will increase the numbers of people funding their own care. Older people will enter the marketplace requesting information and advice as well as a broad range of services without approaching the local authority. Although the Council sees this service as an important, centralised role; there will nevertheless be a growing need to offer people the right kind of information and services as this will be a core customer base wanting to purchase services directly from providers in the future. Therefore there are real opportunities for

providers to build the link between involving people in the design of services, offering people the information they need to make informed decisions and offering customers new and diversified products and services to help them remain well at home.

A recent survey of council staff and partner organisations⁸ highlighted the expectations of people within the district and their future housing and funding options for retirement. 23% of 50-59 year olds said they would prefer to live in a retirement development, sheltered housing or an extra care facility. When asked about how they expected to fund their retirement, 73% of 50-59 year olds stated that an employers or private pension would be used and 29% stated that they would use their savings. Although this gives a local snapshot of opinion, it is nevertheless an interesting indication as to how some local people approaching retirement age are thinking about how to fund their future care and housing needs. Where there are a possible growing number of people prepared to self fund some or all of their care and support needs, the market needs to be able to respond to this and deal with people self referring or wanting information and support to make choices about their needs.

The importance of prevention and early intervention

Prevention and early intervention are well recognised to help people stay well, live independently and remain healthy for longer. It is important to ensure that a wide range of preventative services are available to support people across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This will ensure that people do not go without the support which could prevent critical needs developing in the future. Table 4 outlines the different types of preventative services that help older and vulnerable people:

⁸ Ridley-Ellis W, Thinking Ahead: Your Housing Options for the Future Bradford. www.bradford.gov.uk

Table 4. The three types of preventative services

	Primary	Secondary	Tertiary
Purpose	Involving older and vulnerable people in the planning and operating of services.	Services delivered to people in the community.	Specialist services delivered to people at home or in hospital to offer a seamless transition of care or to prevent an admission.
Suggestions	Consultation, membership of committees, boards and working groups. Offering autonomy to run activities, groups or services themselves.	Housing related support, telecare, support to carers, falls prevention and reablement services. Befriending schemes, sitting services, providing equipment or adaptations, wellbeing cafes, lunch clubs and hot meals.	Facilitated discharge from hospital. Intensive support delivered at home or in extra care housing. Intermediate care facilities.
Desired outcome	By being inclusive and involving people the aim is to prevent isolation and loneliness and encourage participation and a sense of belonging. Improves confidence and independence.	To maximise independence, prevent further deterioration and maintain a good level of health and wellbeing.	To spend no longer than necessary in hospital and to return safely home.



Table 5 gives some figures on the distribution of population for the top ten wards in Bradford.

Table 5. Distribution of older people by top ten wards as compared to those in receipt of council support

Ranking	Ward by total population 2006/7 ONS	Ward by population aged over 65	Ward by number of council funded packages of day care (2009/9 RAP return)	Ward by number of council funded packages of domiciliary care (2009/9 RAP return)
1	City (16,714)	Ilkley (3,589)	Keighley West 110	Craven 230
2	Bingley (13,838)	Craven (3,308)	Craven 101	Clayton & Fairweather Green 214
3	Bingley Rural (13,625)	Bingley Rural (3,073)	Keighley Central 88	Keighley West 197
4	Tong (13,570)	Bingley (2,908)	Bingley Rural 82	Bingley 189
5	Bowling & Barkerend (13,268)	Idle & Thackley (2,536)	Keighley East 78	Bowling & Barkerend 185
6	Craven (13,079)	Shipley (2,530)	Ilkley 65	Bingley Rural 183
7	Bradford Moor (12,768)	Keighley East (2,484)	Wharfedale 62	Windhill & Wrose 182
8	Little Horton (12,755)	Keighley West (2,439)	Worth Valley 62	Ilkley 181
9	Toller (12,722)	Bolton & Undercliffe (2,392)	Windhill and Wrose 56	Keighley Central 179
10	Royds (12,718)	Royds (2,364)	Bingley 55	Idle and Thackley 176

The number of people with a learning disability in the district is expected to rise. Currently there are 1,660 LD service users in receipt of a care/support package within the district. The highest concentration of LD users is in Bradford West.⁹ This is linked to the concentration of people from BME backgrounds living in Bradford West and the higher than average incidence of people living with a learning disability from black and minority ethnic (BME) backgrounds in Bradford. The local situation will follow the national trend of people with a learning disability living longer due to advances in medical treatment giving longer life expectancy.

People with a learning disability are more likely to be living with an elderly parent as their main care provider. Society will also see this care role reversing as the person with a learning disability will start to take on the main caring role for elderly parents. The Council anticipates that the support required for this group of service users will grow and that new types of social and practical support will be required. Bradford's low weight birth rate and pre-term birth rate is higher than the national average and this increases the risk of ill health and disability throughout a person's life.¹⁰ More disabled children live in Bradford West locality. However each area in Bradford has a similar percentage of disabled children compared to their total child population. The prevalence of cerebral palsy is 3.87 per 1000 children in Bradford compared to 2.08 per 1,000 in Europe. There are a disproportionate number of children with neurodegenerative conditions. There is a significantly increased prevalence of other serious medical conditions which can also be categorised as conferring a disability. This will have an impact on Adult Services as the numbers of young people growing into adulthood with a physical and/or learning disability continues to grow.

An incidence of 17.2% of common mental health problems can be expected across Bradford. Demand on mental health services is expected to increase in line with the population growth over the

next few years. The majority of social care expenditure on mental health provision is through the Bradford & District Care Trust. However, there is some smaller investment within local community and voluntary organisations. Adult Mental Health Day Service provision has gone through a strategic review and is now entering the implementation stage. All providers working with the Council are expected to offer individual choice and control, and diversify from traditional models of care. An emphasis has been placed on the importance of services which promote social inclusion, including access to work, skills and education.

The number of people with physical disabilities and sensory impairments in the district is expected to rise. This is because children with complex needs and recessive genetic conditions including cerebral palsy, physical defects, deafness and blindness are expected to live longer due to medical advances and greater survival rates. Currently there are over 1700 people funded to access services in the district with the number of people claiming disability living allowance (one indicator of disability prevalence) at 14970. Those claiming this allowance and those recorded as permanently unable to work are often used as indicators of need. Both measures see a rising pattern over the medium to long term.

A growing older population will also increase the numbers of acquired sensory impairments in the district as well as more older people who are frail and whose mobility is impaired by physical disability. People with physical disabilities and sensory needs often wish to access universal services and locations but find barriers including physical access and a lack of accessible information, some require one to one support to access this information and the services offered. More widely difficulties arise with gaining and sustaining meaningful employment and as a result this client group population profile can be linked to indicators of deprivation and areas across the city that experiences multiple deprivations.

9 Heaton, Thornton and Allerton, Toller, Clayton and Fairweather Green and Little Horton wards

10 Disabled Children in Bradford Needs Analysis 2010

Key messages:

- The current supply of residential and day care services is not sustainable to meet the longer term changing demand in Bradford
- Current costs of services will reduce in response to the diminution in Government spending
- Alternative models of housing that offer integrated care and support services will need to enter the marketplace
- Focus will shift more onto shorter term placements providing rehabilitation and a return home
- A wider range of home based services will be needed to maintain people staying healthy and with a sense of wellbeing at home for longer
- Providers will need to offer more services that offer access to information, advice, advocacy and brokerage to demonstrate confidence to customers and generate interest and business
- Services to meet the needs of people with learning disabilities will need to diversify and offer a broad range of stimulating and rewarding experiences for the service user and carer
- Entry into work will be seen as the norm rather than the exception

Opportunities for business change

- New types of housing provision – you may wish to consider diversifying into extra care housing, assisted living environments and building relationships with key council departments to achieve this
- Home based services – you may want to consider setting up domestic services, shopping services, sitting services as well as live in or night time care
- Access to information – you may wish to offer more assistance to people seeking information and advice. More people will have personal budgets or their own money to spend this will be a key source of new business
- Specialist services – you may wish to consider reablement or rapid response services as well as social, educational and wellbeing opportunities for people with a learning disability

¹¹ Based on operational figures for the week beginning 20.9.10 from City of Bradford MDC Commissioning Team

¹² Comprising of rehabilitation beds, assessment beds and interim beds

Residential Care

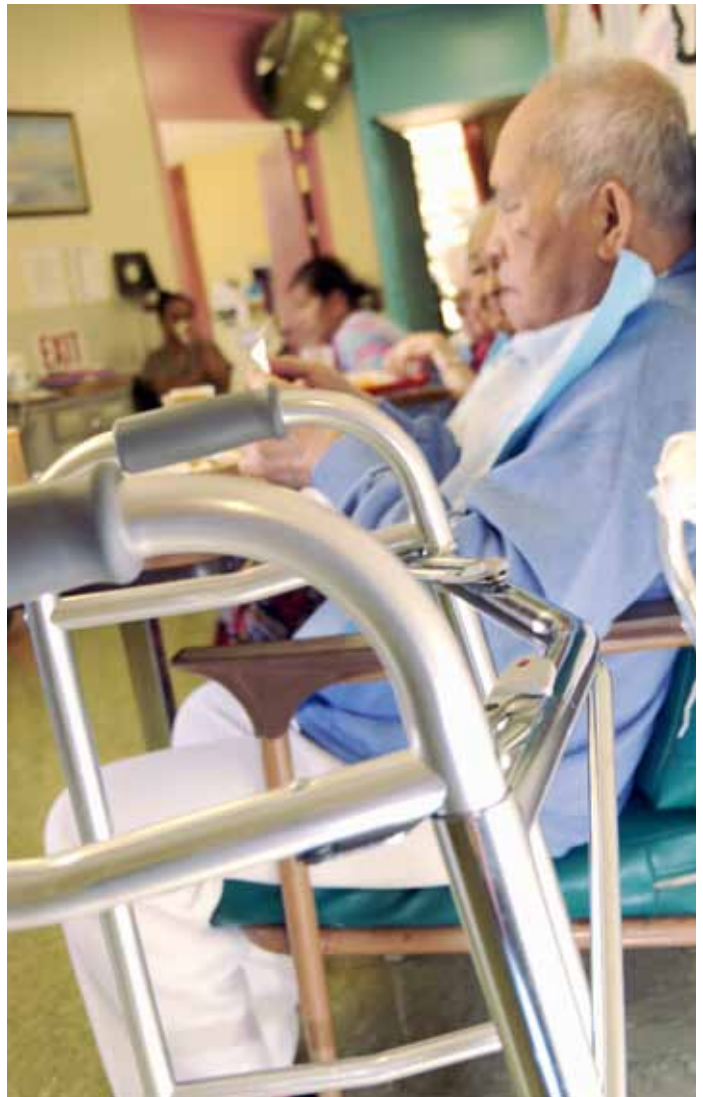
The District has 152 residential care establishments that provide a total of 4617 beds.¹¹

Older People's Residential Care

There are 108 homes providing 2803 beds registered for elderly care or elderly care with nursing. Of these there are 61 residential homes registered for elderly care with 1805 beds and 47 homes registered to provide care with nursing with 2352 beds.

There are 11 Council operated homes providing 354 beds for elderly residential care. The Council operated homes bed space is comprised of 203 long stay beds, 116 short stay beds and 46 intermediate care bed spaces.¹²

In the district this equates to 26 residential care beds per 1000 people aged 65 and over and 34 nursing home beds per 1000 people aged 65 and over.



The table below shows how Bradford compares to its neighbours in terms of minimum baseline fees for a contracted bed for older people¹³

	Bradford	Calderdale	Kirklees	Leeds	Wakefield
Cost of Residential care bed	£365.26	£384.29	£376.62	£385	£402
Cost of Nursing care bed	£534.80	£507.80	£503.16	£535.70	£510.70

Younger Disabled Adults (<65 years old)

There are 33 homes providing 454 beds registered to provide care to this user group. Of these there are 21 residential homes registered to provide care for learning disabilities, mental health and physical disabilities with a total of 249 beds. There are 12 homes registered to provide residential and nursing care providing 205 beds. This equates to 2.83 residential beds per 1000 and 2.33 nursing home beds per 1000 people in this user group.

There are 34 out of district LD placements and 172 within district placements (residential and nursing).

Respite Care¹⁴

The Council operates a voucher scheme for respite and has issued them to 585 service users for respite care having spent on average £22,670 per week in redeemed vouchers.

The Primary Care Trust has issued respite vouchers to 99 service users for respite care having spent on average £16,875 per week in redeemed vouchers.

Intermediate Care and Nurse Led Care

Intermediate care is provided within the Council operated and private sector care homes. The Council operated homes have capacity for 30 rehabilitation beds, 10 assessment beds and 6 interim beds available¹⁵ for use within its own care homes for older people. Bed space is also available in some private care homes however capacity varies according to demand, proximity of a GP and the therapeutic intervention needs of the service user.

There are four community hospitals in the district providing 72 beds offering nurse led care. These offer rehabilitation with a multidisciplinary input where there is a defined set of nursing/medical needs in addition to the therapy needs. In addition to this there are 16 beds offering a similar type of care within two nursing homes.

A recent survey carried out by the Council's Adults and Community Services Commissioning Team found that approximately 60-65% of residential and nursing home beds are occupied by people funding all or part of their own care.

At 17th September 2010 the Council had a total of 1,993 contracted beds in the Bradford Area (residential and nursing - all client groups).



¹³ Single room with ensuite facilities, figure includes quality premiums paid to good and excellent establishments. Nursing care bed includes FNC premium. Community Care Market News June 2010

¹⁴ Figures from 10.4.10 to 17.9.10 – i.e. financial year to date

¹⁵ Intermediate care bed: full therapy input 6 weeks free of charge. Assessment bed: no therapy input but used for confidence building, time to assess and plan, risk management and home visits. Interim bed: care plan agreed but waiting for elements of provision or rehousing

Extra Care Housing / Housing with Care

There are 8 purpose built extra care schemes that provide a total of 474 apartments for rent or purchase.

Domiciliary Care – Older People and Adults with Physical Disabilities

The total number of care hours purchased by the Council across the district is 30,146 hours per week to a total of 3130 service users,¹⁶ or 1.57 million hours per year.

The number of hours purchased by the Council from registered private/voluntary providers (OP, PD and LD) is typically 20752 hours per week equating to 69% of the Council purchased market.¹⁷ The number of hours supplied by the 'in house' service is typically 8555 hours per week, equating to 28% of this market. The 'Time Out' (sitting service) supplies 839 hours per week equating to 3% of this market.

The average cost of domiciliary care across the West Yorkshire area appears to be in the region £12.50 to £12.80.¹⁸ The National average hourly rate is £14.34; taken from a paper commissioned by the DH in 2005 with a 2.5% increase each subsequent year to 2010.

At present the cost of providing care and support varies amongst providers and client groups. The Council will want to move towards a fair pricing system where the true costs of services are shown.

The Council intends to move towards working within framework agreements where a fair price will be set and paid for providing care and support that represents good quality and value for money.

The in-house home care service also provides a short-term reablement service for people receiving care for the first time, with the aim of maximising independence. This forms part of the assessment process, which remains the council's responsibility. This part of the work currently accounts for around 11% of its business. 89% of its work remains in traditional home care.

Domiciliary Care – Adults with Learning Disabilities

During the week beginning 8th March 2010, the Council purchased provided 5443 hours of care and support to people with learning disabilities.

Housing Related Support

In a typical week the Council purchases care and support from 60 providers supporting up to 13,000 service users. It spends approximately £370,000 on this service per week¹⁹ and this expenditure is broken down as shown in table 6:

Table 6 Proportion of spend per client group on housing related support

Client Group	Proportion of annual spend
Mental Health	20.1%
Older People	16.1%
Learning Disabilities	15.5%
Young People at Risk	7.1%
Generic support	6.7%
Domestic Violence	6.1%
Single Homeless	5.7%
Offenders	5.3%
Homeless Families	4.7%
Complex Needs	2.4%
All other client groups	10.3%

¹⁶ Based on figures for week commencing 8th March 2010

¹⁷ The vast majority of LD services are private provision

¹⁸ Based on soft market testing figures for 2010

¹⁹ Based on figures from 22nd February – 22nd March 2010

Grant-funding for older people’s preventive support

The Council allocates just over £2m to support voluntary and community sector (VCS) groups across the District working with older people. This is allocated in three funding programmes shown in table 7 below:

Table 7. Allocation of social care grant funding in Bradford

Programme	Description	£ per annum
Older people’s 3-year VCS commissioning	61 groups supported by grants which are guaranteed for 3 year periods; currently range from £520 - £80,000pa.	£1.35m
Well-being activity fund (WBAF)	Short-term grants of up to £5,000 to develop pilot and innovate. Approx. 20 groups at any one time.	£200K
Well-Being Cafés (WBCs)	Meet monthly for older people with dementia and other mental health needs, and carers. Currently 16 cafés, funded £4,800pa.	£76.8K
Age Concern ‘Helping Hands’	Handyperson for Older People (minor repairs, minor adaptations, small domestic maintenance work).	£100K
Anchor Housing Staying Put	Home Improvement Agency – advice and professional support for people wishing to adapt their homes.	£170K
Age Concern Trades Register	Help to find reliable and trustworthy trades people	£34K
Age Concern ‘Starting Point’	Information and signposting for older people	£100K

Evaluating outcomes of grant funding

The older people’s well-being team visit funded groups (twice a year for the 3-year programme) and requires these groups to complete monitoring documents. The WBAF and WBC programmes have led the way in improving the way that grant-funded activities show their success and the University of Bradford has evaluated the Health in Mind programme.

- 1) Individual story gathering: Each funded group is asked to provide these at each six-monthly monitoring visit.
- 2) Individual questionnaires: The team has worked to simplify the University of Bradford questionnaires, as there were concerns at the ‘monitoring burden’. From April 2011, the new version will be used for every scheme receiving Well-Being Activity Fund.
- 3) Outcomes: Reviews based on the seven adult social care outcomes. Each group has to show how their scheme is intended to achieve these outcomes, and how they will know that this is the case. Initial evidence is that this is stimulating groups to use questionnaires, photos and other means to give the evidence.

Key messages:

- The demand for a range of high quality services will rise creating new opportunities for business change and development
- The Council will continue with its statutory duty to measure and assure quality for all its residents
- Quality assurance will remain a core area of business for the Council.
- Providing high quality services will be key to long term business success and confidence in the market
- Increasingly people will meet their personal needs using their own budgets

Opportunities for business change:

- Focussing on quality – you may need to consult or review what your customers think of you; as more people manage their own care, recommendations by word of mouth and user feedback will be an important marketing tool
- Staff satisfaction – being able to offer a high quality service helps to recruit good staff and improves motivation and staff retention
- Competition – you may need to be aware of who you are competing with as the market widens out as more people start to make their own choices
- Communication – you may need to consider how your organisation communicates with its customers to create a personalised, customer focussed experience
- Reviewing and monitoring – you may need to think about how you go about maintaining quality throughout your normal daily business
- Involving people – customers value input into the design and development of services

The Council places great importance on quality assurance and sees its role within this area increasing over time as the uptake of personalisation increases. It aims to deliver this through a number of approaches:

- Integrated quality assurance framework: The Council is developing an evidence based approach to quality assurance that will be consistent and tailored to the type of service being monitored.
- Provider frameworks: This is a list of providers, set by client group, who have demonstrated through a tendering process that they meet high standards for quality and value for money.
- Approved List of Contractors: Providers of housing related support who required funding from the authority are required to be on the Council's approved list of contractors
- Standard specifications: The Council and local NHS are developing a standard specification for nursing and residential homes, which will include quality requirements and performance management linked to them.
- Registration schemes: The Council is also looking into an approved register for personal assistants.
- Low-level support accreditation: The Council commissions Age Concern to run a 'Traders Register' which following an initial accreditation process, adds tradespeople to a list.

These processes complement requirements to register with the Care Quality Commission for a wide range of health and social care services. The Council sees its role in both protecting the interests of all residents with care or support needs, regardless of how they are provided or funded and continuing to work with providers to improve and maintain high quality services.

Quality – facts and figures

Residential Care

The average Care Quality Commission (CQC) star rating of the 152 listed privately/voluntary operated care homes in the district was 2.02.²⁰ Four homes were rated as poor (0 stars) and 33 as excellent (3 stars). Nine homes had not yet been rated. The average star rating of the 11 Council operated care homes was 2.33. The average star rating for all care homes in England was 2.0 stars.

The Council also measures quality and its own performance via the 'Capturing Regulatory Information at a Local Level' (CRILL) and the 'Local Area Market Analyser' (LAMA). For 2009/10, initial findings show that the Council is performing slightly below the England average for all places in good and excellent homes except older people personal care where we are performing in line.

For older people in residential care homes (nursing), the council purchased 79% of its placements in good and excellent placements, in line with the national average and has improved on last years figures. For older people in residential care homes (personal care), the number of placements purchased from both within and the authority and those outside the authority, in good or excellent homes is greater than national purchasing and our position has improved from last year. There were no placements made to homes rated as poor.

For adults (learning disabilities, mental health and physical disabilities) in residential care homes (nursing) within the authority area, the Council purchases fewer numbers of placements in good or excellent homes than national average, but has reduced the number of placements purchased in poor homes from 9% to 0%. Out of the authority area, the council only purchases placements in good or excellent rated homes. For adults in residential homes (personal care), the Council purchases 48% of placements in the authority in poor or adequate rated homes against a national average of 15%. The Council's performance in this area has decreased from last year and is significantly below the national average. Out of the authority area, the Council is performing above the national average.

Domiciliary Care

The average star rating for domiciliary care providers registered in Bradford is 2.05 stars and for England 2.1 stars. The average star rating for in house services was 2.0 stars and for the 41 listed private providers was also 2.0 stars (8 of these had not been rated).

At 30.9.09, the Council was purchasing 91% of its domiciliary care hours via good or excellent rated care agencies, 3% from adequate rated agencies and 6% from agencies that had not yet been CQC rated. This is higher than the national.

Complaints

During the same period, a total of 47 complaints received by the Council related to 15 home care providers. The nature of these complaints were 8 allegations against staff, 15 complaints about punctuality, 21 complaints about the quality of care and 4 complaints about medication.



²⁰ All star ratings are Based on Care Quality Commission ratings July/August 2009

In the last financial year (2009/10) the Council spent £172.2m on care and support. This figure represents gross expenditure and comprises of specific grants (£32.1m) and income from charges and other agencies (£28.3m).

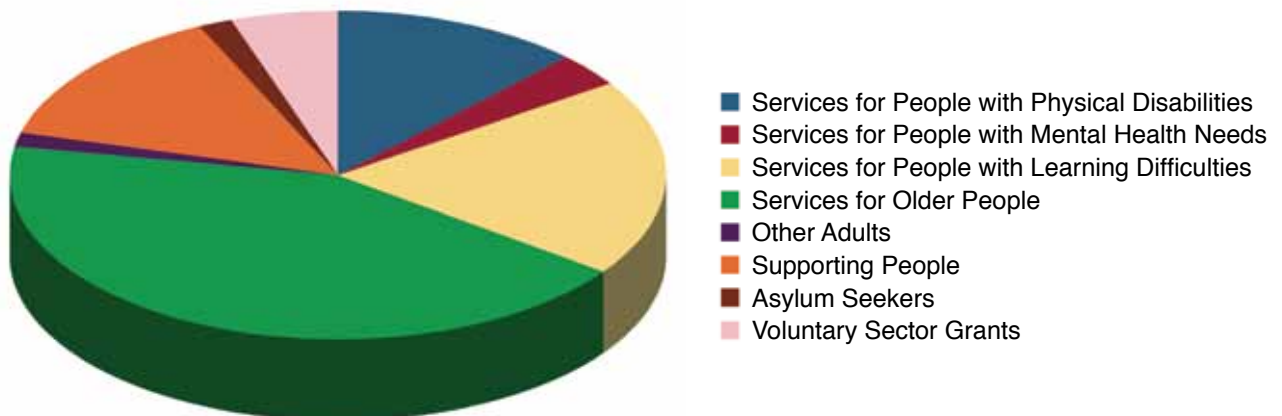
A breakdown of this gross expenditure is provided in Table 8 and figure 3. In 2008-9, the Council spent 54% of its overall spend for older people's care

services on residential and nursing care representing a decrease from 56% the previous year; a majority share but a decreasing one. Public spending will start to be reduced and the Council will need to consider how it allocates funding to users and services. The Council's commissioning approach will be to seek out quality services that offer value for money and maintain high levels of user satisfaction.

Table 8. Gross Expenditure by Social Care including grants Year 2009/10

Item	£
Services for People with Physical Disabilities	15.6
Services for People with Mental Health Needs	12.3
Services for People with Learning Difficulties	42.5
Services for Older People	80.4
Other Adults	11.9
Asylum Seekers	1.2
Voluntary Sector Grants	8.3
Total £ m	172.2

Figure 9.



How do we compare to other West Yorkshire Councils?

The table below shows how we compare to other councils in West Yorkshire in terms of percentage distribution of total gross expenditure on adult social services by client group.²¹

Table 9. Comparison of total gross adult social care expenditure across West Yorkshire

	Bradford	Calderdale	Kirklees	Leeds	Wakefield	England average
Older People (65+)	60%	60%	59%	59%	63%	57%
Adults with a learning disability	18%	21%	24%	22%	21%	24%
Adults with a physical disability	9%	12%	9%	10%	9%	10%
Adults with mental health needs	8%	6%	7%	8%	6%	7%
Other adults services	6%	2%	1%	1%	1%	2%
Proportion of older people (65+) of total population	13.41%	15.86%	14.92%	14.01%	16.64%	16.45%
Proportion of Younger Disabled Adults of total population	17.15%	17.86%	17.71%	18.38%	18.04%	17.70%

There are currently 954 people in receipt of direct payments in the District.

Self funders of care

A survey was sent out to private domiciliary care providers in November 2009 asking about self funders. 34 providers were surveyed, 9 responded stating that 170 of their customers funded their own care purchasing 1939 hours in a given week. Of this care, 69% is personal care and 31% is domestic care. Overall we estimate that the self funding market in Bradford will increase over time or that people will opt to 'top up' their assessed packages of care with additional services.

It is estimated that there will be a significant proportion of self funders within the Bingley, Bingley Rural, Craven and Ilkley wards. These wards are the highest recorded areas for council funded home care support²² and are expected to have a high proportion of older people living there coupled with the relative affluence of these areas. Therefore, the

Council expects to see an increasing amount of activity in care and support provision for elderly people in these areas will need to match this level of demand.

It is expected that this share of the market will shift over time and the Council will want to actively support people who choose to fund some or all of their care and support needs. It will offer improved access to information, support, and advocacy to help them decide on the best options for them. The Council will wish to do business with providers who can share this commitment to offering people the right advice, help and support where appropriate. Options for the future funding of social care and support are being considered by the Government and the self funding market is expected to have a significant influence over the way people access and pay for their care and support needs.

6 Reviewing the Evidence – Delivering Change

Reviewing the evidence

Demographic growth means that the current pattern of services and investment is unsustainable; a growth upwards of 30% in older people and younger adults with disabilities in the next 15 years will not be matched by public funding.

Funding, demand and capacity for traditional models of care provision will reduce i.e. residential and nursing homes. This will mean more people will want to stay at home receiving the care and support they need.

The current care and support market offers a range of providers that supply good quality services. There is sufficient capacity in the market as it stands and a good labour market to support the industry. However, the current profile of service provision is unlikely to match the expected rise in demand in care and support services across the district.



An increasing number of people (notwithstanding any government proposals with regard to the future funding of social care) will be expected to fund their own care. Currently we estimate that approximately 12% of service users who receive support funding via the Council, also augment their care or purchase other services directly from the same provider. The figure for those funding their own care outright is estimated at around 8% of the total market.

The Council currently commits over £2m per year for activities and support which older people can access directly without a formal assessment. This includes handyperson help, information and 'signposting' (i.e. helping people find out about and access activities and services), day centres, drop-ins and lunch clubs, befriending schemes, well-being cafés,

Delivering change

The market will need to be ready to respond to budgetary pressures that are being faced nationally. This may mean providers being able to offer sustainable value for money and quality services at a lower cost regardless of whether service users are spending their own or allocated funding.

The Council will be keen to do business with providers that can demonstrate that their services are able to diversify into areas of provision to maintain people at home living healthy lives for longer. This will be the core customer base in the future and the area that represents the most opportunities for success and continued business.

Additional capacity may be required to meet the expected rise in demand for care and support services however the Council does not wish to see an increase in the same type of provision. Its view is that investment and growth in prevention early intervention and social capital is absolutely vital. This means delivering a range of preventative services from lower level community planning and involvement to higher level housing related support needs such as telecare, falls prevention and working with carers. The Council will work closely with its NHS partners to deliver these types of services and reduce any duplication of services over the coming years.

Being able to deliver a range of home and community based preventative and early intervention services will be a significant share of the social care and support market that will need to develop.

People who do not require the local authority to fund their care, should still benefit greatly from improved health and social care information and expertise regarding e.g. the alternatives to care homes, in assessing needs, maximising independence, managing risks and supporting carers.

More people will want to choose these types of services from a provider that they trust and that have a good reputation.

The Council will actively seek to do business with providers that can demonstrate commitment to either maintaining or developing preventative services as part of their core business or that are prepared to advise, support and guide people to these services as well as deliver more regular forms of social care and support.

Reviewing the evidence

activities such as using the internet, walking groups and arts & crafts. Most of this activity is grant funded via local community and faith groups, who contribute their own resources such as buildings, volunteers and fundraising. Although we can highlight the recent growth in this investment, it remains a very small proportion of total older people's spending.

The number of people requiring home support is increasing however we see that this rising demand will be met by people being supported by short term intervention rather than relying on longer term support.



The Council anticipates that the numbers of people requiring extra care housing to meet their longer term needs will increase. The Department of Health has recently reiterated the importance of extra-care housing in future plans for older people's accommodation and care. Very positive views were expressed about the model as part of recent consultation on the future of the Council's residential homes. Housing providers are still keen to work in partnership with the Council to develop schemes and are still able to raise funds for development.

Over one million people live in housing provided specifically for the needs of older people and nearly two thirds of these live in sheltered housing.²³

We anticipate that the numbers of older people requiring specialist housing and some form of support to live independently will increase.

Delivering change

The evidence shows that these types of activities are valued by the people that use them. Maintaining health, wellbeing and independence will be vital in the lean years to come. The Council will want to work with providers that can show commitment and understanding to the prevention and early intervention agendas.

The Council will want to do business with providers that encourage people to become independent again or require less intensive methods of support and who put people in touch with local organisations to help them maintain that independence. Support planning and brokerage will take a new shape as both in house and independent organisations will take on this role for service users.

The aim will be to broker short term packages of care and support with the focus on reablement rather than setting up longer term packages of care.

The Council in its commissioning approach will move towards a model of outcome based commissioning and performance management that can deliver greater flexibility rather than the former block contracting of services. It will work with GP commissioning colleagues to appropriately reward this type of approach.

The Council wishes to continue working with providers to develop new extra care schemes which can promote independence and well-being for people with housing and support needs and meet high levels of care needed, including overnight care. The extent of such development will depend on available land and investment, continued stimulus of the independent sector and the outcome of the Council's current review of its in-house care homes.

The Council does not expect the demand for sheltered housing will increase, nor does it see that this area of provision will best meet the needs of the local population. The Council will want to reduce the distinction between sheltered housing and extra care housing and sees the model of provision it will want to commission being a range of high quality health, social care and support based services that are equipped to be delivered into all types of specialist housing. The Council will be keen to work with providers that can respond to the increased demand for these types of varied support.



People have higher expectations and want care provided flexibly in a way that supports their family and social life, rather than people having to organise their life around care services.

We also know that satisfaction with good quality, skilled and appropriately trained staff as well as consistency of care/care worker wherever possible is more important than which agency is used.

There is still significant expenditure on direct Council provision ('in-house' services), despite of significant shifts towards purchasing from the private sector in the past decade. In-house services are more expensive and significantly for personalisation, commit resources in advance in the same way that block contracts do. Although traditionally the in house service has held a significant place and share of the local care and support market, it will need to respond to current financial pressures by reducing costs, driving out inefficiencies and offering value for money.

Carers make a huge contribution to the support of people with disabilities. We want to offer support directly to. A 2009 evaluation of schemes funded for carers across the District, found some of the best results were from schemes that give relatively small sums of money direct to carers, e.g. for holidays, computers and IT skills, exercise or yoga classes. A Council scheme to issue £50 'winter warmth' payments to help carers in the severe weather in winter 2009-10 has reached over 1,400 carers.

The Council will seek to do business with providers that want to develop their services to help keep older people at home and able to function safely and independently for as long as possible. This may involve floating support, particularly in the private housing market and offering a wider choice of supportive activities that relate to maintaining a good quality of life in one's own home.

The Council will also want to do business with providers that can demonstrate a more personalised and integrated approach to social care and housing delivery, recognising that a one size approach is no longer suitable.

The Council will seek to do business with providers who can demonstrate their ability to offer high quality care and support, underpinned by person-centred values and approaches whilst offering value for money.

Service users often say that what matters most is the quality of the individual providing the care and support and their punctuality and flexibility to go the extra mile. The Council will want to work collaboratively with providers to diversify the level of competency and range of duties that care/support workers can provide to meet the rising demand for home based services.

The Council will review the function and core business of the in-house services. For example, the in-house residential and day services are currently under review and an extensive period of consultation took place in 2009. Elected members will consider the outcomes and recommendations from that work through a report to the Executive Committee later in the year.

The Council intends to develop individual accounts for carers, which will lead to opportunities for providers of a wide range of goods and services to promote well-being, education and skills, social and economic involvement.

A simple, easy to access scheme is planned to enable carers to receive a relatively small cash sum; with the option to have a more detailed carers' assessment and resource allocation if the carers' needs require it.

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

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

It also recognises the need to foster a supportive environment of shared risk taking across the board from assessment and support planning, through to brokering services, frontline service delivery and reviews. Shared risk taking in terms of the packages of support that people are given will reduce dependency and promote independence. We want to work with service providers that can provide effective short term interventions and collaborate with us during the review process to reduce costs.

Development grants are being trialled by other local authorities in the region and have been used with some success to support the development of social enterprises to provide practical support for older people.²⁴ However, it is important to be clear about the nature and purpose of such grants, allocating funds fairly and in line with restrictions on public subsidy and to link to eventual sustainability of an enterprise.

The Council wants to support voluntary sector providers via infrastructure organisations to come together to build more social capital in the district. It also wants to reduce the requirements placed on providers to work within complex contractual arrangements and to make it easier for existing and new providers to enter the market and work with us. The Council aims to continue to encourage local people to help influence local commissioning decisions and will always consult with its residents to shape the services they want and to do what is right for Bradford.

The Council also recognises the challenges of understanding and measuring outcomes and welcomes the initiative shown by the local Health and Well-Being forum for the voluntary and community sector to deliver its own development initiatives to help those providers get to grips with the issue.

The Council would welcome dialogue about how we can best work together and offer support to focus on outcomes, avoiding performance management systems that inadvertently reward the wrong things. The Council is commissioning enhanced support for developing small providers, supporting voluntary and community organisations and groups to enable them to develop new funding and operating models.

This market position statement is the start of a process. It is intended to serve as an introduction to the many discussions that need to be had between the council and providers but also as a starting point for providers within the Bradford District to think about their current business models and how they may need to change for the future. It does not prevent providers seeking a competitive advantage through their own market research and other activities. The right kind of freely-shared and published intelligence could lower barriers to market entry and prevent providers from wasting resources on poorly-targeted initiatives. As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently.

For more information about the Market Position Statement
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The wording in this publication can be made available in other formats
such as large print and Braille. Please call: 01274 437957.