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Mid and West Wales Health and Social Care Regional Collaborative (Hywel Dda University Health Board Area)

Market Position Statement - Services for Older People

December 2015

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Mid and West Wales Health and Social Care Regional Collaborative

Market Position Statement - Services for Older People

1 Introduction

This Market Position Statement (MPS) describes our strategic intentions for all health and social care services for people over the age of 65 years commissioned by Carmarthenshire, Ceredigion and Pembrokeshire County Councils and Hywel Dda University Health Board (HDUHB). It is informed by an assessment of current and future needs for services and an analysis of current provision across the Hywel Dda area, and is based on a strong and shared commitment across partner agencies to ensure seamless and integrated health and social care services for our older population.

Together we are creating a shared vision to transform the way we support individuals, families and communities, adopting a new model of integrated health and social care services. This MPS is based on and extends the commitment made in our 'Statement of Intent: Delivering Integrated Health and Social Care for Older People with Complex Needs' (March 2014)[1] from here onwards referred to as the Statement of Intent, and describes the approach we will take to meet our new responsibilities under the Social Services and Wellbeing (Wales) Act 2014 (SSWBA)[2].

The development of the MPS has provided a unique opportunity for partners to identify shared opportunities and challenges and to begin to build collaborative responses to both. We have also taken the opportunity to engage directly with provider organisations to build consensus and shared understanding in relation to the commitments within the Statement of Intent. This paves the way for the establishment of a regional provider forum to support future shaping of the health and social care market.

Our experiences will also help inform our approach to the Population Needs Assessment required from 2016-17 by the SSWBA.

[1] Statement of Intent: Delivering Integrated Health and Social Care Services for Older People with Complex Needs http://www.wales.nhs.uk/sitesplus/862/page/73938

[2] Social Services and Wellbeing (Wales) Act 2014 http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

2 What is a Market Position Statement (MPS)?

As individual organisations we have a responsibility to commission services to meet the needs of our populations. Strategic commissioning involves having a well-informed understanding of the health and social care needs of our communities and making sure that we prioritise and target our resources in the most effective way. As indicated in our Statement of Intent, we are committed to developing a "whole system" approach to our strategic commissioning developing a single shared common vision.

Together, we recognise that service providers have a fundamental contribution to make to the future direction of service provision and we are committed to working together through robust strategic partnerships. This MPS provides a foundation to this approach. It has been developed specifically to be used by current and potential service providers so that we can:

- Share information and analysis of future population needs
- Review the current 'market' of services
- Describe our future approach to commissioning services
- Identify the potential future shape of the market to enable providers to position themselves to meet future demands/needs
- Describe how we as commissioners and providers can more effectively engage and support service providers to achieve a healthy and sustainable market.

3 Background

Throughout health and social care communities in Wales and in other parts of the UK there is an increasing emphasis on finding ways to support people in a manner that allows them to retain their ability to live in their community, maximise their independence and give them choice and control over the services they receive. There is also an increased emphasis and requirement to engage people in preserving and improving their own health and wellbeing, supporting informal carers and encouraging and assisting people to take an active role in decisions about their health and wellbeing. This approach reflects the core principles within the SSWBA.

Substantial advances in anticipatory care and clinical intervention to prevent or delay disease and the promotion of public health messages have meant that the population as a whole is living longer. In spite of these successes, inequalities still remain in how these benefits are enjoyed across the population of the area and there are financial implications in respect of service demand from those who have been assisted to live longer. Demographic changes in our area in relation to an aging population indicate that

significantly more people are likely to seek access to health and social care support over the next ten to twenty years. This increase in service demand will occur alongside challenges to the current pattern of services as public sector spending is expected to come under increasing pressure and expectations of service users and carers change. If care services simply increase in line with the population this is projected to lead to a near doubling of care costs between 2010 and 2026.

Continuing with traditional models of care is therefore not an option. There are considerable challenges that, if not managed innovatively, will result in resources increasingly targeted only at those with greatest need. Restricting the number of people receiving support to only those with the highest needs may result in a short term reduction in demand on services but without putting in place adequate preventative strategies, we will not secure longer term sustainability neither in terms of the effectiveness of outcomes for individuals nor from a financial and capacity perspective for formal health and social care services.

A whole system approach is required where statutory partners work with third sector and private sector partners to identify risk and intervene swiftly and effectively before or at times of crisis in a way which promotes a return to optimum independence. A robust approach to this kind of partnership already exists between our four organisations, but this needs to be structured and consolidated in order to support the whole system.

The Market Position Statement provides a 'moment in time' analysis of current provision and the changes needed to meet future demand for services. It will need to be refreshed periodically to take into account new circumstances, in terms of our population, policy and legislation and other such factors. It will also feed into work undertaken nationally, such as the proposed all-Wales analysis of the care home sector.

4 Legislation and Policy

National policy over the last 5 years has focussed on service improvement, co-ordination between national and local government and greater integration of social care, health services and other agencies in Wales, notably the third sector. There is increasing emphasis on individuals and communities being at the centre of decision-making about their care and on providing care and support at home where possible.

The Social Services and Wellbeing (Wales) Act (2014) received royal assent on 1st May 2014. It reforms and integrates social services law and emphasises improving wellbeing outcomes for people who need care and support, including carers. It introduces a common set of processes to ensure people receive the right support at the right time, strengthens collaboration and the integration of services, and provides for an increased focus on prevention and early intervention.

The Act signals a fundamental change in the way we commission and provide services with the emphasis on supporting individuals, families and communities to take responsibility for their health and wellbeing. Local authorities and their partners will need to make sure that people can easily get good quality information, advice and assistance to help them resolve their problems by making best use of resources that exist in their communities. They will encourage people to develop their own solutions that do not require complex assessment and formal provision of care. Where necessary, by using simple assessment processes that are proportionate to people's needs and risks, they will provide targeted and co-ordinated interventions based on pre-emptive and preventative approaches which support people to continue to feel confident to live independently at home. Where people have complex needs which require specialist and/or longer term support, they will work with individuals and their families and community networks to ensure that high quality and cost effective services are available to meet these needs and ensure positive outcomes.

The **Regulation and Inspection of Social Care (Wales) Bill**, currently before the National Assembly, recognises that the market should not determine priorities in social care and that collective action should be taken to shape the market rather than allowing market choices to drive commissioners. There will be a new statutory requirement for local authorities to produce Market Position Statements. The production of this Market Position Statement provides a useful framework for this in the Hywel Dda area.

The Welsh Government Guidance, **A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs** (2014)[3] defines in more detail the expectations of Welsh Government in relation to our interpretation of the Act for our older citizens. It calls for "a truly integrated system" which displays three key characteristics:

- *"Services should be co-designed with the people who use them.*
- *Services are consciously planned refocusing activities on those people receiving care and removing barriers to integrated working.*
- *Services should be developed in partnership with all of our key partners including different sections of our own local authorities, health, housing and the third and independent sectors."*

In March 2014 the Mid and West Wales Health and Social Care Regional Collaborative (MWWHSCC) published its Statement of Intent for the HDUHB area. This document responds to the requirements of the Framework and extends the work on integration already

[3] A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs 2014
http://wales.gov.uk/docs/dhss/publications/140319integrationen.pdf

achieved in the region and described in the document 'The ABC of Integrated Community Services: A Strategic Framework'[4]. Both documents signal a clear intention to develop an integrated model of care and support.

In particular, the Statement of Intent describes the development of locality networks and Community Resource Teams (CRTs) providing focused, multi-disciplinary interagency services and co-ordinated care that is designed around the needs of the individual and through which support is provided by a local interdisciplinary network of people with a range of skills that work to move patients/service users from a model of dependency to self-care and enablement.

5 Other drivers for change

The Market Position Statement also links with other strategic drivers for change and we will make clear how the identified areas of action will contribute to our delivery against these:

- In November 2014 the Older People's Commissioner for Wales published a review into the quality of life and care of older people living in care homes in Wales **'A Place to Call Home?'** The report focused on 4 areas: Day to day life; health and wellbeing; people and leadership; and commissioning, regulation and inspection. It set out clear Requirements for Action against which Welsh Government, care providers, local authorities and local health boards had by February 2015 to (1) indicate how they have complied, or proposed to comply with the requirements, (2) why they had not complied with the requirements and, (3) where appropriate, why they did not intend to comply with the requirements. Responses were submitted to the Older People's Commissioners by Carmarthenshire, Ceredigion and Pembrokeshire County Councils and Hywel Dda University Health Board, each of which reiterated a commitment to address the concerns collaboratively where appropriate and to ensure commissioning arrangements and practice supported improvement.
- Statutory partners are also required to submit responses via regional adult safeguarding boards to a recent review into neglect of older people living in care homes in the Gwent area, investigated as Operation Jasmine. The review – **'In Search of Accountability'** – was commissioned by the First Minister, cites a range of lessons and contains clear recommendations in relation to commissioning and regulation of the care home sector.

[4] The ABC of Integrated Community Services: A Strategic Framework 2010 http://www.wales.nhs.uk/sitesplus/862/opendoc/155864&F01246AB-F76F-BF84-950B286313C36C78

6 Our population – An Analysis of Demand

A detailed analysis of our population is provided in Appendix A.

The population of the HDUHB area has a higher proportion of older people than the Wales average, and that already high proportion is predicted to increase dramatically in the coming years. This change in the profile of the population will have an impact on health, and the health and social care services that the health board and its partner local authorities will need to provide. As well as the challenge of promoting healthy ageing to a growing proportion of older people, an ageing population brings with it the challenges of managing a higher burden of disease. Many conditions are much more common in older people, including dementia (see Section 5.2 below). The relative rurality of the Hywel Dda area adds to the challenge and can significantly affect some of the wider determinants of health including physical and social isolation, access to transport services, housing and lower than average earnings, and these may impact disproportionately on rural communities. The ageing population is an added challenge in rural areas[5].

6.1 Demand for Services

The number of older people receiving services across the HDUHB area is predicted to increase over the next 15 years. In terms of older people receiving residential services, within our current service model, this could be expected to increase significantly. Data suggests that under current circumstances, the number of older people receiving residential services by 2030 could increase by 42% for those aged 75-84 years and by 71% for those aged 85 and over[6]. In Pembrokeshire the increase for those aged 85 and over could be even higher at 81%. In this context, our current approach to service provision will not be sustainable as budgets reduce.

The number of people needing support to live independently is also predicted to increase. This could reflect those in the older people population who may require support in the future either through self-funding or through the local authority. Overall, in the over 65 population, the percentage of people who may be unable to manage at least one domestic task, activity or self-care activity is predicted to increase by between 37% and 41%. However, the percentage significantly increases for those over 80 years (between 60% and 74%). Pembrokeshire again sees a higher predicted increase in the number of people aged 85 and over who may be unable to manage at least one domestic task, activity or self-care activity compared with Carmarthenshire and Ceredigion. See Appendix A, Annex 2 for more detail on demand for services across the Hywel Dda area and Annex 3 by local authority.

[5] Public Health Wales (2012). Director of Public health Annual Report. Hywel Dda Health Board.
[6] www.daffodilcymru.org.uk version 5.0.

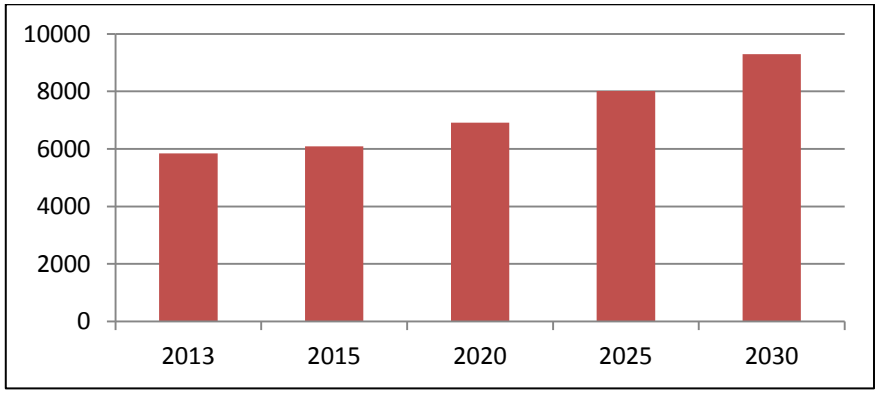
In terms of service provision, the number of people receiving community services across the region is predicted to increase (highest increase for those aged 85 and over at 76%). In Pembrokeshire and Ceredigion this is even higher (at 81% and 78% respectively) compared with Carmarthenshire which is slightly lower at 71%.

6.2 Dementia

Dementia is a condition that in the majority of cases starts after the age of 65 years, although it can affect younger people[7]. It is important to support people to maintain their independence and wellbeing and it is possible for people to have a good quality of life for many years after the onset of dementia. Appropriate support to promote carers' wellbeing is also very important. Many unpaid carers (such as family members) of people with dementia are older people themselves and around two thirds have a health problem or disability. Carers may experience deterioration in their own mental health and wellbeing, depression, emotional and physical exhaustion and general poor health are common. Dementia is one of the major causes of disability in later life. More deprived populations have a lower disability-free life expectancy than the least deprived. The number of people with dementia will increase along with the increasing older population.

It is estimated that there were 5,848 people in Hywel Dda aged 65 and over with dementia in 2013 and this is set to increase to 9,292 people by 2030 - an increase of 59%[8]. Figure 1 below shows these increases as a graph.

Figure 1 – Estimate of number of people aged 65 and over with dementia, Hywel Dda, 2013-30



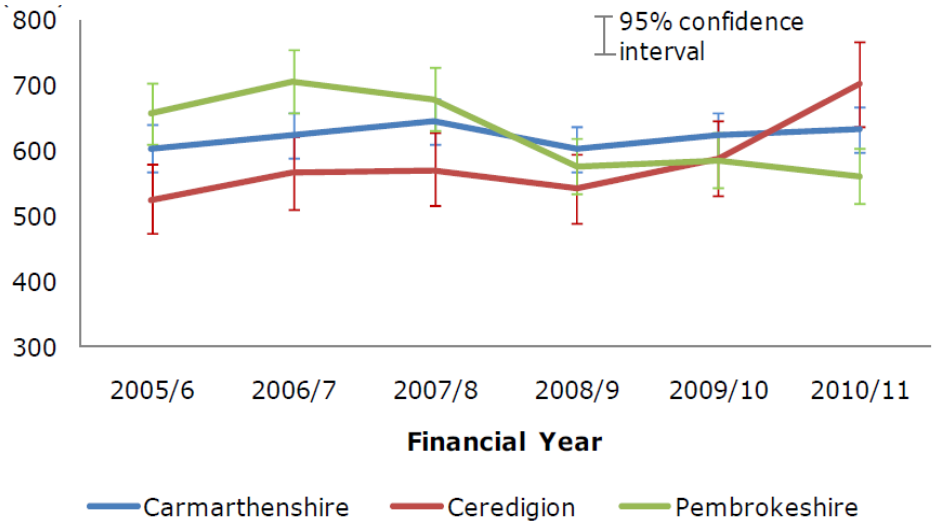
[7] Public Health Wales (2012). Director of Public health Annual Report. Hywel Dda Health Board.
[8] www.daffodilcymru.org.uk version 5.0.

Pembrokeshire has a slightly higher estimated increase in number of people over 65 with dementia at 62% compared to Ceredigion (59%) and Carmarthenshire (57%). Estimates across Hywel Dda GP locality clusters show that North Pembrokeshire has the highest number of people over 65 with dementia (931) and South Ceredigion the lowest number (767)[9], see Annex 4 for more detail.

6.3 Falls

Falls in older people are a common cause of injury and harm, resulting in the need for health and social care services. Older people are more at risk of falling and sustaining injuries and many of the causes are preventable. In HDUHB area it is estimated that 33,100 to 66,200 people over 60 years suffer a fall each year and half of these people fall more than once[10]. Figure 2 below shows the rate of admissions for falls occurring in the HDUHB area population by county (produced by Public Health Wales Observatory using PEDW (NWIS) MYE (ONS)). The rate in Ceredigion is significantly higher than the rate in Pembrokeshire, although not significantly different to the rate in Carmarthenshire. The rates have been standardised to take into account the difference in age structure between the three counties and is based on the resident population in each county and should be noted that they could have been admitted to any hospital in the region.

Figure 2 - Rates per 100,000 people, all ages, of any mention of falls on admitting episode, Hywel Dda, 2005-11



[9] Data produced by Public Health Wales Observatory, using data from the Alzheimer's Society (2007) Dementia UK & GP Practice Populations (WDS).
[10] Public Health Wales (2012). Director of Public health Annual Report. Hywel Dda Health Board.

6.4 Carers

The number of people in HDUHB area under 65 years of age who provide unpaid care is predicted to decrease over the next 10-15 years. However, for those aged over 65 it is predicted to increase[11]. There is a similar pattern reflected at county level for Ceredigion and Pembrokeshire. In Carmarthenshire the number of people aged 16-24 years providing unpaid care is predicted to decrease with all other age groups predicted to increase. There was a difference between the percentage of unpaid care provided by residents in the 3 local authorities. In 2011 Ceredigion was ranked lowest at 19/22 of the local authorities with 11.3%, Pembrokeshire was ranked 11/22 with 12.4% and Carmarthenshire was ranked one of the highest at 3/22 with 13.1%. Data from the Office for National Statistics (ONS) shows the percentage of unpaid care provided by residents across local authorities (see Appendix A, Annex 5).

6.5 Self-funders

Most local authorities have little knowledge of people who pay for their own care in their area despite this group of people accessing a range of services and forming a significant part of the total care market[12]. The Local Government Information Unit (LGiU) report 'Independent Aging'[13] estimated that an average of 41% of people entering residential care each year self-fund, and of those, 25% will run out of money and therefore fall back on state funding. Estimating the precise numbers of self-funders is an inexact science for a variety of reasons:

- The service provided (often by non-registered providers) may not be regarded by the purchaser or provider as 'care' (e.g. help around the house).
- People in receipt of council funded services may top this up through informal care or buying additional hours from registered providers. Consequently there may be some element of double counting.
- Providers may not always be able to identify which care is self-funded or paid for using a direct payment.
- Providers may be unable (or unwilling) to provide information on the numbers of people who self-fund.
- Comparison between local authorities is difficult because of the potential differences in data collected and methods used.

Bearing these issues in mind, a market survey questionnaire was circulated to care home providers in each county asking for the percentage of self-funders. The data from those that responded suggests that Carmarthenshire and Pembrokeshire have a similar rate of self-funders (34% and 33%) while Ceredigion has a lower number (23%). Furthermore, there is a calculation for estimating the

[11] www.daffodilcymru.org.uk version 5.0.
[12] IPC (2011). People who pay for care: quantitative and qualitative analysis of self-funders in the social care market.
[13] LGiU (2011). Independent Ageing: Council support for care self-funders.

number of self-funders in care homes[14] which takes into account the number of beds funded by NHS continuing care. Using this calculation estimated self-funders is similar for Ceredigion at 21.5%, but higher for Carmarthenshire (43%) and Pembrokeshire (41%).

6.6 Section Summary

Overall messages for the Market Position Statement
■ HDUHB area has a higher proportion of older people than the Wales average ■ The older population is set to increase dramatically over the next 10-15 years. The biggest increase being for the age group 85 and over (a predicted increase of 84% by 2030) ■ The number of people with dementia is also predicted to increase across the region (increase of 59% by 2030) ■ A significant proportion of the older people population provide unpaid care which is expected to increase compared with a decrease in the number of people under 65 who provide unpaid care ■ A significant proportion of people receiving care are self-funders (23%-34%) ■ The demand for services is expected to increase dramatically over the next 10-15 years (as would be expected with the increase in number of older people). ■ In this context, our current approach to service provision will not be sustainable as budgets reduce

[14] IPC (2013). DCMQC East Midlands: Understanding the self-funding market in social care – a toolkit for commissioners.

7 Our Shared Service Model

The starting point for the new model of service emphasises the key role of families and communities in offering support and care to their members. All citizens are surrounded by a network of family, friends and neighbours that influence their quality of life. They in turn contribute to the community in which they live. This is perhaps especially true for older members of the community.

The key role of services is to complement these networks by supporting people to continue to live fulfilled lives as they grow older and when they need it, to help them tackle life problems (e.g. ill-health, bereavement, becoming socially isolated). This is important not only for the individuals concerned, but for the resilience, wellbeing and development of communities as a whole.

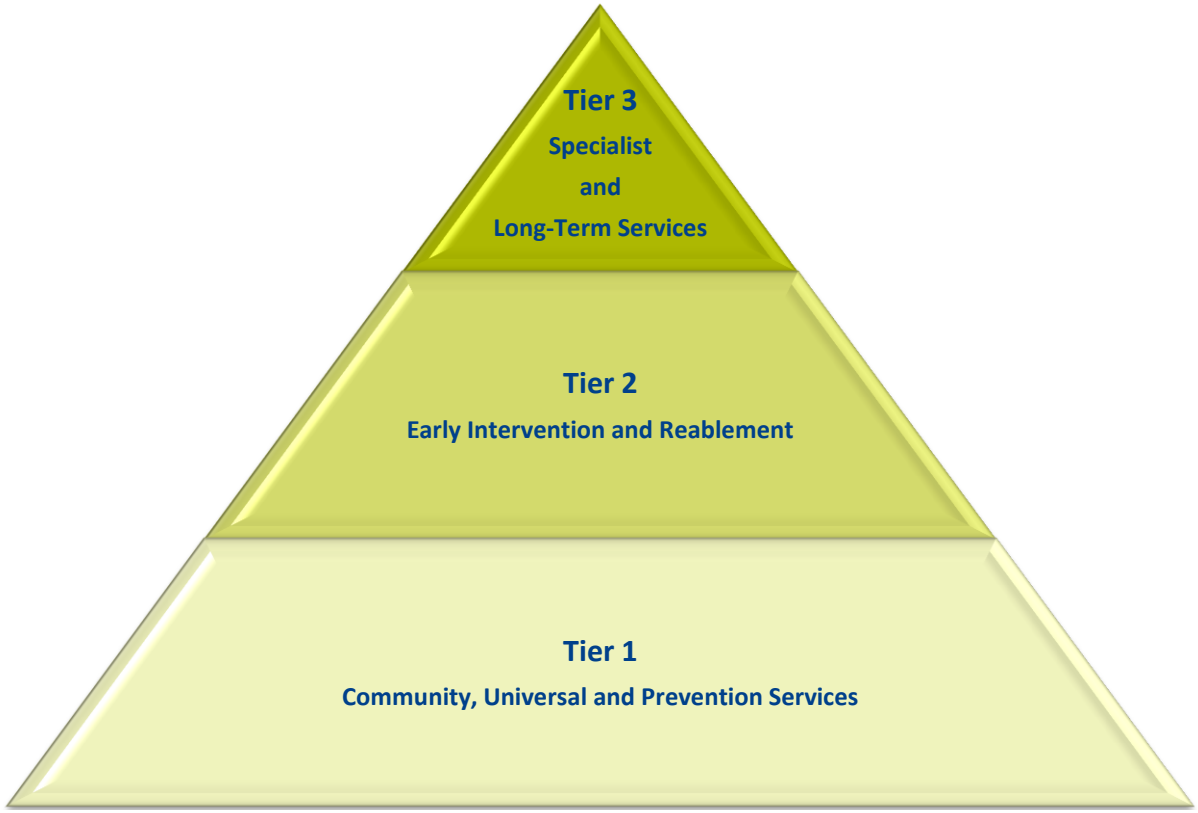
To achieve this we need to make the right services available at the right time, and ensure that they are efficient and well co-ordinated. By doing so we can support people as soon as they need it, help them to remain within their family and community, and as far as possible avoid expensive and disruptive specialist care. Over time this provides significant potential for transferring resources from specialist care into enhanced community and universal services. The transformation journey is already underway across the HDUHB area and the commitments within the Statement of Intent will continue to be addressed at local level and through the Mid and West Wales SSWB Act Regional Implementation Plan.

Achieving the shift in emphasis described above will be achieved through an integrated, co-ordinated approach to health and social care services (where they overlap) comprising 3 inter-related levels:

- Community, Universal and Prevention Services.
- Early Intervention and Reablement Services.
- Specialist and Long-Term Services.

Figure 3 below illustrates this 3 inter-related level service model, and the following section describes each component and identifies what needs to happen to deliver it.

Figure 3: Service Model for Integrated Health and Social Care Services



7.1 Community, Universal and Prevention Services

This fundamental 'universal' level of service is available to older people of any age within our communities. Examples include informal community networks, befriending and other support provided largely though the third sector and non-statutory provision such as leisure and libraries. When working effectively, these will support and build on the broader resilience of communities and family support networks. In the context of the SSWBA, public service organisations will have an increasing role in nurturing and supporting these informal support networks. This links with the requirement under Part 2 of the Act for local authorities to promote social enterprises, cooperatives and third sector organisations as providers of care and support.

Through the commissioning and provision of such services we will seek to ensure that our older citizens have the opportunity to stay healthy and safe for as long as possible. Generally this means we will be:

- Working with people to promote independence, community engagement and social inclusion, strengthening social capital and re-circulating local resources.
- Establishing robust Information, Advice and Assistance services which help people achieve their personal outcomes by directing them to appropriate support within the community.
- Meeting universal needs that all families and individuals have at one time or another, and ensuring that these services are easily accessible and available to all.
- Developing a range of preventative services and/or initiatives which promote the health and wellbeing of older individuals.
- Identifying those with emerging difficulties and making sure they get effective help quickly, by ensuring that early intervention, reablement and specialist services are closely linked.

7.2 Early Intervention and Reablement

For those who have needs which cannot be met purely by community, universal and prevention support, we will offer early intervention and reablement services to help them address their difficulties, and avoid specialist or substitute care, or recover their independence within the community. These services include reablement, intermediate care, and rapid response services. We will make sure that these services work closely with and within universal community and prevention services.

We need to identify and respond effectively to the needs of individuals and families with emerging problems by:

- Providing proportionate and focused assessments to ensure that people get to the right services as quickly as possible.
- Focusing on those we can help best through early intervention and reablement.
- Responding quickly and flexibly enough to really help people address their problems.
- Ensuring that our support is intensive enough to have a real impact.
- Working in partnership with people to help them build on their strengths.
- Working closely with colleagues in universal, community and prevention services to ensure support is well co-ordinated and comprehensive.

We will seek to secure alignment and complementarity of services, make them easily accessible and part of the fabric of the community. Professionals in these services will offer advice and support to their colleagues in the community. By improving our ability to respond quickly through early intervention and reablement, we will help more people to live fulfilled lives in their community and reduce the need for specialist and substitute services.

7.3 Specialist and Long Term Services

The third level of services is for those whose conditions or circumstances mean that they need longer-term specialist or substitute care or support. Examples of social care services include residential and nursing care, domiciliary care, and safeguarding services. Equivalent examples in health include community hospital services, continuing healthcare and end-of-life care.

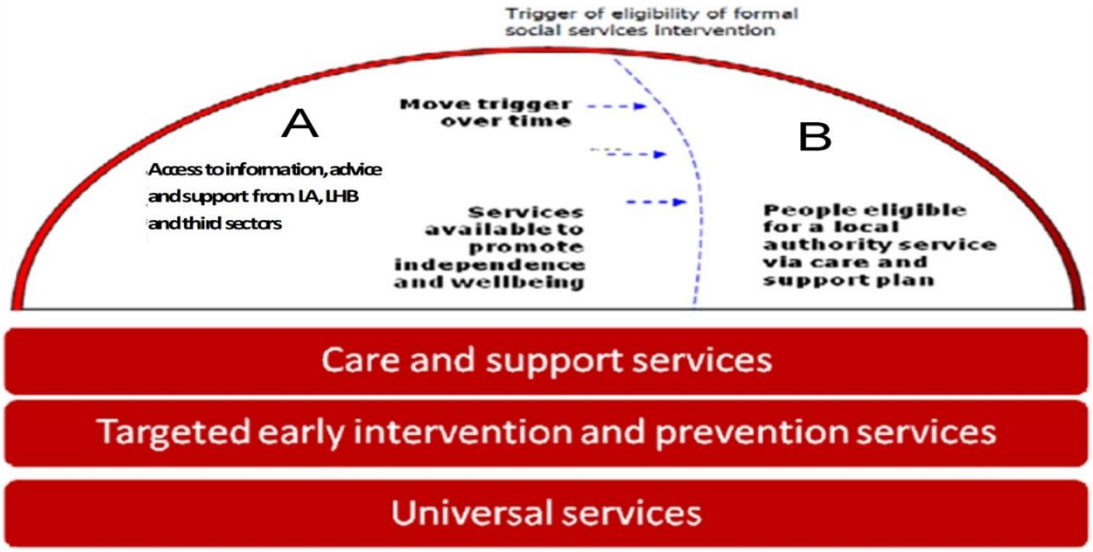
Health and social care services at this level work in partnership to assess needs holistically, respond effectively to individuals' needs and wishes, and work with service users to help build their independence, comfort and confidence. Services will be centred on promoting choice and control, and will work with people to improve their quality of life in ways that work for them. Once again we will ensure that people have access to good quality information, assistance and advice to help them make informed choices.

These services will work together with their colleagues in the community to ensure that services are joined up, and will also act as a resource by which where they can offer advice, guidance and training.

7.4 A Dynamic Service

Figure 4 illustrates the approach to which we are committed. This will be responsive to the needs of individuals, helping them to help themselves, providing targeted intervention and support where needed, then enabling them to return to independence as quickly as possible, supported as appropriate by ongoing access to universal services and community support.

Figure 4: Approach to Integrated Health and Social Care Services



8 Our Commissioning Intentions

Within the context of this shared service model, we have developed a series of commissioning intentions which will support delivery. To support the development of these commissioning intentions, we have undertaken a detailed market analysis exercise and the full report of this can be seen in Appendix B. Inevitably, the commissioning intentions of individual agencies are at different stages of development and are being refined and developed on an ongoing basis. The MPS provides a 'point in time' articulation of what these are and future opportunities will be taken to communicate and engage on their development, for example through the regional provider forum. We have identified shared commissioning opportunities which are set out in the tables below. The way in which we progress these opportunities will vary and be assessed through the MWWHSCC as part of our forward planning processes.

8.1 Community, Universal and Prevention Services

8.1.1 Community Development and Third Sector

Key Messages from our Market Analysis			
▪ There is a strong and vibrant third/community sector in the region. ▪ This provides a firm foundation for developing a range of universal and preventative services that promote and support independence for older people ▪ There is a key role for County Voluntary Councils (CVCs) in co-coordinating and supporting development of Third Sector activity ▪ The stability of CVCs is threatened by funding reductions ▪ A high proportion of funding for CVCs is restricted to specific projects			
Carmarthenshire CC intends to	**Ceredigion CC** intends to	**Pembrokeshire CC** intends to	**Hywel Dda UHB** intends to
▪ continue to develop and consolidate our partnership with Carmarthenshire CVC ▪ work creatively with Third Sector organisations to maintain services and maximise funding to	▪ work to ensure greater collaboration with Third Sector organisations ▪ realign existing Third Sector services to meet new service model and 'cluster' working with GPs	▪ Continue to support the Third Sector to build community resilience. In particular: ▪ Innovations Grant Fund (small grant applications to stimulate new and innovative initiatives)	▪ continue to consolidate and build on partnership arrangements with Third Sector and Independent Sector to build community resilience ▪ Strengthen locality based working with our

ensure the needs of service users and carers are protected. ■ build on the successful "3rd sector brokers" project by focussing on developing community resilience and time credits, in partnership with Hywel Dda, CAVS and SPICE. ■ In partnership with the West Wales collaborative, develop the Information & Advice service and build on Pembrokeshire's PIVOT scheme. ■ Generally, support the sustainability of third sector organisations	■ promote community cohesion with an emphasis upon supporting people to help themselves and engage with existing community activities ■ Improve sign posting to Third Sector organisations ■ Participation in the development of InfoEngine ■ Continue to support and develop the role of our Third Sector Broker ■ Commission an advocacy service for older people ■ Commission a night sitting service ■ Review, where applicable Third Sector commissioned services with Hywel Dda, to ensure strategic fit and value for money	■ Continuation of the PIVOT scheme, providing low level support to prevent hospital admission and support timely discharge ■ Work collaboratively with the Third Sector to build networks and seek opportunities to maximise use of available resources, skills, volunteers etc ■ Continue to work closely with the Third Sector to develop and respond to the information, advice and assistance requirements as detailed in the SSWBA (eg Info engine, electronic portal for information and advice)	Third and Independent Sector partners ■ develop our Plans including Cluster Plans so that they fit as part of an integrated solution ■ jointly commission services from Third Sector and Independent Sector organisations who can deliver services on our behalf and develop a whole system approach ■ Continue to support and develop the role of our Third Sector Broker ■ Support the public health and wellbeing agenda to build community resilience ■ Implement a framework for the co-ordination of services providing low level support to prevent hospital admission and support timely discharge
Regional Commissioning Opportunities			
■ Explore opportunities to adopt a more strategic approach to commissioning with the third sector to develop services across the region, including the development of a voluntary sector commissioning strategy for the Hywel Dda region.			

▪ Progress a collaborative approach to prevention drawing on the experience and learning of the Intermediate Care Fund (ICF) to develop a regional model of preventative services.
Key Messages for the Market
▪ The third sector will be instrumental to the delivery of our prevention strategy. To support this, it is important that commissioning with the Sector is undertaken strategically and that CVCs are supported in maximising their resource from all available sources and developing their capacity.

8.1.2 Housing Related Support

Key Messages from our Market Analysis			
▪ Housing related support plays a vital role in supporting older people to maintain independence ▪ We need to target our services more effectively at those who are most in need. ▪ The allocation of specified community equipment items could be speeded up significantly. ▪ There is an opportunity for a more collaborative approach to commissioning services from Care and Repair ▪ The potential contribution from telecare services is yet to be explored fully			
Carmarthenshire CC intends to	**Ceredigion CC** intends to	**Pembrokeshire CC** intends to	**Hywel Dda UHB** intends to
▪ Re-shape all community-based housing support services on a community basis. Phase 1 will involve setting sustainable localities and tendering for these. Most client groups will be served. ▪ Review the priorities in	▪ Implement the outcomes of the residential care review ▪ Encourage the development of greater housing options for older people, including re-developing some council run homes into extra care facilities	▪ Develop a more strategic approach to housing and housing needs for older people. ▪ Ensure we have a continuum of housing related options to support older people.	▪ Implement new models of service which include health, social care and housing with informed partnerships ▪ Strengthen CICES to support timely response to equipment needs in the community ▪ CRTs to develop links

the Supporting People plan	▪ Conclude the outline business case for Cylch Caron (extra care scheme in Tregaron)		with safety agenda e.g. fire safety assessement

Regional Commissioning Opportunities
▪ To consider regional a commissioning approach of Supporting People services. ▪ The development of a regional telecare/ telehealth strategy
Key Messages for the Market
▪ There will be an increasing emphasis on the use of telecare to support people to live at home. Domiciliary care and supported living services will increasingly be expected to work in this context and we will seek to develop telecare strategy in partnership with service providers.

8.1.3 Day Opportunities

Key Messages from our Market Analysis			
▪ Across the region we currently have 12 day centres with over 300 places representing a total investment of over £3m per year. In 2013-14 we offered this service to more than 950 people. ▪ Transport services need to be developed to make day centres accessible to all those who may benefit from them ▪ The role of Independent Sector day centres/services needs to be included in the review of and future planning for day opportunities			
Carmarthenshire CC intends to	**Ceredigion CC** intends to	**Pembrokeshire CC** intends to	**Hywel Dda UHB** intends to
▪ Carmarthenshire CC has been undertaking a fundamental review of its day services, which links to the development of	▪ conclude the review of day opportunity service provision to ensure it is person centred, and needs led. The review	▪ undertake a review of day opportunity services to ensure it is person centred, and needs led. ▪ seek opportunities to	▪ strengthen locality based working by ensuring appropriate links between health services, CRTs and local day

community resilience to complement the provision of day services. This will need to be considered by senior officers and County Council during 2015/16 prior to any final decision on the way forward.	will include in-house, as well as commissioned services. ▪ promote models of social enterprise	work in a collaborative way with HDUHB to emphasise reablement and supporting people to be as independent as they are able to be. ▪ support the development of micro market providers to support people in their local communities and develop a greater diversity in service provision. ▪ drive service improvement and the development of an 'approved provider' list for day opportunities.	services ▪ seek opportunities for collaborative working with day services to support anticipatory approaches to maintaining health and maximising independence ▪ Explore informal community partnership opportunities for building stronger community resilience

Regional Commissioning Opportunities

- Development of a more diverse day opportunities market, including the stimulation of social enterprise to enable people to have greater choice and control in how they wish to be supported.
- Development of an approved provider 'quality gateway' and commissioning processes to ensure consistency of approach and standards across the region.

Key Messages for the Market

- Across the region there is a commitment to ensure that older people can take advantage of day support opportunities as close to their homes as possible. Day services are being reviewed to ensure they are needs-led and person-centred. Commissioners will engage with providers across sectors to develop these through a diverse and sustainable market.

8.2 Early Intervention, Intermediate Care and Reablement

<table>
<tr><th colspan="4">Key Messages from our Market Analysis</th></tr>
<tr><td colspan="4">

Our reablement services are a fundamental component of our shared service model
Our implementation of a reablement model will have implications for a range of service providers and we will be seeking to maximise peoples independence to reduce demand for longer term care services wherever possible.
Demographic growth in our older population may compensate for this reduction in demand through reablement
Care homes can potentially extend their remit to offer intermediate care, step up/ down beds and act as a resource for in-reaching reablement packages

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<tr><th>Carmarthenshire CC intends to</th><th>Ceredigion CC intends to</th><th>Pembrokeshire CC intends to</th><th>Hywel Dda UHB intends to</th></tr>
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<td>

Develop a range of short-term interventions under the heading of “START” – Short Term Assessment Review Team, including redesigning the Reablement service to maximise outcomes for individuals and improve flow between short-term and long term services

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<td>

Review the delivery of reablement pathway:

Therapy led services
targeted domiciliary care reablement service
rapid response equipment including assistive technology

Support domiciliary care providers to provide reablement focused domiciliary care and work towards an outcomes based approach

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Continue the development of the reablement pathway based on the learning to date from the ICF funded pilot. Key elements comprise:

Therapy led services,
targeted domiciliary care reablement service
rapid response, equipment including assistive technology.

Support domiciliary care providers to provide reablement focused domiciliary care and work towards an

</td>
<td>

Enhance our community workforce skills and capacity to support more people closer to their homes
Improve the range of opportunities for people to maximise their health and wellbeing by:

Increasing availability of programmes to support self-care, lifestyle and wellbeing
Spreading the use of telehealth monitoring and support to more people with chronic conditions
Implementing an

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		outcomes based approach.	integrated enabling model of care to support frail and older people ▪ Implementation of psychological services to support management of those with chronic conditions

Regional Commissioning Opportunities

- Development of a regional approach to creating a more flexible and responsive workforce
- Utilise the learning and evaluations of the Intermediate Care Fund to further develop our approach to reablement

Key Messages for the Market

Commissioners will engage with service providers to achieve:

- Greater focus on reablement to continue to maximise what people are able to do for themselves.
- Greater flexibility to respond to changing needs i.e. flex up and down when required.
- An increased focus on the needs of people with dementia in the development and delivery of services
- Development of a flexible and responsive workforce across health and social care to successfully deliver new models of service.

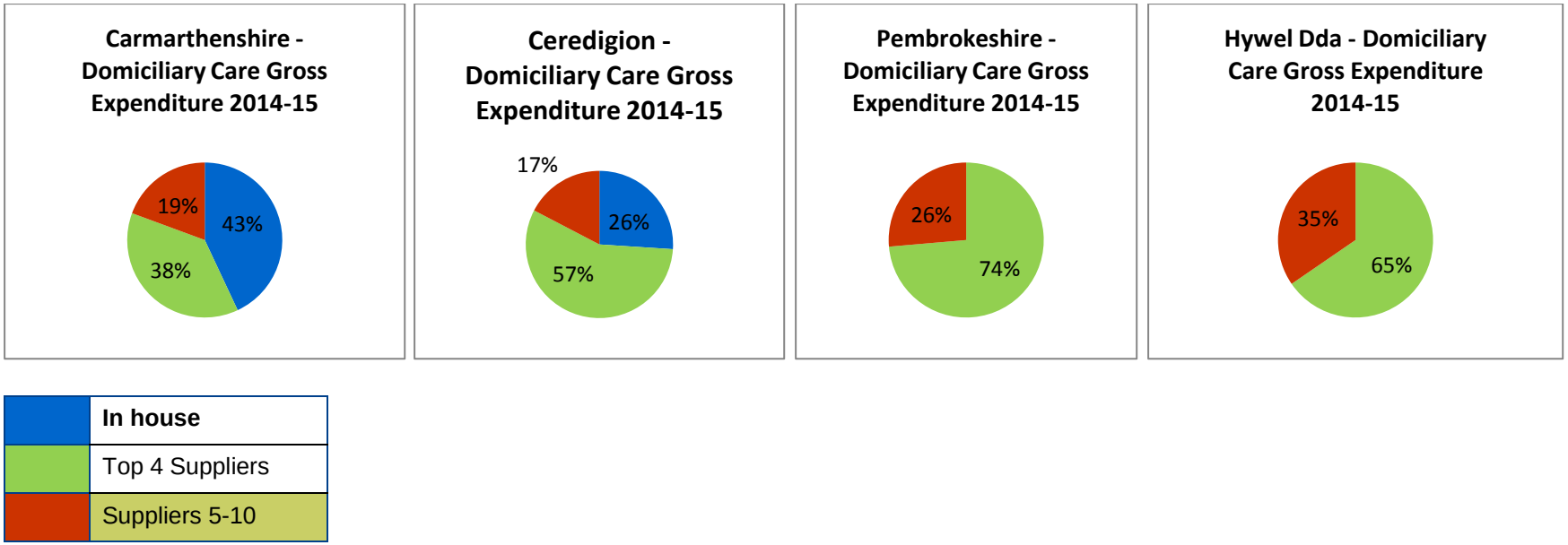
8.3 Specialist and Long-Term Services

8.3.1 Care and Support at Home (Domiciliary Care)

Each of our partner organisations has its own arrangements and undertakes its commissioning separately. We commission services from a number of provider organisations across the region and in Ceredigion and Carmarthenshire we also have an in-house service. Together, we invest nearly £44.5m in this service.

Figure 5, below, shows the way in which our spending is allocated to domiciliary care providers. It is derived from Table 10a in Appendix B: "Market Analysis". The pie charts show that in Ceredigion and Carmarthenshire, we retain significant in-house provision. However, most significantly, it shows proportion of service commissioned form each organisations "top four" providers. In Pembrokeshire the top four providers have a 74% market share. Across the region, we commission from a limited number of providers and we have an opportunity to explore promoting diversity and a sustainable market.

Figure 5: Domiciliary Care Providers: Allocation of Expenditure



Key Messages from our Market Analysis

- There is a shared challenge to maintain a stable and skilled workforce, particularly in relation to recruitment and retention, and training
- There is potential in undertaking joint initiatives to promote careers in care professions
- Funding and fee levels continue to be an issue

- Optimisation of different professional roles across social care, health and housing is essential to deliver an effective service
- Providers are ready to work with commissioners to:
  - Identify areas for expansion and innovation
  - Develop outcomes based commissioning
  - Explore the use of technologies
- There is an opportunity to promote diversity among service providers
- Providers are seeking clarity from commissioners over future plans

Carmarthenshire CC intends to	**Ceredigion CC** intends to	**Pembrokeshire CC** intends to	**Hywel Dda UHB** intends to
▪ Embed, over the next four years, changes following our recent tendering exercise. In particular: ▪ An outcome focussed approach e.g. hours and visits are commissioned on a weekly basis (i.e.10 hours and 21 visits) so that providers can respond flexibly to the needs of the service users ▪ Greater trust between commissioners and care providers in delivering the outcome focussed approach ▪ A risk enablement approach ensuring risk assessment supports	▪ Develop electronic caseload management and call monitoring ▪ Develop domiciliary care brokerage arrangements based on the E-Bravo system ▪ Commission domiciliary care on a zonal basis ▪ Introduce a stronger reablement focus to domiciliary care packages	▪ Pembrokeshire CC has commissioned a specific reablement provider who also provides a rapid response service. Based on this, we intend to: ▪ Develop a reablement ethos and skills in the independent sector to continue to support people to achieve their goals and maximise their independence ▪ Develop the potential of assistive technologies to support independence. ▪ Develop and enhance dementia awareness ▪ Support greater flexibility to be responsive to care needs ie flexing up and down within agreed	▪ Potential to joint commission with LA as common service providers ▪ Standardise specification for the role of domiciliary care support workers e.g. medication administration ▪ Develop the role of generic health and social care worker e.g. Llys y Bryn pilot ▪ Agree governance around CRTs to maximise efficiency and effectiveness of resources

positive outcomes for the individual, to avoid creating dependency among service users. ▪ Requiring care providers to offer care workers better terms and conditions to help stabilise the market ▪ Payment against actual delivery through submission of electronic call monitoring records ▪ We aim to ensure packages of care are "right-sized" consistently across the county. ▪ Realign our in-house service to mirror the way care is commissioned in the independent sector.		tolerance ▪ Develop a more balanced market to mitigate risks (two providers currently have approximately 50% of the market share) to ensure resilience in the market. ▪ Review our Framework Agreement to inform future procurement arrangements ▪ Develop a more outcome based approach to our commissioned domiciliary care service. ▪ Promote and support direct payments to provide greater autonomy, choice and control for individuals ▪ Explore electronic call monitoring	

Regional Commissioning Opportunities

There are a number of potential regional developments in relation to domiciliary care as follows:

- Development of single service specification, quality assurance framework and supporting contracts
- Clarifying arrangements for the administration of medication by social care staff to ensure safe and effective third party delegation of tasks by NHS health professional to non NHS support workers.
- Collaborative initiatives to focus on addressing the challenges of delivery in rural areas

- Encourage innovation and the use of technology
- Work with Care and Social Services Inspectorate Wales (CSSIW) and other partners to align regulation and performance frameworks with new models of care.

Key Messages for the Market

There are clear opportunities for commissioners and providers to work together to:

- Implement an outcome focused and "risk-enablement" approach to service provision
- Ensure a greater focus on reablement to maximise people's independence
- Develop dementia awareness
- Develop the use of assistive technologies

8.3.2 Accommodation with Support and Care

The provision of care at home supported by the increased availability of technology will mean that people will be able to stay at home much longer if they choose. The development of supported living and extra care accommodation will support people to maintain their "own front door" whilst still having increasingly complex health and social care needs met by a developing community based services. Nevertheless, we expect that older people in our region will still reach stages in their life where they will seek support in a care home environment and benefit from the security of 24 hour support in a safe and supportive environment.

We currently have 254 units of extra care accommodation across the region.

Older people in our region who are no longer able or confident to remain independent in their own homes are currently dependent on the availability of places in residential and nursing homes.

Across the region, we have the following availability of care home places:

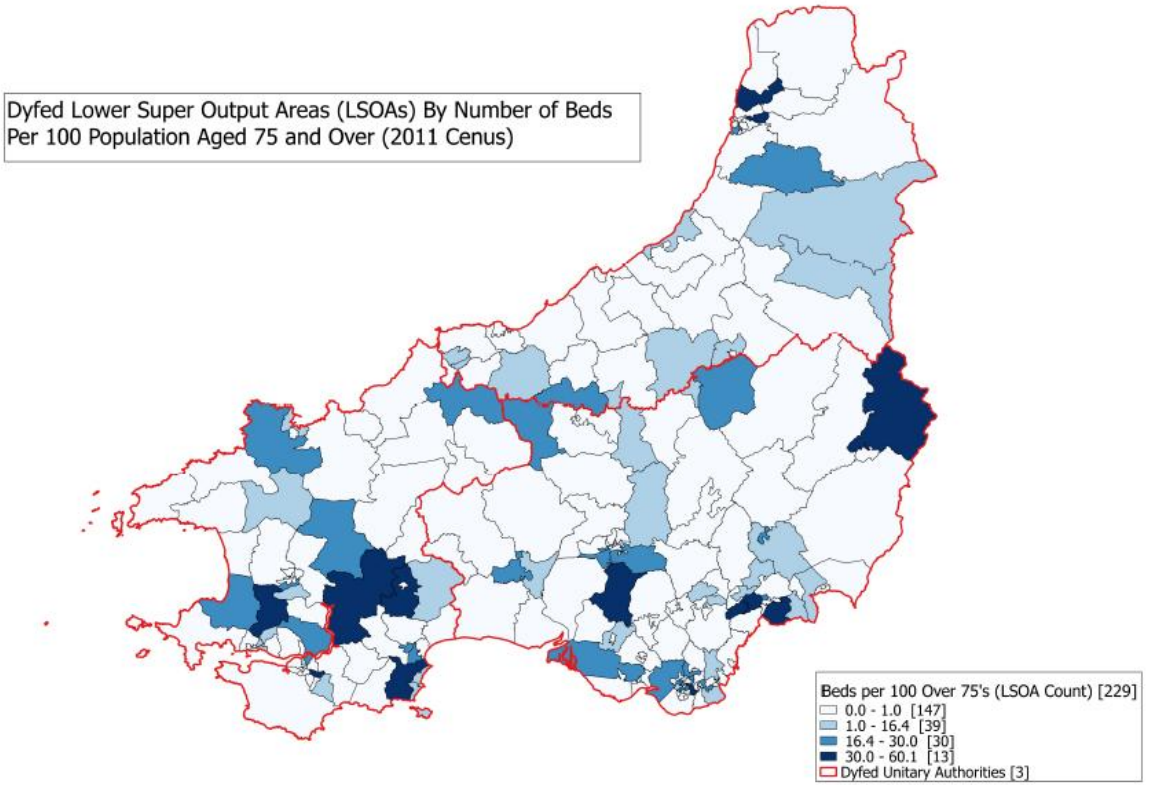
Number of beds by care home type	Carmarthenshire	Ceredigion	Pembrokeshire
Residential care	757	270	230
Elderly Mentally Impaired (EMI) Residential	278	100	283
Nursing care	299	154	220

EMI Nursing care	255	7	396

Together we invest over £15m in residential care services and a further £9.6m on nursing home placements.

Figure 6 shows the number of care home beds per hundred people over 75 years in each of the regions Lower Super Output Areas. Given the predominantly rural nature of the region, offering people a place in a care home which is in, or near their local community presents particular challenges. There are areas across our region where the demand for care home placements cannot be met by local supply.

Figure 6: Care Home Beds per 100 over 75s Population



Key Messages from our Market Analysis

- Maintaining a stable and skilled workforce is a significant challenge particularly in relation to recruitment and retention, and training
- Funding and fee levels continue to be an issue
- Providers are experiencing challenges due to increasing dependency levels of residents
- There is a need for improved joint working between care homes, community health and social services to meet the support needs of individuals in care
- Increasing regulatory and monitoring requirements place additional pressure on providers
- There is an appetite among providers to expand and diversify their services
- Providers are seeking clarity from commissioners over future plans
- There are further opportunities to improve communication and partnership working between commissioners and providers

Carmarthenshire CC intends to	**Ceredigion CC** intends to	**Pembrokeshire CC** intends to	**Hywel Dda UHB** intends to
Carmarthenshire CC intends to work with our in-house providers to: ■ continue to redevelop existing care homes ■ Future-proof and re-model care home provision ■ maximise inward investment with the replacement of four care homes with new extra care developments in Ammanford and Carmarthen ■ continue to develop a range of residential	■ Increase provision of Extra Care increase provision of EMI Nursing ■ Reconfigure our in-house residential care homes ■ Implement the Older People's Commissioner's requirement for action ("A Place to Call Home") ■ Improve activities and quality of life	■ Undertake a review of local authority residential care service provision reflecting demographic pressures. In particular, ensuring: ■ More target to support reablement ie step up/down community beds with wrap around reablement support to enable people to return home and live independently ■ More flexible service offer to support carers, ie respite, outreach and day opportunities core and	■ Driving quality and service improvement in both nursing care and residential care. Building on the concept of the Care Home Support team with the context of the CRTs. ■ Develop support through training and education for Care Homes ■ Training and support to nurses in care homes to provide professional support network. ■ Developing multi- skilled care workforce in care homes. Build on Health

opportunities and supportive communities which support reablement to facilitate hospital discharge or prevent admission Generally, Carmarthenshire CC intends to continue to work with the Independent Sector to: ▪ ensure sufficient capacity to meet people's needs with dementia and complex needs ▪ develop a mixed economy of providers. ▪ focus on improving the quality of care e.g. positive risk taking ▪ explore options and consider future investment in the Llanelli area ▪ work with providers by providing information and guidance to the market to reflect changing needs		cluster type model ▪ Greater focus on dementia care in response to demographic demand pressures Generally we intend to develop: ▪ Greater focus on supporting people within their own homes, so potential reduction in residential care, but demand for residential care with nursing being sustained (Links with trend data analysis) ▪ We will implement the Older People's Commissioner's requirement for action ("A Place to Call Home") ▪ Greater commissioning emphasis on driving service improvement and the quality of care	and Social Care Worker pilot with Carmarthen ▪ Commissioning of different types of beds i.e. step up/ down/ community assessment beds/ respite etc ▪ Provide specific support and training in the management of those with Dementia ▪ Provide specific support and training in the management of those with Palliative and End of Life Care ▪ Monitor activity between Care Homes and Hospitals to inform training needs assessment and support

Regional Commissioning Opportunities			
▪ Support regional approach to 'A Place to Call Home' recommendations to drive quality of life and care in care homes ▪ Develop an integrated regional approach to recruitment and workforce development, especially nurses ▪ Develop enhanced professional support to care homes to support people with more complex needs. ▪ Improved understanding and responsiveness to the needs of people with dementia ▪ Develop our collective intelligence around self funders ▪ Work with CSSIW and other partners to align regulation and performance frameworks with new models of care Generally, we will also work with CSSIW to give strong emphasis to outcomes for individuals and drive improved quality through a single or linked performance and quality framework.			
Key Messages for the Market			
There are clear opportunities for commissioners and providers to work together to consider: ▪ providing beds on a more flexible basis including for emergencies, interim use and respite ▪ developing high quality dementia services ▪ ways of meeting the needs of increasing numbers of people with complex needs ▪ diversification including potentially: ▪ Day services ▪ Other community based services ▪ Intermediate care beds ▪ Domiciliary/extra care services			

8.3.3 Dementia

Our current systems for recording and managing information make it hard for us to establish a clear picture of the extent to which dementia and other mental health problems affect the lives of our service users. We know that a significant proportion of people who receive support at home from a domiciliary care service have dementia but we want to be able to provide this support to individuals in

the later stages of the condition. We expect to work in collaboration with domiciliary care providers to implement this training across our workforce. We expect also to be commissioning specialist domiciliary care services.

Across our region, there are a total of 668 residential care beds registered for older people with mental health problems and 645 nursing home beds. We wish to expand our provision of specialist dementia services in care homes and support improvement in the quality of care and the physical environment.

Across the region we allocate a total of £465,761 to 16 third sector organisations that provide specialist support for people affected by dementia. We intend to expand this and increase the availability of informal support.

As a first priority, we will look to producing a joint regional strategy for older people with Mental Health Problems.

8.3.4 Carers

We have worked together to produce an Information and Consultation Strategy for Carers, currently for 2012-15. This strategy is currently being refreshed. This strategy describes in detail how we will work together to support carers through the provision of information and how we will extend our approach to consultation.

Across the region we allocate a total of £1,202,664 to 32 Third Sector organisations that provide specialist support for carers. We intend to expand this and increase the availability of informal support. There is the opportunity for us to commission these services collaboratively.

8.3.5 Workforce

We recognise that across our rural region we are challenged to provide a caring, competent and stable workforce. Our engagement in the development of this MPS has identified workforce issues as a key challenge. It has also been identified as a key opportunity for us to work in closer partnership to address:

- Recruitment and retention
- Training
- Marketing careers in the social care sector

Our direction of travel over the next three years will reflect the content of "Sustainable Social Services – A Framework for Action", and the "Social Services and Well Being (Wales) Act 2014". Learning and development strategies and training plans will be aligned to the four key areas of the Act:

- Maintaining and enhancing the wellbeing of people in need
- A strong voice and real control
- A strong and professional delivery team
- Safeguarding

The overall aim is to lead the sector towards a highly skilled and focused workforce which perceives itself as professional. A qualified and trained social care workforce should improve the status of the profession and the work that they do. A qualified workforce will enable the delivery of excellent and sustainable services focusing on the need of vulnerable individuals. The workforce will need to be equipped to meet new challenges as they emerge in order to deliver services through increased integration and collaboration. With increased demand for direct payments, and an increasingly ageing population, service provision will need to be more focused and flexible, as demands increase on ever decreasing resources.

The Mid and West Wales Health and Social Care Collaborative has established a Workforce Development Programme Board which is focusing on:

- The development of the Social Care Workforce Development Programme (SCWDP) on the regional footprint,
- Alignment of the SCWDP, SCiP and other workforce programmes with the wider transformational programme as articulated in the Regional Implementation Plan and
- Ensuring effective, cross-sector training in relation to the SSWB Act, ensuring this is contextualised to reflect changes being taken forward at local and regional levels within Mid and West Wales. We are agreed that a priority is to ensure that health programmes reflect the requirements of the Act, link with the Regional Implementation Plan and are commissioned and delivered in partnership with other sectors where appropriate.

A Regional Workforce Coordinator will shortly be recruited to support the Lead Director for Learning and Development and the Head of Regional Collaboration in delivering against these objectives and representing the region in ongoing work with the Care Council and other stakeholders. Rationalisation of existing stakeholder arrangements at regional and local level will also be an early priority, in order to achieve effective engagement on the workforce agenda.

We recognise that what is currently in place is just a start and we will be looking in 2016-17 to ensure that the developing workstreams driving change and ensuring compliance with the Act are clearly and directly supported by a range of training programmes

9 Our Resources

The way in which the four partner organisations distribute their resources across the three tiers of our service model is shown in the table below.

	Budget 2013-14							
	Carmarthenshire CC		Ceredigion CC		Pembrokeshire CC		Hywel Dda UHB	
	£	%	£	%	£	%	£	%
Tier 1 – Community, Universal and Prevention Services	2,478,078	7	1,213,338	10	2,278,561	11	613,214	3
Tier 2 – Early Intervention and Reablement	4,803,373	13	892,962	8	2,183,095	10	869,000	4
Tier 3 – Specialist and Long-Term Services	29,786,957	80	9,629,600	82	16,565,858	79	20,734,242	93
Total	**37,068,408**	100	**11,735,900**	100	**21,027,514**	100	**22,216,456**	100

Our new model of service requires a much stronger emphasis on Tier 1, community and universal prevention services. We are committed to shifting the emphasis in our budget allocation away from traditional long terms services towards services that promote wellbeing and independence.

10 Our Approach to Commissioning

We regard the process of commissioning as the means by which we will translate the intentions and commitments made in this document into reality, into a better experience and better outcomes for our older population. The Yorkshire and Humber Joint Improvement Partnership which is considered to be a centre of excellence, define commissioning as follows:

"Commissioning is a broad concept and there are many definitions. The Department of Health describes commissioning as the means to secure the best value for local citizens and taxpayers. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources. Commissioning is an on-going process which applies to all services, whether they are provided by the local authority, the NHS, other public agencies or the Independent Sector."[15]

There are a number of ways that we can collaborate to undertake our commissioning function together. These range from liaising between agencies, and jointly producing this market position statement to a combined single commissioning function across the region. We are actively seeking opportunities to increase the pace and scope of collaboration in relation to commissioning. Through pilot arrangements commenced in November 2015 the strategic commissioning functions of Carmarthenshire and Pembrokeshire County Councils have been combined and a business case will be developed to inform potential opportunities for further integration between the two authorities and other partners in the region on a longer term basis. This, and the other opportunities identified in this MPS will be reviewed and evaluated in dialogue with providers and other stakeholders.

11 Conclusion

We have worked together to produce this MPS for Older People's Services. We are committed to a single model of integrated health and social care. Delivering this requires continuing radical transformation both of the services we provide and the way we work together. The changes required are challenging. They will only be achieved through strong partnerships between ourselves as commissioners, and equally importantly between commissioners and providers. This joint MPS is a first step. We are committed to building on the foundations of this document to consolidate partnerships with service providers individually and across sectors.

[15] http://commissioning.connecttosupport.org/s4s/WhereILive/Council?pageId=1745