



Northumberland
County Council

Market Position Statement

for care and support in Northumberland



Including NHS Continuing Healthcare Services
commissioned on behalf of NHS Northumberland
Clinical Commissioning Group

CONTENTS

4	Foreword
5	Executive Summary
6	Introduction
8	About Northumberland
10	A Sense of Direction
14	Current Demand
15	Supporting Older People
17	Supporting Adults 18—64
19	What Do We Know About The Self Funding Market
21	Current Supply
23	The Social Care Workforce In Northumberland
24	The Quality of our Current Market
26	Caring For Our Carers
27	What Our Service Users and Carers Tell Us
29	Predicted Future Demand
31	Adults 65+
33	Adults 18—64
35	Young Adults
37	Health & Housing
39	Finance and Funding
41	Key Issues in Northumberland
43	Opportunities
46	What's next?
46	Facilitating the Market
47	Other Sources of Information

Foreword

Welcome to our Market Position Statement (MPS). This document is our invitation to current providers and providers who would like to work in Northumberland, service users and families to work with us to develop the care and support market in Northumberland. The

MPS will facilitate discussions on the current care and support market in Northumberland and services we want to develop in the future.

Because of the partnership arrangements in Northumberland between the County Council and the Clinical Commissioning Group, this position statement describes developments which we hope to see to meet continuing health care needs as well as social care needs.

We welcome the input of those that deliver services and our service users in continuing to develop our MPS. We see this as an iterative process with service users and the market as our knowledge and understanding of current and future demand and current supply grows and our MPS is updated to reflect our greater understanding.

The MPS sets out our vision for supporting people in Northumberland, our priorities, along with our partner organisations, a sense of direction for care and support in Northumberland and potential business opportunities. The Extra Care and Supported Housing Strategy complements the MPS, setting out the Council's commitment to increase supported housing across Northumberland to enable people with care and support needs to continue to live in the community.



Cath McEvoy-Carr

Executive Director of Adults
and Children's Services

Executive Summary

The total gross council spend on social care services in 2017/18 was over £98m. Additionally the council commissioned over £31m in Continuing Health Care services, over £3.5m for Funded Nursing Care and just over £6m for mental health services on behalf of the Clinical Commissioning Group. Northumberland has an increasing ageing population, with associated health and social care needs, combined with an increase in the number of young people with complex behaviours and people living longer with long term conditions. In times of increasing financial pressure and reducing budgets these present significant challenges to the council.

The council resource available to fund social care services has reduced by nearly 10% over the past 5 years, while the number of people requiring care and support has increased. In meeting these challenges along with changing social care policy, the council's strategic direction has moved from traditional institutional provision of care and support, to enabling and independence. Our system of support has transformed to reflect this working in three levels with increasing support but decreasing numbers in each level;

- Prevention
- Early Support and Reablement
- Long Term Support

While we currently carry out some prevention activity, we expect the Voluntary and Community Sector to be particularly important in supporting prevention and we will continue to support some voluntary and community sector activity through grant funding. Our in-house and community services focus on early support and reablement and most of our commissioned services provide long term support and we anticipate this will continue.

What we want from the market

Our commissioned services should support our aim to give residents the opportunity to remain independent for as long as possible and we expect providers to work in partnership with us to develop and deliver services that achieve this aim.

Two of our key priority areas are dementia and autism services:

For people living with dementia we want to:

- Reduce the number in hospital beds and residential care, and are looking for specialist services to meet this change
- Increase choice of accommodation options, combined with the development of community based preventative services to support people to live in the community

For people living with autism we want to:

- Increase availability of support to access training, employment, welfare benefits and housing
- Commission specialist support services for complex individuals to enable their discharge from hospital into the community

Homecare

The new Homecare contract offers Care Providers opportunities to join the list of providers within the lifetime of the contract.

Specialised Supported Housing

- There is no one size fits all for Northumberland there is a need for a mix of supported housing solutions for all client groups that are appropriate to the location. We want to work with care and housing providers to develop innovative solutions that meet community needs
- The initial focus for older peoples supported housing is Berwick, Cramlington, Morpeth and Hexham, but innovative solutions are needed for Bellingham and Rothbury that are appropriate for the rural location and support the wider community
- We aim to increase the choice of housing options for younger people with complex learning disabilities, enduring mental health conditions, complex behavioural issues and autism countywide that enable supported community living and participation
- We want to explore specialist independent supported housing options with the market that can provide a 'step-up' in care and support to prevent admission to hospital or residential care

Day Services

- There is an identified need for Northumberland based services to support people with highly complex conditions, that provide engaging, meaningful and outcome based activities
- We have identified a gap in age related activities for people with Learning Disabilities and/or mental health conditions for the age range 40 - 60 years old, particularly men
- There are opportunities for the Voluntary and Community Sector to work as part of the Community Hubs, providing low level support
- We are developing a day service framework which will include services to all client groups, to ensure we have appropriate provision across the county and will be inviting providers to apply for the framework

Carers

- We want providers to ensure services acknowledge the role of carers and ensure feedback from carers is built into service design and review

Introduction

The Market Position Statement was written during 2018 to describe existing arrangements for delivering social care services and aspirations for future arrangements. The MPS will be refreshed on a regular basis and the information in this document will be subject to change.

Our Market Position Statement for Northumberland

- Gives information and analysis which describes our population and what commissioned services look like now;
- Flags the changes to care and support, that service users have told us they want, to enable them to increase independence, choice and control;
- Sets out how we plan to purchase services, to work with the market and how we will encourage good practice and high quality standards;
- Helps businesses understand the future environment for their work and decide how to develop their services in the future

Who is the Market Position Statement for:

- Existing care providers and providers of specialist accommodation already operating in Northumberland can use it to help plan any changes which might be necessary and to understand how their services fit in with a larger picture;
- Other local businesses, including voluntary and community organisations, can learn about future opportunities and what would enable them to build on their knowledge of local needs to develop new activities and services;
- Social care providers and organisations not currently active in Northumberland can find opportunities to use the strengths and skills they have gained elsewhere to benefit local people and develop their business;
- People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help them to come into social care markets and offer innovative services;
- People with care and support needs (and carers) who purchase services either from their own resources or using a personal budget/direct payment may find this useful as an overview of what is available and the different models of provision;

For the purpose of this Market Position Statement the services are defined as below:

Care Homes - Covers both residential care homes, and care homes which also provide nursing care for some or all of their residents.

Homecare - Care services provided to people in their own homes, usually in the form of visits at specified times throughout the day.

Specialised Supported Housing - An accommodation that provides on site care and support, sometimes 24 hour support, based on the needs of the individual. This includes shared houses, individual tenancies and extra care facilities.

Day Services - Daytime activities including 'enabling support to enable people with care and support needs to make use of ordinary facilities in the community.

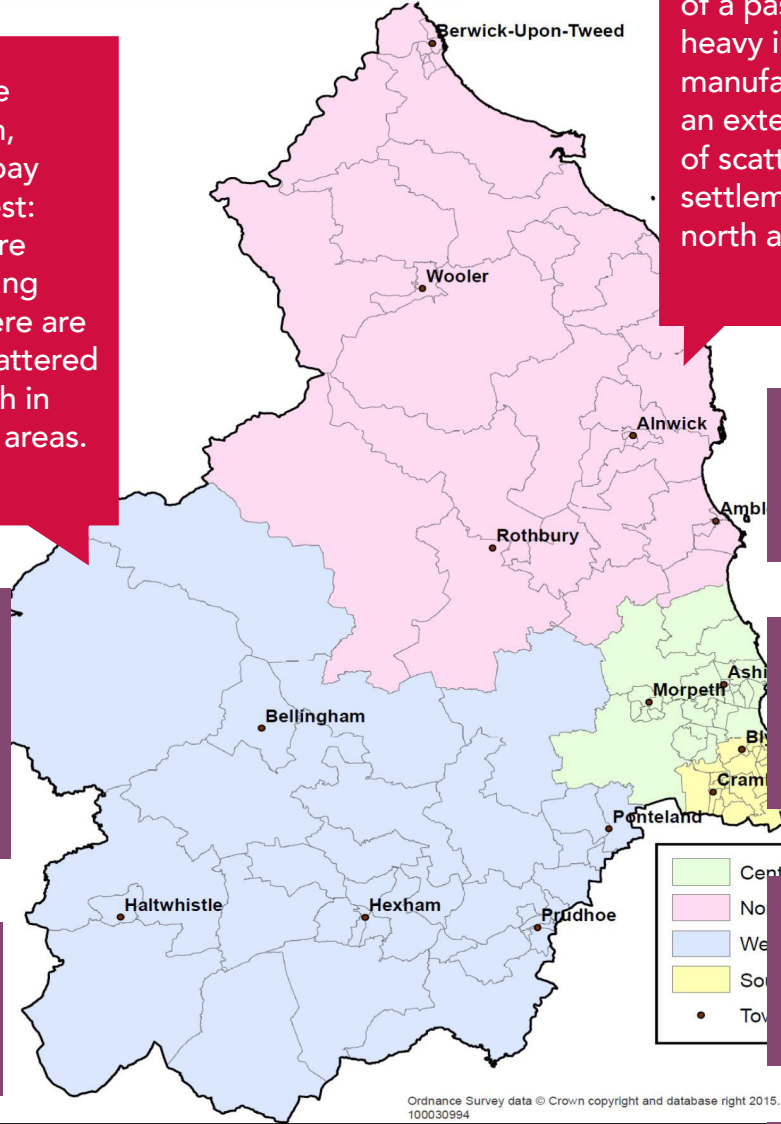
About Northumberland

Northumberland has a highly distinctive character with a number of contrasts which make it difficult to summarise.

England's most northerly county

Ageing population

Northumberland Social Adult Care Areas



A mix of areas - relatively prosperous commuting towns extending along the Tyne Valley and market towns, relatively deprived ex-coalfield areas with the characteristics of a past based on heavy industry and manufacturing; and an extensive area of scattered smaller settlements to the north and further west.

Average income is relatively high, but workforce pay one of the lowest: and though there are higher earning households, there are also areas of scattered deprivation both in urban and rural areas.

Population of 316,000, 73,000 over 65 (23%)

Lowest Gross Value Added in the region; growing, but slower than elsewhere

50% of the population lives in 3% of the land area

98% belong to the white ethnic group

Lowest population density amongst top tier L.A.s

Ordnance Survey data © Crown copyright and database right 2015. OS 100030994

For many aspects of life it looks outside the county with strong links to Tyneside for work, education, leisure and shopping

Females have a life expectancy of 83, males 79

Geographically the largest unitary authority with the largest area of greenbelt

An ageing population is probably the county's most significant feature and the most challenging issue for health and social care and for public policy more generally. In a generation (by 2031):

Nearly a third of the population will be over 65

The number of working age people will fall markedly



These changes will be dwarfed by the increase of 80 and 90 year olds, up by over 90% and 160%

The health and care needs of the population reflect some of the diversity of this picture.

- Healthy life expectancy for Northumberland is high in comparison with the average for North East England and health services are rated highly, but some aspects of public health are worse than average
- Life expectancy is lower in the urban south east than in the rest of the county, but access to care and support can be problematic in deprived and more remote rural communities
- The number of people with complex needs is rising as medical care at birth and in childhood improves and better support for independent living is available
- It is increasingly difficult to characterise needs purely by age with many older people still in work or seeking work; many retired from work and playing an important role in looking after other family members and with others living with long term conditions or disabilities
- There is an increasing awareness of the importance of social interaction and how integration into the everyday life of the community has a key influence on mental and physical health

Health and social care partnership working in Northumberland



Northumbria Healthcare NHS Foundation Trust
Northumberland Clinical Commissioning Group

Northumberland County Council (NCC), Northumbria Healthcare NHS Foundation Trust (NHCT) and NHS Northumberland Clinical Commissioning Group (CCG) have a longstanding successful partnership.

A changing context

- There is a long history of joint working between the different partners with responsibility for health and social care in Northumberland. The demographic changes outlined previously, and the associated financial pressures, have raised awareness of the interdependence of these different systems and highlighted the institutional barriers to more effective and efficient collaboration. Different models for planning and delivering care and support are now being implemented alongside significant re-alignment of the financial and institutional arrangements that are needed to support them
- Broadly there is a shift from an emphasis on acute, hospital-based ways of working to one aimed at maximising the independence of people living in the community. This means a move from a system designed to deliver short periods of crisis intervention to the on-going coordination of the different services needed to support people with long-term conditions, the planning, funding and delivery of which have often been institutionally separated

Planning and delivery of social care

- Responsibility for most of the Council's statutory operational adult social care functions has been delegated to Northumbria Healthcare NHS Foundation Trust. Responsibility for strategic commissioning and safeguarding remains with the Council, and the Council operate a network of learning disability day services and some specialist accommodation services
- This partnership agreement has been successful in promoting joint working between front-line community health and social care services. It has been particularly effective in improving the arrangements for the discharge from hospital of people needing support at home, multi-disciplinary working on "reablement" to help people recover their independence after a health crisis or accident, and co-working between community matrons and social workers to coordinate the support of older people with complex needs in the community
- The partnership is ongoing

Overall strategic direction

- The Health and Wellbeing Board brings together representatives from statutory and voluntary organisations to oversee the overall direction of health and social care

A SENSE OF DIRECTION

Our aim is to ensure people have the opportunity to be independent for as long as possible. We want to support our residents in making decisions and choices for themselves and enable them to do more for themselves in their community and for their community. To help achieve this aim our system of support is based on minimal intrusion in people's lives with more resources being targeted at prevention and early intervention to reduce the need for formal care.

In Northumberland our aim is for adult social care and health care services to:

- Promote people's independence and wellbeing
- Provide the support that people need in the community rather than institutions wherever reasonably possible
- Work seamlessly together



There has been a key shift in recent years from traditional institutional provision of care and support towards enabling and developing independence. Our system of support in Northumberland has transformed to reflect this paradigm shift, and has three levels: Prevention—Reablement and Early Intervention—Long Term Support. Prevention and early help are delivered in partnership with a wide range of partners and the majority of people referred or who refer to Adult Social Care have their needs met at either level 1 or 2, therefore, reducing the number of people in need of long term support. We generally commission the long term services from the care market.

Prevention

Our Prevention agenda focuses on supporting people to remain active and engaged in community life and having services which keep people happy and healthy. In particular we look for activities which cater for the whole population and combine this with an inclusive approach to disabled people and those with disabling long term health conditions. The following services are an integral part of our prevention work:



OneCall (Single Point of Access) - We have one contact centre for Children's and Adult services in Northumberland. The Single Point of Access have information on services provided by Northumberland County Council in partnership with Northumbria NHS Foundation Trust, and can deal with queries quickly.

Team of Support Planners - Support planners work with people in the community to find help with housing, activities and benefits and to find the right support to keep people independent in their own homes. Support planners work with people who pay for their own care and support and also with those who are eligible for a Personal Budget from the Local Authority.

Northumberland Life - this is an online directory of Northumberland community organisations and groups, events, activities and jobs. This provides easily accessible, up to date information about things to do in Northumberland and many of the activities are free. The information is maintained by the not for profit groups that use the website, www.northumberlandlife.org

Assistive Technology - We provide one of a number of services available in Northumberland using a wide range of assistive technology to support people, especially older and more vulnerable people, to live safely in their own homes. All the equipment is tailored to meet individual needs and ranges from the basic community alarm service to intelligent sensors that can detect specific events such as falls or seizures that can be dealt with quickly by the operator in the Community Lifeline Unit. We will aim to take maximum advantage of technology wherever there is evidence that it will reduce care and support needs.

Equipment and Minor Adaptations - We provide a Minor Adaptation service across the county, which aims to reduce the risk of older, vulnerable residents requiring hospital treatment as a result of slips, trips and falls in their own homes. The team fits equipment in the home, such as grab rails, additional bannister rails, raised toilet seats and key safes, as well as external metal handrails and step adaptations, which help residents remain independent, at home, for longer.

As part of the Transformation Agenda the development of Multi-Disciplinary Team (MDT) 'hubs' in the community has been a key element of the Northumberland Vanguard project, and the foundation for community and acute services redesign. We are continuing to work on the development of strengthened community services, combining health and social care, to reduce the avoidable use of hospital care.

Reablement and Early Intervention

Providing people with the immediate support they need to recover their independence. Our Early Response team deal with all referrals to the Single Point of Access. This is a multi-disciplinary team that includes social workers, support planners, occupational therapists, the Short Term Support Service and the Hospital to Home Team. Our aim is to deliver time limited interventions to build strength, skills, abilities and confidence following an illness, accident or operation without the need for long term formal or institutional care. This could be occupational Therapy, Physiotherapy, one to one support or adaptations to people's homes to enable them to use their home safely. The team also support people who would not meet our assessment criteria to find services appropriate to them.

We have a Sensory Support service within Northumberland delivered in partnership with Northumbria Healthcare Foundation Trust. Managed by a Sensory Lead and staffed with Sensory Interest Workers the service provides outcome support for those with hearing loss, including profound deafness and deafened, people with a visual loss and those people with a dual diagnosis, deaf-blind. The service works across the county supporting people in their own homes and also works into care homes. There are approximately 8 - 10 referrals per week, which can be a requirement for advice and information to support with complex needs. Everyone referred is assessed as appropriate and support ranges from developing

a care plan to provision of equipment, advice and support. We also commission provision of a rehabilitation visual impairment support services and the two services work closely together to provide a seamless service to those with a sensory impairment. The visual support service works predominantly with people with a visual impairment or dual diagnosis; they refer into the Sensory Support service and care management if other issues are identified.

Although working predominantly with Adult Services the Sensory Lead provides information and advice to Children's services, including working with transition clients, and providing support to hospitals as required.

We have a Joint Equipment Loan Service that provides aids and equipment to support people in their own home. Equipment ranges from a walking frame to a hospital bed to help people following discharge from hospital or after an illness. An Occupational Therapist carries out an assessment of the individual and the living environment and recommends the aids and equipment required for effective support.

Long Term Support

Where there is a need for long term care and support we aim to give choice and control to people to enable them to have a say in their care. In the main long term support is commissioned from the care market. We contract with care providers to provide or facilitate appropriate care, with the continued aim of minimising external intrusion into peoples lives, enabling them to retain as much independence as possible.

Changes to NHS Services and Implications for NCC Commissioning

NCC will support the development of preventative services that focus on reducing admissions and supporting people to return home after being in hospital. We anticipate greater use of preventative services and explore this further in the opportunities section.

Social care providers and the voluntary sector can support the prevention agenda particularly through the increased use of telecare and telehealth to support people in the community. This will include developing links between nursing homes and hospital staff to support people in the community. Options may include technology to improve communication and carry out basic medical observations in care homes.

NCC and Northumbria healthcare are exploring the use of Trusted Assessors with Care Home providers to improve discharge arrangements and are already having conversations with Care Homes about their potential. This role may be recruited from within provider services and there are examples from other healthcare trusts, including the Lincolnshire model:

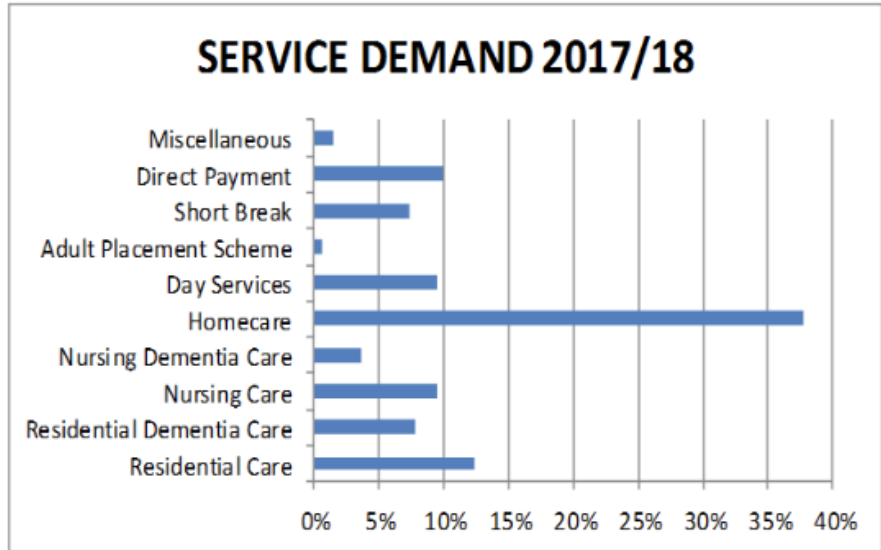
<https://improvement.nhs.uk/resources/lincolnshire-care-home-trusted-assessor-project>

Health and statutory social care services will increasingly operate outside of normal working hours, and there will be an increasing need for providers to develop flexibility into services that enable people to remain in the community, including evenings and weekends.

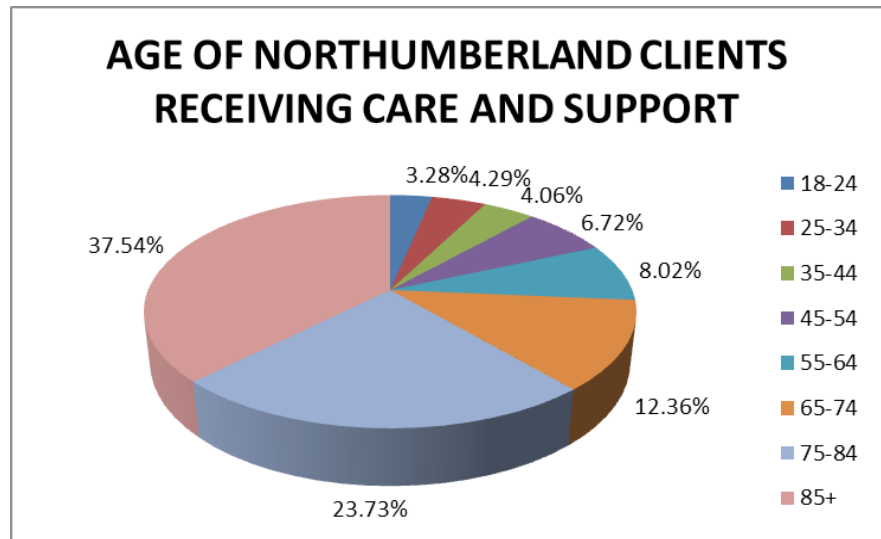
Current demand

What is the demand on services and resources?

The bar chart breaks down percentage of demand for each of the services which we commissioned for 2017/18 and shows that during that period our greatest demand was for Homecare at 38%. In 2017/18 there were 7,726 Northumberland residents over 18 years old with some form of formal support arranged through a council contract or direct payment.



The pie chart details the age groups of our service users in total for the year and shows our greatest proportion of service users were 65+, with the highest percentage being 85+, not surprising given the demographic of the county.





Supporting older people

The table shows the total number of service users for 2017/18, indicating our highest number of service users 65+ have a physical disability or illness but that nearly 60% are supported in community settings. Approximately 15% of our older service users are in dementia residential or nursing care settings, however, we support 250 people with a primary diagnosis of dementia to remain in their own homes with a Home Care package.

Our aim is to increase the number of people with dementia living in their own home environment by working towards housing options that will support their changing needs.

65+ By Client Group	Learning Disability	Mental Health	Physical Disability or Illness	Total
Residential Care	89	338	602	1029
Residential Dementia Care	3	660	175	838
Nursing Care	8	378	602	988
Nursing Dementia Care	0	297	92	389
Homecare	74	684	2229	2987
Day Services	36	209	177	422
Adult Placement Scheme	12	0	0	12
Short Break	4	229	428	661
Direct Payment	9	142	320	471
Miscellaneous	5	11	10	26
Total	240	2948	4635	7823



The majority of people aged 65+ will continue to live healthy active lives in their own homes. However, we know that the need for care and support generally increases with age. Housing solutions that are suitable to support continued community living for people aged 85+ are limited, which is reflected in the table below that shows the highest percentage of people in care homes are people 85+.

Our aim is to ensure there are attractive options available for all people over 65 years who would prefer to continue to live in their own home in the community.

65+ By Service Demand	65 - 74	75 - 84	85+	Total
Residential Care	184	253	592	1029
Residential Dementia Care	63	296	479	838
Nursing Care	136	332	520	988
Nursing Dementia Care	63	154	172	389
Homecare	594	1100	1293	2987
Day Services	114	169	139	422
Adult Placement Scheme	10	2	0	12
Short Break	93	257	311	661
Direct Payment	98	200	173	471
Miscellaneous	11	10	5	26
Total	1366	2773	3684	7823

Supporting adults 18-64

The table below gives a breakdown of the full year total number of adults 18—64 by client group and service provision. It shows 55% of adults 18 – 64 receiving care and support have a learning disability. Only 12.5% of clients with a learning disability are still in residential care and we continue to work towards supporting them to build the skills and abilities to live independently wherever possible.



18 - 64 by Client Group	Learning Disability	Mental Health	Physical Disability or Illness	Total
Residential Care	213	60	47	320
Residential Dementia Care	1	12	0	13
Nursing Care	6	20	34	60
Nursing Dementia Care	1	9	0	10
Homecare	437	286	426	1149
Day Services	489	80	51	620
Adult Placement Scheme	49	3	2	54
Short Break	109	14	29	152
Direct Payment	315	82	217	614
Miscellaneous	80	18	33	131
Total	1700	584	839	3123

The table below shows during 2017/18 we supported 87.5% of the total number of adults 18-64 in a community setting, with 37% of service users receiving homecare, many in Independent Supported Living environments. Many of those receiving direct payment pay for individual one to one support in their own homes and help to access the community.

18-64 by Service Demand	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	Total
Residential Care	26	43	58	98	95	320
Residential Dementia Care	0	0	0	3	10	13
Nursing Care	0	4	6	13	37	60
Nursing Dementia Care	0	0	0	0	10	10
Homecare	108	143	174	312	412	1149
Day Services	77	136	122	155	130	620
Adult Placement Scheme	9	11	5	15	14	54
Short Break	42	25	20	33	32	152
Direct Payment	184	123	84	114	109	614
Miscellaneous	26	29	27	29	20	131
Total	472	514	496	772	869	3123

Self-funders and personal budgets

From information that we have we know that approximately 20% of the care home beds in Northumberland are occupied by self-funders, funded from their own resources. We also know that approximately 20% of the self-funders are from outside Northumberland and have chosen Northumberland for a variety of reasons, including historical or family ties, the quality and standard of the home, or choice of retirement location.

When we carried out a detailed survey in 2014, there were 1,200 people in Northumberland receiving domiciliary care under private arrangements with registered agencies.

People who have assessed care needs and meet the funding thresholds have the opportunity to have a cash personal budget (direct payment). They can use this to design a personal package of care and support that meets their individual needs. Approximately 20% of our service users have taken up the option of a cash personal budget. Around 50% of people

in receipt of direct payments use their personal budget to contract with an agency and 28% employ people directly to provide the care required to meet their needs. Our information shows they use their personal budgets for a variety of support, including overnight support, employing personal assistants to provide personal care or support with daily living, equipment, meals, transport, homecare, short breaks and day care.



Current supply

What services and providers currently operate within Northumberland:

Care Homes

There are 115 care homes in Northumberland, 70 of which specifically accommodate older people. Of these 32 are registered to provide nursing care and 56 are registered to provide specialist care for people with dementia. There are 29 care homes specifically for younger adults. 95 of the homes are private, some of which are owned by national care groups, but the majority are owned by individuals. 16 of the homes are owned by voluntary not for profit organisations such as Methodist Homes or Royal Air Force Association.



The CQC gave a stark message in their State of Health Care and Social Care in England 2015/16 report about Adult Social Care 'approaching a tipping point'. The State of Adult Social Care Services Report 2014—2017 states the risk of adult social care reaching that tipping point is still real. Their analysis of the inspections shows that there is variation in performance depending on the size of services. The trend in both nursing and residential homes is that smaller homes are rated better than larger homes, with 89% of both small nursing and small residential homes rated as good or outstanding, compared with just 65% of large nursing homes and 72% of large residential homes. This raises concerns because CQC has previously reported that pressures in the market has led to services exiting the market and identify that smaller providers are particularly susceptible to closure. We will continue to work with and support smaller care homes in the county to ensure adequate capacity to facilitate choice of care.

Homecare

Northumberland is divided into geographical areas for the delivery of Homecare and we currently commission 5 preferred providers under the current contract arrangements:

- Berwick and the surrounding areas
- Alnwick, Morpeth and Ponteland, and the areas in between
- The coastal strip from High Newton by the Sea to Widdrington Station, across to Fenrother
- Ashington, Creswell, Ellington and Newbiggin
- Bedlington, Guidepost, Stakeford and Cambois
- Blyth
- Cramlington, Seaton Delaval and Seaton Sluice
- Hexham and the rural west, including Allendale, Kielder and Haltwhistle
- Prudhoe down to the Northumberland/Durham border.



There are 24 homecare providers currently operating in Northumberland. The market is strong and stable in the majority of the county, with the exception being the West of the county, particularly the more rural areas, where Homecare provision is less available. We want to increase and strengthen the market across Northumberland to ensure sustainability, with particular emphasis on the more rural North and West areas of the county.

Specialised Supported Housing

In keeping with our transforming care agenda we are proactive in seeking community based housing and care solutions for service users. We are working toward having full information about Specialised Supported housing in the county, but our current information tells us we have 74 schemes in shared or individual houses known to us. This gives accommodation for 247 clients available to us, with 171 clients currently occupying this accommodation. The vacancies are mainly in the Central and South East area. There are also 10 private landlords that provide accommodation for 22 people. We are working with providers on a number of Specialised Supported housing schemes under construction in Central and South East Northumberland that will provide accommodation for 34 individuals.



We work with a total of 15 Housing Providers and 12 care providers to deliver services into the schemes.

There are currently 3 Extra Care/Assisted living schemes with 24 hour support on site in Northumberland, 2 of which are a mix of social rental and shared ownership properties owned by Karbon. The third is a market sale property owned by McCarthy & Stone.

- **The Manors**, located in Prudhoe opened in 2009. This scheme has a mix of 1 and 2 bedroom flats, 34 rental and 12 shared ownership. The scheme is staffed 24/7 with a scheme manager and onsite care and emergency response staff. The scheme is popular with a waiting list for the rental properties so no issue with relets.
- **Weavers Court**, located in Alnwick, opened in April last year. This scheme has a mix of 58 1 and 2 bedroom flats, 30 for sale through shared ownership and 28 for rent. There is a mix of communal facilities open to residents and the wider community including restaurant, hairdressers and activities/craft room. The scheme is staffed 24/7 with a Scheme Manager, Activities Coordinator, and on site care staff, the cost of which is met in full by the tenants.
- **Henderson Court** is an Assisted Living scheme of 59 one and two bedroom apartments for market sale. The scheme has 24/7 onsite care staff and non resident management staff. There are some meals available. There are a number of communal facilities available to residents, such as lounge, laundry, communal garden and hobby room.
- **Greenholme Court** in Haltwhistle is a council owned integrated care scheme which comprises 2 x 1 bedroom and 10 x 2 bedroom flats on the ground floor and a community hospital on the first floor. There is a caretaker on site but no on site care team. Care and support is delivered to individuals in their own homes based on assessed need. There are community facilities on site, available for use by both tenants and the wider local community.

We are keen to talk to other providers interested in developing Specialised Supported Housing services in Northumberland.

Day Services

There are many community groups and organisations that hold activities and clubs that are free of charge or at a minimal cost that we do not commission. We contract with 47 organisations to deliver commissioned day services in Northumberland, 66% of which are for people with a Learning Disability. We know we have a gap in age appropriate services for people with autism and we want to work with providers to develop commissioned autism services in Northumberland.

We contract a service to provide support to people with a visual impairment. This service works closely with the in-house sensory impairment service and focuses on rehabilitation and condition management, teaching people to use aids to support them to live safely in their home and the community. The service had 374 referrals in the period 1 December 2015 to 31 November 2016.

We commission an Advocacy Service to support people to make decisions about their treatment, care and support. This service covers General Advocacy, Independent Mental Capacity Advocacy (IMCA), Independent Mental Health Advocacy (IMHA) and Independent Complaints Advocacy Northumberland (ICAN). The caseload at 31 July 2017 was 276 individual clients, with the greatest percentage requiring IMHA support.



The social care workforce in Northumberland

The Skills for Care report 'A summary of the adult social care sector and workforce in Northumberland' August 2017, estimates 9,600 Full Time Equivalent jobs in adult social care in Northumberland in 2016. These were split between the local authorities (6%), the independent sector (85%) and direct payment recipients (8%), which included an estimated 650 managerial roles, 350 regulated professionals, 7,500 direct care staff and 1,200 other non care providing roles. More than half (59%) of the workforce worked on a full-time basis, 33% worked part time and the remaining 8% had no fixed hours. Over a quarter (29%) of the workforce were recorded as being on zero hours contract, higher than both the North East and England.

81% of the workforce in Northumberland were female with an average age of 46 years old. Those aged 24 and under represented 9% of the workforce and those over 55 years represented 32%, therefore approximately 3,050 people may retire in the next 10 years. The turnover rate of staff is estimated as 23%, meaning approximately 2,208 leavers per year, similar to the regional figures, but lower than the national figure. Over three quarters of new starters were recruited from within the adult social care sector, therefore the sector retains their skills and experience. Skills for Care estimates that 8.6% of adult social care roles in Northumberland, approximately 800, were vacant at any one time.

With the projected changes to the population in Northumberland, and the changing demographic of the available labour force, care providers could face additional significant challenges in recruiting and retaining social care staff. The population 65+ is projected to increase significantly, both from ageing and inward migration, however, the number of younger people 18+ joining the workforce is set to reduce. People now retire later, working longer and this trend is predicted to continue to grow, resulting in the average age of the workforce in Northumberland increasing.

We are participating in the Department of Health and Social Care national recruitment campaign, 'every day is different'. We will be helping to raise awareness and drive recruitment into the sector to support the predicted increase in demand for services.

The quality of our current market

The quality of the care we commission for service users in Northumberland is extremely important and we aim to work with providers to ensure the highest quality of care possible.

Overall, the Council's in-house services are all highly rated by the Care Quality Commission (CQC), but the picture in the independent sector is more mixed. The table below summarises the position as at 1 November 2018 in terms of the number of CQC registered services and their quality ratings. Overall it shows a reduction in the number of registered services in Northumberland which is the result of a number of factors including the closure of some services initiated by the provider and changes to services as a consequence of NCC commissioning arrangements on the grounds of quality or the ongoing programme of de registration of some residential care services.



As at 1 October 2018, the CQC website listed 145 registered care services in Northumberland, of which 109 were registered as care homes, and 36 as community services. Some kinds of community-based social care service, including day care services, are not registered or rated by CQC. 135 of these services had a current quality rating – the remainder were either new services or services which had changed ownership since being previously rated and awaiting a new inspection. Of the 135 services with a rating, 8 (6%) were rated as “outstanding”, 97 (72%) were rated as “good”, 29 (21%) were rated as “requires improvement”, and one was rated as “inadequate” (although this service has now ceased operating and its registration will cease). Nationally 80% of all rated adult social care services were rated as “good” and 3% “outstanding”.

	As at 1 August 2017	As at 1 April 2018	As at 1 November 2018
Total care services registered	156	150	145
Total care homes registered	115	110	107
Total community services registered	41	40	38
Total with quality rating	132	129	135
Of these - %/volume rated as			
Outstanding	0% (0)	3% (4)	6% (8)
Good	74% (98)	76% (98)	72% (97)
Requires improvement	25% (33)	20% (26)	21% (29)
Inadequate	1% (1)	1% (1)	1% (1)

Care Homes

The situation in older persons care homes remains variable in terms of quality ratings and other measures of overall stability. The Council has two main initiatives to influence an improvement in ratings of these services, the first being an incentive built into the contract that links the fee paid by the Council to the CQC quality rating with higher rates paid to those providers rated "good" and "outstanding." This contract change also brought about a change in monitoring arrangements with a focus on officers supporting providers to improve their CQC rating as opposed to the previous system of establishing a quality benchmark on which to base fee levels.

In the period August 2017 to 1 November 2018 there have been 9 homes improve their rating from Requires Improvement to Good; 2 have improved ratings Outstanding and 8 homes moved from Good to Requires Improvement. The improvements in ratings are positive however the number falling from "Good" to "Requires Improvement" demonstrates the need for providers to work hard at maintaining standards and for the Council to support this.

Homecare

There has been little change in the CQC quality ratings of the preferred homecare providers. Monitoring arrangements have been tightened over the last year and visits carried out to service user homes although none for the providers have been inspected by CQC since we started doing this.

We have an interest in the quality of services offered by all home care agencies operating in our area, but most of all in the 'preferred providers' of mainstream homecare contracted by the council. Of the preferred providers, three are currently rated as "good", and two as "requires improvement".

Homecare providers have reported increased difficulties in recruiting and retaining sufficient front line care staff to meet the level of need and this has caused delays in new and increased packages being picked up. The proposed structure of Homecare Services is intended to ensure there is a broader range of providers available offering safeguards and alternative organisations in the event of poor quality. The new contract will also give the option of removing an organisation from preferred provider status in the event of quality ratings reducing to requires improvement.

Day Services

We are undertaking a strategic review of our day services to identify the gaps in service provision, recording and reporting.

We do carry out an accreditation process for all day care services before we contract with them. The process includes collecting detailed information about the provider and the service, a site visit and quality check, and an assessment of evidence to assimilate a decision.

The site visit looks at environmental factors, equipment, facilities, activities, personnel files, qualifications, training, complaints/compliments and quality management. There are four possible outcomes of each of the areas:

1. Unsatisfactory
2. Adequate
3. Good
4. Excellent

The purpose of the accreditation process is to provide reassurance that providers have suitable experienced and qualified staff to deliver the service, the activities are appropriate for the target client group and are outcome focussed, the organisation is well managed and financially viable.

Strong partnership working between the Voluntary and Community Sector and public services, alongside integrated health and social care, serves to ensure that people continue to receive support when they need it and have a good quality of life.



Caring for our carers

The information provided on users of services in the Current Demand and Supply sections of this document are based on commissioned services. However, unpaid carers are an integral part of our health and social care system, and in Northumberland are recognised and valued for the positive contribution they make to our community. It is carers who are responsible for care when the professionals aren't there, and as the condition of the person needing care progresses carers are commonly faced with coordinating and managing complex needs.

The number of people providing unpaid care in Northumberland is almost 36,000. The greatest increase in the last 10 years has been among those providing over 20 hours of care, the point at which caring starts to significantly impact on the health and wellbeing of the carer. More than 7000 of our carers deliver more than 50 hours care per week and in more than 1000 cases of people with dementia or learning disabilities their carers deliver in excess of 100 hours of support per week. As our population grows older and people live longer so too does the carer. In Northumberland we have many carers over 75 years old and are starting to recognise young carers with sometimes sole responsibility for a grandparent.

The model of delivery of services for carers aims to include:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution
- Involving carers from the outset both in designing local care provision and in planning individual care packages
- Investing in preventative services to prevent more costly interventions later
- Helping people to stay active, connected and well by building on the assets in the community
- Personalised support both for carers and those they support, enabling them to have a family and community life
- Supporting carers to remain mentally and physically well
- Improving and extending partnership working to benefit carers

The Council is working to an action plan alongside partners that is focused on the five key priorities in the Government's Carers Action Plan to care for and support the carer.

There is a range of support available for people with health and social care needs in Northumberland, that ultimately support and impact on the level of care provided by the carer. Our key generic carer support service, Carers Northumberland, provides information, advice and support for carers, seeking to ensure equality of opportunity for all sections of the community.



Carers Northumberland continues to increase the number of registered carers; it is flexible in its delivery to carers; and is strengthening its partnership work.

Early intervention services ensure that carers receive timely information and are signposted to support, preventing an escalation of problems.

A move towards a whole family approach to assessment and care planning through combined assessments, unless otherwise indicated, ensures that the needs of the carer are equally considered.

Short break care is provided to the person cared for, based on a needs assessment while the carer has access to a support fund to take full advantage of a break.

We want to work with providers to identify and develop innovative ideas that focus on supporting carers in Northumberland.

What our service users and carers tell us

We employ a wide range of methods to ensure we understand and learn from the experiences of the people we support. These include a network of user forums across the county, representation of service users and carers on strategic groups, members of the public acting as quality assessors of different services, regular surveys of customer experience and targeted engagement events focusing on specific issues, such as Carer's week, Dementia Awareness week and World Elder Abuse Awareness day.

HealthWatch Northumberland is the independent consumer champion for health and social care in the county. Information gathered by HealthWatch Northumberland on issues from the public, both positive and negative feedback, is passed directly to services involved. We conducted a mystery shopping exercise on our Single Point of Access, in partnership with HealthWatch Northumberland. The results demonstrated that there continues to be a good overall satisfaction when using the single point of access, most calls were dealt with by staff who were courteous, helpful and handled the call professionally. However, some recommendations were made to support improvement, for example, reviewing the call handler protocol to clarify with callers that they are satisfied with the responses given.

The Adult Social Care User Survey results published in October 2016 tell us that 95.5% of service users said they were quite, very or extremely satisfied with the services they had received, up from 92.9% in 2015. 95.1% of survey respondents said care and support services they received helped to improve their quality of life. 81.4% of respondents feel they have control over their daily lives, including the provision of their care and support.

Results from the latest Carers Survey tell us that 73.7% of Carers say they feel included or consulted in discussion about the person they care for, and 68.6% of Carers find it easy to find information about services.

Adult social care received considerably more compliments from people who use our services, their carers and families than complaints. The Compliments we receive are mainly about the professionalism of staff or the quality of services we commission or provide. In 2016/17 adult social care received 628 compliments.

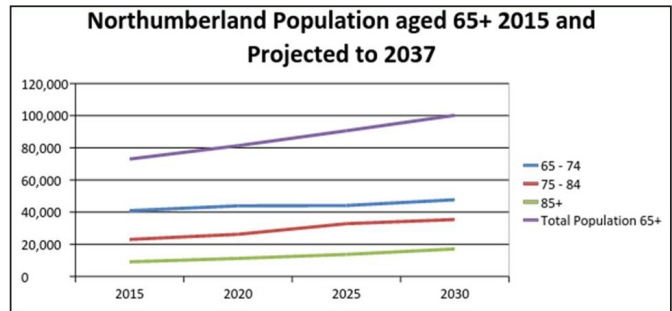
During 2016/17 adult social care received and investigated 12 formal complaints, these were around delays in services, lack of communication, difficult to understand processes and quality of services. Of the formal complaints received 33% were upheld, 25% were partially upheld and 42% were not upheld or withdrawn. All of the upheld and partially upheld complaints were learning opportunities to improve service provision and resulted in recommended actions being implemented.



Predicted future demand

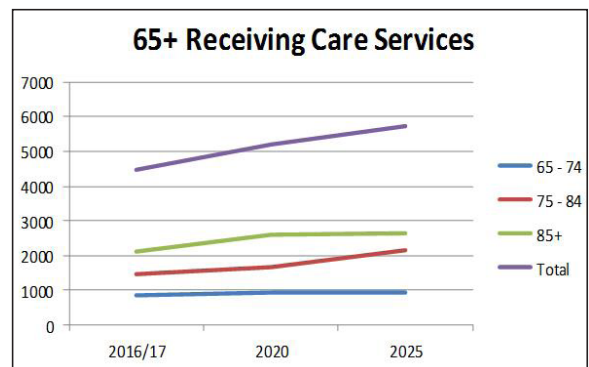
Adults 65+

Because of the increase in population over 65 years and the significant increase in our population over the age of 85, we are looking for innovative ways to support older people to continue to live and remain active in their community. A recently published study¹ comparing 1991 Cognitive Function and Ageing Study with the same study carried out in 2011 indicated an increase in the length of time people over 65 would require a higher level of support, but also found that fewer people with substantial need were resident in residential homes. This suggests a greater number of people over 65 years being successfully supported at home. Our Northumberland data would seem to confirm this with a year on year reduction in the number of admissions to Residential Care Homes.



and Ageing Study with the same study carried out in 2011 indicated an increase in the length of time people over 65 would require a higher level of support, but also found that fewer people with substantial need were resident in residential homes. This suggests a greater number of people over 65 years being successfully supported at home. Our Northumberland data would seem to confirm this with a year on year reduction in the number of admissions to Residential Care Homes.

As the chart shows the Northumberland population over 65 is projected to increase to over 100,000 by 2030, with the greatest percentage increase in those over 85 years, an 88% increase.



Approximately 35% of those 65 or over live alone, which can result in social isolation and difficulty in providing appropriate care and support, particularly in the more rural areas of Northumberland.

65+ Receiving Care Services	2016/17	2020	2025
65 - 74	860	923	930
75 - 84	1,481	1,687	2,171
85+	2,111	2,598	2,643
Total	4,452	5,208	5,744

Using Poppi² projection data it is possible to estimate the future demand for services from Northumberland residents over the age of 65. The chart on the left shows that we anticipate the greatest increase will be for people aged between 75 – 84.

As the table shows, we are projecting increases in the number of people aged over 65 with a limiting long term illness, with an increase of 26% in people who need some help with day to day activities and an increase of 31% of those who need significant support with day to day activities. However, we anticipate an ongoing increase in people supported in community settings.

Because of the increasing ageing population we anticipate an increase in the number of people suffering from Dementia. Using prevalence rates we can estimate a 41% increase in people aged over 65 predicted to have dementia by 2025, with the greatest percentage increase in those aged 90 and over. This is a priority area for us and we are looking at ways to increase the number of people with dementia we can support at home and in the community.

1. [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)31575-1.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)31575-1.pdf)

2. Projecting Older People Population Information System

Adults 18 - 64

As the table opposite shows there is a predicted increase in adults with profound intellectual and multiple disabilities of 1.8% on average each year to 2026². Although there is a predicted reduction in the 18 - 64 population in Northumberland of approximately 7%, the study indicates that demographic changes will lead to an on-going increase in the level of adults requiring care and support due to:

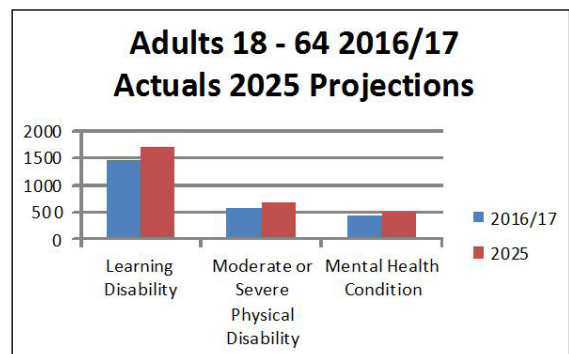
- Decreasing mortality among young people with learning disabilities, especially in older age ranges and among children with severe and complex needs
- The impact of changes in fertility over the past two decades in the general population

This combined with the reduction in capacity of informal support networks to provide care and changing expectations regarding the right to an independent life will result in an increase in the numbers of young people with multiple and complex needs requiring support.

As you can see from the chart we can use the estimated increase to predict the number of adults 18 - 64 in Northumberland that will require services.

2. Emerson, E (2009) Estimating Future Numbers of Adults with Profound Multiple Learning Disabilities in England. Lancaster: Centre for Disability Research

Projecting Adults 18–64 With Enduring Needs	2015	2025
Learning Disability	1,459	1,725
Physical Disability	566	674
Mental health Condition	438	514
Total	2,463	2,913



Young Adults

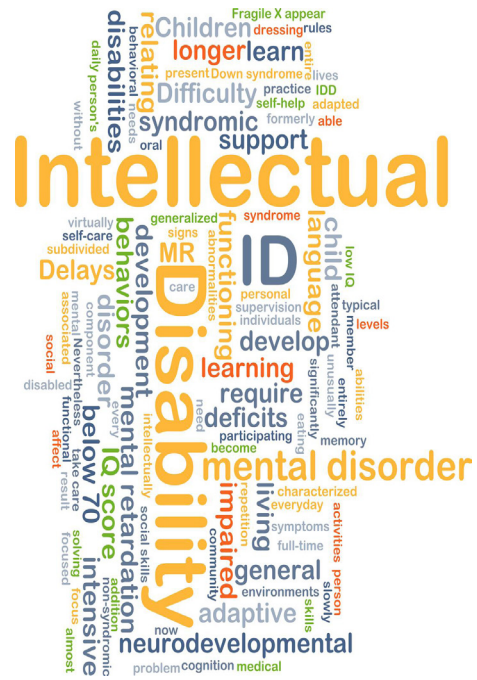
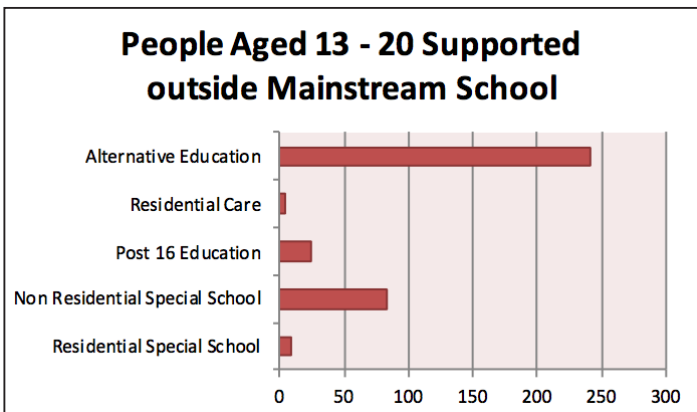
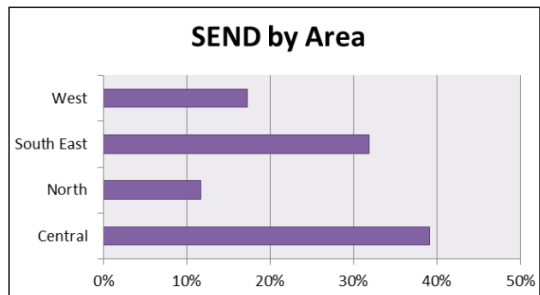
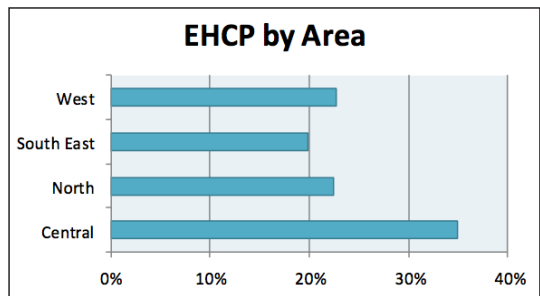
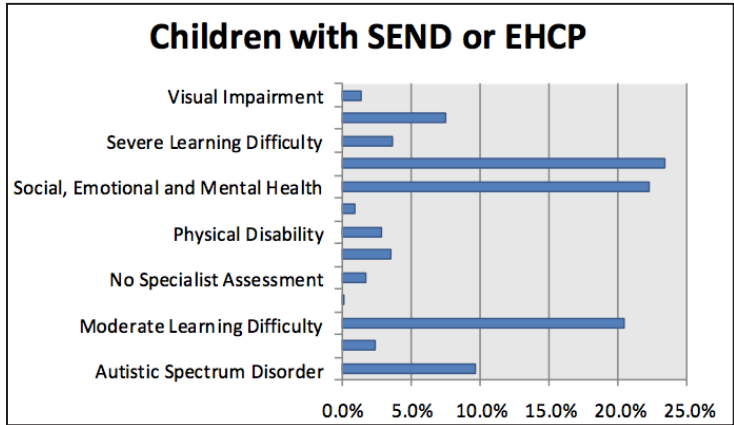
We have a dedicated transitions team that work between Children’s and Adult Services to support a smooth transition between the services. We track children with Special Educational Needs (SEN) from Year 9 through to Year 14 to assist with forecasting the future demand for services. At January 2018 there were 1,415 children in years 9 – 14 with SEND or EHCP in mainstream school in Northumberland.

The chart shows that nearly 33% of the children have some form of Learning Disability from moderate to profound and nearly 10% have an Autistic Spectrum Disorder. Almost a quarter of the children have a Social, Emotional and Mental Health issue.

The charts opposite shows the spread across the county.

The chart below shows that at January 2019 there were 364 children and young adults not in mainstream education, but supported through alternative education, special schools and colleges.

While not all of the children currently receiving support through Children’s Social Care will continue to need support into adulthood, from the work our Transitions Team undertake it is estimated that a high percentage of those currently being tracked will require support services as adults within the next five years.



Health and housing

There is significant evidence to demonstrate the impact housing has on health and general wellbeing. Suitable housing that meets need enables people to continue to live and play an active part in the community. Conversely unsuitable or inadequate housing can result in the deterioration of a condition, social isolation, anxiety and/or depression.

Our primary aim is to support people to continue to live safely at home and we already offer a range of solutions to make this possible, including excellent homecare provision, technology, physical aids and adaptations to the home where appropriate. However, where this is not possible we want to ensure there are alternative housing solutions available for people to have the choice to continue to live independently.

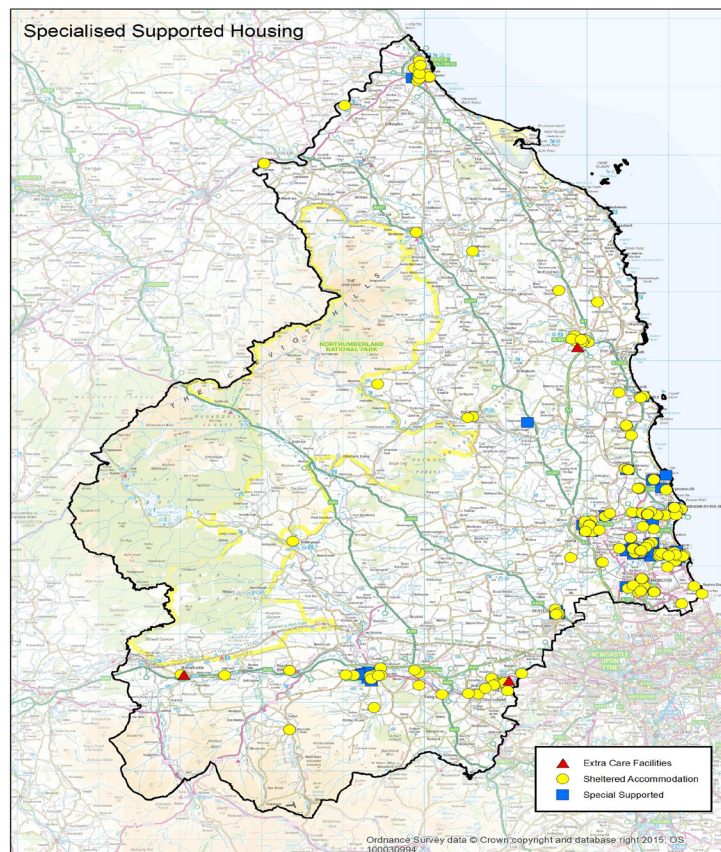
Housing studies carried out in Northumberland identified housing, adaptation and support for the older population as a major strategic challenge for the council. The study also identified housing stock shortages for people with learning disabilities, physical disability and/or illness, enduring mental health conditions and/or challenging and complex behaviours, leaving limited choice for independent living

Reductions in local authority funding, welfare reform and the proposed changes to funding of Supported Housing have significantly impacted on the availability and development of accommodation appropriate to support people with health needs to continue to live independently.

We need a collaborative partnership approach with housing developers, housing and care providers to develop innovative solutions to capital and revenue funding, including mixed market developments, to deliver choice for older people and younger adults with health needs to access supported living solutions in Northumberland.

The Council's Extra Care and Supported Housing Strategy sets out the council's aims and aspirations to increase the level of supported housing available to all client groups in Northumberland. The strategy should be read alongside the Market Position Statement.

The map shows the range of supported living housing in Northumberland this includes sheltered housing schemes and extra care housing for older adults and specialised supported living schemes for younger adults.



Priorities for Older Adults 65+

We have an identified need for supported accommodation in addition to attractive age appropriate housing to meet the current and future demand. Our current geographic priorities include:

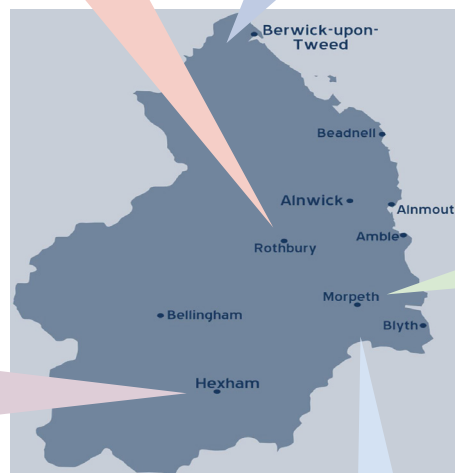
- **Berwick**
- **Rothbury**
- **Cramlington**
- **Morpeth**
- **Hexham**
- **Bellingham**

There are particular gaps in provision for people living with Dementia in the north of the county and we are keen to work with potential partners to find appropriate solutions that enable families to remain together.

- 28% of the population of Rothbury is over 60, but limited age specific accommodation available
- Availability and affordability issues in Rothbury, average house price is £250,490
- 5 social housing bungalows were advertised between February 2016 and February 2017, they received 113 bids

- 2 in 5 people will be described as an older person by 2030
- The proportion of disabled people is higher in Berwick than the rest of Northumberland or England
- 29% of social housing waiting list for Berwick area are over 55
- Of the 106 social housing properties advertised between February 2016 and February 2017 only 7 were for sheltered accommodation and 2 bungalows and the bungalows received 37 bids each

- Recent Housing Needs Study showed older people in Hexham identified Extra Care as an attractive option with over 51% saying they would consider it
- Over 23% of older households indicated they would like to move within the next 5 years
- Study also identified a lack of suitable properties for older people



- Population of Morpeth as a whole is older than the national average
- There are limited suitable housing options available for older people
- Affordability is an issue in Morpeth with an average house price of £234,458
- 34 social housing bungalows advertised between October 2015 and October 2016 receiving 42 bids each

- Cramlington Housing study identified lack of supply of housing suitable for older people
- 6.1% of older households would like to move within next 5 years
- The demand for bungalows outstrips the existing supply

Our secondary priorities we have identified is a need for specialised supported housing for older people in: • **Blyth** • **Ponteland**

Priorities for Adults 18 – 64

Currently we support 172 people in 74 specialised supported housing locations with a range of conditions, but predominantly people with Learning Disabilities. Many of these properties have a low number of people living in them, and so the services that are delivered may not be as cost-effective as is possible in a block of Supported Living units. All of the people who live in these Supported Living places are tenants in their own right. It is not possible to realistically predict how many people may want or need to move into newer Supported Living accommodation, and likewise it would not be correct to make assumptions about the age or standard of the accommodation. Over the next year we will be strategically reviewing these placements with a view to rationalising and better utilising resources available to us.

There are a number of schemes currently in development in the South and Central areas of the county most of which are blocks of supported living units that will meet need and better utilise care and support available. However, there are gaps in provision in the North of the county and we are keen to work with potential partners to develop ideas to provide specialised supported living solutions to meet demand.



- 5 bungalows in Cresswell suitable for people with complex learning disabilities and challenging behaviour
- 9 self-contained flats in Ashington suitable for people with learning disabilities and/or mental health condition

- 16 self-contained flats with care on site in Blyth for people with Learning and Physical Disabilities due for occupation Spring/Summer 18

De-registration of care homes to Independent Social Living arrangements

Adult Commissioning service is working with service providers in Northumberland to de-register the status of the care home to operate as an ISL where appropriate. The benefits for this type of arrangement include promoting independence, supporting people in the community and reducing the number of people in care homes, which supports the transforming care agenda.

We are currently working with 3 providers in 7 Care Homes for people with Learning Disabilities to consult with clients and families about deregistering as a Care Home to an Independent Supported Living scheme. We are keen to work with other providers of Care Homes, particularly those that support people with mental health conditions about the feasibility of deregistration.

Finance and funding

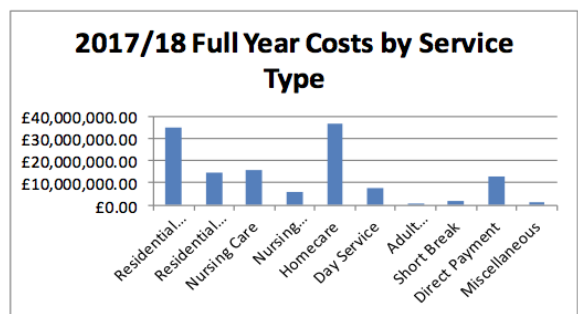
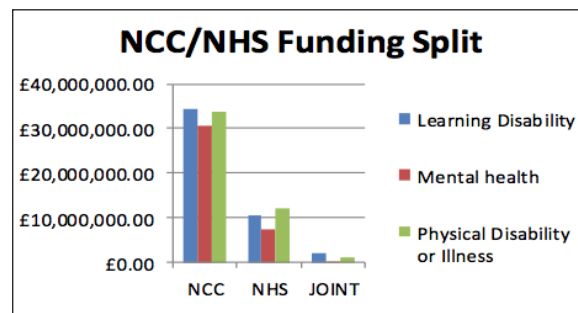
The current and future level of joint resources:

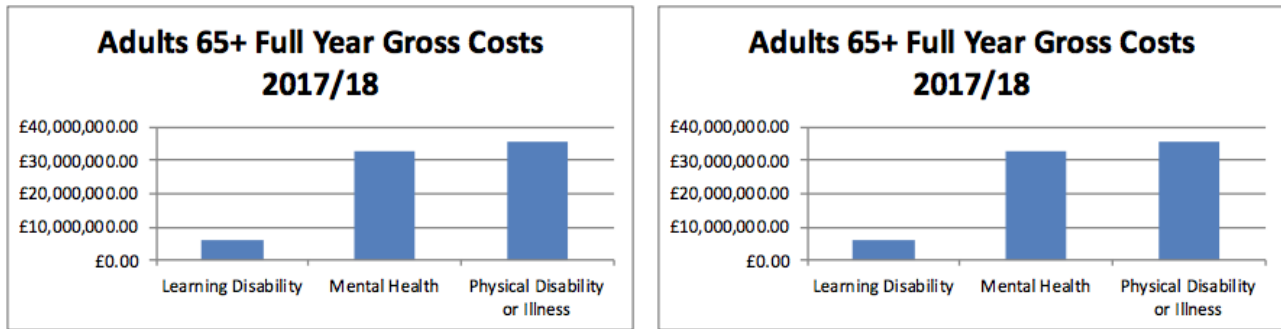
Our total gross spend in 2016/17 on Adult Social Care was over£132m, with over £98m being council resources. We spend nearly £8m on the early response and intervention services to reduce and prevent the need for long term care.

Because of our unique relationship in Northumberland between Health & Social Care, we manage social care and support budgets and commission services on behalf of the Clinical Commissioning Group. The information provided is joint funding but the first chart on the right identifies the split between council and NHS funding.

The second chart on the right identifies the largest area of spend remains residential care services, including nursing. The total spend on residential and nursing care has increased since 2014/15, while the number of service users has reduced. This is predominantly due to increased fee levels and the introduction of the National Living Wage. We have invested £2.8m to help provides meet their obligations to pay staff the National Minimum Wage or higher. The total spend on Homecare has increased since 2014/15. Over the last 5 years the total resource available to fund care services has reduced by over £8m which equates to 9.35% of the budget (this excludes the time limited 3 year additional iBCF funding).

The number of clients taking Direct Payments continues to increase and the level of spend has increased by nearly 21%. We support 62% of our clients in community based services but spend under 40% of our available resource on these areas.

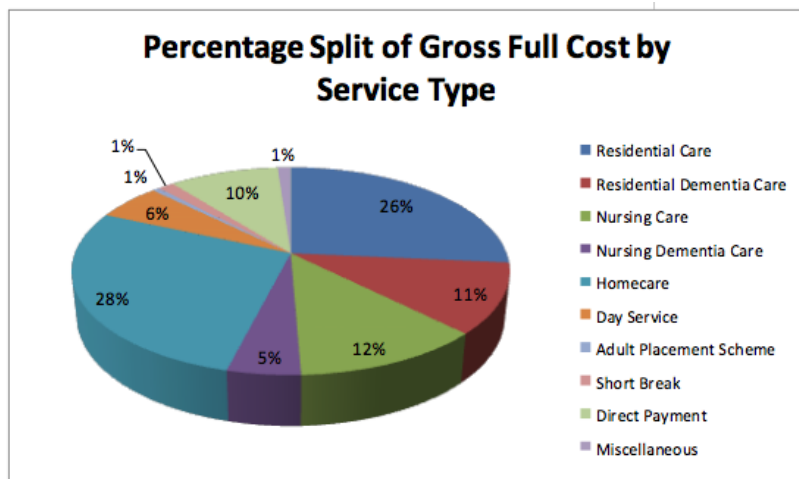




As the two charts shown above highlight, there are opposing expenditure levels for adults over 65 years and adults 18-64. Expenditure on services for adults 65+ with a physical disability or illness or mental health condition, which includes clients suffering from dementia, is significantly higher than that for adults 18-64 with similar conditions.

In contrast expenditure on learning disability services is the highest for adults 18-64. Although the level of spend on learning disability services for adults 18-64 is higher we have seen an increase in the number of adults 65+ with a learning disability requiring ongoing care.

Analysing the expenditure by service type, as detailed on the pie chart, 54% of our annual expenditure was on residential services, but we continue to see an increase in the number of service users supported in community settings.



Future resources available for Care and Support

The agreed council budget for 2017/18 was just over £80m, a decrease on last years funding of 13%. When combined with the NHS available resource this gave an overall budget of just over £116m available for 2017/18. Additional funding for social care was included in the 2017/18 budget announcements, the Northumberland proportion of this funding is:

- **2018/19:** £4m
- **2019/20:** £2m

This is non-recurring funding and is being used to support the delivery of social care services in Northumberland.

Key supply issues in Northumberland

There are key supply issues that are relevant for all services, while some are relevant to specific service areas.

General Supply Issues

Nationally there is concern about the stability of the social care provider market in both homecare and residential care services. While CQC have regulatory responsibility for the oversight of the financial health of some care and support providers, specifically those that would be difficult to replace because of their size or concentration, this is designed as an early warning system for local authorities that may be affected by the collapse of a large provider, rather than a preventative tool. According to a United Kingdom Homecare Association (UKHCA) Market Stability Survey published in September 2015 50% of providers surveyed had declined to bid for one or more local authority contract and 71% of providers trading with local authorities had refused to take on new packages. The report also stated there is some evidence of providers handing back packages of care to the local authority. The primary reason given for the withdrawal of working with local authorities was given as lack of funding with 93% of providers trading with local authorities stating they had faced real-term decrease in the price paid for services in the preceding 12 month period.



Recruitment and retention of staff is a significant issue all care providers face. A report published by Centre for Health and the Public Interest (CHPI) in November 2016 states the adult social care sector is characterised by low pay and insecure working arrangements, which has led to a workforce crisis. Industry staff turnover rates are high, averaging around 25% per annum and there is considerable variation in staff retention rates between public, private and voluntary sector care providers with average months of continuous service of residential care workers in the private sector only 29 months as apposed to the voluntary sector at 46 months and the public sector at 96 months.

With the projected changes to population in Northumberland, and the changing demographic of the available labour force, we already face additional significant challenges in recruitment and retention for the Social Care workforce. The projected changes to the population in Northumberland presents dual issues, the population 65+ is projected to increase significantly, both from ageing and inward migration, however, the projected number of younger people 18+ joining the workforce is reducing. People now retire later, working longer and this trend is predicted to continue and grow resulting in the average age of the workforce in Northumberland increasing. Care Providers face difficulty in recruiting care staff now, particularly in the more rural areas of the county, the change in population and demographic, added to the national recruitment and retention issues, will only serve to exacerbate the current situation.

Other general supply issues are:

- We need improved progression pathways through highly staffed services, and to proactively plan for people's support needs reducing as they enable their move towards greater independence. Therefore, we need providers who are able to adapt the support they offer as people's needs change to keep pace with their development
- There is a need to increase the use of assistive technology to support people to live safely in ordinary settings
- There are too few examples of social enterprise or micro businesses which restricts choice
- We need more providers with the appropriate skills to develop person centred services to support people with complex needs in a sustainable way
- We need organisations to work more collaboratively to enable service users to achieve their desired outcomes
- There is a lack of skilled services in the county that offer personalised support to people with autism
- There is a need for forensically informed services to offer support to people with very challenging reputations in appropriate locations

Care Homes

- The availability and choice of older person's residential and nursing care varies across the County. The average vacancy level across Northumberland is around 8%, however this is not evenly spread. To illustrate, in some areas of the North, nursing and residential care is currently in low supply, however, a large 80 plus bed care home is under construction in Alnwick
- We do not necessarily see the solution to this as the building of additional older persons care homes and we invite providers of this model of care to talk to us about provision of older person services and refer to the Extra care and Supported Housing Strategy.
- If there is a need for any further care homes to be developed we would like to talk to smaller independent services to meet any need
- We are interested in working with providers to improve the quality of residential and nursing services
- We do not necessarily see the solution to this as the building of additional older persons care homes as several are under construction. We invite providers of this model of care to talk to us about provision of older person services
- If there is a need for any further care homes to be developed we would like to talk to smaller independent services to meet any need
- We are interested in working with providers to improve the quality of residential and nursing services

Homecare

- Geography and access present substantial challenges to providers supporting people in their own homes in the rural west and north of the county, particularly around recruitment and inclement weather. We need providers to help us develop innovative solutions to recruitment issues
- There are limited outreach service options to support people who need complex care pathways remain in their own home

Specialised Supported Housing

- There is limited range of independent accommodation based care solutions to support and increase independence, particularly in the North of the county
- We need a range of responses to older people with Learning Disabilities, many of whom experience significant health issues including dementia
- There is a limited range of accommodation options to enable independent living for older people, we want to increase choice and options including Extra Care, specialist dementia services that are not nursing or residential and other accommodation for older people
- We need complex care placements for people with neurological conditions, including acquired brain injury, Huntington's Disease, MS, and challenging behaviour resulting from dementia
- Specialised accommodation to support step up/down and release hospital beds or prevent hospital admission
- There are some supported living services that have longstanding vacancies and these need to be reviewed
- Compatibility of service users means that some services will be difficult to fill and therefore single person tenancies in small blocks is a model NCC are interested in developing further
- The proposed changes for funding for Supported Housing is making housing and care providers cautious in planning to develop further supported accommodation schemes
- There are adults with a learning disability currently living with parents and/or older carers, this living arrangement is not sustainable in the longer term as carers age and may possibly require care and support themselves. We need to ensure there is housing and care options available for them when the time comes

Day Care

- There is a lack of social inclusion opportunities to provide the opportunity to develop and sustain a social life outside of services. This includes low level support services to support people with housing, health, employment
- There is a lack of access to employment opportunities
- We need complex care placements for people with neurological conditions, including day placements
- There is low supply of day services for younger adults
- There is a lack of age related day activities for people aged 35 – 64, particularly men

Opportunities

Our commissioning priorities are based on commissioning services that are outcome focussed and recognise and complement the care and support provided by family, friends and the community.

General opportunities

- Work with Providers to agree outcomes which increase life skills and facilitate clients taking responsibility for care activities wherever possible
- Commission services that move away from traditional care approaches to more innovative solutions
- Undertake joint commissioning to deliver a 'whole service' approach, which reduces duplication and is cost efficient
- Co-ordinate council funding and grants to Voluntary and Community Sector to ensure services and activities meet identified need in the community and help achieve our objectives

The following are services that we want to work with providers, community and voluntary organisations, service users and other stakeholders to make available in the market, but are not services that we currently have the budget to commission and so will be predominantly for self funders:

- Support to both obtain and maintain a tenancy in either social housing or the private rented sector
- Social skills training to help navigate social systems and address social difficulties
- Personal skills training, e.g. transport training, personal hygiene, cooking and budgeting, etc
- Support to obtain and maintain employment
- Support to help undertake mainstream further/higher education



Two of the key priority areas for developing and commissioning services in Northumberland are:

Dementia Services

The development of dementia services is a priority in Northumberland and NCC will undertake the following:

- Ensuring existing social care services (residential and domiciliary) have appropriate levels of skills, knowledge and training to support people in the community through the provision of training and application of the quality frameworks. The number of people with dementia in hospital beds will reduce and there is a need for specialist services in care homes to increase to meet this change
- Overall there are sufficient Elderly Mentally Infirm beds across Northumberland however there are some specific locations where we may want to increase the number of these
- The development of community based preventative services through capacity building and community development approaches
- Increased choice of accommodation options to enable people with dementia to remain in their own homes as long as possible. This will include facilitating the development of specialist accommodation where design and technology enables people to maximise independence
- Increased availability of services across the county that enable people to socialise and remain active
- Services that support carers



Autism Services

- NCC commissions a range of services for people with autism with a specific focus on supported living and some legacy residential services. Feedback from families, autism support services and care managers recommends the further development of autism services. This section examines some of these priorities
- A strategic autism group has identified a need to increase the availability of support for people with and without formal diagnosis of autism and Aspergers who do not meet the eligibility criteria for social care services but do however require support to access training, employment, reducing isolation, welfare benefits and housing. Support will help increase people's independence and reduce the need for formal social care services. NCC is currently working with Inclusion North to identify existing support services and networks before considering options to extend these services



- There are a small number of services that support people with day time activities however work is required to increase the availability of these across the County. We need to ensure these services offer value for money and provide the outcomes that meet needs and strategic outcomes. There are some services that support people into employment, but the levels of demand must be established and an affordable rate for these services must be identified before any services are commissioned



- A procurement framework has been established to commission CQC registered domiciliary services. This is being used to increase the availability of specialist autism services in Northumberland, particularly those people with high level needs. There are a number of people who are currently detained in hospital who will need specialist support services to enable their discharge back to the community. The framework will be used to commission their support services
- There are a number of people who are from Northumberland who currently live in services outside of the County. There are now providers available to support their return back to the community where individuals want to do so, and where NCC wants to commission new services that provide better value for money and more independent services

Specialised Supported Housing

There is no one size fits all solution for supported housing in Northumberland. Extra Care Schemes, with care and support on site, can be an appropriate and active choice for people who want the reassurance of an around the clock presence. However, we want to work with the market to develop Supported Housing solutions appropriate to the location.



There are two purpose built extra care schemes with care on site in Northumberland at present and an integrated care scheme comprising of community hospital and extra care design flats without an onsite care presence. We want to work with providers and developers to increase the Extra Care provision in appropriate areas. We want Extra Care Schemes located in main towns and service centres, which support the local economy and integrate into, and complement, the surrounding community. Financial constraints on the council means that financial support is not always an option but we will work in partnership with developers and providers to find appropriate solutions.

- Work with Planners, Housing and Providers to identify innovative solutions that meet the needs of individuals and our communities.
- Explore cluster models of care in Northumberland and are looking for Housing and Care Providers interested in exploring this model.
- Explore Specialised Supported Housing, linked with the hospitals, to support effective hospital discharge

There are some areas in Northumberland where the housing options for people who want to live in an ISL are limited, in particular towns in the north of the county, Berwick, Alnwick and Amble. Families and clients would favour housing where they could retain the familiar surroundings, services and amenities that they are used to and feel comfortable within their community.

Although there are plans for additional developments in the Southeast we currently have vacancies in Independent Supported Living Schemes where service users have either moved out leaving a vacancy or service users are waiting for people to move into the scheme with them. We do need to assess the feasibility of continuing with some of the shared accommodation when people's expectations and aspirations are moving to one bed individual accommodation.

Homecare

There will be an opportunity during 2019 for Domiciliary Care Providers to bid to be included on our preferred provider contract to deliver Domiciliary Care in Northumberland.

We want to work with individuals and families to identify support networks already in place and commission services that do not replace or duplicate family and community support.

Day Services

We are carrying out a strategic review of day service provision across the county which will inform our procurement plans going forward. However, we know there is a lack of age related activities for people between the ages of 40 – 60, particularly men. There are opportunities for providers who wish to develop specialist autism services in Northumberland.

There are opportunities for voluntary sector organisations that offer low level support, such as befriending services, meals, transport, etc. to work as part of the Community Hubs helping to prevent unnecessary hospital admissions and admission to institutional care.





We are developing a framework for Day Services which will detail what services we need in which areas. This will provide opportunities for current providers and potential providers to apply to the framework to deliver services in Northumberland.

Carers

We want to work with providers and the Voluntary and Community Sector to develop services that support the health and wellbeing of carers. There are opportunities to develop services that acknowledge the carers role and ensure carers have a say in how the care service is delivered.

There are opportunities for housing developers and providers to incorporate design that facilitates the caring role, in both new build and redevelopment.



What next?

- We are carrying out a review of all day services we contract with and will be visiting all the services over the coming year. This will help to identify gaps in provision and where we have services that are maybe not needed in that area. A member of the Commissioning Team will be in contact with current providers to arrange visits
- We are developing a day service framework to enable us to manage the quality and quantity of provision across the county. Current providers of day services will be invited to apply to go on the framework
- The new Homecare contract offers opportunities to providers to join during the lifetime of the contract as well as sub contracting opportunities
- We will continue to assess need for services and identify opportunities for providers to support in meeting the needs
- We will continue to engage with all stakeholders on delivery of the priorities
- We will continue to hold provider forums to discuss opportunities as well as publish opportunities appropriately

Facilitating the market

Training

All providers that work with Northumberland have access to our online Learning Development Unit. This enables staff to complete mandatory and area specific training with ease and working within the time available.

Provider forums

We hold Forums at least 4 times a year for each of the provider groups: Learning Disability, Mental Health, Older Persons Care Homes and Homecare providers. The forums provide the opportunity to discuss issues that they have been experiencing or discuss current issues that may be universal to all providers. We invite guest speakers along to provide information or training on their areas, such as benefits, Clinical Commissioning Group and Safeguarding.

We mentor providers to help them improve their quality and share best practice that we learn through our work nationally, regionally and locally. We provide training to enable providers to understand and meet our quality standards

Corporate procurement

Our colleagues in Corporate Procurement plan and hold supplier events for larger tenders to provide information to organisations on how to work with Northumberland. They will help facilitate smaller organisations bidding for tenders by working with the purchasing department to ensure the procurement lots are appropriately sized.

Asset based commissioning

Strategic commissioning of services is placing an increased emphasis on asset based commissioning which combines community development with commissioning. The following are driving this change:

- In Northumberland there is increasing demand from people who use services and communities to be fully involved in decisions that impact on their lives and to become co producers of outcomes
- Limited resources to meet current and future demand for services
- Research evidence of the cost effectiveness of combining personal, co production and self-help to produce outcomes
- The continued evolution of commissioning

We are interested in talking to providers about how we contract with them and the level of interest that they have in community development.

Other sources of information

A range of information on needs and commentary on relevant policy is available from the Health and Wellbeing Assessment, our Joint Strategic Needs Assessment (JSNA) which is available here

How to contact us:

We want local people who use our services to have a strong voice in helping us to monitor, develop and improve the way we work. Please contact us:

- If you think you might like to get involved
- If you would like to give us feedback on this Market Position Statement
- If you would like to find out more about adult social care services
- Or if you need help

Email: SocialCare@northumbria-healthcare.nhs.uk

Telephone: 01670 536 400

Minicom: 01670 515 131

If you need this information in large print, braille, audio or in another format or language please contact us:

Telephone: 0845 600 6400

Fax: 01670 511413

Text phone: 01670 542521

Typetalk: 018001 0845 600 6400

Email: ask@northumberland.gov.uk