

Stockton-on-Tees Borough Council Adult Services

Market Position Statement

2015



Stockton-on-Tees
BOROUGH COUNCIL

Adult Services

Big plans for the care we provide

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Foreword

Welcome to Stockton-on-Tees Borough Council's first Market Position Statement (MPS).

We will produce this document every year. The MPS will describe how we see the social care market now and how it may develop over the coming years, based on our current understanding of existing services and demand for these services.

Please note that the views expressed in the MPS are those of the Council and that no responsibility is accepted by the Council for any business decision(s) taken based on this MPS.

We will use the MPS to inform discussion with care providers and other partners who commission and use care and support services. The MPS intends to help us shape a dynamic adult social care market that offers choice for local people in how their care and support needs are met through developing a good understanding of which services are needed and to what standard of quality.

The MPS sets out our understanding of our local population, our current provision and our commissioning intentions over time. The MPS will be developed year on year to give a full picture of all care and support services available in Stockton-on-Tees rather than only focussing on services directly arranged by the Council. To understand the wider picture of registered care and support provision in the Borough we suggest the reader also views the Care Quality Commission's database of registered providers.

We do hope this first MPS provides a helpful overview of care and support in Stockton-on-Tees and would welcome your views on this approach to describing our local care market.



Jane Humphreys
**Corporate Director Children, Education & Social
Care**



Cllr Jim Beall
Cabinet Member for Adult Services & Health

Introduction

Stockton Council's MPS is aimed at both existing and potential providers; but will also be of value to those who are interested more generally in the future of local adult social care markets.

The MPS sets out how the Council is going to develop care and support services in Stockton-on-Tees and build a vibrant market which promotes independent, choice and control. The MPS covers people eligible for adult social care support, people who fund their own care, those accessing housing related support services and low level preventative services.

The MPS aims to enable providers to think about their future plans in relation to offering services across all these areas in Stockton-on-Tees.

Key Messages

Partnership

The partnership between Adult Social Care and Health will strengthen and develop to support people to remain independent in the community for longer. This will require improved joint working between health partners and the Council to ensure effective coordination of services and expansion of support including the provision of equipment such as telecare.

Early Intervention

Life expectancy across the Borough continues to increase, and the Council and partners will increasingly focus on prevention to support people to self-care and reduce on term dependency on assessed care and support.

Community Support

The Council and partners will continue to work alongside the local Voluntary, Community and Social Enterprise (VCSE) sector to build sustainability and capacity. Providers of care and support will need to have greater awareness of the wider offer made through these local networks and ensure people are informed and services work together.

Prevention

Health and social care policy is moving investment patterns towards early intervention and prevention, where this promotes health, independence and wellbeing. The expectation is a shift in focus and investment will prevent or delay the demand for more expensive intensive care and support.

Demand

There is expected to be a growing demand for care and support, especially amongst older people and a number of specialist areas of care and support.

Choice

Personal budgets will increasingly allow people to develop creative solutions to meet their assessed care and support needs. The Council will continue to support people to exercise their choice to choose and access services themselves.

Carers

The Care Act 2014 will reinforce the vital role of Carers through entitlement to a statutory assessment of need and access to service based on eligibility. The Council and partners will continue to develop support and information to help sustain independence in the home.

Section 1

Strategic Priorities for Care and Support

In responding to the changing needs of our population the Council has identified key strategic priorities for shaping future market care and support provision across the Borough. These will be developed within the new responsibilities within the Care Act 2014 based on eligible need and available resources.

1. Promoting wellbeing

Our primary concern for adult social care is to help people to achieve outcomes that matter to them in their life. Wellbeing is a broad concept and relates to:

- Personal dignity (including treating an individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by individual's over their day-to-day life (including over care and support provided and the way it is provided);
- Participation in work, education, training or recreation;
- Social and economic wellbeing;
- Domestic, family and personal relationships;
- Suitability of living accommodation;
- An individual's contribution to society.

In promoting wellbeing we will actively seek quality improvements when arranging care and support to an individual, from the provision of information and advice through to reviewing a care and support plan. We will adopt a flexible approach enabling a focus on areas of most importance to the individual concerned. We will consider all aspects of wellbeing in doing this, ensuring eligible needs are met and that individuals are supported where possible to achieve their desired outcomes. The principle of wellbeing will be embedded across our care and support systems and the local community services and resources that are commissioned to meet individual needs. Our ambitions will have significant implications on the way in which we provide and commission services, seeking interventions that are centred on the individual, with a focus on meeting individual needs and goals.

2. Prevention and early intervention¹

It is critical to our future vision for adult social care that we have a care and support system that intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible. Our ambition is to, where possible, prevent, minimise and delay the loss of an individual's independence. Working with our independent sector partners, the Voluntary Community and Social Enterprise Sector (VCSE), the community and people themselves, we will provide a comprehensive approach that encompasses primary, secondary and tertiary prevention and early intervention.

¹There are three levels of prevention: primary, secondary, and tertiary. Primary prevention aims to inhibit the development of disease or injury before it occurs; secondary prevention attempts to stop or reverse a problem before it becomes symptomatic through early detection; and tertiary prevention focuses on reducing disability and restoring functionality to people already affected by disease or injury.

- **Universal Services**

Our focus on primary prevention is aimed at individuals with no current social care needs and toward preventing or delaying care and support needs, or to help a carer avoid developing support needs by maintaining independence and good health. We will do this through high quality and timely information and advice, the promotion of healthy and active lifestyles, supporting safer neighbourhoods, reducing isolation, and encouraging early discussions in families or groups about potential changes in the future to personal circumstances. Generally universal services (i.e. available to all) will enable us to work with all partners to further develop our primary prevention offer to local communities.

- **Assistive Technology**

We will explore the developing range of assistive technologies available within the market and work with partners to identify appropriate solutions for key client groups taking account of differing forms of tenure and care setting.

- **Early Intervention**

Our focus on secondary prevention (early intervention) provides more targeted services for individuals at increased risk of developing social care needs. Our aim is to ensure local services, resources and facilities are available to help slow down further deterioration or prevent other needs from developing. In doing this we are introducing systems which enable screening / case-finding in order to identify individuals and their carers for whom these early supportive services are beneficial. These may include falls prevention, minor adaptations to housing, and telecare services. We will work with all partners to further develop the secondary prevention offer for our local communities.

- **Minimising the Effects of Disability**

Our focus on tertiary prevention aims to minimise the effects of disability or deterioration for people with established health conditions, complex care and support needs or caring responsibilities, including supporting people to regain skills and reduce need where possible. Our priority is to provide and arrange services, resources and facilities which maximise independence for those already with such needs, including rehabilitation and reablement services, carers support services including carer breaks, and joint case-management of people with complex needs. We will work with all partners to further develop the tertiary prevention offer for our local communities.

In developing our local approach to prevention we will engage with all partners as we recognise the importance of many services, facilities and resources that exist within the community that are already preventing, reducing and delaying needs. To ensure a co-ordinated overall local approach to prevention we wish to work with partners to both understand the breadth of available local resources and identify where best to prioritise resources.

The benefits of reablement in terms of quality of life and delaying further deterioration are clear and provide a clear focus for our activity in the future:

Percentage of people who have no on-going care needs following completion of provision of a reablement package.

Numerator		Clients with no on-going needs		
Denominator		Reablement packages delivered		
	Indicator	Num	Den	%
	2013/14 Q1	54	71	76%
	2013/14 Q2	41	94	44%
	2013/14 Q3	123	170	72%
	2013/14 Q4	162	258	63%
	2014/15 Q1	146	206	71%
	2013/2014 Outturn	380	593	64%
	2014 Financial year to date	188	271	69%

3. Supporting people within the community

We recognise that in certain circumstances it is necessary to meet the needs of individuals within a residential or nursing care setting, in some cases requiring specialist care outside the Borough. However, we know that with appropriate community-based services we can help support people to remain independent within their own community, be this in their own home or specialist housing options such as sheltered accommodation, supported housing and extra care.

Such community-based support includes a spectrum of services including home care, mobility aids, adaptations to the home, occupational therapy, interventions to support social inclusion and prevent isolation, and support for carers. Our focus on appropriate and accessible community-based services sits in parallel to our priorities of promoting wellbeing, prevention and early intervention, and we are keen to engage with partners in ensuring our local communities have local services, resources and facilities which enable all individuals to maximise their independence.

Aligned to this is our vision to maximise opportunities for social inclusion, minimising the use of 'traditional' buildings based day services. We have recently introduced the Community Bridge Building service for individuals with learning disabilities. This is enabling individuals who usually attended a buildings based learning disability day service to access mainstream leisure, education, training and employment opportunities in the community. A similar service has also been introduced for mental health clients to access community provision.

As our focus increasingly shifts to supporting people to remain independent in the community we expect an impact on the level of demand for care home services. Where specialist residential care is provided outside the Borough we continue to seek opportunities for this to be provided within our local communities, which may provide opportunities locally. A recent example of this has been the introduction of autism provision within a reshaped former mental health provision.

4. Access, choice and quality in local care and support markets

Our vision and priority is a care and support system that meets the needs of all, either through services arranged by the Council, or wider community delivered provision. This may be for people who do not have any current eligible needs for care and support.

Equally, it may be for adults with needs for care and support, whether their needs are eligible and met by the local authority or not. We will give a well-deserved profile to carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the Council or another organisation.

A significant shift in emphasis will take place through the Care Act and new statutory duties to shape a local market that provides appropriate care and support for all individuals.

In developing our market-shaping role we are deepening our understanding and intelligence of the care and support needs of the whole population and the range and quality of services, facilities and resources available. We are keen to engage with all partners involved in social care and support to capture the full range and diversity of the local market offer and better understand local demand.

The Care Act will lay certain responsibilities on Council's to have regard not just to the providers with whom they directly contract, but also the wider range of providers who provide services to people in Stockton.

This responsibility will mean that not only will the Council need to consider how best to reach out to these providers, but also how it will work with the Care Quality Commission (CQC) on areas of provider quality. CQC and the Council have regular relationship meetings and the Council is working to utilise CQC regulatory information on the Stockton market as part of our future market shaping approach.

5. Personalisation and personal budgets

We will continue to support personalisation and the promotion of individual choice, enabling individuals to secure provision to meet their own support needs. For individuals eligible for Council provided support, all clients receive a Personal Budget, and actively offer Direct Payments so that individuals can purchase directly in the market-place as an alternative to the Council commissioning on their behalf. The offer available will be enhanced by the development of a comprehensive Resource Directory, the Stockton Information Directory, within our E-Marketplace development.

This priority reinforces our market-shaping responsibility, where individuals purchase services directly in the marketplace and the Council ensures a functioning local market with access, choice and quality in local services to meet local needs. For providers of services, the continued prioritisation of the personalisation agenda means that potential income streams continue to diversify with directly commissioned services by the Council sitting alongside self-funding individuals and increasing numbers of individuals taking up Council funded Direct Payments.

6. An integrated approach built around the individual

Our vision and ambition is to ensure a co-ordinated approach across agencies when meeting care and support needs. Based on the person-centred principle of 'I tell my story once' we will explore and provide models of integrated care and support that, in particular, combine health and social care, but also seek to incorporate others, such as housing providers, leisure providers, employment and welfare services, and VCSE organisations.

Our vision is for person-centred integrated care and support, and tailored to the needs and preferences of users and carers. We are reinforcing our model of integration through the developing Better Care Fund arrangement toward a more holistic approach to the care management of individuals, introducing multi-disciplinary approaches that cut-across organisational boundaries, and developing joint health and care support plans, with an identified lead professional. At a strategic level, the impact of this is that we are pooling resources with other organisations, and investing jointly in delivering agreed, shared outcomes for individuals.

A consequence of this is the increasing prevalence of joint commissioning arrangements. We actively encourage dialogue from providers on our vision for an integrated approach and the implications for commissioning approaches.

7. Informed decisions and individual responsibility

Our vision for care and support is that people are provided with the right information, advice and signposting to make informed decisions and are able to take responsibility for their own self-direction and self-support. Our priority is to ensure that people have access to timely high quality and relevant information, advice and signposting so that they can navigate their own care and support needs and make informed choices.

By utilising appropriate information channels including digital channels, telephone, face-to face, printed materials and other media we aim to provide the right information, in the right place and the right time. Our priorities include information and advice in relation to:

- How the local care and support system works e.g. assessment, eligibility, review;
- How to access the care and support system e.g. who to contact;
- The choice, type and quality of available care and support services, and the providers available locally;
- How to access independent financial advice on matters relating to care and support; and,
- How to raise concerns about the safety and wellbeing of an adult with care and support needs.

A key component of our approach is the development of an online E-Marketplace and Resource Directory, in which people will access information regarding the types of care and support available together with details of local providers. A key factor is that we are concerned with the information and advice needs of the whole population, including those who are self-funding.

As we develop our approach we are keen to engage with partners and providers to ensure comprehensive, accurate and up-to-date information and advice, enabling people to navigate their own care and support needs, and where appropriate, direct themselves to the providers of the care and support that will meet those needs.

Section 2

Local Needs Analysis

This section sets out the local strategic context within which care and support is provided.

Overview

Stockton-on-Tees is located in the heart of the Tees Valley in the North East of England and comprises a mix of busy town centres, urban residential areas and picturesque villages. With a population of 194,500, the Borough forms part of the Tees Valley City Region which includes Stockton-on-Tees, Middlesbrough, Redcar & Cleveland, Darlington and Hartlepool, and is home to some 662,800 people. Approximately 5.3% of the population is from a BME background (10,300 people).

The total population of the Borough is set to increase by 7,000 people to 201,500 by 2020, and by 16,500 people to 211,000 by 2030.

Key settlements within the Borough include the towns of Stockton, Billingham, Thornaby and Yarm.

The housing stock is diverse, with around 79,200 dwellings:

- around a quarter is terraced
- one fifth detached
- almost three quarters has three or more bedrooms
- 72% of the housing stock is owner occupied
- 11% is in the private rented sector
- 17% is socially rented
- 20% of households are occupied by pensioners (15,840 dwellings) with 12% occupied by lone pensioners (9,500 dwellings).

We have a unique social and economic mix, with areas of significant disadvantage situated alongside areas of affluence. For example, almost a third of the population of the Borough live in areas that are within the worst 20% deprived areas nationally, with 17% (28,440) living in the worst 10%. In stark contrast, 25% (47,400) fall within the top 20% of most affluent areas nationally.

The proportion of people unemployed in the Borough at March 2012 was 10.6%, compared to a national average of 8.1% and the North East average of 10.9%. The median average annual gross income per person in the borough is £20,193, and while higher than the regional average of £19,382 it is lower than the English average of £21,648.

The health of people in the Borough is varied compared with the England average. Deprivation is higher than average and about 8,300 children live in poverty. Life expectancy for both men and women is lower than the England average. Life expectancy is 15.3 years lower for men and 11.3 years lower for women in the most deprived areas of the Borough than in the least deprived areas.

Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen, although the former is more than the England average. Estimated levels of adult 'healthy eating' and obesity are more than the England average. The estimated level of adult smoking is better than the England average. Rates of smoking related deaths and hospital stays for alcohol related harm are greater than the England average.

Overall, Stockton-on-Tees is a diverse borough with some neighbourhoods among the most well-off in the country, and some others with specific issues through poor health, low levels of skills and educational qualifications, and low incomes. Stockton-on-Tees has some striking contrasts which present local challenges for the provision of care and support services.

Older People

In line with national trends, the biggest demographic change is in the number of people aged 65 and over. Between 2014 and 2020 the number of people aged 65 and over is forecast to increase by 6,000 people (19%), with those aged 85 and over increasing by 1,500 people (41%).

In the longer term, it is likely that as a result of the increasingly ageing population, more people will assume a caring role. This is directly linked to people living to an older age which can be associated with the need for higher levels of personal care. The increasing prevalence of dementia in older age will also place an additional burden on the local health and care economy.

POPPI (Projecting Older People Population Information System) key data and forecast trends for the Borough indicate (based on 2014 to 2020 data):

- Care homes – At 2014 1,406 Older People are projected to be living in a care home, expected to rise to 1,723 by 2020, an increase of 33%;

People aged 65 and over living in a care home with or without nursing for Stockton, by age, projected to 2020

	2012	2014	2016	2018	2020
People aged 65-74 living in a non LA care home with or without nursing	142	151	159	165	171
People aged 75-84 living in a non LA care home with or without nursing	372	389	393	400	417
People aged 85 and over living in a non LA care home with or without nursing	663	736	829	902	976
Total population aged 65 and over living in a non LA care home with or without nursing	1,177	1,276	1,381	1,467	1,564

- Dementia – in line with national trends Stockton will experience significant increases in number of people aged over 65 with a dementia, and particularly those aged over 85, for who carefully designed services are critical in delivering the best quality of life and safety possible

People aged 65 and over in Stockton predicted to have dementia, by age, projected to 2020 (all people)

	2012	2014	2016	2018	2020
People aged 65-69 predicted to have dementia	120	131	137	130	131
People aged 70-74 predicted to have dementia	202	205	222	257	271
People aged 75-79 predicted to have dementia	364	375	369	381	397
People aged 80-84 predicted to have dementia	553	566	563	587	610
People aged 85-89 predicted to have dementia	506	522	583	622	639
People aged 90 and over predicted to have dementia	360	419	477	536	594
Total population aged 65 and over predicted to have dementia	2,104	2,218	2,351	2,512	2,642

Notes

Rates for men and women with dementia are as follows:

Age range	% males	% females
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-85	10.2	13.3
85-89	16.7	22.2
90+	27.9	30.7

- Living alone - 11,471 (circa. 36%) Older People are living alone, with an expected rise to 13,634 by 2020. Of these 7,191 are aged 75+ (63%);
- Tenure - Of those aged 65-74, 76% are owner occupiers, with 22% social renters. In the 75-84 age range this changes to 66% owner occupiers and 30% social renters. By the age of 85+, 59% remain owner occupiers with 37% now social renters;

Proportion of population in Stockton aged 65 and over by age and tenure, i.e., owned, rented from council, other social rented, private rented or living rent free, year 2001

	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	75.85%	65.70%	59.07%
Rented from council	17.63%	24.27%	28.29%
Other social rented	3.66%	6.47%	8.80%
Private rented or living rent free	2.86%	3.56%	3.83%

- Limiting long-term illness – 16,032 people aged over 65 have a limiting long-term illness (50% of all over 65s);
- Domestic tasks – 12,567 people aged over 65 are unable to manage at least one domestic task (40% of all over 65s);
- Self-care – 10,294 people aged over 65 are unable to manage at least one self-care activity (33% of all over 65s).
- People aged 65 and over predicted to have dementia is expected to increase by 19%, from 2,218 to 2,642

A more detailed analysis of age range data shows some significant changes:

- In the age range 70-74 the population is expected to grow by 34%, in the range 85-89 this is 28%, and in the 90+ range it is 67%.
- Of those aged 85+ the number needing help with domestic tasks is expected to rise by 45%, self-care support is also 45% and those with a limiting long-term illness will increase by 47%.

Research for the 2012 Strategic Housing Market Assessment (SHMA) which surveyed 8,704 households in the Tees Valley, the majority of older people taking part in the survey (78.4%) want to stay in their own home with help and support when needed.

Taking account of our strategic priorities we conclude that the forecasts outlined above will create significant demand for community-based services aimed at keeping people independent and in their own home. Forecasting the demand level for residential and nursing care is an area impacted by activity against our strategic priorities towards prevention, early intervention and community-based provision, which we expect to have an impact on future demand for residential provision i.e. we do not anticipate growth at the levels identified within POPPI. This is a key area of activity for the Council taking account of Care Act responsibilities from April 2015 to make arrangements for self-funding clients.

Total population, population in Stockton aged 65 and over and population aged 85 and over as a number and as a percentage of the total population, projected to 2020

	2012	2014	2016	2018	2020
Total population	193,300	196,300	199,400	202,400	205,300
Population aged 65 and over	31,300	33,200	34,700	36,100	37,700
Population aged 85 and over	3,600	4,000	4,500	4,900	5,300
Population aged 65 and over as a proportion of the total population	16.19%	16.91%	17.40%	17.84%	18.36%
Population aged 85 and over as a proportion of the total population	1.86%	2.04%	2.26%	2.42%	2.58%

Learning disability

PANSI (Projecting Adult Needs and Service Information) indicates that adults aged 18-64 predicted to have a learning disability is projected to increase by only 1%, from 2,921 to 2,955 (based on 2014 to 2020 data). However, there are significant variations within this in terms of age range.

- The 18-24 age range is expected to fall 10% from 477 to 427.
- The 25-34 age range is expected to increase by 7% from 647 to 690

- The 35-44 age range is expected to increase by 4% from 596 to 618
- The 45-54 age range is expected to fall by 8% from 665 to 618
- The 55-64 age range is expected to increase by 12% from 536 to 602

People aged 18-64 predicted to have a moderate or severe learning disability is expected to increase by 2% from 656 to 671.

Marginal change is predicted for the following:

- People aged 18-64 predicted to have a severe learning disability is expected to increase from 174 to 177
- People aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent rising from 243 to 245.
- People aged 18-64 predicted to have Down's syndrome rising from 75 to 76
- People aged 18-64 with a learning disability, predicted to display challenging behaviour rising from 54 to 55
- People aged 18-64 predicted to have autistic spectrum disorders is expected to increase from 1,187 to 1,206 (which is 1.6%)

LD - Baseline estimates People aged 18-64 in Stockton predicted LD, by age

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a learning disability	471	466	416	412	459
People aged 25-34 predicted to have a learning disability	637	645	670	647	603
People aged 35-44 predicted to have a learning disability	589	582	601	655	679
People aged 45-54 predicted to have a learning disability	660	663	611	552	566
People aged 55-64 predicted to have a learning disability	534	543	595	613	564
Total Stockton population aged 18-64 predicted to have a learning disability	2,891	2,899	2,893	2,880	2,871

LD - Living with a parent People aged 18-64 in Stockton predicted to have moderate or severe learning disability and be living with a parent, by age, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-24 predicted to be living with a parent	72	71	64	65	72
People aged 25-34 predicted to be living with a parent	71	71	74	71	67
People aged 35-44 predicted to be living with a parent	57	57	59	64	67
People aged 45-54 predicted to be living with a parent	34	34	31	28	30
People aged 55-64 predicted to be living with a parent	11	11	12	12	11
Population aged 18-64 predicted to be living with a parent	244	244	240	241	246

Autistic spectrum disorders People aged 18-64 in Stockton predicted to have autistic spectrum disorders, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have autistic spectrum disorders	180	178	160	157	175
People aged 25-34 predicted to have autistic spectrum disorders	251	255	270	262	242
People aged 35-44 predicted to have autistic spectrum disorders	234	231	234	256	269
People aged 45-54 predicted to have autistic spectrum disorders	277	278	255	228	229
People aged 55-64 predicted to have autistic spectrum disorders	233	233	256	260	242
Total population in Stockton aged 18-64 predicted to have autistic spectrum disorders	1,175	1,175	1,176	1,163	1,157

Physical disability

- People aged 18-64 predicted to have a moderate physical disability is expected to rise by just under 3% from 9,455 to 9,716. The biggest shift is in the 55-64 age range, expected to rise more than 12% from 3,516 to 3,948.
- People aged 18-64 predicted to have a serious physical disability is expected to rise by 4% from 2,796 to 2,911. Again, the biggest shift is in the 55-64 age range, expected to rise more than 12% from 1,369 to 1,537.
- People aged 18-64 predicted to have a moderate or serious personal care disability is expected to increase by fewer than 4% from 5,645 to 5,896.

- People aged 18-64 predicted to have a longstanding health condition caused by a stroke is expected to remain stable with a small increase predicted of 370 to 375.
- People aged 18-64 predicted to have either Type 1 or Type 2 diabetes is expected to increase by just over 3%, rising from 3,952 to 4,083. Within this the 55-64 age range is expected to increase by 12% from 1,706 to 1,910.
- People aged 18-64 predicted to have a serious visual impairment is expected to remain stable with a small increase predicted of 78 to 79.
- People aged 18-64 predicted to have a moderate or severe hearing impairment is expected to rise by almost 5% from 4,782 to 4,999.
- People aged 18-64 predicted to have a profound hearing impairment is expected to remain stable with a small increase predicted of 43 to 45.

Moderate or serious physical disability People living in Stockton aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate physical disability	713	705	631	627	701
People aged 25-34 predicted to have a moderate physical disability	1,075	1,088	1,130	1,092	1,016
People aged 35-44 predicted to have a moderate physical disability	1,344	1,327	1,366	1,484	1,534
People aged 45-54 predicted to have a moderate physical disability	2,745	2,755	2,522	2,270	2,318
People aged 55-64 predicted to have a moderate physical disability	3,501	3,561	3,904	4,023	3,695
Total population living in Stockton aged 18-64 predicted to have a moderate physical disability	9,379	9,436	9,553	9,496	9,265
People aged 18-24 predicted to have a serious physical disability	139	138	123	122	137
People aged 25-34 predicted to have a serious physical disability	102	104	108	104	97
People aged 35-44 predicted to have a serious physical disability	408	403	415	451	466
People aged 45-54 predicted to have a serious physical disability	764	767	702	632	645
People aged 55-64 predicted to have a serious physical disability	1,363	1,386	1,520	1,566	1,438
Total population living in Stockton aged 18-64 predicted to have a serious physical disability	2,777	2,797	2,867	2,875	2,783

Mental Health

- People aged 18-64 predicted to have a common mental disorder is expected to increase by less than 2% from 19,338 to 19,621.
- People aged 18-64 predicted to have a borderline personality disorder is expected to increase less than 2% from 541 to 549.
- People aged 18-64 predicted to have an antisocial personality disorder is expected to increase by less than 2% from 416 to 423.
- People aged 18-64 predicted to have psychotic disorder is expected to increase by less than 2% from 481 to 488.
- People aged 18-64 predicted to have two or more psychiatric disorders is expected to increase by less than 2% from 8,630 to 8,759.
- People aged 30-64 predicted to have early onset dementia is expected to increase by just under 8% from 51 to 55.

Mental Health problem People living in Stockton aged 18-64 predicted to have a mental health problem, by gender, projected to 2030

	2014	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	19,165	19,184	19,244	19,117	19,020
People aged 18-64 predicted to have a borderline personality disorder	536	537	539	536	533
People aged 18-64 predicted to have an antisocial personality disorder	412	412	412	408	406
People aged 18-64 predicted to have psychotic disorder	476	477	478	475	473
People aged 18-64 predicted to have two or more psychiatric disorders	8,551	8,558	8,581	8,518	8,474

Early onset dementia People living in Stockton aged 30-64 predicted to have early onset dementia, by age and gender, projected to 2030

	2014	2015	2020	2025	2030
Males aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Males aged 40-49 predicted to have early onset dementia	3	3	2	2	2
Males aged 50-59 predicted to have early onset dementia	15	15	16	15	14
Males aged 60-64 predicted to have early onset dementia	11	11	12	13	13
Total males living in Stockton aged 30-64 predicted to have early onset dementia	30	30	31	31	30
Females aged 30-39 predicted to have early onset dementia	1	1	1	1	1
Females aged 40-49 predicted to have early onset dementia	3	3	3	3	3
Females aged 50-59 predicted to have early onset dementia	10	10	11	10	9
Females aged 60-64 predicted to have early onset dementia	7	7	8	8	8
Total females living in Stockton aged 30-64 predicted to have early onset dementia	21	21	23	23	22

Summary

Overall, the general trend for people aged 18-64 is that in the areas of learning disability, mental health and physical disability projected demand is not expected to increase significantly between 2014 and 2020, with many areas predicted to increase by less than 2%.

The main exceptions to this are: the 25-34 age range with a learning disability increasing by 7%, the 55-64 age range with a learning disability increasing by 12%, the 55-64 age range with a moderate or serious physical disability increasing by 12%, and people aged 30-64 predicted to have early onset dementia increasing 8%.

However, there are significant increases predicted for older people with a 19% increase in the population aged over 65, and additional 6,000 people. With high prevalence rates in areas such as dementia, limiting long-term illness, domestic tasks and self-care, there is expected to be a significant increase in the need for social care services and support for older people, especially in the 70-74 and 85+ age ranges.

Against this backdrop there continues to be rising expectations in terms of accessibility, quality and choice and continued pressure on the fiscal position faced by public services.

Section 3

Expenditure on Adult Social Care and Support

Total council expenditure on adult social care is around £54 million each year:

Adult operations - Approximately £8m

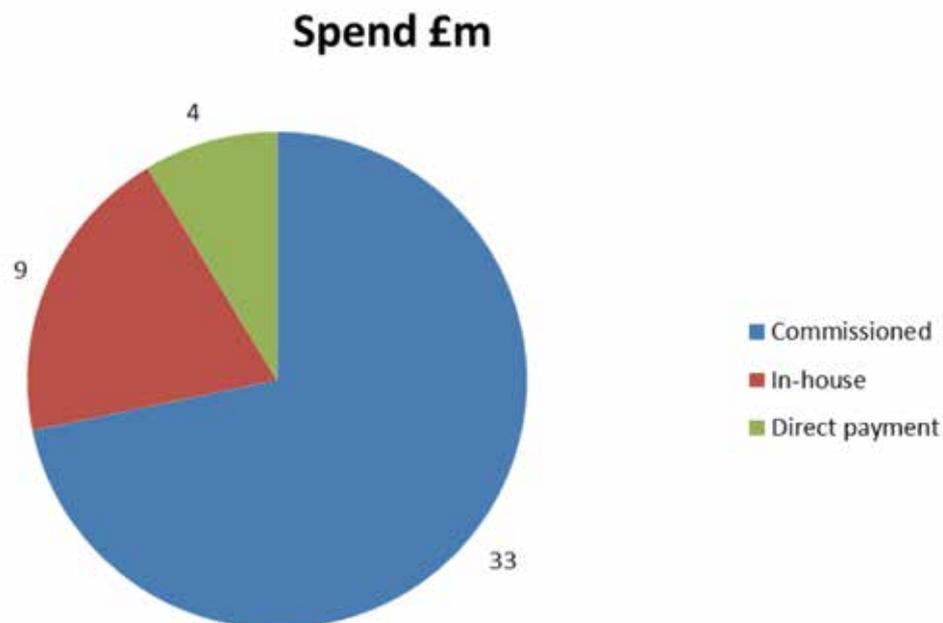
This includes assessment, care management, review, commissioning, safeguarding, client financial services, workforce development, strategy, planning, and business support

Care and support services - Approximately £46m

This includes residential care, community support, homecare, day services, supported living, intermediate care, reablement, direct payments

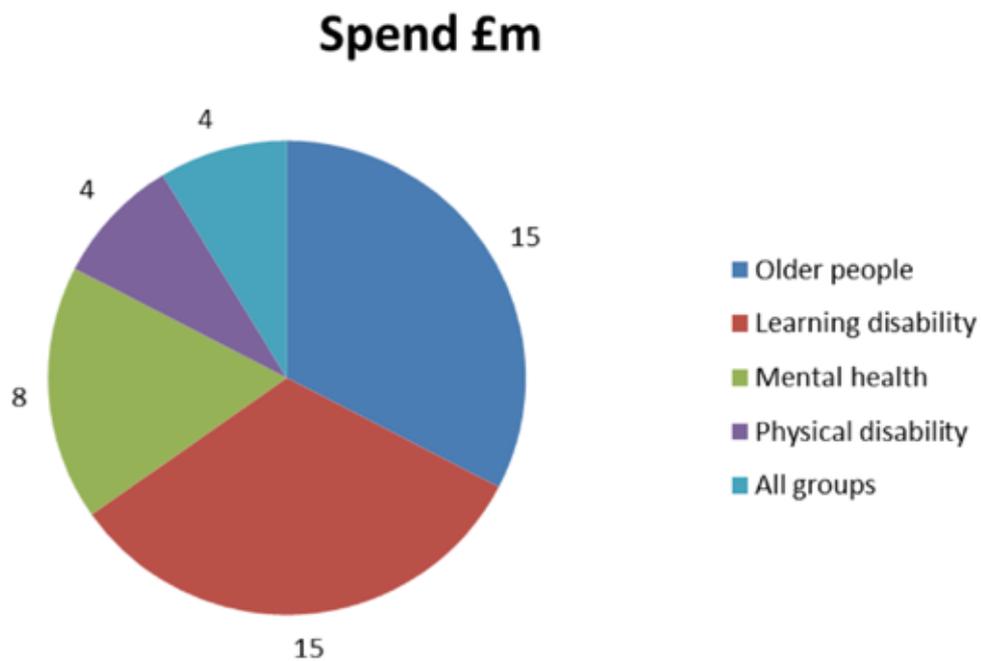
Commissioned, in-house or direct payment

Of the £46m spent on care and support services around £33m is commissioned from external organisations, £9m provided through in-house services, and £4m via direct payments:



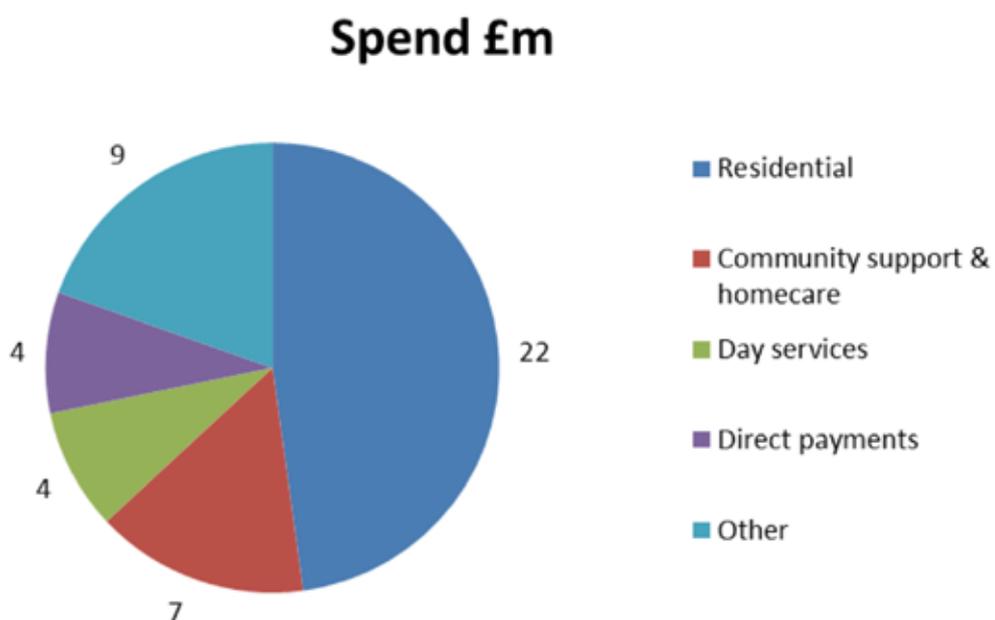
Spend by client group

Based on client groups, of the £46m, approximately £15m is commissioned services for older people, £15m for adults with learning disability, £8m for adults with mental health needs, £4m for adults with a physical disability, and £4m for services that cut across all client groups:



Spend by service type

Based on type of care/support service across all client group areas, of the £46m around £22m is commissioned residential care and nursing care services, £7m community support and homecare, £4m day services, and £4m for direct payments, with the remaining £9m spent across supported living, housing related support, intermediate care, reablement and other services



Section 4

Shifts in the Provision of Care and Support

In achieving our strategic priorities it is expected there will be shifts in existing approaches to social care and support services. Much of the change required is already underway and we expect it to continue into the future through the requirements and policy direction within the Care Act. Key areas where we are already changing our approach to meeting the social care and support needs of the community include:

Learning Disability:

The Council's vision is to reduce the number of adults with a learning disability in residential care with more individuals being supported in the community via a range of supported and non-supported housing options, both for adults and young people moving into adulthood. Steps being taken in this respect include:

- Maximising opportunities for independent living, including the provision of step down facilities and the development of new supported living accommodation;
- There are a range of supported living opportunities coming on line this year with the completion within Thornaby of 15 flats and one bungalow, with further developments at Swainby Road, and Hardwick.
- There are further opportunities locally working with new general housing coming on line throughout 2015 at Parkfield to support a wide range of clients into supported living
- Intention to explore LD residential nursing opportunities
- Supporting the development of skills to access employment, training and leisure opportunities through Community Bridge Building as opposed to traditional models of buildings based day services;
- Rationalisation of buildings based day services with an emphasis on provision in local community hubs and take up of personal budgets;
- Increased respite provision for learning disability to support the role of carers.
- Transforming the Council's day service offer and shifting residential provision toward supported living models.
- Development of Autism services, day provision, residential and respite services

Mental Health:

The vision for people with mental health problems is to promote a recovery based model and enable independent living in the community. Steps being taken in this respect include:

- Maximising opportunities for independent living, including the provision of step down facilities
- Supporting the development of skills to access employment, training and leisure opportunities through Community Bridge Building as opposed to traditional models of buildings based day services
- Strengthening of community support teams to enable people to remain independent within their own community

Older People:

The vision for Older People is to enhance the range and quality of service provision which assists people to remain at home where possible, and where not to offer a range of provision which assures the protection of vulnerable people while maximising their participation within their local community.

Within this vision we will deliver the following activity in 2015

- Retender Meadowfield House extracare domiciliary hours for Feb 2015
- Retender a minimum 4000 hours homecare for October 2015
- Carry out a Care Home Consultation gaining views on our plans for reshaping the care home market
- Establish a refreshed Care Home Framework by spring 2016
- Explore further opportunities for the development of extracare models in partnership with housing colleagues
- Commission a provider for the Billingham Care Ready retirement housing scheme by Dec 2015
- Further embed performance and quality monitoring through the roll-out of the Quality Standards Framework (QSF)
- Reshape the Council's commissioning function to ensure commissioning is fit for purpose in meeting future Care Act responsibilities.
- Continue to learn from and embed the outcomes of our dementia collaborative Rapid Process Improvement Workshops to better enhance the quality of our services for those with a dementia
- Plan through the Better Care Fund to provide timely early intervention to older people aimed at preventing, minimising and delaying the loss of independence, keeping people in their own home and minimising the need for residential care.

Carers:

The Care Act 2014 will reinforce the vital role of Carers through entitlement to a statutory assessment of need and access to service based on eligibility. Recently commissioned carers support services, providing support to family and carers to help sustain independence in the home have been established both for adult carers through Sanctuary, and for young carers through Eastern Ravens Trust.

Wider Community:

The provision of timely high quality information is essential to developing access to universal services and the prevention agenda. To achieve this, the Council is developing an E-marketplace and Resource Directory, the Stockton Information Directory, to strengthen accessibility to high quality information, advice and signposting to enable self-support and self-direction. This development will support providers to actively participate in the development of a sustainable market place for social care services and support.

Section 5

Market Development

General dialogue

In achieving our strategic priorities we will explore opportunities to engage with providers in shaping the local market as noted in Section 4 and continue to develop in the areas of:

- Promoting wellbeing
- Early intervention and prevention;
- Enablement and reablement interventions;
- Meeting needs in community settings;
- The provision of high quality information, advice and signposting to enable people to make informed decisions and direct their own support needs;
- Continue to shape the market to ensure accessibility, quality and choice;
- Support providers in responding to the increasing levels of personal budgets and direct payments, where individuals rather than the Council procure support;
- Continue to further investigate and integrate with health, housing and other agencies so that support is focussed around the individual;
- Where we commission, we will increase the emphasis on outcome focussed approaches to our contracting arrangements while developing innovative approaches to developing quality incentives.

Specific areas of development

In addition, there are specific areas in which we are keen to engage with providers and explore the potential for future service development and commissioning plans.

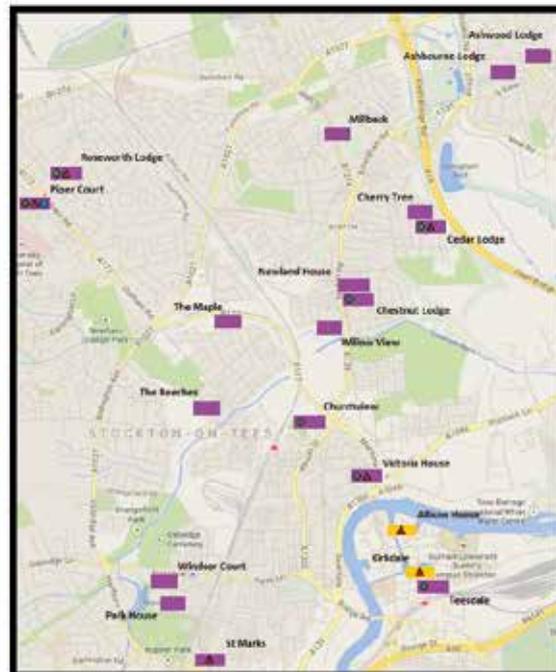
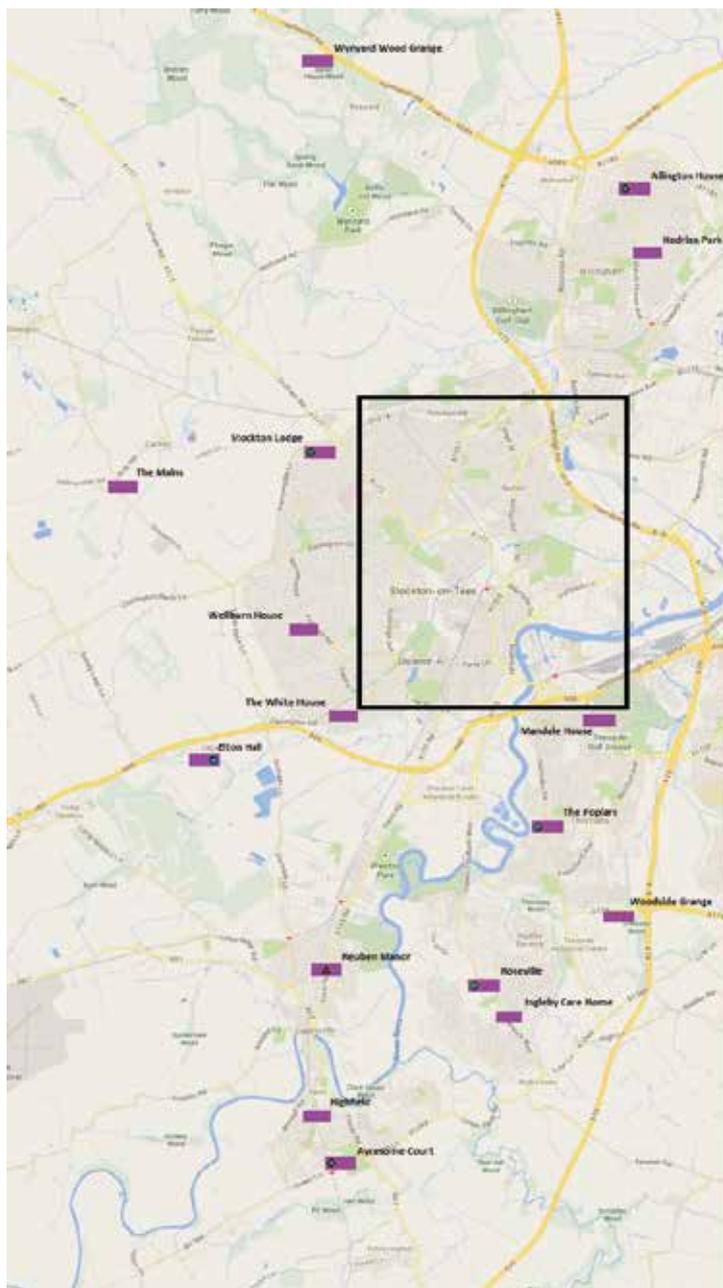
We have noted that nearly 50% of commissioned activity and spend is on care home services across all client groups. We will continue to have a strong focus on managing this spend in a way which delivers ongoing quality improvement and value for money.

Older People's Services

From November 2014 we will commence a strategic engagement with partners regarding our future requirements for Older People's care homes.

The following is descriptive of the market for Older People's care homes in Stockton at October 2014:

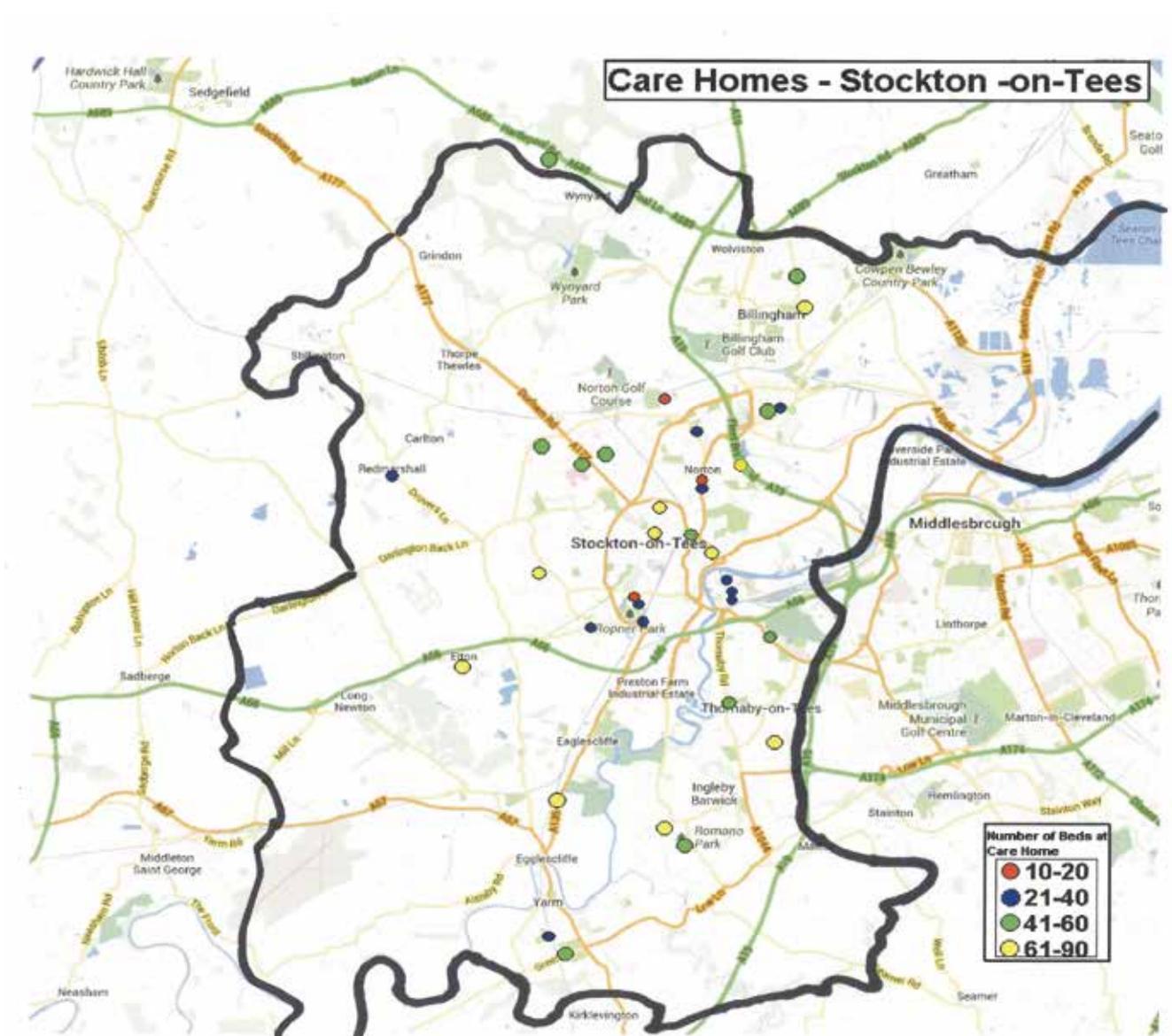
A. Residential and Nursing Care Homes in Stockton



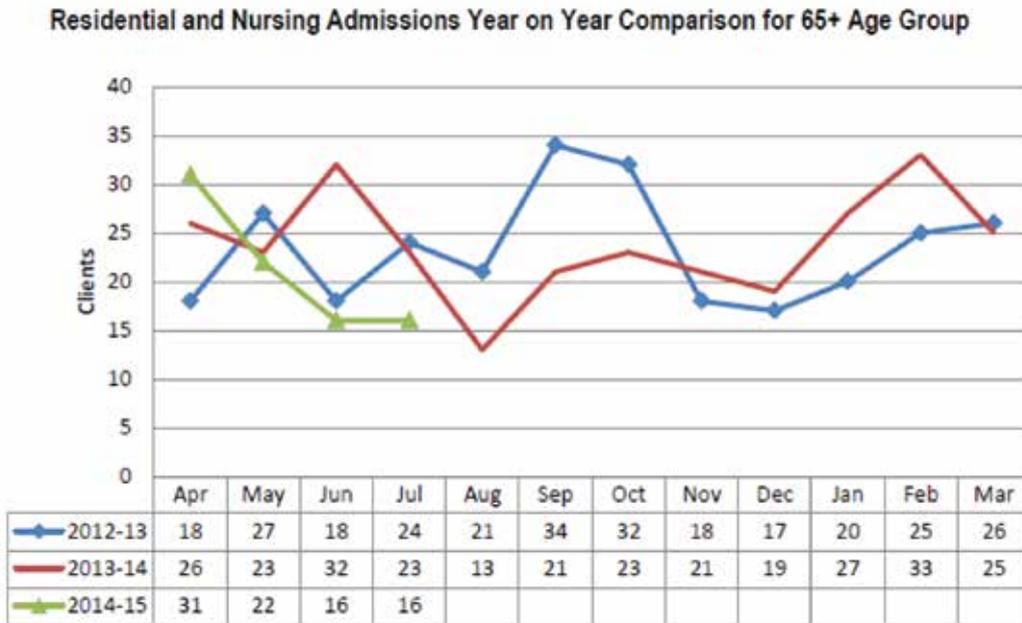
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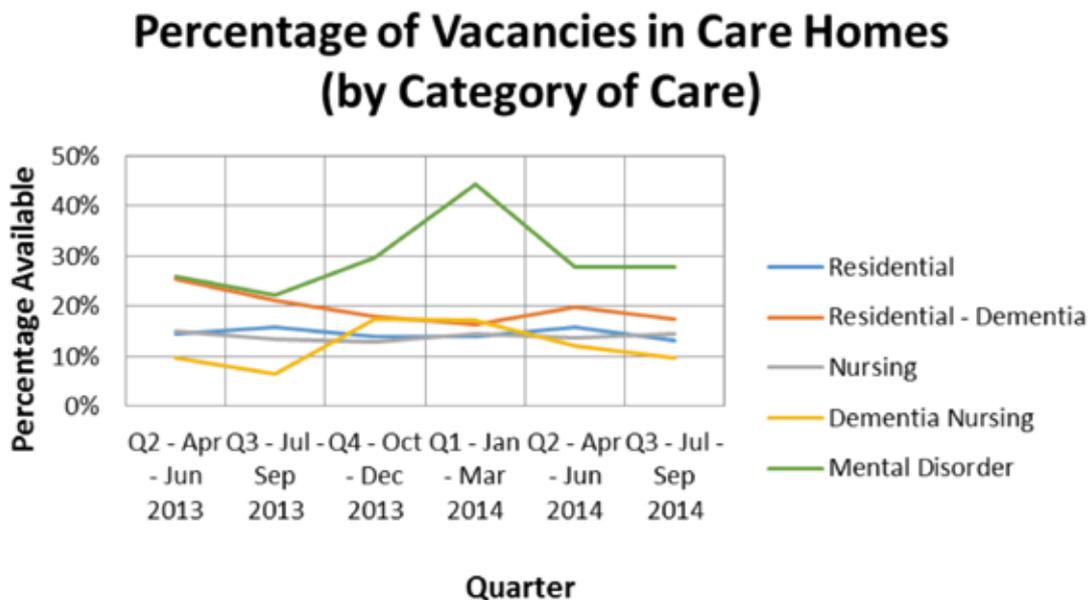
B. Care Homes in Stockton – Geographic Distribution



C. Council Placement Activity 2012-13 to 2014-15



D. Vacancy Rates in Residential & Nursing Care April 2013 – July 2014



It is noted that Council placement activity in/out has remained fairly consistent within a market where there is broadly a 15% spare capacity. The issue for the Council in this context is therefore the securing of provision of sufficient quality which provides assurance that the needs and safeguarding of the most vulnerable are fully met.

Quality is therefore a key issue and through which we will explore scope for:

- The need for high quality dementia specific 24hr nursing care for the over 65 group and on the preceding demand for service, summarised in the following table;

	2012	2014	2016	2018	2020
Total Population	193,300	196,300	199,400	202,400	205,300
Total Over 65 predicted to have a Dementia (per 1000 head of population)	2,104 (2.1)	2,218 (2.2)	2,351 (2.3)	2,512 (2.5)	2,642 (2.6)
Projected number of Dementia Beds (Res & Nursing)	406	432	459	506	534

The following table sets out projected demand for elderly dementia beds against capacity and occupancy at December 2013.² There is presently a comfortable supply within the market but this must be an area subject to regular monitoring within the MPS, with a specific focus on quality of care and clinical support.

	2012	2014	2016	2018	2020
POPPI Projected	406	432	459	506	534
2013 Capacity	582				
2013 Occupied	478				

- We will further develop our Quality Standards Framework for Older Persons Homes.
- Within this we will explore the potential for a NHS quality scheme for nursing homes with the Clinical Commissioning Group.

Learning Disability services:

Over the next year we will focus activity on the following areas:

- The Council's vision is to reduce the number of adults with a learning disability in residential care with more individuals being supported in the community via a range of supported and non supported housing options, both for adults and young people moving into adulthood.
- The Council will look to commission a wider range and type of day activities which are tailored to the requirements of the individual and based within the wider community rather than traditional forms of building based day care.
- We will consider with housing colleagues the need for dementia specific extra care living schemes;
- There will be opportunities for more local provision of community based support and housing options for people with learning disabilities.
- Reshaping existing care home provision to supported living models.

²Subject to success of preventative services in delaying admission to long term care

Mental Health Services

Over the next year we will focus activity on the following areas:

- Exploring the scope for providers to develop alternative housing options which meet the needs of those with mental health issues to access independent living. The options would include step down housing to facilitate recovery for those currently in secure settings as well as those going through rehabilitation after an episode of care in a hospital.
- Consider appropriate housing options for people with an autism and activity which:
 - raises awareness with housing staff so that they have an understanding of how to support people with autism to apply for housing
 - asking landlords to consider adjustments to simplify their application processes
 - Consideration will be given to making reasonable environmental adjustments which would otherwise have a detrimental effect on people with autism

Residential and Extra Care Housing

Over the next year we will focus activity on the following areas:

- Work with providers and housing partners to identify:
 - Mixed tenure, strategically sited extra care housing options throughout Stockton that meet the flexible needs of self funders and public funded customers.
 - Accommodation based care services that are adaptable to meet people's changing support needs as they grow older.

Personalisation

Over the next year we will focus activity on the following areas:

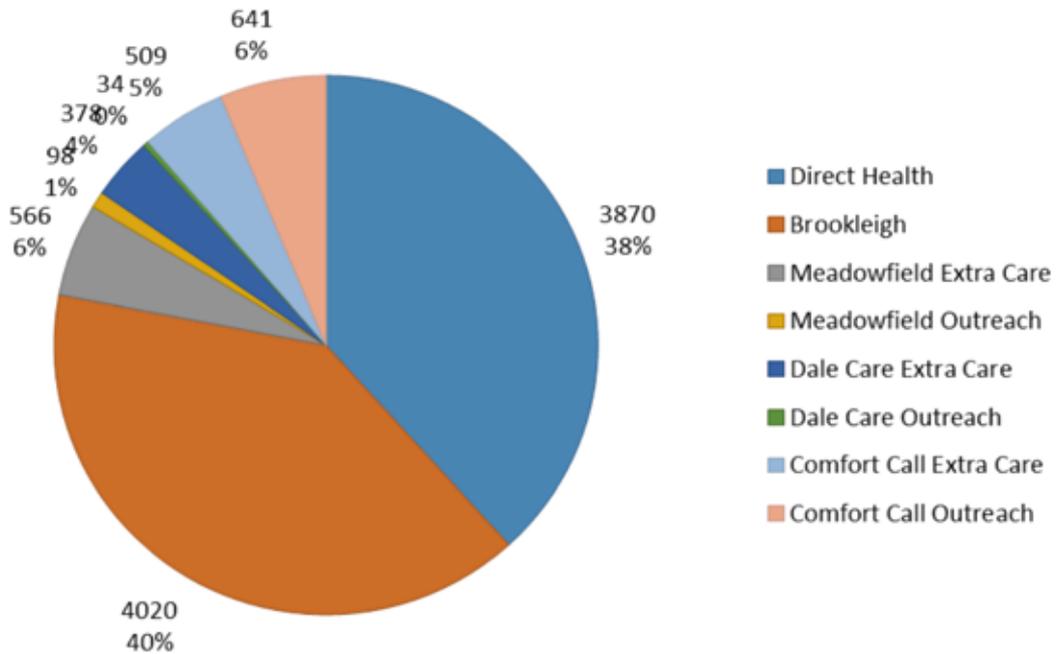
- We will seek to encourage independent, not for profit and user-led sectors to develop a range of offers and activities to attract people with access to personal budgets. We will encourage community/social enterprise and user/ carer-led models. Consortia approaches may also be appropriate to deliver a broader range of activities.
- Opportunity for providers offering a range of respite/short breaks provision locally in a variety of settings.

Home Care Services

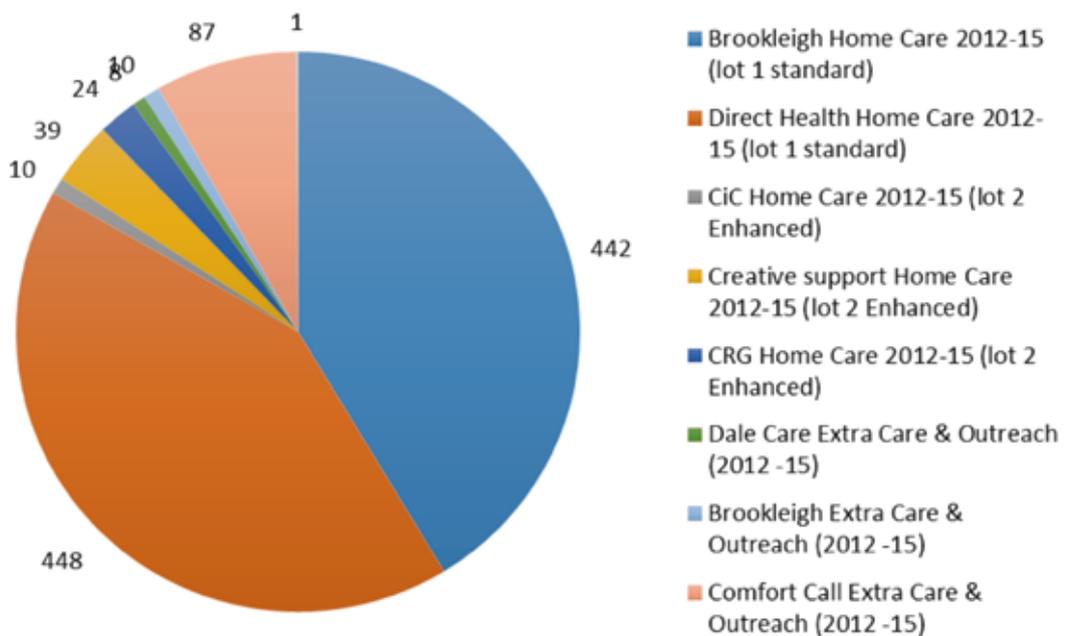
From 2010/11 to 2012/13 the volume of home care provided by Stockton Council increased by over 3% to just under 530,000 hours per annum. This equates to just over 10,000 hours per week. In contrast, the number of service users fell by just over 12% during the same period, predominantly as a result of the change to Fair Access to Care eligibility criteria in April 2011 but also reflecting the consistent demand for personal budgets. Since 2013, however, figures indicate that the number of service users has now increased back to the same level as 2010/11.

The following charts summarise activity within Council commissioned home care:

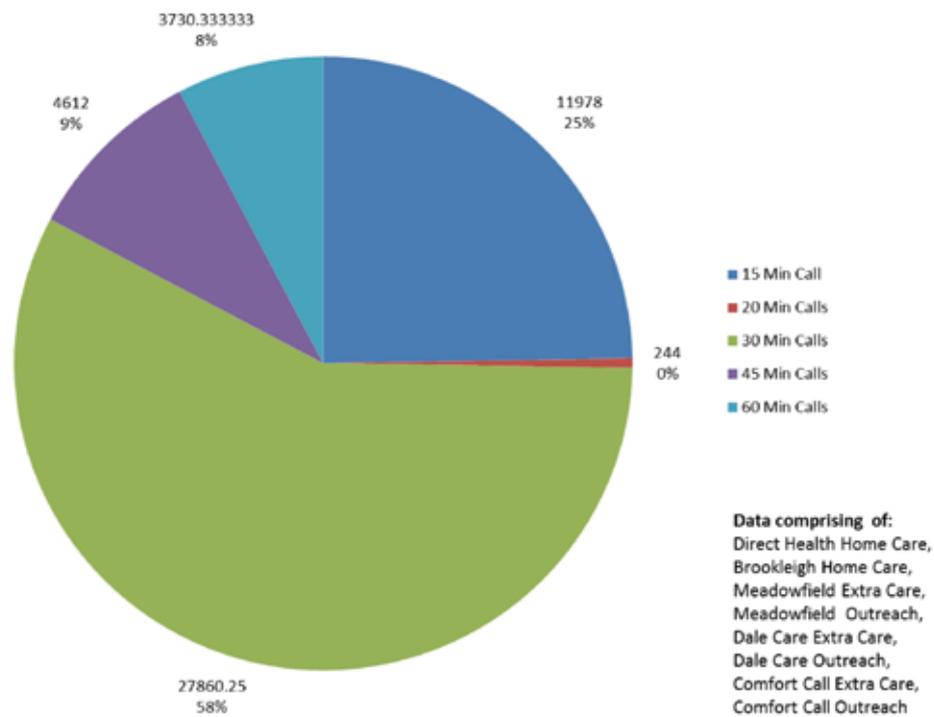
Hours Delivered per Week by Provider



Number of Service Users Delivered to Per Week (by Provider)



Percentage / Instances of Call Types (per 4 week period)



Prior to re-commissioning home care in 2012, the Council consulted on the kind of service needed to meet current and future needs. We identified 4 key areas reflected in the revised service specification: punctuality; carers staying the allocated time; continuity of carers; and dignity. In their report, Not Just a Number, CQC also identified a similar list of challenges to providing effective home care delivery.

In their 2011 report “Close to home”, the Equalities Commission called for effective monitoring to ensure that human rights are properly incorporated into the ways in which local authorities commission home care; systems are put in place so that problems in care delivery come to light early; and better guidance for older people so that they have clear information about their human rights when making decisions about home care, plus guidance for local authorities about their human rights obligations. As part of the revised specification, these issues were considered through training of staff, supervision, and effective leadership and management.

These issues remain fundamental to our market approach and are now encapsulated within our Home Care QSF and routine monitoring and review.

Our activity for Home Care over the coming year is therefore guided by these principles and we will:

- Explore opportunities for providers that can deliver responsive and person-centred domiciliary care services with particular emphasis on ability to cover all areas of Stockton, including rural areas.
- Providers who are able to meet requirements for different care groups and who are able to demonstrate an increasing range of flexibility to meet the requirements of those with personal budgets.
- Services that promote reablement to maximise independent living, and enable people to regain skills and build confidence, facilitate speedy recovery and thus reduce the need for ongoing care.

Assistive Technology

Over the next year we will focus activity on the following areas:

- Promoting Telecare and Telehealth services to enable greater independent living.
- To explore how assistive technology can increase independence in different forms of tenure as well as deliver value for money.

Working with the VCSE (Voluntary, Community & Social Enterprise sector)

Over the next year we will focus activity on the following areas:

- Opportunity for VCSE led innovation such as micro enterprises to develop a wide range of opportunities and activities to attract customers across all care groups with access to personal budgets.
- Developing an appropriate adult services relationship with VCSE providers within the Council's emerging Market Development Strategy for the sector.
- The Council wishes to work with VCSE groups that can design and develop services to reduce social isolation, build community capacity, social capital and develop social networks so that people feel safe and empowered in their own communities.
- We will promote and support the development of social enterprise and user led organisations, through the VCSE sector, to increase the range and options available to service users.

Section 6

How will we Engage in Tenders with the Market?

All tenders are advertised in accordance with the Council's Contract Procedure Rules and through the NEPO Portal (North East Procurement Organisation).

The Council is committed to the highest standards of fairness, transparency and consistency in all its procurement activity. The Council is committed to working in partnership with local providers to promote new opportunities when they become available.

Procurement

Purpose

The Corporate Procurement Unit is responsible for a range of functions including:

- Develop and Implement e-procurement
- Maintain Contract Procedure Rules
- Develop collaborative procurement
- Renew and manage corporate contracts
- Provide advice and guidance to devolved procurement in services
- Maintain the Contract Register and Procurement Plan

Contact Numbers:

Name	Extension Number	Job Title
Martin Skipsey	6364	Procurement and Governance Manager
Angela Miles	6180	Procurement Manager
Denise Jackson	4604	Procurement Officer
Mike Wray	6343	Procurement Support Officer
Martyn Richardson	4576	Contract Administrator

Location:

Room 4-5 ground floor, Municipal Buildings, Church Road, Stockton-on-Tees, TS18 1LD

Contract Register

The Council has a number of formal contracts for the supply of goods, delivery of services and works. Details of these contracts have been published in the contract register that include the following information:

- Name of contract
- Current supplier/provider/contractor
- Term of contract
- Start date of contract

-
- Value of contract
 - Contact officer

This list is updated on a regular basis so please check back for the most up-to-date information.

View the contract register.

Commissioning and Procurement

Social Value

The Council has developed a Social Value Policy detailing how the Public Services (Social Value) Act 2012 is implemented. This can be found at: www.stockton.gov.uk/economic-regeneration-and-transport/doing-business-with-the-council/our-procurement-procedures-and-rules/

Care Commissioning

In recent years the Council has moved away from delivering 'care' services to become a commissioner of services from the independent, public and Voluntary Community & Social Enterprise sector (VCSE). Some of these services are delivered in partnership with other organisations, particularly the Clinical Commissioning Group and NHS England. Although the market place for some of these services has traditionally been limited, with a lack of supply particularly in the specialised services, there is evidence that supply is increasing.

The Council will commission services which put people at the centre of everything that we do, proactively supporting choice and enabling people to have control over their own lives, and enabling their independence for as long as possible. We will secure best value for local people through our strategic commissioning activities and collaborative approach with health and wider partners to deliver better and more integrated care and support.

Care Commissioning Principles

1. User focussed – Commissioning processes and services will be designed and delivered in a way that meets the needs of adults, and their carers and encourages greater independence. They will be responsive, easily accessible and of high quality. Services will be delivered in a way that supports adults, and their carers to take responsibility for their own achievements and well-being.
2. Celebrating diversity – Commissioners will recognise diversity in Stockton on Tees and ensure strategies and services are designed to meet needs of adults and children across our communities.
3. Inclusive – Mainstream services will be commissioned in a way that meets the needs of all adults, including vulnerable adults. Where necessary, these services will be enhanced so adults who require specialist support are able to access this within a more inclusive context.
4. Evidence based – Services and interventions that are commissioned or provided will be based on evidence about effectiveness.
5. Strategically directed – Commissioners will strategically assess the best ways of meeting the needs of adults and children across our communities and will plan and co-ordinate a coherent response and target resources effectively.
6. Value for money – will ensure that the resources within its influence or which it directs are used in the most effective way to provide the best outcomes for vulnerable children.

What Next?

New approaches to developing the social care and support 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 customers into a dialogue with providers about investment and risk. The aim is to encourage and support providers to shape their services to our strategic priorities, 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.

A supportive environment of planned risk taking across the board from assessment and support planning, through to brokering services, frontline service delivery and reviews is a feature of the market which must be approached openly. 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.

The Council welcomes dialogue about how we can best work together and focus on outcomes, and where appropriate through incentivisation and competition.

This market position statement is the start of a process. It is intended to serve as an introduction to a dialogue between the Council and providers, but also as a starting point for providers within the Borough 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.

Feedback

We welcome your feedback on the Market Position Statement.

- Have you found the Market Position Statement helpful?
- Which areas were useful?
- Which areas would you like to see more information?
- How can we keep you updated?

If you have any feedback or for further information about the Market Position Statement please email: **OlderPeople.CommissioningTeam@stockton.gov.uk**



If you would like this information in any other language or format
for example **large print** or audio please contact
01642 527764.

إذا كنت ترغب الحصول على هذه المعلومات بلغات أو بأشكال أخرى على سبيل المثال
بالطبعة الكبيرة أو بالشريط المسجل فالرجاء الإتصال 'بدايفرستي تيم'
على هاتف رقم 01642 527764

ARABIC

اگر شما این اطلاعات را به زبان یا شکل دیگری مثلا چاپ بزرگ یا بصورت صدا
میخواهید لطفا با تیم دایورسیتی (گوناگونی)
با شماره 01642 527764 به تماس شوید

FARSI

Si vous souhaitez obtenir ces informations dans d'autres langues ou sous un
autre format, par exemple, en gros caractères / version audio, veuillez
contacter l'équipe au n° 01642 527764

FRENCH

نه گهر جهرت لی به نه زانیاریه به دهستت بکهوینت به زمانه کانی تر بیان به شیوه به کی تر بو نمونه
چاپی گهوره/بان به تیبی تو مارکراو نکایه په یوهندی بکه به 'تمی دایفرستی'
له سهه زماره ی ته له فون 01642 527764

KURDISH

欲要這份資訊的其它語言版或其它版式例如大字體印刷/錄音帶，請
致電 01642 527764 接洽 '多元化隊'

CHINESE

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਬਣਤਰ ਜਾਂ ਬੋਲੀ ਵਿੱਚ, ਵੱਡੀ ਛਪਾਈ ਵਿੱਚ ਜਾਂ ਟੇਪ/ਸੀ ਡੀ 'ਤੇ
ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ
ਫ਼ੋਨ 01642 527764 ਨੰਬਰ ਉੱਤੇ ਫ਼ੋਨ ਕਰੋ।

PUNJABI

اگر آپ ان معلومات کو کسی بھی اور زبان یا انداز، مثلاً بڑے پرنٹ/آڈیو ٹیپ وغیرہ میں حاصل کرنا چاہیں، تو 'ڈائیورسٹی ٹیم'
کو اس نمبر پر فون کیجئے
01642 527764

URDU



Stockton-on-Tees
BOROUGH COUNCIL

Adult Services

Big plans for the care we provide

cesc1615