

North East Lincolnshire Social Care



Market Position Statement 2022-2025

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1.0 Introduction

Welcome to the third adult services market position statement for North East Lincolnshire (NEL) covering the period 2022-25. The statement is later than planned due to our attention to pandemic related work, which has also informed our thinking on this, and future work as we prepare for market sustainability planning requirements later in 2022.

The purpose of a market position statement is to set out for the benefit of care providers and care recipients:

- What support and care services people need and how they need them to be provided.
- What the future of care and support will be like locally, how it will be funded and purchased.
- The support and services available now, and what is not available but needs to be.
- What support and care services the council thinks people will need in the future.
- How commissioners want to shape the opportunities that will be available.

The market position statement also demonstrates compliance with the Care Act 2014 statutory duties in relation to the operation of a local market for care in NEL.

In NEL, the council has been working with its health partners since 2007 in the interests of delivering better integration between health and social care. Due to forthcoming reforms, the Clinical Commissioning Group (CCG) will cease to exist, however close working between the council and emerging new health bodies will continue with the expectation that we build on what already works to join up health and care and create further momentum to improve services and outcomes for our community.

1.1 What is a market position statement?

Local areas need to consider how they are meeting their requirements under the Care Act 2014 to 'promote diversity and quality in the provision of services'. Good practice in market facilitation suggests that commissioners develop a common and shared perspective of supply and demand for care services. We also need to ensure sufficiency of provision, that the local care market is sustainable and fostering continuous improvement. These outcomes cannot be delivered without the active cooperation of providers and without clarity over their strategic approach. These functions are likely to be helped by the development of a market position statement (MPS).

The MPS aims to:

- Present a picture of demand and supply now, what that might look like in the future and how strategic commissioners will support and intervene in a local or regional market to deliver support for adults.

- Be a brief, analytical document that is clear about the distinction between description and analysis. It will allow providers to come to their own judgements about where, and in what amount to invest in a market. Providers not only need to understand the direction the local area is taking, but also why it is going in that direction and based on what evidence.
- Support its analysis by bringing together material from a range of sources such as JSNAs, surveys, contract monitoring, market reviews and statistics into a single document which presents the data that the market needs to know and use, if providers are to develop effective business plans.
- Cover all potential and actual users of services in the local area, not just those that receive funding from commissioners.
- Offer a start to, not the end point of a process of market facilitation.

Consequently, the MPS is the basis for strategic commissioning and is a document which we will review and update regularly. With the newly announced government reforms of social care, we will be developing our approach to ensure sustainability in the NEL care market.

We increasingly recognise that the local health and care workforce needs to be grown from within the local community as there are shortages of skilled workers in every area of health and care support. Workforce shortages have become more acute during the pandemic response and continue to undermine our efforts as a system to deliver quality care and support. We aim to work closely with our care providers and partners in the borough to identify ways of increasing the supply of workers in the care sector, as well as looking to initiatives to sustain and enhance careers in care.

Moving forward, as we transform local care and support services there are requirements for a different mix of skills, and we have described how we see the workforce of the future. We are keen to have a dialogue with our providers to ensure that we work collaboratively in developing the workforce that is needed for the new environment.

The government has now placed integrated care systems (ICS) on a statutory footing. Through our Humber Coast and Vale system a workforce strategy has been developed.

(<https://humbercoastandvale.org.uk/wp-content/uploads/2017/08/hcv-workforce-report.pdf>)

2.0 What are our plans to transform health and care in NEL?

In November 2020 NHS England and NHS Improvement published Integrating care: Next steps to building strong and effective integrated care systems across England. It described the core purpose of an ICS being to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

Adult social care will continue to work with health partners to support the overall vision for integrating care and support around the needs of service users.

We have aligned adult social care to the wider vision for health and wellbeing locally, focusing on prevention, putting the community at the centre of service redesign, and supporting people to take responsibility for their own health and wellbeing. Our whole system model aims to deliver the right care in the right place by the right people, as close to home as possible. It seeks to release the capacity and innovation in our community which will promote healthy living, self-care, and prevention, and reduce the risk of problems escalating and/or lead to unplanned hospital admissions.

It is clear there is a need to move away from traditional models of service delivery and organisational boundaries towards reorganising services around communities and their needs. The universal offer of 'one size fits all' has many limitations, especially for citizens who have grown used to seeing personalisation and customisation as a 'given' through the growth of digital technologies. Through partnership working and building community assets and capabilities, there is an opportunity to re-shape public services to ensure they meet the financial challenge head on and deliver on outcomes for citizens.

We are clear that improving health and wellbeing relies on considering and addressing a wide range of issues beyond just health and social care – economic growth and prosperity, learning and skills, housing and many more are all key contributors. We are also committed to working more closely with our colleagues in children's services to so that we better plan for meeting the needs of younger adults as they prepare for adulthood, ensuring we have the right services and arrangements in place as close to home as possible.

2.1 What are we planning to achieve?

In our adult strategy (2019) we outlined our vision and objectives as follows:

"Adults in NEL have healthy and independent lives with easy access to joined up advice and support which help them to help themselves."

We will do this by focusing on the themes below:

Information and advice: make sure that wherever and whenever a person approaches services for help, we are proactive in giving information that supports health and independence. We call this the 'no wrong front door' approach, which means that services understand how to work together to offer coherent and consistent information, and to direct people to help promptly. It also means that people will feel confident that they can access information when they need it.

Assessments: we will consider how we can reduce the number of assessments that people need, by recording information in the same way across services, and reusing the information (sharing the data) we already hold about them. We will also revise how we assess, plan and review care to make sure that re-ablement is the focus at

every stage. For example, at each review we will work sensitively with the person and their support providers to think about key objectives for the coming period and how support can help them achieve as much independence as is possible for them.

Care at home: we will review the way we deliver care at home to make sure that it:

- a. It supports people to help themselves, whenever possible, so that they no longer need any care or as much care
- b. Is attractive to the people who need it and the people who give it. We launched our outcomes focused “teams not times” model in 2019-20 to avoid an inflexible ‘time and task’ model which is often ineffective and frustrating for everyone involved
- c. Is best value for those buying support and is sustainable for providers (services are designed so that quality, affordable care can be offered promptly when needed).

Housing-based help: we will review the type of housing available to those with needs, to make sure that it:

- a. Is designed to maximise health and independence (including helping people stay in their own home, for example through timely disability adaptations, equipment, or assistive technology such as telecare alarms)
- b. Is the right mix to meet local need (including housing for those not able to stay in their own home, such as extra care housing, supported living, residential or nursing care)
- c. Is best value and sustainable (the price that we pay for any placements is affordable and allows providers to keep delivering quality care and accommodation).

Intermediate care: we will review our approach to short-term help for people following an illness or accident, to make sure it focuses on re-ablement wherever possible. This includes taking a ‘discharge to recover’ approach so that people leaving hospital and accessing residential intermediate care (for example) are helped to regain independence, and ideally to go home, as quickly as possible with aids to daily living in place where necessary.

Voluntary sector: we will review how we can support the voluntary sector to become more sustainable and encourage organisations to work with us to support adult health and independence. We particularly want to work with voluntary and community organisations to make sure people are connected and can play an active part in community life, and to help us reach people who we might not otherwise be able to.

Workforce development: working with provider partners we will review the staff we need to help us to achieve the objectives in this strategy. This includes:

- a. Understanding the number and type of staff that we need to recruit, and how we can best retain the staff that we already have

- b. Considering how we can use the staff we already have more efficiently (including those outside of the formal public sector)
- c. Creating a shared approach to training, and to developing staff practice, that reflects our local priorities, principles, and values.

Collecting information: to help us understand whether we are helping people in the way set out in this strategy, and to give us something to measure our progress against, we will:

- a. Review what information is collected, who collects it, and why
- b. Identify any gaps or duplication in collection, and streamline collection where we can
- c. Make sure we collect the information we need to make decisions about local services for local people, by agreeing who will collect what, and how it will be shared and analysed
- d. Make information available to people seeking help so they can see what we hold about them and how it shapes the decisions we make on their behalf.

Our adult strategy is due for a review during 2022 and we will seek to align our thinking across local health and care partnerships so that we have a shared set of priorities to improve the health, care and support we offer to our communities.

Our local integrated care partnership (HCP) is developing its focus on a number of priorities listed below:

Reducing health inequalities

Based on the priorities identified within the director of public health's annual report published in April 2021, there are three identified areas where local partners' input could have a significant impact addressing identified inequalities and increased need during the pandemic:

- Alcohol misuse
- Domestic abuse
- Smoking.

Below are the three identified areas where it is felt our place-based health care partnership (HCP) could have a significant impact, addressing identified inequalities and increased need post pandemic:

Hypertension, cardio vascular diseases (CVD) or Dementia

Based on NHS population health data, if the NEL HCP were to focus on individuals with 5+ comorbid conditions, to bring our position more in line with the England average, we could improve life expectancy, reduce inequalities, and reduce hospital spend.

Opportunities for health and care integration

- **Development of integrated PCN / neighbourhood teams** built into this is the priority suggestion around learning disability, health checks and enhanced

care home support through integrated teams). Building on the work NAViGO is currently undertaking with the primary care networks (PCNs) to integrate the community mental health teams, there is an opportunity to work collaboratively to develop a consistent model to integrate broader health and care teams in to the PCNs.

- **Community diagnostics hub** – in response to national funding opportunity. Rather than individual providers responding to inform the development of a potential NEL Community Diagnostic Hub, the HCP could provide a coordinated response on behalf of all member providers and lead on the development of the hub.
- **Intermediate and transitional care** – enhancement of the existing offer to increase the opportunity for individuals to stay at home, avoid hospital admission or return home more quickly following a hospital admission
- **Build social connectivity for NEL communities across the life course** - from young first-time mothers, through to older people living alone. Do this by increasing digital skills, sustaining and building on well-used community assets (physical and virtual), and by reviewing the commissioning of the voluntary and community sector (including the use of social prescribing) and “making every contact count”¹. Working with individuals at all stages of life to tackle isolation and rebuild communities by connecting individuals to services and support available.
- **Therapy review (physiotherapy and occupational therapy)**– addressing the issues identified via the discharge to assess / discharge / community response work and the potential to address through integrated provision. Timely therapy input is key to admission avoidance and supporting individuals to return home. Most providers have some form of therapy provision. This priority would explore the potential to bring our total therapy provision together to improve service provision, outcomes and achieve ‘value added.’

3.0 Personalisation, choice, and control – making it real

We are committed to the principles of rights-based care which enables individuals to have some choice and control about how their needs are met. We are also signed up to the making it real campaign which evaluates the success of our interventions through a series of user focused statements. Accessing social services should be built around the aspiration for people to have normal lives, whatever their vulnerabilities. Making it real means that people have a life, not a service. We want to be able to demonstrate that services and support make a real difference to the lives of the people we are supporting. This means being clear about the outcomes which people want to achieve in their lives and ensuring that we all work towards the achievement of those through on-going conversation with our clients.

¹ Making every contact count is a method by which professionals working with clients undertake brief information or advice to support the individual in making health improvements

We would urge all our providers to sign up to the making it real campaign. You can find out more about this here:

<https://www.thinklocalactpersonal.org.uk/MakingitReal/>

4.0 Our local population

Our plans build from the joint strategic needs assessment (JSNA) <http://www.nelincsdata.net/JSNA> which highlights a growing elderly and increasingly frail population. The proportion of older adults in NEL will continue to increase, placing additional demands on services. The NEL area also contains specific pockets of deprivation which continue to present challenges for service design and provision. We are facing challenges related to health inequalities and variations in life expectancy for men and women and between different wards in our locality. Some of these inequalities have been heightened during the pandemic.

NEL's priorities are "stronger economy and stronger communities." We want to ensure that people can enjoy their lives independently within the borough, take advantage of local amenities in their leisure time, and enjoy working, learning, or volunteering as active members of our community. We are keen to engage with our partners in the voluntary and community sector to ensure that people feel connected to each other within the community.

4.1 Our local demographic challenges

NEL is a small unitary authority area with most residents living in the towns of Grimsby, Cleethorpes, and Immingham. It is geographically remote from larger centres of population, and we need to retain and grow our local workforce capacity and capability across a range of sectors including health and care.

The most recent figures (mid-2020) from the ONS, estimate the NEL resident population at 159,364 persons. This shows that the local population has changed little over the past decade, with the 2011 Census recording the local resident population at 159,616 people. The latest ONS population projections estimate that the local population will continue to change little over the coming decade and will remain at around 159,000 in 2030. Despite the overall population estimated to remain static, there are clear differences in the projections across the life course, with the 0-19 resident population projected to decrease by 5.4 per cent between 2020 and 2030, and the 80+ resident population (frail elderly) projected to increase by 30.6 per cent within the same time-period. This represents significant growth in demand to be met from the reduced resources available to the health and care economy within the borough.

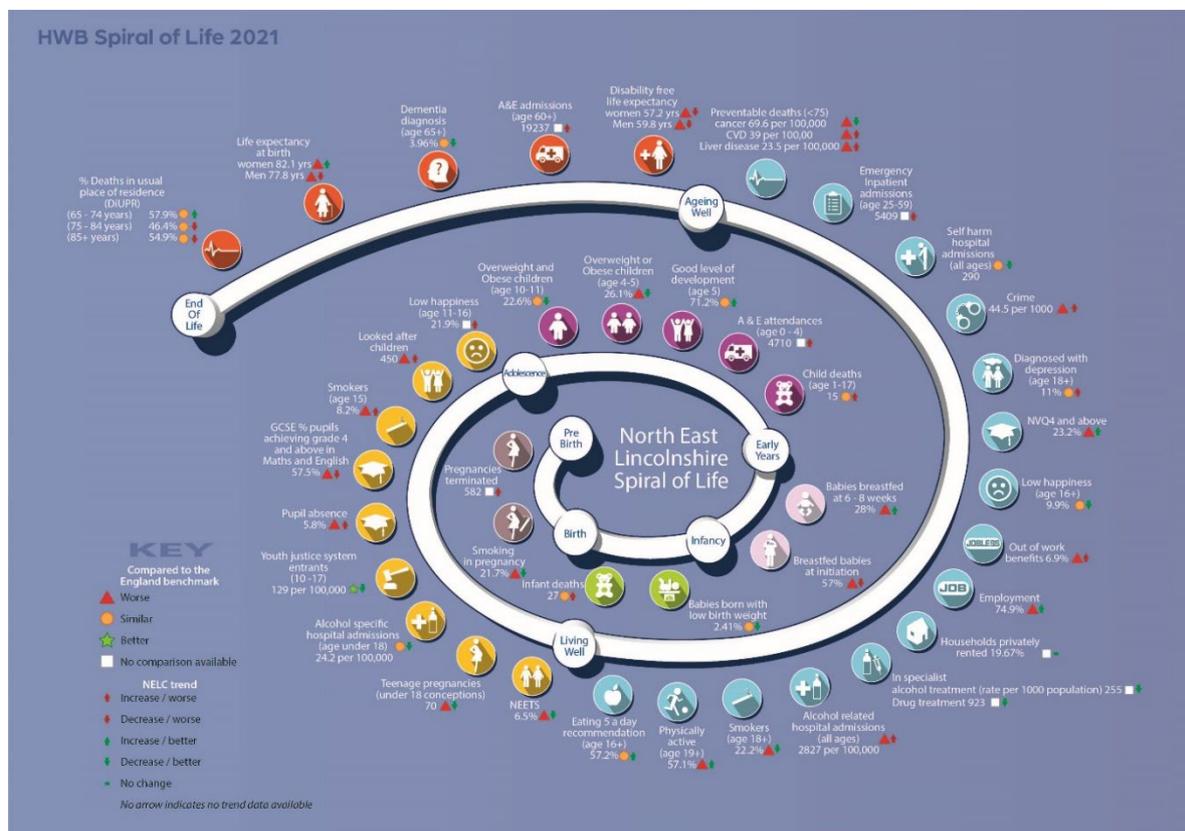
The latest estimates from the annual population survey show that five per cent of the NEL population overall is non-white British, which is much lower than that for England overall. Again, there are differences across the life course, with increasing ethnic

diversity among the younger age groups, as the local school census shows that around ten per cent of primary school pupils are recorded as non-white British. Our local services need to be more sensitive to cultural needs and the changing patterns of demand which may arise from different community characteristics.

Disability free life expectancy (years a person would expect to live without a long lasting physical or mental health condition or disability that limits daily activities) in NEL in both males and females, is significantly lower than that for England overall. The local trend shows that this is getting worse and the gap between NEL and England overall is widening, therefore contributing to poor outcomes around healthy ageing. As an area, NEL's population has a greater dependency on public services due to the impact of disability within the community.

Locally there is a higher proportion of people who care for 50 hours or more per week (5,993 residents or 29.8 per cent) than seen regionally (24.5 per cent) and nationally (23.1 per cent). This means that there is a higher proportion of people in the locality who may be at risk of social isolation due to caring responsibilities and who may have limited opportunities to pursue work or social interests.

The diagram below shows the extent of health inequalities in the borough, and highlights some of the health issues that our partnership is trying to tackle. We are keen to ensure that the gap in life expectancy can be addressed and those people living in the most deprived neighbourhoods do not experience disadvantage in terms of their access to services, or opportunity for health improvement.



4.2 Deprivation and health

The indices of deprivation are a measure of relative deprivation at small area level across England, with the 2019 version being the most recent data. Overall, NEL is the 29th most deprived (out of 317) councils in England. Stark deprivation inequalities exist within NEL, with areas ranging from some of the most deprived in England to others of some affluence. Two wards (East Marsh and West Marsh) are in the most deprived 1 per cent of wards in England, and five wards (East Marsh, West Marsh, South, Sidney Sussex, and Heneage) are in the most deprived ten per cent of wards in England.

Public Health England has published health profiles for each local authority in England. The NEL profile reports that the health of people in NEL is worse than that of England overall. Figures show that life expectancy for both males and females, and premature mortality from cardiovascular disease and cancer, are all worse in NEL than for England overall. In addition to these inequalities between NEL and England, there are also stark health inequalities between areas within NEL. Male life expectancy in the most deprived area of NEL is 13.7 years lower than in the least deprived area, and for females this gap is 9.2 years.

Indicator	Period	NE Lincs		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male)	2017 - 19	-	-	77.8	78.8	79.8	74.4		84.9
Life expectancy at birth (Female)	2017 - 19	-	-	82.1	82.5	83.4	79.5		87.2
Under 75 mortality rate from all causes	2017 - 19	-	1,770	399	361	326	548		224
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	-	412	92.0	80.2	70.4	121.6		43.6
Under 75 mortality rate from cancer	2017 - 19	-	686	152.6	137.5	129.2	182.4		87.4
Suicide rate	2017 - 19	-	46	11.2	12.0	10.1	19.0		4.9

NEL has a higher proportion of its population aged over 65 years than does the England population overall, and due to our lower disability free life expectancy, there will be a considerable local frail elderly population. Older and frail elderly patients typically require more health and social care for conditions such as dementia and often present with multiple co-morbidities. Over time we have seen increased acuity in care needs in both our older and younger population groups and the local care market has new opportunities to develop sustainable and innovative care models to meet these challenges.

As outlined above the implications are that the population has higher levels of poor health, are less likely to adopt health seeking behaviours and are more likely to be exposed to multiple risk factors leading to adverse health outcomes, with the consequence of higher levels of premature death or development of complex conditions. A lower disability free life expectancy means that some segments of the population will require state funded care and support for longer, therefore earlier intervention and preventative wellbeing services are therefore an essential component

of making long term changes to the population and reducing demand for treatments or other interventions.

4.3 Economy and health

Unemployment has fallen over recent years as is now at around five per cent in NEL, but it remains higher than the regional and national rates. Around 20 per cent of households locally are “workless” which is much higher than in the Yorkshire and the Humber (15 per cent) and Great Britain (14 per cent) overall. Only 25 per cent of the local population is qualified to NVQ level 4 and above, which compares poorly to the Yorkshire and the Humber (37 per cent) and Great Britain (43 per cent). Similarly, 12 per cent of the local population does not hold any qualifications, which again compares poorly to the Yorkshire and the Humber (seven per cent) and Great Britain (six per cent).

This means that by comparison with other areas we have a population that is less able to earn the levels of income that are required to live well. By focusing on generating more employment opportunities and increasing the supply of good quality jobs for local people we will be able to reverse the cycle of generations of unemployment.

4.4 Housing and health

Housing and health are inextricably linked. As a borough we have a low value housing market, which on the one hand enables home ownership, but on the other makes it a difficult area for housing developers to generate appropriate levels of return on new build housing.

We are also aware that there is a need for a more diversified housing stock able to support the changing needs of an ageing and increasingly frail population. New housing developments need to ensure that services and support are appropriately accessible to ensure that all people can access what they need, when they need it and without having to rely on personal transport. We have a local housing strategy and a more co-ordinated approach to the delivery of housing initiatives that will help people to live in a safe, connected, and supportive community.

We are working closely with children’s services to identify early the housing needs of young people with disability, or health problems. Similarly, there is a need for safe and supported housing for young care leavers, or children with emotional and social support needs.

5.0 Framework for the MPS and definitions

We have structured this document in such a way as to provide a ‘directory’ of the services we buy or enable. In doing this, and to ensure that current spend can be identified, we have necessarily structured the document in line with current budgetary and contractual commitments. This should not, however, be taken to

mean that this breakdown of services is the best for the future. New ways of describing, organising and therefore funding services that cuts across traditional boundaries may be appropriate in some service areas.

Because of the reliance that people place on the services we commission we have described them in different ways:

1. Some services are '*restricted*,' i.e., we will always need to buy these services from a particular organisation. This does not, however, mean that the most stringent quality, consistency, and innovation will not be expected and that the amount of these services might not change.
2. Some services are '*protected*,' i.e., only a certain number or type of organisations might ever be suitable to provide these services. This might mean limited 'competition' for services.
3. Some services are '*open*,' i.e., where a wide range of providers might be invited to tender.

There are also sometimes differences in how we expect to buy services, and whether it is intended that this should change in the future. For example, will we pay for outcomes (results for users) rather than inputs, and we are expecting to move away from 'block' contracts and pay for activity and outcomes in future. There will also be some areas where what we have commissioned in the past, on behalf of groups of people, will become the subject of individual budgets. In this case the market will be made up of several individual purchasers.

Finally, even when there is no intention to change what we buy in future there is a requirement to ensure we continue to get the best possible quality of care and support. Where this quality falls below acceptable standards, we reserve the right to undertake a review and re-commission such services, as necessary.

5.1 Coverage of the document

- Wellbeing and prevention services
- Community assessment and micro commissioning
- Community services
- Intermediate care services
- Mental health
- Learning disability and neurodiversity specialist services
- Long term care
- Carers' support
- Care at home
- Housing and housing related support
- Rehabilitation and re-enablement

6.0 Wellbeing and prevention services

Wellbeing and prevention services play a vital role in the overall strategy and market development approach. Approximately £6.6m is spent in this area including a wide range of services contracted with the independent and voluntary sector. These

include Carelink, St Andrews Hospice, Alzheimer's Society, the Stroke Association, Red Cross and over twenty-three other contracts with voluntary groups amounting to just over £2.3m purchased.

We will work to stimulate this market to provide an increasingly effective first line of support at a local community and neighbourhood level. The primary partners in this will be the independent and voluntary sector who will be supported to develop their capacity and capability. This will be achieved through:

1. Grant funding from the preventative services market development board to set up services to meet local needs and which can be purchased directly by residents
2. For these targeted prevention services, the ability to charge clients a maximum of £10 per hour.
3. The opportunity to raise funds through charitable and other fund-raising activities and to manage costs by volunteers where appropriate.

Alongside these wellbeing and prevention services the council contracts for around £4.8m of services including drug and alcohol services, substance misuse and sexual health services. For further information about these services, please contact the Wellbeing Service on 01472 325500 or at <https://www.nelincs.gov.uk/health-wellbeing-and-social-care/health-and-wellbeing/alcohol-drugs-and-substance-misuse/>

The vision for NEL is for a health and social care economy that enables its citizens to care for themselves wherever practicable therefore all service providers will be required to demonstrate how they are promoting wellbeing and independence in the way in which they deliver their services.

6.1 Public health wellbeing service

The current public health wellbeing service is a part of the public health team within NEL council. Its aim is to promote self-directed wellbeing and independence wherever practical, and more specific targeted support in areas of health inequality within the borough.

The focus for this service is on the delivery of integrated wellbeing support which serves NEL's adult population. The service is centred around a team of wellbeing workers that use a coaching approach to support people with their health and wellbeing with an emphasis on the wider wellbeing agenda. There is also the ability to support partners and other service providers delivering health and wellbeing related activity to adopt a similar approach. The aim is to foster a standardised approach to health and wellbeing engagement within NEL and create a consistent model for delivery.

6.2 Online wellbeing tool

On the Livewell Website (<https://livewell.nelincs.gov.uk/your-wellbeing/>) there is an adult online wellbeing tool called My Wellbeing that is accessible to people in NEL. This tool includes an engaging and simple online questionnaire and wellbeing check

to enable individuals to self-assess and signpost to appropriate information to make positive changes in their lives. The tool was designed to consider all the areas of a person's life that influence their health and wellbeing. These 7 areas give real focus to the holistic wellbeing approach and include the following topics:

- Money
- Daily routine
- Where you live
- Physical health
- Mental and emotional health
- Learning
- Relationships.

We envisage that health and care providers could use the tool/wellbeing approach to deliver a self-reported wellbeing assessment for the clients they work with as part of developing a standardised and consistent wellbeing intervention.

6.3 The wellbeing academy - making every contact count – (MECC)

We are currently in the process of developing a wellbeing academy, an online platform for staff and volunteers across all settings to access trusted and accredited wellbeing training. This will help to increase the capacity across the borough to support people with their wellbeing and focus on prevention. We hope the wellbeing academy will become the go-to place for training, resources, and networking to support a range of health and wellbeing professionals and volunteers and create a bank of community wellbeing workers/volunteers across the system. The core training package will focus on the making every contact count (MECC) approach enabling staff and volunteers to have opportunistic health and wellbeing conversations in a standardised and consistent way based on the local ethos and approach to wellbeing and using a coaching approach. We would therefore encourage all our providers to access this support from the wellbeing service to ensure that every opportunity to engage with service users and patients results in a meaningful conversation about wellbeing and improved outcomes.

6.4 Healthy places

Healthy places is a workplace initiative formed as a health and wellbeing training and support provider. Healthy places was born out of a strategic move to establish the council as the "go-to" provider for health and wellbeing support within NEL, by supporting organisations to identify, plan and create a healthier place. Looking at health and wellbeing in its broadest sense and enabling a culture that allows people to thrive.

Key objectives for the service:

- To promote health and wellbeing across NEL through targeted support in businesses and organisations to help close the gap in health inequalities within the borough.

- To increase the capability of the wider NEL workforce in being able to promote and support a public health-led approach delivering improvements in health through training, support, advice and consultancy.
- Build organisational cultures across NEL that promote health and wellbeing which in return, reap the benefits of improved attendance, productivity and attainment, an overall greater happiness and morale, increase staff retention and an enhanced experience for service users and customers.

This service is ideally placed to support the workforce development of all health and care providers both in promoting health and wellbeing for the clients being supported, and to ensure that the provider's own workforce is supported within a "healthy workplace" ethos to ensure people feel safe, happy and valued where they work, live and learn.

7.0 Community assessment and micro-commissioning

We currently have three organisations in NEL delivering elements of statutory social work and micro commissioning functions. These functions are contracted via the CCG on behalf of the council. In addition, specialist nurses undertake assessment and micro-commissioning for continuing health care (CHC) funded cases.

Micro-commissioning refers to the process for an individual – identifying their individual needs and aspirations, and then commissioning care and support services specific to them. This process is undertaken by care workers and social workers as part of their care/support planning with individual service users. This involves:

- Assessment, financial assessment, and care planning
- Response to urgent need
- Complex case management
- Signposting and advice
- Access to preventative services
- Adult safeguarding services and
- Continuing health care hub.

Over the coming year we are reviewing our model of practice. We want to ensure that our social work practice is consistent, person centred, and rights based and that partners delivering these functions can demonstrate the outcomes that are being achieved. Due to health service changes, the council will enter into a direct agreement with providers for the delivery of these services, replacing some of the existing arrangements and partnerships with the CCG.

Our approach to micro-commissioning is governed by a clear policy entitled 'Micro-Commissioning in Adult Social Care, NHS Continuing Healthcare/ Funded Nursing Care and Mental Health Aftercare: Principles of Consistent, Pragmatic and Ethical Decision Making.' This sets out the shared principles and values intended to inform the micro-commissioned activity undertaken across social care, CHC and funded nursing care (FNC) provision, its purpose is to:

- a) ensure provision of the best possible quality of care for those for whom the CCG is responsible, distributed on a transparent, equitable and affordable basis
- b) Improve consistency and quality of decision making across micro-commissioned provision, through knowledge and application of public law principles.

At the heart of our decision making is the desire to make best use of public funds. The National Audit Office defines value for money as ‘the optimal use of resources to achieve the intended outcomes,’ and uses three criteria when assessing value for money:

- Economy: minimising the cost of resources used or required (inputs) – spending less
- Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well; and
- Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely.

7.1 Future needs and demand analysis

NEL is experiencing growth in the number of older people with multiple complex care needs, in addition to which more younger clients with long term disability will need to be supported. We are working more closely with children's services to anticipate the needs of younger people much earlier so that we can prepare effectively for adulthood and develop services within the borough to meet needs as close to home as possible. We want to ensure that we work more effectively to ensure that young people are prepared for their adult lives and to support people to be as independent as possible. We are exploring how we might deliver a more integrated “transitional safeguarding” approach to ensure that we identify and support young people to enjoy a healthier, happier, and independent adult life.

We are also developing a joint strategic needs assessment for the 14-25 age group to help with our social work and safeguarding practice enabling us to create plans for appropriate support to this group.

There are a total of 838 children on the council system recorded as having a disability. Many of these are younger than fourteen. Of those who are fourteen or older they are recorded as follows:

Children's service area	Number of children 14 and over accessing services
Autistic spectrum disorder	67
Behaviour	37
Communication	13
Consciousness	8
DDA but no other category	21
Hearing impairment	8
Incontinence	3

Learning disability (including severe and very severe)	75
Mobility	16
Personal care	2
Physical	1
Visual impairment	7

7.2 Strategic direction

Practice is focused on an asset or strengths-based approach which looks holistically at the health and care needs of the people we need to support. Working in an integrated system will require health care professionals and social workers to develop integrated care packages that focus on improving or maintaining wellbeing, independence, and the enjoyment of life within the community of NEL. Practice development is led by the principle social worker in NEL.

There is an expectation that social workers will be developing links with the local integrated care system, housing, public health services and the voluntary and community sector to deliver appropriate outcomes for users.

We have recently launched the Livewell website which provides a directory of local groups, services, and organizations for people to access. Our site also aims to provide information and advice to help people understand more about adult social care.

7.3 What we are looking for from the market

We are not looking to re-commission this service at present. However, we are reviewing the effectiveness and efficiency of the current dispersed model and will propose new performance frameworks and ways of working that provide the assurances we need to enable the benefits from excellent social work practice to be achieved.

8.0 Community services

Care Plus Group is contracted to provide a range of integrated community health and social care services with a total value of around £19m. A key component of this spend is accounted for with the provision of an integrated intermediate tier of services.

8.1 Current Contract(s)

The following provider is delivering commissioned services in this area:

- Care Plus Group (CPG)

The above contract is until 31st March 24

The annual value of the current contract(s): £19.04m

The value of adult social care expenditure with Care Plus Group at present is £3.4 million which contributes to the cost of intermediate care services, day centres and community transport.

CPG is commissioned to deliver 37,500 full day centre sessions for older people with complex needs and for adults with learning and physical disability, and who require personal care support; where people are assessed as having the means to pay, sessions are charged for in accordance with our charging policy.

CPG also operates a small fleet of adapted vehicles which enable access to day centre facilities. The contract pays for a limited number of commissioned transport places, as transport within the borough can be difficult for those with disabilities. There is flexibility within the arrangements for the transport provider to make greater use of the vehicles, once the needs of those requiring a commissioned service have been met.

The CPG contracts have operated under block arrangements for a variety of community services for the provision of services to the population of NEL.

There is a range of performance criteria related to the services for both health and adult social care. Any provider would need to deliver all these standards at scale. Any contract will have negotiated performance targets in line with national standards and best practice and include those referred to service and triaged, prevalence of pressure sore and damage, incidents and complaints.

Community providers must have close working relationships with primary care networks locally, secondary care, hospice, mental health and adult social care. As part of the government's ambition for health care includes population health management approaches it will be expected that community providers are able to respond to and tailor their support to meet needs in a personalised way.

8.2 Future needs and demand analysis

Recruitment of suitable staff continues to be a risk to delivery across all sectors. We are increasingly focusing on re-ablement and there is a need to focus on initiatives such as single-handed care delivery to ensure that our scarce staff resources are used effectively. Providers also need to ensure that there are trained therapists to support our ambitions for more effective re-ablement and rehabilitation.

Demand for community services activity is always increasing due to the nature of an ageing population. The strategic aim is to focus on improving management of those with long term conditions, and to move services and support into community settings to try and provide community support to avoid unplanned admissions which have a substantial impact on resources. The community providers will allow earlier discharge of patients and support in the community, with urgent care teams helping to avoid unplanned admissions.

We are currently undertaking a review of day opportunities which includes our commissioned day centre provision. The review will look at whether the current offer meets people's needs and will aim to develop more choices for people to access activities at various times of the week with a focus on enabling independence,

reducing social isolation, and creating a more sustainable and varied service offer. We will also be exploring whether a direct payment may offer greater choice, control for people, and reduce dependency on the limited range of day services that are currently commissioned.

8.3 Strategic direction

Reduced funding and challenges of sufficiency of supply within the labour market coupled with higher demand for services mean that commissioners and providers must work closely together to ensure resources targeted where required, making efficiencies and economies. We are looking at ways of reducing bureaucracy through the implementation of shared care records, and systems, and improving the quality of users' experience. We also need our providers to ensure that they can evaluate the user outcomes from services and that we are collectively achieving our aims to ensure that people can live more independently in the community.

8.4 What are we looking for from the market?

At the present time, we are not looking to re-commission the wider community services contract. However, as indicated above, we are in the process of reviewing our day services and community transport services to ensure we get better value for money and are more confident in meeting the social needs of greater numbers of people by connecting them to support and opportunities within their own areas. The review will help us to ensure that the services on offer are what people want and need and are delivered when and where they prefer them.

9.0 Intermediate services

Intermediate care services are concerned with an individual's recovery, recuperation, re-ablement and re-habilitation following episodic illness or crisis and is most often best described as a "transitional half-way home" service provided at the point of hospital discharge or as a step up, to prevent a hospital admission or long-term care placement by means of swift interventions at home or using a short term "step-up" bed.

Services are currently arranged as follows:

- Bed based intermediate care (rehabilitation/re-enablement) - this service is provided in community beds at Cambridge Park enhanced recovery unit and offers up to fifty re-ablement beds.
- CPG delivers intermediate care at home. Most referrals are for patients being discharged from hospital however some patients are referred from the community. Spot purchased residential/ nursing care beds may be used to respond to demands more flexibly
- Telephone triage - as an element of the NEL single point of access (SPA), this service is an integrated health, social care, and mental health triage function for callers to the SPA that advises, signposts, and initiates an urgent care response if required, including a rapid response service via the community urgent care team (CUCT).
- Community urgent care team (CUCT) - this service provides a rapid response to an individual at their normal place of residence for their rapid assessment,

treatment, and onward referral. The service is accessed via the SPA; this service may also place into short term step-up beds.

- Discharge liaison - working as part of an integrated virtual discharge team to support the timely assessment and onward care arrangements for those discharging on pathways 1 (discharge home),² (discharge to bed based recovery and intensive re-ablement support) and three²(discharge to a residential care home).

9.1 Financial Context

We commission intermediate tier services through the contract with CPG, our main community services provider. This service is within the main contract value indicated at section 8.1.

We will continue to review and further develop intermediate care services to reduce the dependency on long term care and hospital services through a variety of intermediate service mechanisms.

9.2 Current supply

CPG is the lead provider commissioned to deliver intermediate care services in NEL. The main supply of intermediate care beds is within Cambridge Park enhanced recovery unit providing fifty-two beds. When the facility is at capacity or unable to take admissions care homes are spot purchased to provide the accommodation and care needs with in-reach from the community urgent care team. CPG also works with focus CIC and Navigo on integrated call handling arrangements through the NEL single point of access (SPA).

The key interfaces which support integrated service delivery are:

- Service level agreement with Northern Lincolnshire and Goole acute hospital trust (NLaG) for the delivery of stroke therapy input to those residing within Cambridge Park following a stroke.
- SPA, working with focus CIC (social work practice) and NAViGO (adult social care and mental health provision) to provide an integrated “phone first” service for advice, signposting and access to urgent care services
- Community discharge hub working with focus to provide an integrated approach to hospital discharge and arrangement of onward care.
- Integrated approach to discharge from intermediate care facilities or intermediate care at home working with focus to ensure individuals who require on-going care are supported to reside in the most suitable accommodation, preferably in their own homes and reach their maximum potential.
- Provision of a clinical nurse as part of the primary care stream co-located with the Diana Princess of Wales Hospital accident and emergency service.

² Pathways 1, 2 and 3 are as described in the department of health and social care’s hospital discharge and community support: policy and operating model

9.3 Future needs and demand analysis

Demand for intermediate care services is increasing both in terms of quantity (circa 35 per cent increase) and complexity of provision. This is due to demographic factors, new hospital discharge arrangements and the need to deliver community solutions to avoid hospital admissions.

Intermediate care is increasingly needing to provide a nursing and medical offer, as individuals who would otherwise have been supported in acute facilities are now being supported within intermediate care on a step up or step-down pathway.

9.4 Strategic direction

We aim to further develop the seamless, integrated nature of intermediate care service delivery as part of the wider NEL integration approach. We aim to ensure that capacity meets projected demand, and that performance is enhanced for individuals, reducing long term hospital stays. We want to develop step-up and responsive services to improve care delivery close to people's homes, avoiding hospital admission. By focusing on rehabilitation and re-ablement outcomes we aim to reduce long term care and increase individuals' ability to live independently at home.

The commissioning principles with respect to intermediate care are to ensure that services are delivered in the most appropriate setting, are outcome focused, are high quality, cost effective and person centred.

9.5 How the health and care system expects the market to respond

In the context of our approach to integration, seven day working, and provision of the right support at the right time and place, providers are expected to work together through the integrated care partnership to contribute to the development of improved, integrated, value for money intermediate care services.

A key challenge is workforce, especially therapy and nurse led functions, as there is high demand for therapists and nurses nationally and recruiting to NEL is presenting difficulties. Providers will need to develop sustainable workforce strategies to ensure there are adequate staff with the right skills to deliver intermediate care services now and into the future.

9.6 Current Contract(s)

CPG is currently delivering services in this area and the contract is with an annual value of £8m which is part of the larger block-based contract described in 8.1. Performance data reporting covers a significant dataset on activity and outcomes across the range of services. Activity measures include volume of clinical activity in health triage, rapid response, and rehabilitation services.

9.7 Supply and Demand

Activity in each of these intermediate tier services areas has risen in recent years through demographic growth and through the planned strategic aims of increasing

the number of patients being offered rehabilitation/re-enablement and increasing the number of patients where accident and emergency attendance and possible admission are avoided by improved community response.

Demand is expected to rise through both demographic and strategic (care system re-design) reasons.

In future we need to:

- Ensure that capacity meets projected demand particularly in intermediate care at home.
- Ensure performance is optimised in terms of individual outcomes.
- Reduce delayed transfers of care associated with access to and discharge from intermediate care services.
- Develop community urgent care team capacity and step-up/hospital avoidance, further shifting to care at/ nearer home where hospital specialist care is not appropriate.

9.8 What we are looking for from the market

To ensure that during the delivery of services and support across our place (i.e., support at home, care homes, intermediate care), and within strategic and business decision making that re-ablement, rehabilitation and recovery and the ethos of an asset-based approach feature strongly so as a NEL place we can equip individuals to self-care, reach or maintain their maximum potential and live as independently as possible within their own communities.

10.0 Mental health and learning disability services

Mental health and learning disability services total around £24m of expenditure annually. Whilst significant contributions are provided to support people with mental health needs or learning disability by the independent and voluntary sector, the element of spend for specialist support is predominantly contracted from Navigo. We wish to develop a diverse market for care and wellbeing offering real choice for people with mental health difficulties. To achieve this vision, we need to engage with providers to help and support the local market to achieve better outcomes and value for people. This market position statement is an important part of that process, initiating a dialogue and relationship with our providers in our area, in which we will:

- Support the residents of NEL to achieve, or return to living as independently as possible, and to have as much control over their daily lives and care as they are able.
- Meet the requirements of the national mental health long term plan
- Enable more people with complex care needs to live as close to NEL as possible by ensuring the right care is available in the right place.
- Meet the requirements of the transforming care agenda, in collaboration with other partners in the Humber Transforming Care Partnership.
- Identify inequalities and collaborate to eliminate inequalities for people with mental health or disability across our support systems

10.1 Current Supply

Currently in NEL mental health provision is predominantly provided through an integrated health and social care provider, Navigo CIC. However, other partners support to provide a whole system of care. For example, crisis alternatives are supported through Rethink Mental Illness (crisis house) and Mind (SafeSpace Crisis Cafe).

Some GP Practices offer in-house mental health support. The voluntary and community sector offers a range of commissioned and non-commissioned support. Longer term supported living for people with mental health issues is provided through a framework of providers.

There are two residential care homes providing mental health care at Welholme Ave, sixteen beds (Prime Life) and Sussex House, 24 beds.

The Alzheimer's society supports people before and after receipt of a dementia diagnosis. Currently the social prescribing service, NEL Thrive, does not take mental health referrals unless the person also has one of the defined long-term conditions included in their offer.

Mental health is high on the government's agenda. The national long-term plan for mental health identifies a programme of priorities for implementation and poses new challenges for the next few years. A formalised partnership of providers is seen as the way to ensure the challenges are met locally. This, when combined with the population health management approaches to be implemented through primary care networks, will enable stronger models of earlier help and prevention of mental health issues by enabling people quicker and more targeted access to a range of options aimed at addressing the issues that preclude mental health concerns.

10.2 Future needs and demand analysis

A wide range of social, economic, and environmental factors influence the health and wellbeing of individuals and populations, and these factors can be used to provide an indication of the potential for mental illness and related conditions.

In NEL we expect demand for mental health services to be increased due to by:

- An ageing population
- Social deprivation
- Unemployment
- Impacts from Coronavirus pandemic restrictions

10.3 Strategic direction

Understanding how the market in mental health works is critical to ensuring we have a clear approach to developing effective commissioning arrangements, examining how a more level playing field for providers might be achieved, and exploring how community and voluntary sector organisations may better work together with larger providers to provide improved network of care – particularly in the fields of prevention and resilience. This is a particular focus of the transformation of community mental health services over the next three years.

Increasingly health and care commissioners are working at larger geographies to ensure that specialist services can be economically delivered at scale.

The direction of travel for mental health and learning disabilities is described within the [Humber coast and vale STP plan](#).

10.4 Our view of the current state of supply

Overall, the mental health provider market in NEL is dominated by statutory NHS provision, delivered through Navigo, a social enterprise. Most focus and resource is on acute needs; those elements of the market concerned with the early identification of emerging problems and community-based support for those with ongoing problems are improving but remain less well developed.

Services can be categorised as follows:

- Services for people with common mental health and/or emotional health problems
- In-patient, crisis, alternatives to crisis, and home support
- Community and acute mental health and memory service: services for people with dementia
- Support in the community
- Employment and training

There needs to be a focus on eliminating inequalities for people with severe mental illness in accessing support and a good level of care. For people with more complex needs, including those with challenging behaviour, we need to work with strategic partners to enable more choice of support models and accommodation solutions in borough. We will place an emphasis on support and enablement as opposed to residential care or containment. This is best achieved through high quality personalised care, which is actively promoted for people with mental health issues in order that they can have control over their recovery.

We try to ensure that care for our residents is provided as close to NEL as possible, within the context of affordable services. To this end, we will use partnership arrangements, such as the integrated care system (ICS) and transforming care partnership, to ensure high quality care is available to the people of NEL.

The care market is now in a much better place to meet the demands of people requiring long term support with much more focus on enablement and independence. This is the model of choice in NEL for people in the transforming care cohort, where small discrete units with bespoke care, centred on the individual, has enabled people with complex mental health and/or learning disability needs to return to live in NEL. This model of care is how we intend to continue to meet the needs of this cohort and others with long term complex support needs. This model is also being explored to support younger people with complex needs who are transitioning from children's services to adult services, with the aim that they will not need to access more specialised care and education placements out of area because the right level of care, accommodation, and education is available in NEL.

We will be focusing on preventive care and support. Providers will need to be able to offer people choice and control to enable their care in new and innovative ways to enhance the person's quality of life.

Widening opportunities for accessing psychological therapies through development of integrated improving access to psychological therapies (IAPT) will form a better facility for people with common mental health difficulties to have the treatment they need to tackle their issues before they build up to crisis point. This will see greater partnership working between IAPT provider and primary care, enable access to quality IAPT provision within primary care centres, and wider access to digital-assisted therapies.

We aim to enable equal access to equivalent mental health services across the whole borough. This will include re-modelling the mental health offers across primary care and primary care networks so that every resident of NEL has access to emotional health support, wellbeing support, and a suite of NICE compliant care options. This will include developing new options for support through primary care networks, including an integrated way of accessing voluntary and community sector enterprise provided support and activities. These alternatives to traditional ‘therapy’ based responses can enable people to address underlying factors such as social isolation, debt, emotional dysregulation and trauma responses, and self-worth – which contribute to the resilience of the individual and in many cases preventing escalation to mental illness. We would welcome voluntary and community sector providers to engage with initiatives such as this and social prescribing, seeking to support people to address core issues such as occupation and loneliness which are often a precursor to poor mental health issues.

We are moving from a competitive relationship environment to a more collaborative way of working. Collaboration across organisations holds the key to successful delivery of outcomes for our residents. Providers within the area are expected to plan, work, and deliver outcomes together through partnerships both within and extending outside of NEL – playing to the strengths of each organisation - to better enable a good quality care experience for the local population.

10.5 Financial context:

Currently our spend on mental health and learning disability services within NEL is set out below:

Category	Health spend	Adult social care spend
Improving access to psychological therapies (IAPT)	£1.5m	-
Liaison psychiatry	£2.1m	-
Community mental health and physical health checks	£4.7m	£3.4m
Other adult mental health	£13.2m	-
Residential mental health		£0.8m
Specialist and community learning disability	£1.6m	-

Learning disability community (and housing related support)	-	£8.7m
Learning disability residential and nursing	-	£5.2m
Dementia	£1m	£1m

10.6 Supply and Demand

The current picture of supply and demand is challenging to describe currently. The current easing of restrictions and effect of the Coronavirus pandemic has changed the profile of presenting need. Both nationally and within NEL there is an observable effect of increased acuity and increased complexity in people with mental health issues presenting to services or seeking help and support. It is not yet understood whether this is a transient trend or a sustained 'step up' in level of needs.

10.7 What strategic direction are we taking in this area?

The primary focus of strategic direction in NEL is the delivery of the national long-term plan for mental health. It remains a priority to ensure further development of wellbeing and preventative services. By delivering targeted support early, the correct intervention may prevent an individual from developing a severe and enduring need or stop a crisis from occurring in the future.

By working in preventative manner, we are enabling people to live as independently as possible and ensuring access to support is available for them and their families.

We continue to ensure services are delivering the best evidence-based practice to meet the needs of the people of NEL, and that people have as much autonomy in their relationship with care providers as is possible for them. Support and care will be delivered as close to home as possible, and where the person requires it.

We are working with the ICS to focus on some specialist areas to support people with complex and very complex mental health needs. These will include out of area placements, links to forensic units, and support to people with dementia.

10.8 What we are looking for from the market

One of our challenges in NEL is how we change culture to ensure mental health is embedded in all services and make mental health everyone's business, by embedding mental health into existing pathways and support networks. We are working with public health to look at ways to educate schools and workplaces to recognise mental health and respond. Housing remains a big challenge for vulnerable adults, and with our unique partnership working with the council we are developing a more co-ordinated approach which enables us to respond more quickly to people who require accommodation. We are looking for providers to work collaboratively at place, develop solutions to the challenges and needs of the population co-productively and across sectors, acknowledge the financial challenges and constraints, and be willing to work with us in generating new approaches to mental health care and support.

11.0 Learning disability and neurodiversity services

There has been great progress in helping people with learning disabilities to live more meaningful lives in NEL, with greater choice and control over important aspects of their lives. Many people with learning disabilities and/or autism have been supported to have their own tenancies and be part of their local community.

The number of people with a learning disability in older age groups is growing. People with a learning disability are living longer and are more likely to develop illnesses associated with old age.

The re-modeling of the adult autism and attention deficit hyperactivity disorder (ADHD) service has enabled people to access employment and occupation, improved understanding, and peer support for an increasing group of neurodiverse people.

11.1 What we are currently commissioning

We are currently commissioning a range of specialist learning disability services, which includes the intensive support team, health and wellbeing workers specialist nurses currently from CPG. The forensic outreach liaison service is commissioned through the transforming care partnership to deliver services in NEL. CPG also provides the adult autism service in partnership with Navigo, which provides the ADHD elements of the service. CPG has been commissioned to develop autism peer mentors via another community interest company, Faraway CIC. This is not a commissioned service but provides peer networking across NEL.

Supported living for people with learning disability is provided through a commissioned framework of providers. However, for people with complex and very complex needs placements are individually commissioned. We commission day opportunities for people with learning disability through Foresight and CPG. There is a strong market of support available to people with learning disabilities accessed through direct payments.

People with a disability are supported into employment through the commissioned employability service from CPG.

11.2 Transforming care

Humber transforming care partnership (TCP) has been established for transforming care and services for people with a learning disability and/or autism, especially those who also have, or are at risk of developing, a mental health condition or behaviours described as challenging. This includes people of all ages and those with autism (including those who do not also have a learning disability) as well as those people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

The Humber TCP aims to improve the quality of care and life experience of people with a learning disability and/or autism to reduce a reliance on inpatient care.

There are no hospitals in NEL catering for people with learning disability. The Humber TCP enables Townend Court in Hull (20 bed facility) to act as our preferred in-patient unit when required. Some people with complex and very complex needs have moved from low and medium secure services to local or out of area person centred services. We are now focussing on enabling more robust packages of care to support people with complex and very complex learning disabilities to live in the community and preferably within NEL.

We continue to work with children's services to identify people who will need support into adulthood we have reviewed the transition pathway in line with the Children and Families Act in order that people are clear of the process and each person has a health/care/education plan.

11.3 Strategic direction

We want to develop a diverse market to support people with a learning disability to help them to achieve their outcomes and goals. We want to help optimise people's strengths whilst providing support and opportunities within local communities. We have worked hard in NEL to develop a range of supported living services so that people with complex needs can live as independently as possible, offering person centred support from a range of providers on the framework. We currently have sixty-one units supporting 272 individuals.

We want to continue to build on the successes to date and continue to respond to those people who want to return to live in NEL. We are working to develop services to meet more complex needs, and behaviour that challenges, to live in least restrictive environments in the borough. We are working towards preventing young adults from leaving the borough due to lack of provision to meet their needs.

We will be looking in more detail at the needs and aspirations of young people who access support through children's services as they prepare for adulthood. We will shape the market to ensure sufficient supply to meet needs and preferences.

Engagement is important when shaping services and we will continue to involve people with learning disabilities and their families to shape future services. We will use this to develop an autism strategy and a learning disability strategy which will outline guiding principles and priorities to guide future commissioning decisions.

We want to develop housing solutions that offer sufficient choice, and which can respond to a high level and changing need. Our vision is to implement a housing strategy that will create longevity and efficiency across the housing stock, ensuring options meet the needs of people now and in the future, including supported living accommodation.

We will continue to review day service models and community activity ensuring people with the potential to realise their goals for employment, further education, or training, are able to do so.

We are also aiming to improve the quality of our services and are exploring the roll out of a positive behaviour support training for supported living providers to develop staff capabilities. We will work with providers to embed the core capabilities framework for supporting autistic people, and core capabilities framework for supported people with a learning disability, within services across the borough. We

will support the Transforming Care Partnership developments including the positive behavioural support community of practice which seeks to improve this mode of support across providers of community support, residential care, and supported living.

12.0 Residential and long-term care

The council and its health partners currently fund around 581 people in long term care residential placements within NEL.

Long term care and NHS continuing healthcare (CHC) represents a total of £24.9m annually. These two elements have historically been commissioned jointly by health and care leaders to support overlapping needs and will in future be increasingly integrated. The individual circumstances for each person with long term or CHC needs means that this commissioning activity involves working with a wide range of providers both locally and further afield. A more detailed residential care strategy is under development.

12.1 Current Contract(s)

Details are included at appendix 1. Our annual fee has been subject to a local cost of care exercise and is uplifted in line with inflation and the living wage costs. All contracts are rolling contracts which are continually reviewed against set standards.

As of 31st March 2021, the annual costs of current placements are as follows:

Description	Total expenditure £'000	Number of clients that are out of area placement
Learning disability nursing	76	0
Learning disability residential care	4,807	27
Total learning disability long term	4,883	27
Mental health residential	950	6
Total spend on mental health long term	950	6
Older people nursing	420	2
Older people residential care	11,550	14
Enhanced dementia care	965	0
Total spend on older people long term	12,935	16

Physical disability nursing	165	0
Physical disability residential care	972	3
Total spend physical disability long term	1137	3

12.2 Future needs and demand analysis

Registered beds	Permanent residents	Short stay placements
1397	1006	79
CCG Funded	485	49 (+12 via CPG CUCT)
CHC Funded	96	2
Self-funded	378	13
Other local authority funded	47	3

In January 2022 there were 1085 residents compared to 1112 in January 2021 (Laing Buisson care cost benchmarking tool). Occupancy levels across the market have been variable during the last year due to the impact of the pandemic. Currently (January 2022), the occupancy level stands at a 77 per cent. This is because some providers have either ceased operation or reduced their capacity. NEL currently has a total of 1397 beds compared to 1541 in January 2021, equating to a 9 per cent reduction in capacity. Currently the residential market in NEL sits at around 77 per cent occupancy.

Locally, commissioners have responded to local needs and preferences for support at home and over time, consequently, residential care has seen an increase in acuity of need.

We have an over-supply of residential care beds, and whilst this offers more choice, it can lead to issues where low occupancy becomes problematic for individual business sustainability. The COVID-19 pandemic also had a significant impact on the sector with a reduction of 145 beds. Despite these changes the occupancy levels have remained lower than ideally expected. The present concern is that there could be oversupply in the market leading to pressure in smaller providers, where bed occupancy could be at a more critical level.

12.3 Strategic direction

We still see residential care as a key component of our local care market. Over the past two years we have worked with providers to improve the quality and

consistency of care and we undertook a fair cost of care exercise, moving our fee rates accordingly. This combined with a new specification, which removed some of the burden of the previous quality scheme meant that all providers received a general uplift into the base rate. By developing a much more detailed Care Act compliant specification, we are better able to meet residents' needs.

Our aim is that residential care delivers support appropriate to the complexity of residents' needs and conditions. Residents are encouraged to be as active as possible. Care homes should be able to provide appropriate responses to ensure management of conditions within the home and where possible prevent the need for hospital-based care. In further developing our enhanced support to care homes model, we have now aligned with primary care support to offer a wraparound package of care to prevent avoidable hospital admissions, especially through the pandemic.

We now intend to develop this further by developing a NEL home remedies, dressings and supported medication policy which will allow homes to treat minor issues with over-the-counter remedies for up to 48 hours. We are also looking at how this could be further developed supporting residents who choose other life choice remedies proactively.

Building on the technology we introduced to all care homes during the COVID-19 pandemic, we are also seeking to roll out more technology to assist in improving care. We are piloting a connected technology app that allows health data recorded by a care home to be shared immediately and electronically with primary care. Funded by NHSX and supported by the Yorkshire and Humber Academic Health Services Network (YHASN) this will initially focus on nutrition and hydration in three pilot homes. Initially this is based around understanding weight loss/gain and nutrition and hydration. The hope will be to expand the data set and seek wider funding for a further rollout of a more connected set of observations to support care planning and clinical decisions.

12.4 What we are looking for from the market

There is a need to attract new care workers to the care workforce to ensure quality and stability of care provision. There is also a need to ensure that there is an adequate supply of excellent quality care managers within the workforce.

Our priority is to support people to maintain independence within their own home wherever possible. This is partly due to stated preferences by service users and partly to ensure that resources are used to best effect, reducing dependency on institutionalised settings and ensuring people can remain connected to their homes, communities and families.

During the pandemic, we looked to residential care providers to enhance the quality of support to individuals leaving hospital. We are keen to explore how a re-ablement based residential care model would enhance both the quality of life within the care home setting and expedite recovery, supplementing the existing offer, and enabling people to return to their usual residence.

13.0 Carers' support

It is estimated that there are around 16,000 carers in NEL, of which 2606 (Dec 2021) are registered with our carers support services. Within this 2606, 0.5 per cent are 0 - 16yrs, 6.3 percent are 17- 30yrs, 30 per cent are 31 – 50yrs, 41.6 per cent are 51 – 69yrs, 19.5 per cent are 70+yrs and 2.1% are an unknown age.

As an area we have an all-age carers' strategy, developed through consultation and engagement with those we intend to support. We involve carers in decisions as well as in evaluating the delivery of carers services.

The number of carers has increased during COVID-19, but the number of those registered at the carers support service is static, and those accessing formal support through an assessment has been decreasing for the last 5 years (i.e., those accessing direct payments has halved from 19-20 to 20-21).

The following providers deliver support to carers in NEL:

- Carers' support centre
- NAViGO
- Care Plus Group
- Carelink
- Foresight
- Alzheimer's Society

The lengths of contract are as follows:

- Carers' Support Centre – 5 years with a potential extension +1 +1 (contract to be reviewed September 2024) – annual value of £325k.
- NAViGO – 1 year (contract to be reviewed January 2022) – annual value of £38k.
- Care Plus Group – 1 year (contract to be reviewed January 2022) – annual value of £58k.
- Carelink - 2 years (contract to be retendered for 1st April 2023 start date) – annual value of circa £12k (depending on demand).
- Foresight - 1 year (scheme was reviewed November 2021) – annual value of £5k.
- Alzheimer's Society – 3 years (contract to be retendered for 1st October 2022 start date) – annual value of £20k.

The expected outcomes of all carers' support services are:

- Delivery of a high quality, culturally sensitive and inclusive carer led service that is delivered by appropriately trained staff and volunteers to meet individual and collective carers' needs.
- Carers of all ages, and the people who work with them, are well informed about the information, support and services available for carers.
- Effective partnership working with all local carers' forums and wider carer participation from all carer groups to gain a strong collective carer voice that informs the development and improvement of local services.
- Effective strategic partnership and working relationships with relevant organisations and agencies across the statutory, voluntary, community

and independent sectors to improve the overall health and wellbeing of carers residing in NEL.

- Development of a carer--aware and friendly community through robust publicity, promotion, outreach and engagement activities.
- Carers of all ages, including those from hard-to-reach carer groups, are identified and encouraged to register with the carers' support service/ GP.
- All carers, professionals and community members can access a wide range of advice and information.
- Registered carers can access a range of information, specialist advice and carers support services which are responsive and sensitive to their individual needs.

13.1 Future needs and demand analysis

Many of these carers are unregistered/ unrecognised as many carers remain hidden from formal support. Current capacity in the above service provision meets the current demand. As further work is undertaken to raise the profile of carers, create a carer friendly NEL and improve pathways to registration and support, it is hoped that many more carers will come forward for support. In addition, as people live longer with life-limiting conditions and some with long COVID, the number of people who are carers will grow and the burden on those carers will increase – as a result it is anticipated that there will be year on year growth in demand. This is particularly the case for NEL as we have an aging population compared to other areas so an increase in the numbers of carers is expected.

13.2 Strategic Direction

Please find the carers' strategy at the link [Carers Strategy](#). The carers strategy was not updated due to the pandemic, as extensive consultation would not have been possible at this time. The current strategy has six priorities:

Carers should:

- Be identified at the right time
- Be provided with appropriate advice and Information throughout their caring journey
- Have their needs identified and responded to appropriately
- Be supported in their caring role and to have a life outside of caring and beyond
- Be recognised as expert partners and are involved in care and support planning for the cared for
- Be involved in service design, delivery and monitoring

Supporting carers is part of our strategic agenda to promote preventative interventions i.e., by offering carers' 'easy-access' lower level support via the NEL carers' support service. We hope to support carers to sustain the caring relationship wherever possible and have a life outside of caring; we also look to reduce the need to access more complicated/ expensive commissioned services, where this need is necessitated by avoidable crises. We understand the role carers play in our local community and the vital contribution they make to the local health, social care and wider economy.

13.3 What we are looking for from the market

The NEL carers' strategy action plan aims to address any wider carers' agenda developments/ gaps to ensure continued support to carers in NEL.

We would favour models of practice which promote client and carers' independence, self-care, and overall family wellbeing. Currently there is a focus on promoting support for working carers, young carers and ensuring that carers are embedded in all pathways. Recently we sought additional support for carers in the discharge pathway, to ensure they are informed, assessed and that their needs/views are considered during discharge. We have the need for digital solutions to support carers who struggle (or who actively dislike) to access direct person to person support – this would be in the form of targeted information, peer support options, online training, apps, and opportunities access, etc. We also seek to make the market itself more carer friendly and transparent, regarding employment (with a focus on recognition and flexibility around employers' own worker carers and the needs of business clients).

14.0 Support at home (domiciliary care)

The average number of people supported annually is around 825, however this has varied significantly throughout the course of the pandemic. The average value of support packages in 2021/2022 was £189.61. Between April 2019 and March 2021 there were 28,740 hours of planned care to be delivered by our three lead providers.

Support at home is an integral part of the care pathway and of the support needed to maintain service users leading independent lives at home. Key interfaces are with:

- Ensuring timely hospital discharge.
- GP's
- Care homes
- Continuing health care
- Community and Practice nursing

The services are provided as follows:

- Lead Providers: Willow Homecare, HICA, Hales Group
- Approved Provider: Lincolnshire Quality Care Services (LQCS)

Contracts are for 3 years from 1st October 2020, with an option to extend by 2 years. The hourly rate is being uplifted to £16.64 from 2022.

Provider	Number of service users
Willow	397
LQCS	76
HICA	319

Hales	687
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Care practitioners monitor individual outcomes, these are not collated yet. It is something we are working towards.

The key performance criteria are detailed in appendix 2.

14.1 Future needs and demand analysis

The previous model of working to time and task has been replaced as part of the new contract. The new model continues with the existing three geographical areas that has been in place in NEL since 2015 with one provider servicing each (lead provider) and a single, approved provider adding extra resource and flexibility. This model allows the development of the delivery of care in a neighbourhood team reducing the amount of travel time needed.

The new model had its biggest test with the COVID-19 pandemic. Whilst providers have had staffing pressures, this has been managed through discussion between commissioner and the care recipient. As the second wave of the pandemic hit, providers received additional funding to help prioritise meeting the needs of those in hospital but being discharged to their own home rapidly to reduce the pressures and risk to the acute provider. Providers increased staffing and offered extra hours; however it soon became clear that the impact of COVID-19 meant that a lower number of discharges were actually able to be met. As a response, providers started to look for areas where they could provide additional support and began working with community nursing providers to take on extra skills and to free up nursing resources.

14.2 Strategic direction

Now that the neighbourhoods and teams model has been implemented and proved beneficial in supporting increased needs, the intention is to develop a business case for an increased skill set in support at home as well as develop a more senior carer role.

An initial dialogue with providers highlighted several service users with support from carers, also have low level support from therapy and nursing services. Providers will start to actively work with nursing teams and therapy staff to identify skill that could, with appropriate training, development, and support, be delivered by an enhanced carer team.

A business case will then be developed alongside a contract variation to roll out this service. At a similar pace, a pilot model has been developed to improve digital communications to care receivers and their family as to when their carer will visit. The system will also attempt to capture love level feedback data. All providers are identifying a single member of staff and a cohort of care receivers to work with. It is hoped that this proof of concept will show that more up to date communications methods improves satisfaction and supports the more flexible way of care delivery.

14.3 What we are looking for from the market

Recruitment and retention into the sector is a major concern. Allowing teams to respond to the needs of individuals rather than on a strict time task rota basis will help to improve working conditions and attract new staff. Longer term staff could be employed on a shift basis.

Our priority is to support people to maintain independence within the home for longer wherever possible. The risk of this is a sharp rise in demand outstripping capacity even with the team based responsive approach above.

In addition to this, the approach above does have the added risk of an increase in time spent with Individuals, in the move away from time and task. Close monitoring and review of packages is required, Finance need to identify variations in service delivery, which needs to be closely monitored against any care plan with comprehensive contract monitoring against commissioned hours.

15.0 Housing and housing related support

377 people are currently accessing housing related support. The primary purpose of the programme is to enable people to access housing and maintain a stable tenancy, preventing homelessness and the adverse wellbeing consequences that can bring.

The following provider(s) deliver commissioned services in this area:

- Longhurst and Havelok Homes
- Doorstep
- YMCA
- Salvation Army
- Women's Aid

The contracts are for two years + 1 + 1 + 1 (from July 2016) with an annual value of £2,175,594 for the whole programme.

The following provider(s) deliver housing related support services for those people with disability and mental health issues:

- Creative Support
- Humbercare
- Eden Futures.

The delivery of this commissioned contract forms part of the supported living and housing related support framework, which is for four years (from April 2019), delivering a set amount of housing related support hours as part of a block contract.

Contract Name	Contract Value (Annual)	Current Provider	Clients supported at any one time
Accommodation based and floating for offenders	£60,372.00	Longhurst and Havelok Homes	22
Accommodation based for multiple and complex needs	£73,788.00	Longhurst and Havelok Homes	22
Accommodation based general needs over 25 yrs	£136,500.00	Salvation Army	35
Accommodation based and floating Domestic Abuse	£167,700.00	Women's Aid	65
Accommodation based for young people 16 - 25	£283,065.00	YMCA	103
Accommodation based for young people 16 - 26	£308,100.00	Doorstep	79
Floating Support for young people 16 - 25	£98,280.00	Doorstep	45
Floating Support for Singles and Families	£472,914.00	Longhurst and Havelok Homes	235
Floating Support for Older People	£335,400.00	Longhurst and Havelok Homes	650
Floating Support for Mental Health	£239,475.60	Longhurst and Havelok Homes	119

Clients are measured against nine performance outcomes and providers' performance in achieving these aims is measured:

- managing money and bills
- accessing education, training and employment
- daily living skills
- numeracy and literacy
- physical and mental health
- personal behaviour (if applicable)
- ability and confidence to access other services
- family and relationships
- moving on to independent living.

In addition, length of time in service, positive move-on, and client satisfaction are also monitored for each service, the services are compared against each other, and good practice is shared.

These services complement, support and assist in many other areas, as secure and stable housing is a basic need of every resident to ensure their health and wellbeing.

15.1 Future needs and demand analysis

Homelessness Services are currently receiving high numbers of referrals requiring support with an accommodation need. It is essential homelessness prevention is prioritised for those in their own accommodation to reduce reliance on support services and enable people to become resilient and access community led support when they require advice and assistance. Also, clients are presenting with multiple and complex issues which require intervention from other complimentary services (e.g. adult social care, mental health, drug/alcohol services).

15.2 Strategic direction

We are committed to continuing to provide this vital support to clients to secure independence and wellbeing to achieve the wider council outcomes of stronger economy and stronger communities. Support enables clients to gain the confidence to actively participate in their communities, manage their finance, and access training and employment. The support for older people tackles social isolation and loneliness.

Housing related support prevents demands on other services (adult social care, health, police and probation for example). Housing related support also contributes to achieving the aims of the housing strategy in that everyone should have access to suitable, affordable housing.

External factors are more likely to impact on demand. We will need to consider carefully, upon reviewing the contracts, how we can maintain, increase or redistribute supply to certain client groups.

15.3 What we are looking for from the market

The strengths are that these services are well established and have the knowledge and track record in these areas that are required. Flexibility within the contracts allows for the most in need clients to receive more intensive support, and for support

to be tapered for clients who are nearing readiness to move on. We do this through contract management, performance monitoring, and maintaining cooperative and collaborative relationships with all providers.

We are currently working with Doorstep and YMCA to ensure a positive pathway through services for young people, with the aim of having a seamless transition through services.

We have not yet seen the full impact of various strands of welfare reform on young people or how the new Homeless Reduction Act 2018 requires authorities to assist all those at risk of homelessness or are already homeless, regardless of priority. Everyone approaching the service must have an assessment and receive a housing plan detailing actions they and the council will take to prevent or relive homelessness. This creates an increased burden on the council to assist a greater number of people but the link with housing related support to prevent homelessness is essential.

The Home Options Service has improved collaboration and partnership working with commissioned providers and the voluntary sector to ensure prevention is prioritised, and that there are move on arrangements in place for those who do access supported accommodation. In addition, the Night Shelter has been funded through DLUHC grant funding for those who have no other options. Usage of support services has reduced since creating a single referral pathway for all those applying for homelessness assistance and housing related support.

16.0 Aids for daily living

9,673 people are currently using aids for daily living and annually circa 3,000 new people access the service.

The assisted living centre (ALC) aims to provide residents with accurate, up-to-date and timely advice, information and signposting with regards to aids for daily living (equipment and wheelchairs). This includes clear advice on what items may be supplied and provided by the service, including alternatives which may be purchased, and/ or signposting to purchasable items. It includes a demonstration facility displaying the range of aids for daily living available, including self-purchase defined items of equipment. The facility provides choice and improved access to equipment and wheelchairs, helping to promote independence and wellbeing, and support self-care wherever possible.

Where aids for daily living have been prescribed by authorised professionals, the service aims to stock, supply, deliver, fit, install, adjust, repair/refurbish, collect, decontaminate and recycle/ dispose of aids for daily living requisitioned by authorised prescribers (where appropriate). The service also provides office space for allied health professionals, occasional disabled facilities grant (DFG) sessions, and other activities of community benefit, to support the promotion of health and wellbeing for NEL residents.

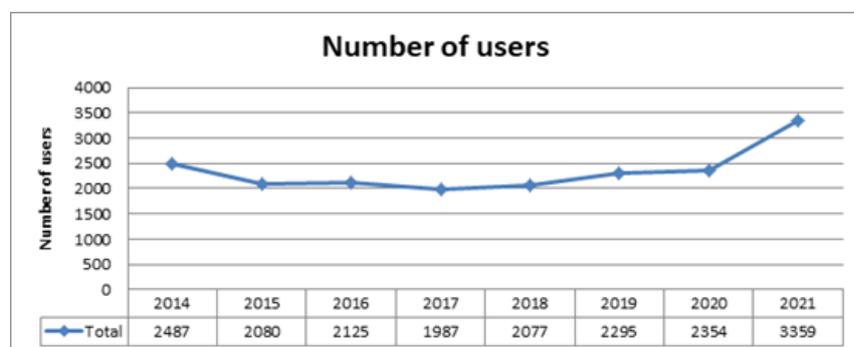
16.1 Current Contract

NLaG provides services in this area under the NLaG block contract arrangement at a value of £1.4m annually. The contract is required to meet presenting need.

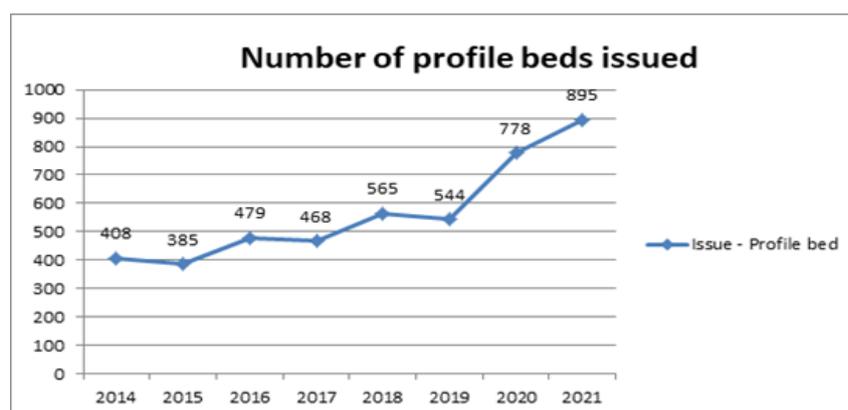
This service is reviewed in line with the wider NLaG block contract arrangement. quality and performance is reviewed on a quarterly basis. This service is part of the wider NLaG block contract. However, it interfaces with telecare provision, carers' support, allied health professionals, social care, intermediate care, disabled facilities grant team and with domiciliary care providers.

16.2 Future needs and demand analysis

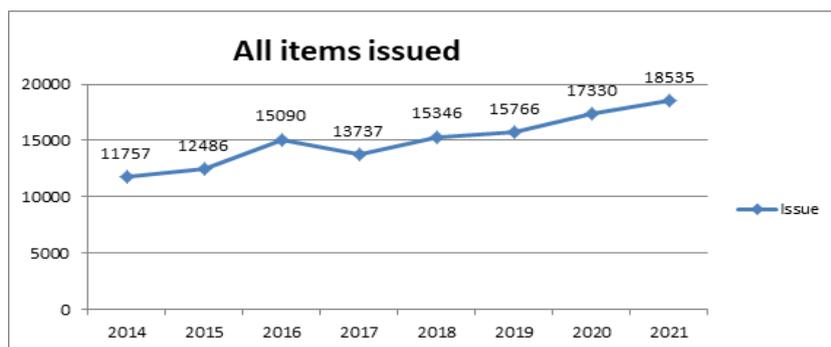
Demand for the service is growing year on year, as individuals are living longer with long term conditions. 9,673 people are currently using aids for daily living and annually 3360 people access the service. In addition, now that the self-purchase model is operational, the reach of the service is growing to those with prevention and wellbeing needs, as well as those with eligible needs for prescribed equipment/ wheelchairs.



46% increase in the number of users between 2019-2021



66% increase in the use of profile beds



18 per cent increase in the number of items issued between 2019-2021 (58 per cent since 2014).

Future demand for the service will continue to increase, firstly due to NEL's demographics, but also because of our aspiration locally to support people in their own homes for as long as possible. Providing individuals with a range of aids for daily living they are more likely to live at home for longer and maintain their levels of independence. Also supports the carers to continue to care as the right equipment is in place to support the individual. Therefore, the service adds value to user outcomes but also in cost savings for health and social care.

16.3 Strategic Direction

The assisted living specification is currently under review to make sure the service continues to be fit for purpose, now and in the future.

The review and further improvement work will ensure the assisted living centre is a fully inclusive 'assisted living service' that offers advice, information, guidance and assessment of an individual's needs, support, and assistance where necessary to meet those needs. Currently the service sees circa 400 people per month. Moving forward the service will see greater footfall and use of its demonstration facilities, improved access to low level aids for daily living assessments, greater sales of aids for daily living to meet prevention and wellbeing needs and an increased take up of personal wheelchair budgets. As the remit and scope of the service broadens, the demand for the service will inevitably grow as has already been seen (see graphs above).

16.4 What we are looking for from the market

While the existing provision meets local aids for daily living needs, the service needs to further strengthen its linkages with assistive technology provision to support individuals holistically to use equipment and technology. For example, working in partnership with Carelink to provide the local telecare offer, and with Equans, the councils' regeneration partnership, regarding minor and major adaptations. As demand increases for the service, there will inevitably be strain on the availability of aids for daily living, staff capacity and timings of assessments/ provision of aids for daily living. Constant review of supply and demand will ensure that appropriate conversations can occur to ensure the correct level of investment is directed to the service. We would like to see increased use of the centre by the public through on-

21/04/2022

site promotion and demonstration of equipment, leading to a rise in self-care and self-purchase.

Appendix 1 - Residential care providers in North East Lincolnshire
(Information below taken from Capacity Tracker on 04/02/2022)

Type	Type	Location Name	Derived Occupancy	Total Capacity	Total Resident Count
Contracted	Residential Care - Older People	Alderlea Care Home	18	29	29
Contracted	Residential Care - Older People	Ashgrove Care Home	24	54	24
Contracted	Residential Care	Ashlea Court Care Home	39	48	39
Contracted	Residential - LD	Bellamy's Cottage	6	8	8
Contracted	Nursing and Residential - LD	Bradley Apartments	11	11	10
Contracted	Residential Care	Bradley House Care Home	35	48	35
Contracted	Nursing and Residential- Older People	Brooklands Care Home	63	63	27
Contracted	Residential - LD	Carisbrooke	9	11	9
Contracted	Residential Care - Older People	Carlton House	6	7	5
Contracted	Nursing and Residential- Older People	Clarendon Hall Care Home	52	52	33
Contracted	Residential Care - Older People	Cloverdale Care Home	26	40	27
Contracted	Residential Care - Older People	College View	11	11	10
Contracted	Residential Care - Older People	Cranwell Court	47	58	47
Contracted	Residential Care - Older People	Eastwood House	11	18	15
Contracted	Nursing and Residential- Older People	Eaton Court	45	45	38
Contracted	Residential Care - Older People	Fairways Care Home	39	52	39
Contracted	Residential Care - Older People	Glyn Thomas House	25	33	33
Contracted	Residential Care - Older People	Homefield House	23	24	23
Contracted	Residential Care - Older People	Kensington Residential Care	18	35	18
Contracted	Residential - LD	Kirklees	18	23	18
Contracted	Residential Care - Older People	Ladysmith Care Home	85	90	87
Contracted	Residential Care - Older People	Lindsey Hall Care Home	76	79	63
Contracted	Residential Care - Older People	Newgrove House Care Home	29	39	27
Contracted	Residential Care - Older People	Ravendale Hall	32	34	29
Contracted	Residential Care - Older People	Rivelin Care Home	39	39	31
Contracted	Residential Care - Older People	Royal Court Care Home	18	20	15

Contracted	Nursing and Residential- Older People	St Margarets	39	56	39
Contracted	Nursing and Residential- Older People	Stallingborough Lodge Care Home	40	47	40
Contracted	Residential Care - MH	Sussex House Care Home	20	24	20
Contracted	Residential Care - Older People	Temple Croft Care Home	29	30	28
Contracted	Residential Care - Older People	The Anchorage - Care Home	38	42	38
Contracted	Residential Care - Older People	The Chestnuts	19	20	19
Contracted	Residential Care - Older People	The Grove Care Home	50	52	50
Contracted	Residential Care - Older People	The Meadows Care Home	25	35	25
Contracted	Residential Care - Older People	The Old Library Residential Home Limited	24	24	24
Contracted	Residential - LD	The Old Vicarage	14	14	14
Contracted	Residential Care - Older People	Waltham House Care Home	26	32	25
Contracted	Residential Care - MH	Welholme Road	15	16	15
Contracted	Residential Care - Older People	Yarborough House RCH	22	25	22

	Location Name	Derived Occupancy	Total Capacity	Total Resident Count
Residential - LD	22 Abbey Drive (West)	6	6	6
Learning Disabilities - residential care	Abbey House	11	12	11
Nursing and Residential- MH	Amber House	4	4	4
Residential - LD	Emerald House	4	6	2
Residential - LD	Ferriby Lane	1	4	1
Nursing and Residential- Older People	Havenmere Health Care Limited	36	38	36
Residential - LD	Heathcotes Humberston	6	8	7
Learning Disabilities - residential care	Pelham	8	8	5
Residential - LD	The Limes	9	9	9
Nursing and Residential- MH	Topaz House	4	4	3
Residential - LD	Vicarage Lodge	3	3	3
Education Disability Service Residential - LD	Weelsby View	4	4	4
National Schizophrenia Society	NE Lincs Crisis (Field View)	4	4	1
Short Term Covid Beds	Cambridge Park	15	50	15
Navigo - intermediate Care	Barbara Beacon	16	16	13

Appendix 2 – Care at home performance measures

Indicator	Descriptor	How we measure this	Frequency	Standard expected
1a	Timeliness and reliability	The percentage of care visits which were delivered by the designated neighbourhood teams care staff in accordance with the support plan	Quarterly Return Template Contract Monitoring	80%
1a	Timeliness and reliability	The number of missed calls (this includes core calls that were not received to meet the outcome as planned. It does not include calls that were aggregated or changed by individual's request where the outcome was still achieved).	Quarterly Return Template Contract Monitoring	95%
1b	Timeliness and reliability	Number of packages in your locality area that you as lead provider did not start.	Quarterly Return Template Contract Monitoring	95%
1c	Timeliness and reliability	Percentage of care packages re-initiated within agreed timescales following discharge from hospital. (new packages within 24 hours, existing packages within 4 hours)	Quarterly Return Template Contract Monitoring	90%
1d	Timeliness and reliability	Percentage of other new care packages initiated within agreed timescales. (within 72 hours)	Quarterly Return Template Contract Monitoring	90%
2a	Person-centred Care	Number of care packages which have reduced in support because of intervention.	Quarterly Return Template Contract Monitoring	Individual; case-by-case basis
2b	Person-centred care	Number of individuals that have been assessed as their outcomes being met or improved	Quarterly Return Template Contract Monitoring	
2c	Person-centred care	Number of support packages that have required review due to a reduction or increase.	Quarterly Return Template Contract Monitoring	
3a	Appropriate Care	Number of times you, the provider adjusted a support plan that may have prevented the need for an emergency response (including intermediate tier) or hospital admission.	Quarterly Return Template Contract Monitoring	

3b	Appropriate Care	Proportion of service users who are still at home 14 days after discharge from hospital	Quarterly Return Template	95%
4a	Quality of service	Friends and Family Test (FFT) https://www.nhs.uk/using-the-nhs/about-the-nhs/friends-and-family-test-fft/	FFT	85%
4b	Quality of service	Proportion of safeguarding referrals/cases where risk has been reduced or removed and acted upon with lessons learnt informing changes to organisational processes.	Quarterly Return Template Contract Monitoring Professional feedback/ action plans	95%
5a	Skilled workforce	Percentage of staff who have completed mandatory training (who have been employed for longer than 12 weeks)	Quarterly Return Template Contract Monitoring	100%
5b	Skilled workforce	% of staff trained appropriately to the individual needs of their service users	Quarterly Return Template Contract Monitoring	90%
5c	Skilled Workforce	Number of staff with enhanced training as per Enhanced Care Service	Quarterly Return Template Contract Monitoring	To be developed
6a	Equality and Diversity	Equality opportunities monitoring data collated for service users and staff members	Provider E&D Monitoring Contract Monitoring	100%
7a	Outcomes and Satisfaction	Surveys and recording of satisfaction rates will be monitored as part of ongoing contract management. However please provide summary in narrative	Provider Surveys Contract Monitoring	
7b	Outcomes and Satisfaction	Number of complaints received this quarter, by theme.	Quarterly Return Template Contract Monitoring	
8a	Statutory	Provider's latest CQC rating.	Published rating	Good or above