Hillingdon Council's

Adult Social Care

Market Position Statement

2019 - 2022

2019

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Hillingdon's Market Position Statement

1. Introduction

1.1 Background

Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is a mosaic of countryside including canals, rivers, parks and woodland and we have the highest number of green flags for our parks and green in the country. This together with a major investment programme in schools, the refurbishment of all its libraries (the only council in the country to be doing so), and being the gateway to the world with us being home to Heathrow Airport, which contributes to there being high employment in the area, are all factors that make Hillingdon a good place to live.

However, like many areas, Hillingdon is facing pressures from an ageing population and increasing complexities of need that pose major challenges specifically for adult social care and more generally for the local health and care system in terms of how this increasing demand will be met within the context of reducing, or at least static, budgets.

1.2 The Purpose of the Market Position Statement

This Market Position Statement (MPS) is intended to provide the foundation for our relationship with the care and support market and particularly set out our ambitions for working with providers to encourage the development of a diverse range of options for our residents. It provides information about the current demand for care and support services and how they are provided, together with projections of future demand and consideration of how the market will need to develop to provide the range and level of support that will be required. Hillingdon is committed to stimulating a diverse market and the MPS has been produced to encourage and inform a dialogue with current and potential providers of care and support.

The content of this MPS reflects the Council's current intentions over the 2019 to 2022 period based on the information currently available. It does not represent a commitment on the Council to take a particular course of action, which may change in order to reflect the circumstances of the time.

2. Key Messages for Providers

This section highlights some key messages and opportunities for independent sector providers. **Appendix 1** summarises the Adult Social Care contracts that are due to expire over the next three years and also identifies additional procurement activity during the 2019 to 2022 period.

2.1 Messages and Opportunities

● **Messages for the Whole Market**

  ❖ Increasing demand and complexity of need, as well as reducing budgets, mean that the Council wants to have a more partnership-based relationships with providers that is based on mutual trust and risk sharing, i.e. moving away from the assumption that all costs should automatically be transferred to the Council.

  ❖ The Council will take different approaches to ensure that there is a diverse market of quality services in place for residents. Where tendering is the most appropriate route to comply with the Council's legal obligations, this will be undertaken using the procurement portal.

  ❖ The Council's preference is to have a smaller number of more strategic providers rather than large numbers of lower value contracts. This aids more effective contract management that reduces risk to residents and therefore safeguards their interests.

  ❖ For care and support services for adults the evaluation criteria that will generally be used in tenders will be 60% quality and 40% cost.

  ❖ The market can expect to see increasing levels of integrated commissioning between the Council and the NHS where this approach will lead to better outcomes for residents.

● **Opportunities for the Whole Market**

  ❖ The purchasing power of residents with personal budgets in the form of Direct Payments paid through pre-paid cards, or residents who pay for their own care and support, means that it is increasingly important that providers market their services. The Council has an e-market place tool in place for this purpose that is subject to change over the next two years.

● **Messages for Voluntary and Community Sector Providers**

  ❖ The Council sees the provision of information, advice and advocacy as key roles for the voluntary sector and will continue to support this provision through a combination of grants and contracts.

  ❖ The Council is keen to promote local community networks to support the wellbeing of residents in the area where they live in order to keep people active and prevent social isolation.

  ❖ Pump priming funding can be considered to get new, needs-based initiatives off the ground such as social enterprises and micro-providers.

- **Opportunities for Voluntary and Community Sector Providers**

  ❖ Developing activities and/or services for residents to purchase with their personal budgets or directly if they are self-funders presents an opportunity. As this would require providers to start charging this might present a challenge for organisations that have not traditionally charged for their services.

  ❖ An opportunity is also presented by the increasing promotion of Personal Health Budgets (PHBs) as direct payments and integrated budgets where individuals have health and social care needs.

  ❖ The increased importance of social prescribing at a Neighbourhood Team level in order to prevent escalation of need raises the possibility of additional funding being made available for third sector providers where positive outcomes can be evidenced.

- **Messages for Homecare Providers**

During 2019/20 the Council will undertake a tender for community support services contract that will include homecare. A tender for a replacement for the existing homecare and outreach dynamic purchasing system (DPS) will also take place in 2019/20.

- **Opportunities for Homecare Providers**

  ❖ Hillingdon's increasing diversity creates an opportunity for providers to develop services specifically directed at meeting the cultural and religious preferences of those communities. This creates choice for people who wish to purchase a more culturally appropriate service using either their personal budget or their own funds for people who are self-funders.

  ❖ Tenders for two community support services contracts and a new homecare and outreach dynamic purchasing system will be undertaken during 2019/20.

- **Messages for supported living and supported housing providers**

  ❖ The Council is open to considering benefit share options to incentivise service users of existing schemes being supported to step-down to less restrictive environments where it is safe to do so.

  ❖ The Council has no plans to develop any further schemes comprising of self-contained accommodation during the life-time of this MPS.

- **Opportunities for supported housing providers**

  ❖ There is a gap in step-down provision for people with complex needs in receipt of section 117 aftercare, i.e. people with alcohol and/or drug dependency.

- **Messages for Residential and Nursing Providers**

  ❖ The development of options for people to live for longer in the community means that the demand on residential provision in the borough from the Council is likely to continue to decline. However, this does mean that any placements are likely to be people with much more complex needs and with the probability of a shorter length of stay.

- **Opportunities for Residential and Nursing Providers**

  ❖ Joint commissioning between the Council and the Hillingdon Clinical Commissioning Group (HCCG) of nursing home bed provision will be explored during 2019/20.

3. Adult Social Care Vision

3.1 Adult Social Care Vision and Supporting Principles

The vision for Adult Social Care is that:

Care and support will be personalised and will prevent, delay and reduce needs.

Residents will be enabled to live independent and fulfilled lives, supported within and by their local networks wherever possible.

Delivery of the vision is supported by the following principles:

- *Adult and Carers are at the heart of everything we do*: Adults, carers and their family's views are at the centre of service development.

- *High quality, person-centred support delivered at the right time in the right way*: Our local community resources will be diverse, flexible and empowered. They will complement our diverse, flexible and sustainable marketplace monitored by robust safeguarding and quality assurance systems.

- *Outcome driven and meaningful:* We will adopt an outcome focused, strengths based approach and residents will have a choice about the way they are supported and how they will achieve the outcomes that matter to them.

- *Support for people in their own communities*: Residents will continue to live in their own homes and be valued members of the community.

- *Effective prevention and wellbeing*: There will be a reduced dependency on long term care and support as residents' safety, independence and wellbeing is optimised by access to comprehensive information and advice, along with responsive short term support to prevent or delay needs for care and support developing.

- *Effective partnerships:* We develop and maintain partnerships based on trust and mutual understanding to deliver better outcomes for residents through a sustainable care and support offer.

- *Committed workforce*: Our workforce will be stable, skilled, motivated and committed to putting residents first. They will feel supported to make decisions, assess and manage risk and work with residents to achieve the outcomes that are important to them.

- *Innovation:* We will use innovation as a key way to deliver better outcomes for our residents and to manage our resources.

3.2 Outcomes for Eligible Residents

The implementation of the Council's vision for Adult Social Care and its supporting principles is intended to deliver the following outcomes for eligible residents:

- The safety, independence and wellbeing of residents is optimised.
- Residents have more choice over how they are supported.
- Residents achieve the outcomes that matter to them.
- Residents continue to live in their own communities and are able to make valued contributions.
- Innovative, outcome-focused and strengths-based care and support plans make the best use of available resources and offer overall value for money.
- There is reduced dependency on long term care and support as the development of care and support needs is prevented or delayed.
- There is improved performance against national indicators
- Public sector resources are focused on people most at risk.

4. Demand for Care and Support

4.1 Growing Demand - Demographic Change in Hillingdon

Hillingdon's Joint Strategic Needs Assessment (JSNA) shows that based on the Greater London Authority (GLA) estimates the population of the borough in 2019 is 312,567. Table 1 below shows the projected growth by age group for the period 2019 to 2030.

Table 1: Population Growth by Age Group 2019 - 2030								
Year	0-19	20-64	65 +	80+	All Ages	% of Total Population			
						0-19	20-64	65+	80+
2019	83,560	187,386	41,634	12,100	**312,580**	26.7	59.9	13.3	3.8
2024	88,246	192,897	47,516	13,300	**328,273**	26.8	58.7	14.4	4.0
2030	87,750	193,300	53,650	16,300	**334,800**	26.2	57.7	16.0	4.8

Hillingdon's current population is evenly distributed across its three localities: Uxbridge and West Drayton (33.1%), Hayes and Harlington (35%) and Ruislip and Northwood

(31.9%) and projections suggest that the growth in the period up to 2030 will be evenly spread across these areas.

4.2 Increasing Diversity

According to the Greater London Authority in 2018, in Hillingdon 41.7% of the population are White British, 8.3% are White Other and 50% are from Black & Minority Ethnic groups. Ruislip and Northwood is least ethnically diverse part of the borough with just over 30% identifying themselves as coming from non-White households, compared to 51% in Hayes and Harlington.

The GLA Ethnic Group Population Projections data suggests that in the period to 2030 Hillingdon's population will become increasingly diverse, e.g. 51.6% of the population is projected to be non-White by 2024 and 54% by 2030. It is noteworthy that the older the population group in Hillingdon is the less diverse it is. For example, 23% of the 65 and over population is projected to be from non-White groups compared to 15.6% of the 80 and over population group. These groups are projected to become more diverse over time so that by 2030 33.8% of the 65 and over age group and 23.6% of the 80 and over age group will be from non-White groups. The older people population from Black and Minority Ethnic Groups (BAME) is concentrated in the south of the borough.

● **Languages**

2011 census data showed that there over 80 languages spoken in Hillingdon. 81.2% of the population identify English as their main language. The second main language is Punjabi, identified by 3.4% of residents. The third language is Polish (1.5% of residents). 3.1% of the population identified that they did not speak English well or at all.

● **Faith**

The 2011 census reported that 49.2% of residents identified themselves as Christian, 10.6% as Muslim, 8% as Hindu and 6.7% as Sikh. 17% of residents stated that they had no religion. In the ten years between censuses there has been a 158% increase in the number of people of the Muslim faith; a 96% increase in those of the Hindu faith and a 65% in those of the Sikh religion

The census also shows that only 7.8% of the 65 and over population identified that they had no religious faith, compared to 18.4% for the 16 – 64 age group. This suggests the potential for and increasing importance of faith groups in supporting older BAME residents in the community.

4.3 Health Factors Influencing Adult Demand on Adult Social Care

The 2011 census shows that 63.5% of Hillingdon's adult (16 +) population regard themselves as having good or very good health, but Hillingdon's Joint Strategic Needs Assessment shows that there are approximately 34,000 people registered with a Hillingdon GP known to have one or more long-term conditions. 51% of people in

Hillingdon over the age of 65 state that their day to day activities are limited (either a little or a lot) by long-term conditions. This figure rises to 82% for those aged 85+.

Lifestyle choices concerning such issues as poor nutrition, exercise and smoking can impact on the general health and wellbeing of residents and increase the number of people with long-term conditions that could result in an increased demand on social care services. For example, the 2018 Health Profile for Hillingdon suggests that 60.6% of adults in Hillingdon spend more than 2.5 hours per week on physical activity. This is lower than the England average (66.3%) and that for London (66.4%). The 2018 Hillingdon Health profile also shows that at 62.4% Hillingdon has a higher level of adults classified as overweight or obese than London (55.9%), although equal to that of England.

Cardiovascular disease (CVD) is the collective term for a group of related conditions including heart disease, stroke, diabetes, kidney (renal) disease and peripheral arterial disease. CVD is England's second biggest killer (after cancers) and also a cause of disability. The Quality Outcomes Framework (QOF) records 2,032 people (aged 30-74) recorded with CVD on GP registers in Hillingdon in 2017/18, 1.2 percent of the GP register population. This is higher than the London average for GP observed prevalence (1.0 percent) and England (1.1 percent).

4.4 Growth in the Number of Adults with Disabilities or Mental Health Needs

People with Learning Disabilities and/or Autism

Table 2: Estimates and Projections for People with Moderate to Severe Learning Disabilities 2019 - 2030			
	2019	**2025**	**2030**
18 - 64	1,095	1,139	1,175
65 +	116	133	152
TOTAL	**1,211**	**1,272**	**1,327**

Source: PANSI/POPPI

Numbers of people 65 + with a moderate to severe learning disability are predicted to rise from 116 in 2019 to 152 by 2030. A 2009 study by the Royal Society of Psychiatrists showed that there was an increased susceptibility amongst people with learning disabilities to develop dementia once they reached the age of 50 (7). The following figures suggest that the risk is up to four times greater than the general population:
- 1 in 10 of those aged 50 to 65
- 1 in 7 of those aged 65 to 75
- 1 in 4 of those aged 75 to 85
- Nearly three-quarters of those aged 85 or over.

Autism is a lifelong developmental disability that affects the way a person communicates and relates to people around them. People with autism have difficulties

with everyday social interaction. Asperger's syndrome is a form of autism. Table 3 below provides estimates and projections for the number of people with autism and challenging behaviours between 2019 and 2030.

Table 3: Estimates and Projections for People with Autistic Spectrum Disorders and Challenging Behaviours 2019 - 2030						
	Autistic Spectrum Disorders			Challenging Behaviours		
	2019	2025	2030	2019	2025	2030
18 - 64	1,973	2,054	2,123	88	91	93

Source: PANSI

People with Personal Care Disabilities

PANSI shows that the number of people of working age with serious personal care disabilities is projected to increase from 1,571 in 2019/20 to 1,672 in 2020/21 and 1,726 in 2030.

People with Mental Health Conditions

Table 4 below shows the projected increase in the numbers of adults of working age with mental health conditions between 2019 and 2030.

Table 4: Projections for People Aged 18 - 64 with Mental Health Needs			
Disorder	2019	2025	2030
People with a common mental disorder.	36,784	38,025	39,039
People with borderline personality disorder.	4,672	4,830	4,959
People with an antisocial personality disorder.	6,580	6,834	7,048
People with a psychotic disorder	1,366	1,415	1,455
People with two or more psychiatric disorders	14,047	14,539	14,945

Source: PANSI

Dementia is mainly a condition related to old age; however, PANSI estimates suggest that the number of people aged 30 to 64 with early onset dementia will increase from 72 in 2019 to 79 in 2025 and 82 in 2030.

Drug and/or Alcohol Dependency

Table 5 below provides estimates and projections for the numbers of adults of working age with drug and alcohol dependency in the period between 2019 and 2030.

Table 5: People aged 18-64 Predicted to have a Drug or Alcohol problem, 2019 - 2030			
Descriptor	**2019**	**2025**	**2030**
Total population aged 18-64 predicted to have alcohol dependence.	11,782	12,237	12,619
Total population aged 18-64 predicted to be dependent on drugs.	6,665	6,916	7,127

Source: PANSI

4.5 People Preparing for Adulthood

The numbers of people on Education, Health and Care Plans (EHCPs) moving from Children's to Adult Services in the period 2019/20 and 2021/22 are as follows:

- 2019/20:   45

- 2020/21:   60

- 2021/22:   62

Table 6 below shows the range of needs of people transitioning to Adult Services during the period of this MPS. It should be noted that the majority of people shown above have comorbidities, which is why the numbers will not reflect the totals shown above.

Table 6: People Preparing for Adulthood Summary of Needs, 2019 - 2022			
Support Reason	**Financial Year**		
	2019/20	2020/21	2021/22
People with severe learning disabilities.	7	6	5
People with an autistic spectrum disorder.	35	45	37
People with behaviours that challenge.	13	12	12
People with physical and/or sensory disabilities.	6	11	19
People with communication needs.	40	26	35

4.6 Growth in the Older People Population

Table 1 above shows that there is a projected increase in the number of people aged 65 and over of 22% between 2019 and 2030. For people aged 80 and over there is a projected 26% increase during this period.

4.7 Hillingdon's Older Residents: Key Factors Influencing Demand on Adult Social Care

The 2011 census showed that 14% of the over 65 population considered themselves to have bad or very health and a further 34% to have fair health. Table 7 below identifies some key factors related to the health of older residents that could contribute to increased demand on social care services.

Table 7: Key Factors Influencing Demand on Adult Social Care from Older Residents			
	2019	**2025**	**2030**
Health Condition			
People 65 + living with dementia	2,970	3,404	3,939
Obesity - Body Mass Index 30 +	10,720	12,214	13,939
Type 1 & 2 Diabetes	5,180	5,903	6,770
Ability to Manage Domestic and Self-care Activities			
Total population aged 65-84 unable to manage at least one domestic task on their own.	6,422	7,575	8,378
Total population aged 85+ unable to manage at least one domestic task on their own.	5,478	6,050	7,216
Total population aged 65 -84 whose day to day activities are limited a lot.	7.101	8,132	9,233
Total population aged 85 + whose day to day activities are limited a lot.	2,647	3,141	3,545

Source: POPPI

Within the next 6 years to 2025, the Projecting Older People Population Information System (POPPI) produced by Oxford Brookes University and the Institute for Public Care project an increase of 14% in the number of people aged 65 and over with a limiting long-term illness whose day to day activities are limited a lot from 9,749 to 11,273. In terms of comparisons with our near neighbours the increase is the same as that projected for Ealing and Harrow but marginally below that for Brent and Hounslow. It also corresponds with the projected increase for the London region. There is a projected increase of 24% in the period between 2019 and 2030 to 12,777. This rate of increase is broadly in line with our near neighbours and the rate of increase for the London region.

Other factors that can lead to increased demand on social care services include:

- **Frailty**

Frailty is a clinically recognised state of increased vulnerability which results from ageing associated with a decline in the body's physical and psychological reserves. Older people with frailty are at risk of unpredictable deterioration in their health resulting from minor stressor events. A 2015 Institute for Fiscal Studies report suggests a prevalence rate of 6.5% for the population aged 60 to 69 and 65% for the population aged 90 and over.

- **Falls and fractures**

The consequences of falls have a significant impact on both NHS and social care services. Falling can precipitate loss of confidence, the need for regular social care support at home, or even admission to a care home. Fractures of the hip require major surgery and inpatient care in acute and often rehabilitation settings, on-going recuperation and support at home from NHS community health and social care teams. In addition, hip fractures are the event that prompts entry to a care home in up to 10%

of cases. Indeed, fractures of any kind frequently require a care package for older people to support them at home.

In the UK, 35% of over-65s experience one or more falls each year. About 45% of people aged over 80 who live in the community fall each year. Between 10% and 25% of such fallers will sustain a serious injury.

There is strong evidence that physical activity is important in preserving adequate to good skeletal health and in preventing fractures. Exercise, even at advanced ages and in people of varying physical activities, can improve balance, strength and other risk factors for falls and injury.

- **Social Isolation**

An older person living on their own is a risk indicator of social isolation. POPPI projections suggest that in 2019 there are 13,399 people aged 65 and above living on their own, 7,973 of whom are aged 75 and over. This is projected to increase to 15,359 (9,345 aged 75 and over) in 2025 and 17,433 (10,401 aged 75 and over) by 2030.

- **Sedentary Lifestyle**

Health Survey for England 2008 Volume 1 Physical activity and fitness shows that approximately 50% of Hillingdon's population aged 65 - 74 year olds spend 6 or more hours sedentary time day during the week and over 50% at weekends. For the over 75s it is 62% for both weekdays and at weekends.

4.8 Carers

The 2011 census showed that there were over 25,000 Carers in Hillingdon providing unpaid support. The census also showed that 18% of unpaid carers were aged 65 and over. Additional census information showed that approximately 10% of Carers were aged under 25, which emphasises the continuing importance of supporting Carers of all ages. POPPI data suggests that in 2019 there are 5,612 older people providing unpaid care and nearly 36% (2,017) are providing 50 hours a week or more. The number of older carers is projected to increase to 6,438 in 2025 and 7,342 in 2030. As at 31st March 2019 there were 1,112 Young Carers, i.e. Carers aged between 5 and 24, registered with the Hillingdon Carers' Partnership who were actively providing care to a relative.

PANSI estimates suggest that in 2019 there are 426 adults with learning disabilities living with parents and this is expected to rise to 435 in 2025 and 451 in 2030. As at 31st July 2019 there were 226 people with learning disabilities in receipt of Social Care services with live-in Carers and of these 8% (19) were people aged 75 and over. This illustrates both the importance of supporting older Carers and the need to plan for a time when they will be unable to continue their caring role because of the effects of old age.

5. Known Need: Users of Adult Social Care Services 2019/20

Tables 9 and 10 show the number of residents aged 18 to 64 in receipt of long-term services as at 30th June 2019 and also service location. Tables 11 and 12 provide the same information for people aged 65.

Table 9: People Aged 18 - 64 Receiving Adult Social Care 2019/20	
Physical Disability	325
Mental Health	173
Learning Disability	584
Substance Misuse	0
Sensory	6
Memory and cognition	32
TOTAL	**1,120**

Source: LAS (Protocol)

Table 10: People Aged 18 - 64 Receiving Adult Social Care 2019/20: Service Location	
Community	940
Residential	152
Nursing	28
TOTAL	**1,120**

Source: LAS (Protocol)

Table 11: People Aged 65 + Receiving Adult Social Care 2019/20	
Physical Disability	928
Mental Health	77
Learning Disability	79
Substance Misuse	0
Sensory	3
Memory and cognition	503
TOTAL	**1,590**

Source: LAS (Protocol)

Table 12: People Aged 65 + Receiving Adult Social Care 2019/20: Service Location	
Community	1,157
Residential	203
Nursing	230
TOTAL	**1,590**

Source: LAS (Protocol)

Table 13 below provides a breakdown of the ethnicity of current service users and shows that the 65 and over age group is significant less diverse than the younger age group.

Table 13: Ethnic Breakdown of Current Service Users by Age Band						
Age Group	% White	% Mixed	% Asian	% Black	% Chinese & Other	% Undisclosed
18 - 64	61.4	2.28	20	8.4	7.6	0.35
65 +	75	0.5	15.6	4	4	0.9

6. Supply of Care and Support – Overview of the Market in Hillingdon

6.1 What is a care market?

We use the term 'care market' to describe the framework in which residents, councils and the NHS buy care and support services and the public, voluntary and private sector bodies supply them.

6.2 The Care and Support Market in Hillingdon: Key Characteristics

- **People who fund their own care**

Unlike healthcare, which is free at the point of delivery, access to social care is subject to a financial assessment. There a number of factors that contribute to there being an abundant market in Hillingdon for people who fund their own care and these include:

➢ *Low overall levels of deprivation*: Hillingdon is ranked 23rd most deprived out of London's 32 boroughs and is therefore a relatively affluent part of London. Associated with this, 78.4% of Hillingdon's residents are economically active, which compares to 78.2% for London and 78.7% for England. Hillingdon also has a higher job density, i.e. number of jobs available for each person aged 16 to 64, than both London and Great Britain as a whole.

➢ *High levels of home ownership:* For example, the 2011 census showed that 62.9% of households in Hillingdon own their home, which is close to the England average for home ownership but much higher than the London average of 48%. 27.9% own outright without a mortgage, which means that the borough has the second highest rates of owner occupation in West London. The proportion for the 65 and over population is much higher, with 77.4% of households owning and 89% owning outright.

The Council has limited information about the details of the local self-funder market; however, a report by Care Analytics in 2015 suggests approximately 45% of bed spaces in care homes for older people are purchased by people who pay for their own care.

- **Mixed market of service providers, i.e. in-house Council and private and voluntary sector provided**

The Council currently provides the following range of in-house services:
- A Reablement Service that primarily supports residents for up to six weeks to regain their independence on discharge from hospital or following a crisis event at home, i.e. a fall;

- Residential and supported living services for people with learning disabilities; and
- Resource centre for people with complex learning disabilities and/or autism.
- Dementia resource centre for people living with dementia

The majority of the care and support services to residents who are eligible for adult social care services are provided by the private sector.

In 2019/20 the Council has also invested approximately £2.1m in grant funding to voluntary and community sector to provide primarily preventative services. In addition to this was a further £1.5m [check] in contracts also for mainly preventative services.

- **Broad range of information and advice providers**

Residents are sign-posted to information and advice through Hillingdon Social Care Direct (HSCD), the Council's social care contact centre. The Council has also invested in its 17 libraries that are distributed throughout the borough. An on-line directory of services has been developed and a major project to enhance its functionality will be taking place over the next two years. The ambition is that this will be become the directory of choice for health and care partners across Hillingdon.

The Council has secured the provision of a range of information and advice services provided by the voluntary sector. The main provider is the Hillingdon and Ealing Citizens Advice Bureau. This has been achieved as a result of a combination of commissioned services and grant funding.

- **Static care home sector**

As at 30th June 2019 the Council commissioned 657 placements and 64% (422) of these were in Hillingdon and 26% (235) in other boroughs. 16% of residential placements for people of working age with physical disabilities were within the borough, as were 57% of placements for adults of working age with mental health needs and 8% for people with learning disabilities. 82% of older people residential placements were inside the borough.

Table 14 below summarises the in-borough care home situation in 2019.

Table 14: Summary of In-borough Care Home Market	
Number of care home in Hillingdon	50
Number of older people care homes	33
Number of learning disability care homes	9
Number of mental health care homes	8
Total number of bed spaces	1,485
Percentage of bed spaces purchased by the Council	28%

- **Capacity and quality issues within homecare sector**

As at 2/07/19 there were 50 companies registered with the Care Quality Commission to deliver homecare in the borough and three assessed as *'requires improvement'*. An average of 52% of Council commissioned hours is with its three lead providers and the remaining 48% is spread across 29 providers, although 6 providers account for nearly 52% of spot purchased hours. Having to manage relationships with such a large number of spot providers poses logistical difficulties for the Council.

- **Adaptability of local voluntary sector**

Five of Hillingdon's larger voluntary sector organisations have formed a consortium called H4All. The organisations are: Age UK, the Disablement Association Hillingdon (DASH), Harlington Hospice and Hillingdon Mind. This has been established as a community interest company and has been contracted by Hillingdon Clinical Commissioning Group to deliver a Wellbeing Service that initially provided older residents in Hillingdon with:
- ❖ Information and advice
- ❖ Home visits
- ❖ Practical support, e.g. welfare benefits advice, falls prevention advice, counselling, home help, transport.
- ❖ Individual motivational interviewing, goal setting and ongoing support to enable them to manage their long-term conditions.
- ❖ Befriending and mentoring.
- ❖ Sign-posting and referral to voluntary or statutory sector services.
- ❖ Input into care plans and care planning.

The scope of this service is now being extended to cover a broader population group. In 2019/20 the Council provided grant aid to H4All to deliver a befriending service for people living with dementia.

- **Suitably qualified workforce**

The care sector generally in Hillingdon and the social care sector specifically face similar issues to those experienced nationally, including recruitment, retention and attracting younger people into the field. Data from Skills for Care using the National Minimum Data Set for Social Care for 2017/18 showed that in Hillingdon there were an estimated 5,500 jobs in adult social care split between the Council (6**%**), independent sector providers (86**%**) and jobs for direct payment recipients (8**%**).

Skills for Care estimates that the turnover rate in 2017/18 for Hillingdon was 21.2%, which was lower than the region average of 27.2% and lower than England at 30.70%. The 2017/18 data also showed that Adult Social Care in Hillingdon has an experienced 'core' of workers with 69% of the workforce having been working in the sector for at least three years. During 2017/18 an average of 11.6% of roles in adult social care were vacant, which equates to around 600 vacancies at any one time. This vacancy rate was similar to the region average, which 10.5% but was higher than the average for England at 8.0%.

An important feature of Hillingdon's Adult Social care workforce is that approximately 21% of it is estimated to be aged 55 and over, which means that around 1,200 people will be reaching retirement age in the next 10 years. It is also noteworthy that approximately 12% of the workforce comprise of EU nationals from mainland Europe. However, 16% had a non-EU nationality, thus indicating a greater reliance on non-EU than EU workers.

6.3 Market sustainability

Nationally over the last four years there have been a number of mergers and take-overs, as well as private equity companies divesting themselves of their care delivery arms. There is a broad spectrum of care home ownership in Hillingdon, which ranges from the large national companies owned by the private equity companies such as Care UK, to entrepreneurs who own several care homes in the region and also single proprietors.

6.4 Extra Care and Supported living

Since 2011 the Council has delivered on an extensive extra care and supported living development programme to provide realistic alternatives to care home placements.

● **Extra Care**

The autumn of 2019 will see the opening of Park View Court, the Council's fourth extra care sheltered housing scheme that it has opened since 2012 primarily for residents aged 65 and over. This will take the total number of self-contained flats in an extra care setting to 243. The 88-flat Grassy Meadow Court opened in 2018 also has an onsite dementia resource centre.

Three of the schemes are owned by the Council and the fourth by a housing association but the 24/7 onsite care and wellbeing service provision is delivered by independent sector providers.

● **Supported Living**

People with learning disabilities and/or autism: As at 31st July 2019 the Council was supporting 218 people with learning disabilities in a supported living setting. 73 of these were in purpose-built, self-contained schemes. 33 were in a block contract for provision in five shared houses and the remainder were spot purchases from a range of providers. The Council is seeking to reduce the number of providers it contracts with for care and support within the self-contained schemes.

Adults 18 - 64 with mental health needs: As at 31st July 2019 the Council was supporting 107 people with mental health needs in supported living and 43 of these were in three purpose-built, self-contained schemes and the other service users were in spot purchased provision. The care and wellbeing service contract to support the self-contained schemes was tendered in 2019/20 and goes live later in 2019. This also includes floating support and telephone support aspects.

7. Finance and Funding Arrangements

7.1 Council Financial Pressures

Like all local authorities Hillingdon is operating under considerable financial pressures and this situation is expected to continue for the foreseeable future. For example, the projected budget gap for the four year period to 2023 is £55m, which is primarily linked to inflation and demographic growth.

7.2 Adult Social Care Expenditure 2018/19

In 2018/19 the Council spent 18% of its total budget on adult social care, which is expected to increase to 19% in 2019/20. Table 15 below shows Hillingdon's gross expenditure on adult social care in 2018/19 by user group and service type.

Table 15: Gross Adult Social Care Spend 2018/19				
Description	Older People (£000)	Learning Disabilities (£000)	Physical Disabilities (£000)	Mental Health (£000)
Residential	5,819	12,413	751	1,549
Nursing	9,013	1,033	699	572
Supported Housing	596	12,909	643	3,494
Homecare	8,901	982	1,679	198
Direct Payments	2,064	2,339	2,460	81
Other	3,399	6,963	845	213
TOTAL	29,792	36,639	7,077	6,107

Source: CP

NHS Digital's *Adult Social Care Finance: Comparator Report, 2017/18* shows that in 2017/18 the Council spent £58,408 per head of adult population, which is just below the average of £58,991 for our fifteen CIPFA benchmarking partners.

65.3% of the 2018/19 gross adult social care expenditure was spent on external care services, 8.5% was spent on in-house provided services, with the remaining 26.2% spent on staffing costs and other items such as community equipment.

Table 16 below shows the proportion of the Council's Adult Social Care spend on residential and nursing care in 2017/18. NHS Digital's *Adult Social Care Finance: Comparator Report, 2017/18* shows that in 2017/18 the Council's spend per head of adult population for Nursing and Residential placements was consistently below the average across the UK and across London.

Table 16: Comparative Spend on Residential and Nursing per head of population by Age Group 2017/18					
	LBH £	England Average £	England Median £	London Average £	London Median £

Nursing					
18 to 64	815	1,659	1,160	1,030	876
65+	5,971	9,669	6,318	6,111	6,078
Residential					
18 to 64	10,498	14,427	10,428	10,886	10,498
65+	6,108	20,157	13,916	8,380	7,606

Source: NHS Digital's *Adult Social Care Finance: Comparator Report, 2017/18*

7.3 Contract and Provider Arrangements

As at 31st August 2019 the Council had 50 live block contracts funded via Adult Social Care across 35 suppliers. In addition to these block contracts, three key service areas (Homecare / Outreach, Transport, Adult Residential / Nursing Placements) are provisioned through spot arrangements via Dynamic Purchasing Systems. This route to market allows for flexibility in demand, reacts to market conditions and changes to the supplier base. Entry criteria is set for each DPS to reflect the desired outcomes / issues presenting for a particular service e.g. Homecare agencies must have a registered office within 5 miles of the Borough boundary.

7.4 Main Providers

There are eight providers that account for 32% of the total gross annualised care service budget commitment for 2019/20.

- Comfort Care Services (UK) Ltd
- Specialist Care Services
- Bond Care
- Care Outlook Ltd
- Care UK Community Partnership
- Healthcare Homes (LSC) Ltd
- Care Management Group
- Ability Housing Association

8. The Way Forward

8.1 Opportunities for demand management

In order to respond to increasing demand, increasing complexity of need and budgets that are likely to continue reducing focus has to move to ways of reducing demand such as:

- *Prevention:* Helping people to help themselves to delay and/or stop them from meeting the National Eligibility Criteria for adult social care or reaching crisis point.

- *Expectation management:* Being clear that the emphasis of the adult social care offer is on cost-effective short-term interventions rather than long-term packages of care.

- *Integration:* Joining up health and social care services to better manage the whole system and improve the resident experience of using the system.

8.2 Prevention

● **Specialist Support Services**

The majority of the specialist support services are targeted at particular groups of residents with specific needs and include information, advice and advocacy services. There are no plans to change the delivery model for these services during the lifetime of this MPS. The range of services that come under this term include:

Integrated Advocacy: This contract is held by POhWER and it has been proposed to extend this until 30th September 2022. This includes provision of the following statutory services:
❖ Independent Mental Capacity Advocacy (IMCA),
❖ Relevant Person's Paid Representative Service (RPPR),
❖ Independent Mental Health Advocacy (IMHA) and
❖ Care Act Advocacy (CAA)

The Integrated Advocacy contract also includes non-statutory advocacy provision for residents with mental health issues, learning disabilities and/or physical disabilities.

NHS Complaints Advocacy: The Council is part of the pan-London NHS complaints advocacy consortium and the contract for this service has been extended to March 2021. POhWER is also the provider of this service. The Council will explore options concerning the provision of statutory advocacy services over the lifetime of this MPS in consultation with the current provider.

Admiral Nurse Service: This service supports the Carers of people living with dementia. It also supports people living with dementia as well. The current provider is CNWL and the contract expires in March 2020.

Welfare Benefits and Debt Advice for People with Mental Health Needs: This contract is with Hillingdon and Ealing Citizens' Advice Bureau and the contract expires in March 2020.

Mental Health Early Intervention and Prevention Programme: This contract is with with Hillingdon Mind and is due to end in March 2020.

Communication Support Service and Stroke Recovery Service: These services are provided by the Stroke Association and expire in March 2020.

● **Out of Hospital Services**

Effective management of the hospital discharge process is critical to preventing readmission and an avoidable loss of independence that can lead to increased care costs. A range of home-based out of hospital services intended to prevent admission and expedite discharge to a person's own home is included within the community services tender taking place in 2019/20. This includes Reablement and Discharge to Assess.

People with physical rehabilitation needs that cannot be delivered in their own home would be referred to the Hawthorne Intermediate Care Unit at Hillingdon Hospital. The Council operates a reablement flat at the extra care scheme Cottesmore House for residents with reablement potential but who are unable to return home. Where a resident does not have Reablement potential but is not able to return home then the Council would spot purchase a short-term residential bed in a local care home.

Age UK provides support to older people leaving hospital in their own homes for a period of up to six weeks through the Prevention of Admission to Hospital (PATH) Service, which is jointly funded with HCCG.

● **Assistive Technology**

Daily living equipment: An equipment service providing daily living aids is funded jointly by the Council and the CCG and is provided by Medequip Assistive Technology Ltd, who now provides this service to a consortium of 22 London boroughs. The current contract expires in March 2021. There is an option to extend this contract, which is being explored by consortium partners.

An equipment prescription service has been developed locally that is intended to enable residents to exercise greater choice in the equipment that they obtain to address their needs. This provides residents with the option to 'top up' the funding provided by the Council to enable them to obtain something more personalised.

Telecare: The Council identifies the use of assistive technology in the form of telecare as fundamental to being able to maximise the independence of vulnerable residents in the community. Equipment is purchased through a government framework agreement. The emergency responder service for people who do not have a family member or friend who can act as a first responder, or who may not be available when a crisis occurs, is included within the community services tender taking place in 2019/20 as previously mentioned.

● **Integration with Health**

The legal framework for achieving integration between health and social care is the Better Care Fund (BCF). This is a Government initiative intended to improve efficiency and effectiveness in the provision of health and care where this will be achieved by integration between health and social care. The focus of Hillingdon's 2019/20 Better Care Fund plan is improving care outcomes for older people, people with learning disabilities and/or autism and children and young people. Within the scope of this MPS the implications are mainly in the development of integrated brokerage and homecare services, integrated approaches to the commissioning of nursing care home placements and the single system for the administration of direct payments, whether paid for out of local authority personal budgets or Personal Health Budgets (PHBs). An objective is to develop a single point of coordination for providers and a single contact payment point. The goal is that this will be delivered within the lifetime of this MPS.

● **Supporting Carers**

The local third sector organisation Hillingdon Carers is the lead provider in the delivery of the Carers in Hillingdon contract on behalf of a consortium known as the Hillingdon Carers' Partnership. The Council identifies this contract as a fundamental component of its offer to Carers in response to its duties to this critical group for residents under the 2014 Care Act. The Hillingdon Carers' Partnership has been very responsive to meeting identified needs of Carers and in attracting external funding to Hillingdon in order to do so. The Carers in Hillingdon contract expires in 2021 but has an option to extend for two further years.

8.3 Creating a market that supports choice and control

● **Direct payments support**

The Council has in place a preferred provider list of organisations qualified to provide advice to service users eligible for financial support from the Council to meet their social care needs about all aspects of employing people as personal assistants (PA). Relevant organisations are able to join this list at any time. The demand for PAs exceeds the supply and the Council is seeking to address this by increasing the hourly rate for directly employed staff to £11.17 and further promoting the Direct Payment Support Service.

● **Supported Living, inc extra care**

Supported living and supported housing: The Council does not currently have any plans to develop further supported living schemes comprising of self-contained flats for people with learning disabilities or people with mental health needs. However, provision of shared accommodation for people with complex needs in receipt of section 117 aftercare, .i.e. *'dry house'* for people alcohol and/or drug dependency, is insufficient to meet demand.

The Council is seeking to maximise the benefit of existing supported living and supported housing stock by ensuring that service users are able to step down to less supported environments and is open to considering benefit share options to incentivise this outcome.

With the opening of the Council's fourth extra care scheme in 2019 there is currently no intention to develop any further schemes for rent in the near future. A range of leasehold assisted living developments for older people have been developed and this includes the 55 flat Lysander House in Ickenham developed by McCarthy and Stone in 2016 as well as their 46 flat Laburnham Court scheme in Uxbridge in 2017 means that there is supply available to purchase. Further assisted living provision comprising of approximately 70 self-contained leasehold flats is being developed on the St Andrew's Park site in Uxbridge by the Anchor Hanover Group. This suggests that there is sufficient range of provision to meet the needs of Hillingdon's older people population until the second half of the 2020s.

8.4 Maintaining the quality and safety of services in the marketplace

● **Safeguarding Adults**

The safeguarding of adults at risk of abuse is of paramount importance to the Council and we apply the Pan-London Safeguarding Adults Policy and Procedure where risks are identified. Eliminating risk altogether is not possible and the process of moving from a paternalistic model of social care focused on services to one that is more personalised and based on personal choice and control to give greater independence opens up new risks that have to be managed.

● **Learning About Quality and Performance Issues**

Intelligence about quality and performance issues comes from a variety of sources, including:
❖ Complaints or concerns from services users and/or their relatives
❖ Safeguarding alerts
❖ Reports from care managers or other professionals
❖ CQC reports for regulated activity
❖ Other councils
❖ Unannounced visits by the Council's own Quality Assurance Team
❖ Customer satisfaction surveys
❖ Elected members of the Council

The quality aspect of service provision will be overseen by the Care Governance Board, which is chaired by the Director of Provider Services and Commissioned Care and meets on a monthly basis. This group receives reports and recommendations from the Provider Risk Panel that includes representation the CCG's Continuing Healthcare Team as well as their safeguarding lead. The recommendations from the Provider Risk Panel could include the in-reaching of support to providers, suspending placements with a particular provider or, in a worst case scenario, placing existing service users with an alternative provider. A key objective of the Council is to work with providers and CQC to address quality issues where they arise and support to achieve this can come from the Council's own Quality Assurance Team and/or specialist advice and/or training via local NHS partners.

● **Managing Relationships with Providers**

Responsibility for managing the relationship with providers will sit with the Category Management Team and a Supplier Relationship Management (SRM) process is applied. All providers are allocated to one of three tiers based on a combination of spend, risk and performance. Providers may transition between tiers depending on circumstances. The regularity and basis of contact with a provider will be determined by their tier allocation:

❖ Tier 1 - Quarterly meetings with an annual review involving a cross functional team e.g. Finance, Quality Assurance, Brokerage, etc.

❖ Tier 2 - Six-monthly meetings involving a cross functional team.

❖ Tier 3 - Annual contact which may be face to face or via telephone (this is mainly for transactional providers).

9. Facilitating the Market

9.1   Engagement with Providers

The Council intends to engage in an on-going dialogue with providers about the Council's priorities and market opportunities. It will do this through a range of provider fora that meet during the year, i.e. Older People's Care Home Managers' Group and the Registered Care Managers' Forum. We will also hold at least one event to make providers aware of our priorities for the forthcoming year and beyond.

9.2   Procurement Portal

The Council currently uses Capital E-Sourcing as its procurement portal platform. Part of the Bravo Systems suite, Capital E-Sourcing is used to publish Prior Information Notices (PINs), Invitations to Tender, communications with registered providers and auditable document exchanges.

10. Conclusion

The trajectory for meeting the Social Care needs of adults in Hillingdon set out in this document shows that there are many commercial opportunities for providers during the period 2019 to 2022. This is expected to be a living document that will be subject to amendment to reflect evolving circumstances.

The Council will advise providers of changing priorities and new opportunities through the engagement routes identified in section 8 above but also via the provider portal.

Any feedback on the content of this document would be welcome and any comments or queries should be sent to Darren Thorpe, Head of Business Delivery & Market Management (dthorpe@hillingdon.gov.uk).

Appendix 1

Procurement Activity 2019/20-2022/23

2019/20		
Service	**Current Provider**	**Contract Expiry Date**
Accommodation-based Supported Living Services: Learning Disabilities		
Service Type: Care & Support		
███████	██	6th July 2020
███████	████	6th July 2020
█████████	██████	6th July 2020
██████████	██████	6th July 2020
██████	████	6th July 2020
█████████	████	6th July 2020
██████	████	6th July 2020

		1st September 2020
Community Support Services		
Service Type: Care in the home and to access the community		
███████████ ████	███████████████ ████ ████████ ████	31st March 2020
Dynamic purchasing system for spot purchased homecare.	Various	31st March 2020
Reablement Physiotherapy Service		
Service Type: Therapy in the home		
Physiotherapy to support the Council's Reablement Team.	CNWL	31st March 2020
Appropriate Adult Service for Vulnerable People		
Service Type: Specialist Support Service		
Appropriate Adult Service	Hillingdon Mind/LBH	31st March 2020
Admiral Nurse Service		
Service Type: Specialist Support Service		
Admiral Nurse Service for Carers of people living with dementia.	CNWL	31st March 2020
Welfare Benefits and Debt Advice		
Service Type: Specialist Support Service		
Welfare benefits and debt advice for people with mental health needs.	Hillingdon and Ealing CAB	31st March 2020
Early Intervention and Prevention Programme		
Service Type: Specialist Support Service		
Early intervention and prevent programme for people with mental health needs.	Hillingdon Mind	31st March 2020
Communication Support and Stroke Recovery Service		
Service Type: Specialist Support Service		
Communication Support and Stroke Recovery Service	Stroke Association	31st March 2020
2020/21		
NHS Complaints Advocacy Service		
Service Type: Specialist Support Service		
Advocacy to support complaints against NHS providers	POWhWER	31st March 2021
2021/22		
Carers in Hillingdon		
Service Type: Support Service, inc access to short breaks		

Support for Carers of all ages	Hillingdon Carers Partnership	31st August 2021