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Executive Summary

This Market Position Statement (MPS) is the first stage of a number of market influencing activities the Council will be engaged in. It sets out to summarise important intelligence explaining how we intend to strategically commission, and encourage, the development of high quality services to suit our residents.

This MPS has been informed by Sefton Council’s Adult Social Care Strategic Plan and Priorities 2013-2020; Sefton’s Health & Wellbeing Strategy 2013-2018; the Sefton Strategic Needs Assessment that underpins the Health and Wellbeing Strategy; and the Council’s Corporate Strategic Commissioning Framework, which sets out how the Council will do business with providers and partners and the commissioning principles it will follow.

Sefton faces significant future pressures on its Adult Social Care services due to the makeup of our local population. At 22% Sefton has the highest proportion of residents aged 65+ of all its statistical comparators and immediate geographic neighbours. This proportion of older people is increasing and by 2035 the 65+ age group is set to account for almost 30% of Sefton’s population. Sefton also encompasses some of the most deprived areas in the UK with more than 18% of Sefton categorised as falling within the most deprived 10% of England and some areas as being within the most deprived 1% of the country.

Currently Sefton Adult Social Care provides some form of service to 10% of all those aged over 65 in Sefton and some form of service to over 33% of those aged 85+ in Sefton. If our service provision remained steady as a proportion of the population we would anticipate needing to provide services to a significantly increasing number of older clients over the next decade.

Healthy life expectancy at birth is a measure of the average number of years a person would be expected to live in good health. Males in Sefton can expect to live in good health for an average of 62.8 years. For females, this figure is 63.2 years. The average life expectancy at birth for males in Sefton is 77.5 years. For females, the average life expectancy at birth is 82.8 years. This gap between healthy life expectancy and average life expectancy at birth suggests that there may be a particular need for help and support from health and social care services later in life as people live for longer but potentially in poor health.

In addition, the pressure on local authority budgets since the Comprehensive Spending Review in 2010 has required Sefton Council to significantly reduce its controllable budget. Further unavoidable budget cuts are required in 2014/15 and 2015/16, with anticipated reductions beyond that. Adult Social Care services currently cost approximately £93 million per year. This spending is unsustainable in the future and therefore a new approach is required if the Council is to continue to meet assessed needs and balance the budget. This includes making better use of the resources we have, targeting those resources more effectively, and rethinking the way we deliver services, focussing much more on the outcomes we are trying to achieve.
The Adult Social Care Strategic Plan and Priorities 2013-2020 sets out four strategic priorities to enable the community to be self-sufficient, with a developed market available to provide care and support when required, the assessed eligible needs of the most vulnerable people within our community to be fully met, and ensuring Sefton’s adults continue to feel safe, supported and free from discrimination and harm.

The MPS seeks to describe current and future demand, current supply and future resource, what the Council would like the market to deliver in the future and the level of support providers can expect.

In plain terms Sefton Council cannot deliver the same services in the same way that it currently does and is looking to facilitate, develop and commission, in partnership with communities, providers and other stakeholders, new ways of ensuring our residents have the care and support they need when they need it.

For providers new to the market, or existing providers wishing to expand and/or diversify into new market areas, the document sets out some of the non financial support and advice that the Council can offer around business planning, planning applications, housing and workforce development.

This is our first Adult Social Care MPS and there are some gaps that will be addressed in future revisions of the MPS. In particular, we need to develop a better understanding of self-funded care and support within the local market and of the services available to people not in receipt, or not eligible, for local authority support.
Introduction

Background

In July 2012 the Government published the Social Care White Paper “Caring for our Future: Reforming Care and Support” which led to The Care Bill 2013-14 that is currently passing through parliament. Amongst other things, the Care Bill requires local authorities to support a market that delivers a wide range of sustainable high quality care and support services that will be available to their communities. The market should be made up of a range of providers offering services that meet the needs of individuals, families and carers.

The production of this Market Position Statement (MPS) is the first stage of a number of market influencing activities and sets out to summarise important intelligence explaining how we intend to strategically commission, and encourage, the development of high quality services to suit our residents.

In addition, Sefton Council is dealing with unprecedented budgetary cuts in light of Government spending reductions and in future will need to ensure that the needs of the most vulnerable are met with less public resource. Ensuring quality services for our residents requires a re-think in the way we do business including working with the community, partners and providers to reduce longer term reliance on public sector funded services.

It is intended that this document will be regularly updated and the product of ongoing dialogue between the Council and other stakeholders, particularly service providers. Prior to producing this first MPS we undertook consultation with existing providers in order to understand what needed to be in the document for it to be useful in helping to advise and shape future business plans. We have listened to the feedback and endeavoured to address as many of the issues raised as possible. There are however some gaps that will be addressed in future revisions of the MPS. In particular, we need to develop a better understanding of self-funded care and support within the local market and of the services available to people not in receipt of, or not eligible for, local authority support. All stakeholders will be encouraged to comment on, and challenge, the form and content of the statement with the aim of continuous improvement and developing common ownership.

What is a Market Position Statement?

A market is a trading environment made up of the suppliers and receivers of goods, services, or information, and a Market Position Statement (MPS) is a document which describes what the market looks like, and what the Council’s position is within it.

The MPS seeks to describe what the future demand is likely to be, the current provision from Public, Private and Community, Voluntary, Faith and Social Enterprise Sector providers, future levels of funding, and the ideal models that Sefton MBC will support and encourage. There is currently much uncertainty about levels of resource levels.
**Who is it aimed at?**

This document refers specifically to the market for adult social care and sets out to describe the current state of the market. It is aimed at the range of individuals and organisations that currently provide - or could potentially provide – adult social care and support. It aims to cover the whole market and not just that funded by Sefton Council.

**What is it for?**

The document aims to identify gaps in social care and support provision and to help social care providers - both existing and potential - develop their business plans so that they are better positioned to provide services to our residents in the future, whether those services are funded by the Council or not.

**What are we trying to achieve?**

When enacted, The Care Bill 2013-14 will place a duty on local authorities to develop a more diverse and higher quality social care market as part of its agenda to devolve power and give people more choice and control over the services they need. This document is the first step on that journey.

As well as supporting the Government’s aim of increasing the quality and diversity of choice for people, the MPS supports Sefton Council’s priorities around improving health & wellbeing, improving the economy, supporting the most vulnerable and developing more resilient communities.

There will be significant developments in the integration of health and social care services at a local level over the next couple of years, as we seek to improve outcomes for people, provide the right care and support in the right place, and address the pressures of an aging population and reduced public spending. Future revisions of the MPS may therefore seek to cover this broader health and social care market place.

One of the early actions we have taken is to improve the Sefton Directory, a web-based directory of locally available services, in order to make it more user-friendly; more comprehensive; serve as a better guide to the local market place; and a better platform for providers wishing to increase awareness of the services they offer. The Sefton Directory can be accessed at [www.seftondirectory.com](http://www.seftondirectory.com). The website also enables providers to request inclusion of their services within the Directory and residents or providers to make any comments they might have to enable us to continue to improve the accessibility, usability and content of this resource.
Strategic Priorities

The MPS has been developed using information from the Sefton Strategic Needs Assessment (SSNA), Sefton Health and Wellbeing Strategy and its related consultation feedback.

The SSNA is an evidence base for the way Sefton Council and the local NHS identify and understand the health, wellbeing and social care needs of people who live in Sefton. Sefton’s Health and Wellbeing Strategy 2013-2018 is the overarching strategy to improve the health and wellbeing of people in the borough. The strategy was informed by the SSNA and produced following extensive consultation with residents, strategic partners and other stakeholders.

The Health and Wellbeing Strategy sets out the vision for Sefton:

“Together we are Sefton – a great place to be!
We will work as one Sefton for the benefit of local people, businesses and visitors”

The strategy outlines six strategic objectives, with related priorities, to achieve the vision:

- **Ensure all children have a positive start in life**
- **Support people early to prevent and treat avoidable illnesses and reduce inequalities in health**
- **Support older people and those with long term conditions and disabilities to remain independent and in their own homes**
- **Promote positive mental health and wellbeing**
- **Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing**
- **Build capacity and resilience to empower and strengthen communities**

Nationally, the performance of the adult social care system as a whole, and the extent of its success in delivering high quality, personalised care and support, is measured by the Adult Social Care Outcomes Framework (ASCOF), which was co-produced by the Department of Health, the Association of Directors of Adult Social Services and the Local Government Association.

The Adult Social Care Outcomes Framework (ASCOF) has four domains:

- Enhancing the quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support services; and
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.
Locally these outcomes are reflected within Sefton’s Health and Wellbeing Strategy and within the Council’s Adult Social Care Strategic Plan and Priorities 2013-2020.

In this latter document the Council sets out a vision for Adult Social Care, that by 2020:

- The community, partners, providers and the Council are working together, delivering improved outcomes and reducing longer term reliance on public sector services.

- Individuals and families have primary responsibility for looking after themselves in order to remain fit and healthy whilst planning how they will personally financially contribute towards any care that may be required.

- Social Care is sustainable and meets the needs of our most vulnerable.

The Council has instigated a major Adult Social Care Change Programmes to deliver this plan and the four strategic priorities identified within it. These priorities, along with the outcomes they will deliver, are listed on the following page:
## Strategic Priority | Outcome
--- | ---
**Promoting Independence & Self Sufficiency**
- Adults will take responsibility for their own health and wellbeing and will use their own initiative to find support.
- Adults will have planned earlier for ill health and for retirement.
- Adults are not socially isolated.
- Adults will receive targeted information and as a result will take part in initiatives and activities within the local community.
- There will be improved information systems resulting in easier access to alternative opportunities.

**Developing the Market**
- Adults will be able to return to their everyday life quicker due to intervention by reablement.
- There will be a reduction of unplanned hospital admissions.
- There will be a reduction in demand for social care.
- All partners will have joint ownership to promote and encourage independence.
- The market is created that enables adults to access universal preventative opportunities.

**Protecting the Most Vulnerable**
- Ensuring that the limited social care funds support, and are targeted at, only the most vulnerable adults.
- The most vulnerable within our community are able to make informed choices.
- Care plans are delivered through a transparent and integrated process and meet assessed need.
- Commissioning processes deliver value for money.

**Safeguarding**
- Adults feel safe and supported and are free from discrimination and harm.
- Staff and partner organisations are fully aware of safeguarding policy and procedure, and are confident to take action if necessary.
- The community is aware of, and exercises, their safeguarding responsibilities.
In November 2012 we published our Corporate Commissioning Framework. The document sets out how Sefton Council will do business in the future and contains a set of agreed principles governing commissioning activity across the whole Council. When commissioning and/or procuring services Sefton Council will ensure that:

1. All commissioning starts with an understanding of the needs of the community and is outcome, rather than output, focused.
2. Cost, value and social value is considered, and a longer term view of our communities will be taken which looks beyond their immediate circumstances.
3. Members, residents and service users will be engaged with, and involved in, the commissioning process and the design of services.
4. We work in partnership with others taking joint responsibility for outcomes as this is crucial for delivering open and transparent partnerships concerned with shared values and goals, not individual organisational matters.
5. We remain open minded about delivery models and we will increase provider diversity to ensure that the local market is able to respond to diverse and changing needs over time.
6. We work in partnership with the voluntary, community and faith sector and ensure that their role is fully harnessed so that people have the right skills, knowledge and understanding to undertake the work.
7. These principles are reviewed on an annual basis in partnership with our residents, providers and partners.
8. All commissioning processes and decisions will be transparent, fair and equitable, and open to challenge.
9. A best value approach will be taken with all decision making.

Specific Commissioning strategies, principles and priorities may be developed and published to more clearly state commissioning intentions within specific areas of commissioning activity but they will always be consistent with the Framework above.
The remainder of this document is divided into five parts:

**Part One:** Current & future demand

An analysis of the needs of the current population with projections for future years taking into account the impact any population change may have on future demand for services.

The analysis covers the whole population of current and future service users, including those who fund services themselves, and highlights particular aspects of demand (e.g. Dementia, Mental Health, Learning Disability and Physical Disability) which are likely to change over time.

**Part Two:** Current state of supply

This section describes what services are currently provided, to whom, where and in what volume, and questions whether service provision matches likely future demand and if services are located in the areas of highest need.

**Part Three:** Models we will encourage

This section suggests how the market might need to change and how we will seek to encourage that change through services we provide, commission, purchase, or by seeking to facilitate or enable others to deliver the desired outcomes.

**Part Four:** Future levels of resource

In this section we describe changes to future levels of resource and describe the areas we see as priorities.

Where funding is likely to be reduced we will be looking for the market to propose opportunities or be involved in ideas for service re-design and new delivery models.

**Part Five:** What you can expect from us

In this section we outline the type of support that can be expected from Sefton Council. As well as funding through tendered contracts and grant giving attached to service level agreements, support may also come in the form of facilitation, land availability, help with planning consent, training and development, business and management support and access to Leisure facilities.
Part One: Current & Future Demand

Sefton’s ability to support its most vulnerable residents will be challenged over the next decade or two by a series of cumulative pressures some of which are outside the Local Authority’s control. Our ability to weather these storms will be determined by our ability to innovate new ways of doing more for less in terms of supporting the needs of our most vulnerable; develop our partnerships with providers in an open and transparent way to help support our citizens, particularly involving the voluntary sectors; and a robust approach to what will and will not be funded by the Local Authority over the coming years.

The key factors influencing our collective ability to deliver quality services will include:

- Changes in our overall population structure meaning that we will have many more older people to support in the coming years.
- Changes in the life expectancy of our citizens meaning that for those who do enter our services we are likely to have to support those clients for longer.
- Changes in the numbers of people living for longer, but in ‘ill-health’, meaning that we are likely to have to provide an increased (possibly more costly) level of support for more clients than at present.
- Changes in the general health profiles of the population increasing the level of long-term ill health issues.
- Changes in the level and extent of deprivation across the borough and its associated impact on ‘ability to pay’ contributions towards social care costs.
- Changes in the Local Authority’s local planning policy changing the population dynamic and structure of the borough.
- Changes in social care and health policy direction by national government placing more onuses on an integrated system of provision and better care for often ‘under-represented’ clients widening the duty of care.
- Changes in overall government funding policy for Local Authorities
At present Sefton Council provides adult social care services to those clients who meet nationally recognised service access criteria. This ‘ranks’ potential clients as having needs assessed as low, medium, substantial, and critical. At present Sefton only provides core services to those in the substantial and critical bands. The critical band is for clients who without the provided service would suffer significant reduction in the quality of life and who could potentially be at risk of serious injury or death without support.

The following sets of data illustrate and detail the key points of the challenges in future service demand. Whilst social care is provided on a non-geographic client-need basis the current structure of Sefton population groups does provides some potential for economies of scale and location in some aspects of our service delivery.

Approximately 69% of Sefton’s residents are classed as overweight or obese. This is significantly higher than the national average of 63.8%. Excess weight in adults can lead to a number of health problems that may require long term support, such as type 2 diabetes, hypertension, heart disease and stroke. In addition, approximately 30% of Sefton’s adults do not participate in regular physical activities.

Approximately 14.4% of Sefton’s residents are living in fuel poverty. This is significantly higher than the national average of 10.9%. In 2011, the Marmot Review Team documented the effects of fuel poverty on adults and older people. In particular, fuel poverty and cold homes were said to affect physical and mental wellbeing and can lead to a higher mortality risk, particularly in older or more vulnerable adults.

Within Sefton the rate of emergency readmissions to hospital within 30 days of a previous discharge is significantly worse than the national average, particularly for males. In Sefton, approximately 12.2% of people are readmitted within 30 days of a discharge.

Projections suggest that Sefton’s ageing population could mean 2,500 more people with high blood pressure and 1,000 with chronic heart disease, within five years, and numbers of people with dementia and experiencing the effects of stroke are also likely to rise.
Population

Sefton is a borough in Merseyside. Our population is approximately 275,000 and is centred on 5 townships. The Borough faces particular challenges with regards to its significantly ageing population, with multiple long term conditions, compounded by unacceptably high health and wellbeing inequalities. Between 2011 and 2021, while the overall population of the Borough is expected to remain largely unchanged (an increase of 1%), it is predicted that there will be a 16% (57,366 to 66,545) increase in our population aged 65 and over, and a 40.5% (7,633 to 10,723) increase in the numbers of people aged 85 years and over in the same period, with those over the age of 90 expected to increase by more than 55%.

The proportion of the 18–64yr and 65+ age groups are fairly similar across North, Central and South Sefton. However, as shown in the following chart the actual numbers for both groups is significantly higher in Central Sefton followed by North Sefton.

At present Sefton provides services to the most vulnerable 33% of those aged 85+ in Sefton. This currently equates to around 2,600 clients. Assuming the proportion of clients in the age group remains the same (and other demographic and health issues suggest it may well actually increase) by 2020 we would have to support some 3,400 clients. The following chart shows the current distribution of community based adult social care service recipients by electoral Ward.
### Predicted change in 18 - 64 year old

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2012</th>
<th>2016</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 18 - 24</td>
<td>22400</td>
<td>20900</td>
<td>18900</td>
</tr>
<tr>
<td>Aged 25 - 34</td>
<td>29100</td>
<td>31600</td>
<td>32300</td>
</tr>
<tr>
<td>Aged 35 - 44</td>
<td>32700</td>
<td>29700</td>
<td>29700</td>
</tr>
<tr>
<td>Aged 45 - 54</td>
<td>41400</td>
<td>39800</td>
<td>35700</td>
</tr>
<tr>
<td>Aged 55 - 64</td>
<td>35800</td>
<td>37300</td>
<td>40000</td>
</tr>
</tbody>
</table>

Source: PANSI

### Predicted growth of the over 65 years old group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2012</th>
<th>2016</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 65 - 69</td>
<td>16500</td>
<td>17700</td>
<td>16400</td>
</tr>
<tr>
<td>Aged 70 - 74</td>
<td>13500</td>
<td>14300</td>
<td>16600</td>
</tr>
<tr>
<td>Aged 75 - 79</td>
<td>12000</td>
<td>11900</td>
<td>12400</td>
</tr>
<tr>
<td>Aged 80 - 84</td>
<td>9100</td>
<td>9400</td>
<td>9800</td>
</tr>
<tr>
<td>Aged 85 - 89</td>
<td>5100</td>
<td>5900</td>
<td>6500</td>
</tr>
<tr>
<td>Aged 90 +</td>
<td>2800</td>
<td>3200</td>
<td>3900</td>
</tr>
</tbody>
</table>

Source: PANSI
Deprivation
Sefton encompasses some of the most deprived areas in the UK with more than 18% of Sefton falling with the most deprived 10% nationally. Some areas are ranked within the top 100 most deprived areas nationally.

At the other extreme a sizeable (15.8%) proportion of Sefton falls within the least deprived decile (90-100%), as indicated by the white shaded areas, particularly along the coast in Blundellsands, Manor, Harington and Ainsdale areas.

Sefton’s polarised nature in terms of deprivation creates some unique issues for current and future demand on social care. Whilst there are areas of the borough that may have low levels of deprivation even within these areas there may be specific issues for clients who are resource poor and property rich. That is clients may be retired on relatively low incomes but have significant capital in their current home.

**Ethnicity**

Although the Borough has become slightly more ethnically diverse between Census 2001 and Census 2011, the area is still predominantly white with more than 97% (266,741 of 273,790) residents from a white background. 259,629 of these are White/British making up 94.8% of the Sefton population. In comparison 90.2% of the North West population are White, and across England & Wales 85.9% are White.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2001</th>
<th>2011</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>98.4</td>
<td>97.3</td>
<td>-1.10</td>
</tr>
<tr>
<td>Mixed</td>
<td>0.6</td>
<td>1.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Asian</td>
<td>0.5</td>
<td>0.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Black</td>
<td>0.2</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Chinese/other</td>
<td>0.41</td>
<td>0.7</td>
<td>0.3</td>
</tr>
</tbody>
</table>

In line with the structure of Sefton’s current population the current adult social care client base is predominantly of white ethnicity.

<table>
<thead>
<tr>
<th>Proportion of Adult Social Care Clients by Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>98.49</td>
</tr>
</tbody>
</table>
Increasing social care needs

By 2020 the number of people aged 85yrs and over is predicted to increase by 32% to 10,400 (currently 7,900). By 2020 it is projected that 18% more people aged 65 and over will have dementia impacting on their wider health and their care needs. These changes are likely to result in increased social care and support needs.

Source: modelled figures, www.poppi.org.uk

<table>
<thead>
<tr>
<th>Total population aged 65 and over forecast...</th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
<th>Increase 2012-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>to be admitted to hospital as a result of falls</td>
<td>1,274</td>
<td>1,317</td>
<td>1,342</td>
<td>1,389</td>
<td>1,438</td>
<td>12.9%</td>
</tr>
<tr>
<td>to have a fall</td>
<td>15,837</td>
<td>16,367</td>
<td>16,861</td>
<td>17,372</td>
<td>17,865</td>
<td>12.8%</td>
</tr>
<tr>
<td>to be unable to manage at least one self care activity on their own</td>
<td>20,155</td>
<td>20,785</td>
<td>21,409</td>
<td>22,112</td>
<td>22,752</td>
<td>12.9%</td>
</tr>
<tr>
<td>to have a BMI above 30</td>
<td>15,353</td>
<td>15,809</td>
<td>16,175</td>
<td>16,421</td>
<td>16,763</td>
<td>9.2%</td>
</tr>
<tr>
<td>to have dementia</td>
<td>4,249</td>
<td>4,450</td>
<td>4,603</td>
<td>4,817</td>
<td>5,013</td>
<td>18.0%</td>
</tr>
<tr>
<td>to live alone</td>
<td>22,259</td>
<td>22,862</td>
<td>23,401</td>
<td>23,952</td>
<td>24,533</td>
<td>10.2%</td>
</tr>
<tr>
<td>to be unable to manage at least one domestic task on their own</td>
<td>24,641</td>
<td>25,385</td>
<td>26,122</td>
<td>27,000</td>
<td>27,794</td>
<td>12.8%</td>
</tr>
</tbody>
</table>
Dementia

It is estimated that by 2020 there will be increases across all the key factors that influence demand, most prominently amongst people predicted to be living with dementia which is estimated to increase by 18%. Research on Alzheimer's has shown that 800,000 people in the UK have a form of dementia; more than half have Alzheimer’s disease and in less than ten years a million people will be living with dementia, soaring to 1.7 million people by 2051. There are over 4,000 people estimated to be living with dementia in Sefton and one in three people over 65 will die whilst suffering from some form of dementia.

The increase in the numbers of clients who are likely to need care as a result of their dementia or who will need support to live longer with the disease will have a significant impact on our ability to cope with these needs in future years. In particular we need to begin planning now for the increased needs of our elderly population and identify new and innovative ways of assisting these clients in a climate of reduced and reducing resources. Much of this effort may need to be focussed on supporting carers in terms of their ability to cope with loved ones suffering from dementia and help prevent carer breakdown.
**Mental Health**

Currently it is estimated that around one in four 18-64 year olds suffer from some form of mental health problem (a further breakdown of mental health issues is illustrated in the table below).

It is currently projected that Sefton’s 18-64 age population will fall slightly by 2020 which in theory should result in a slight reduction in the number of MH clients across the borough. However, the proportion of the population suffering with mental health disorders is not directly related to changing demographics but more to social and economic health in the wider society.

**Common mental disorders (CMDs)** are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive compulsive disorder. Around 20% of women and over 12% of men surveyed met the diagnostic criteria. Prevalence of low level mental health in Sefton is 26% rising to 37% in the most deprived areas. This is significantly higher than the national average of 15%.

<table>
<thead>
<tr>
<th>Breakdown of Predicted Mental Health Problems</th>
<th>2012</th>
<th>2016</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Mental Disorder</td>
<td>26,103</td>
<td>25,734</td>
<td>25,333</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>731</td>
<td>721</td>
<td>710</td>
</tr>
<tr>
<td>Antisocial Personality Disorder</td>
<td>555</td>
<td>549</td>
<td>541</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>649</td>
<td>640</td>
<td>630</td>
</tr>
<tr>
<td>Two or more Psychiatric Disorders</td>
<td>11,625</td>
<td>11,465</td>
<td>11,291</td>
</tr>
</tbody>
</table>

**Autism**

Following the Autism Act 2009 the government published its “*Strategy for Adults with Autism*” (2010) acknowledging the importance of treating autism as a separate issue to mental health and describing autism as the hidden disability, recognising that very often those with autism go unsupported and do not live life to their full potential. The Autism Act 2009 is the first ever piece of legislation designed to address the needs of one specific impairment group and sets a direction for long-term change identifying specific areas for action and drawing on the findings of the National Audit Office (NAO) report “*Supporting People with Autism Through Adulthood*”. 
Autism specific training, to raise awareness of Autism Spectrum Disorder (ASD), is delivered by the Authority and also offered by people with learning disabilities and ASD via the “Experts by Experience” Programme, through the Council’s Workforce Development Unit and the Community Learning Disabilities Team. As the table below shows, the number of citizens with autism is likely to fall slightly in the coming years roughly in line with the population. However, there is some evidence that diagnosis of ASD is increasing. Given the wide nature of ASD it is currently anticipated that many individuals will fall outside the councils eligibility criteria for services. It is predicted that there are currently approximately 1600 people with the population of Sefton with some level of Autism Spectrum Disorder, this is an area where we would hope to see voluntary sector involvement.

Learning Disabilities

There are estimated to be approximately 5,000 adult residents of Sefton with a learning disability. In line with national studies, it is expected that the number of residents with learning disabilities will increase slightly and these vulnerable people are more likely than other residents to have significant health risks and major health problems including obesity and respiratory disease. They are also likely to die younger and have worse access to primary care.

By 2020 the number of people aged 65 and over with learning disabilities and in receipt of services is predicted to increase by a little over 10%. While numbers are predicted to remain low the biggest percentage increase is expected to be amongst those aged 85 and over, with numbers increasing by 35%.

Physical Disabilities

There is a wide range of physical disability including impairment to those with acquired brain injury. Physical disability tends to be a chronic state.

It is estimated that 13,300 people aged 18-64 have a moderate physical disability and 4,000 have a severe physical disability. Based on the 2011 Census almost 23% of Sefton’s population (approximately 62,000 people) reported that they had a long-term health problem or disability that limited their abilities either a little or a lot. This ranks Sefton 11th highest nationally out of councils with social care responsibilities (the England average is 17.6%).

In Sefton, the gap between life expectancy and disability free life expectancy is higher than for England, meaning people generally living longer in poor health.
Length of Stay Summary

Based on services that have started and ended, the tables below show the average length of time that service users received each type of service:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Age Group</th>
<th>Average Length of Service (years)</th>
<th>Range of Length of Service (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services</td>
<td>Adults</td>
<td>4.1</td>
<td>0 - 30</td>
</tr>
<tr>
<td></td>
<td>Older People</td>
<td>2.3</td>
<td>0 - 26</td>
</tr>
<tr>
<td>Rest Home Care</td>
<td>Adults</td>
<td>3.9</td>
<td>0 - 27</td>
</tr>
<tr>
<td></td>
<td>Older People</td>
<td>2.5</td>
<td>0 - 19</td>
</tr>
<tr>
<td>Nursing Home Care</td>
<td>Adults</td>
<td>3.9</td>
<td>0 - 16</td>
</tr>
<tr>
<td></td>
<td>Older People</td>
<td>1.9</td>
<td>0 - 16</td>
</tr>
</tbody>
</table>

Points to Note:

1. Only services that have ended are included
2. Age Groups: Adult includes 18-64 years; Older People – 65 Years and over
3. Age Group: Age is taken at Service Start Date
4. Community Services include commissioned services only (i.e. Supporting People, Professional Support and Equipment are NOT included).
5. These figures relate to the length of time that service users receive the relevant type of service, regardless of what other services they have had (e.g. each service is considered in isolation).
Part Two: Current State of Supply

The market for adult social care has changed in recent years and will continue to change in future years driven by a variety of demographic, social, economic and legislative changes. Due to better lifestyles, healthcare and personal choice, people are living longer and more are tending to continue to live independently in their own homes, or relocating to care homes much later in life when their care needs are more complex than has traditionally been the case. Consequently, the market for domiciliary care and other home based services is growing, whilst the need for care homes providing healthcare still remains strong.

Over the last five years the number of clients we have been supporting at the end of the year across key long-term placement and community based services has generally increased. Government policy over the last few years has encouraged local authorities to help maintain clients supported in their own homes where possible to help provide improved levels of choice and control. As a result whilst overall client numbers have increased the numbers in care homes have remained relatively stable despite demographic pressures as where possible clients have remained in their own homes with support. (Source: RAP P2S & ASC-CAR S1)
Residential & Nursing Care

The graph below shows the number of care homes, broken down by service provided, in the north and south of the borough. It should be noted that some care homes provide more than one service.

Current figures (average totals April 2012 – June 2013) show that of the total beds available (3463) on average around 6% are vacant at any one time. Care home locations are shown on the map overleaf.

The majority of Sefton’s clients in residential/nursing care homes are older people, with some 60% of all clients supported in care homes aged over 80. Since 2008/2009 the number of clients supported in residential care aged 65+ at the end of the year has increased by some 18%. However, there has been a slight decrease in the overall end of year number of clients aged 65+ supported in nursing care (a fall of around 4% from 2008/2009).

During 2012/13, on average, of the 3463 care home places available in Sefton 1648 (48%) were funded by the council, 1178 (43%) were funded by the service user, 428 (12%) were funded by the NHS Continuing Healthcare Programme and 209 (6%) were vacant, at any point in time.
Location of care homes in Sefton

Sefton Residential & Nursing Homes

Business Intelligence & Performance Team, Sefton MBC, Bootle Town Hall Trinity Road, Bootle, L20 7AE.
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Domiciliary Care

Services to support clients in their own home are supplied by a number of organisations across the borough. Whilst a significant number of people (2,209 in 2012/13) had packages of care funded by the council a large number of Sefton residents also fund their own home care support directly. These services can range from washing and bathing to a simple check to ensure medicines have been taken or food prepared. Calls to people’s homes vary in length and frequency.

The ethos of the service is to promote independence and providers take a person-centred approach which should enable and enhance independence.

The annual cost is approximately £8 million. The predominant service user group is older people (approximately 865) of whom approximately 10% (90 People) also suffer with dementia.

The Care Quality Commission lists 34 organisations offering domiciliary care in Sefton, 28 of these specialise in dementia, mental health and learning disability. Sefton ranks in the top 10 local authority in England and Wales in terms of the proportion of its population providing some form of long-term care to others. Some 12.6% of the population (around 34,500 people) provide care to another adult.

The market for domiciliary care is much bigger than that funded through council contracts and as with care home provision some domiciliary provision is funded by the service user. However, unlike care home provision where the authority has accurate figures for provision, vacancy rates and self funder rates, obtaining accurate figures for domiciliary care self funders is more difficult. This is one area of intelligence we will seek to improve.

<table>
<thead>
<tr>
<th></th>
<th>Council funded domiciliary care hours March 2013 snapshot</th>
<th>Number of Sefton funded service users March 2013 snapshot</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Sefton</td>
<td>19,574</td>
<td>1,550</td>
</tr>
<tr>
<td>Central Sefton</td>
<td>13,502</td>
<td>335</td>
</tr>
<tr>
<td>South Sefton</td>
<td>12,957</td>
<td>324</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46,033</strong></td>
<td><strong>2,209</strong></td>
</tr>
</tbody>
</table>

Using the English Longitudinal Survey of Ageing (ELSA) we can make an estimate of self funders of domiciliary care in Sefton by applying national values to our demographic data. However, these figures should be treated with caution as other factors may need to be taken into account.
### Population ELSA % value Estimated number of self funders

<table>
<thead>
<tr>
<th>Aged</th>
<th>Population</th>
<th>ELSA % value</th>
<th>Estimated number of self funders</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 - 69</td>
<td>Male 7,800</td>
<td>0.52</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Female 8,700</td>
<td>1.9</td>
<td>165</td>
</tr>
<tr>
<td>70 - 74</td>
<td>Male 6,000</td>
<td>0.72</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Female 7,500</td>
<td>2.62</td>
<td>196</td>
</tr>
<tr>
<td>75 - 79</td>
<td>Male 5,200</td>
<td>2.61</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td>Female 6,800</td>
<td>5.85</td>
<td>398</td>
</tr>
<tr>
<td>80 - 84</td>
<td>Male 3,600</td>
<td>2.84</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>Female 5,500</td>
<td>9.85</td>
<td>542</td>
</tr>
<tr>
<td>85 - 89</td>
<td>Male 1,800</td>
<td>8.55</td>
<td>588</td>
</tr>
<tr>
<td></td>
<td>Female 3,300</td>
<td>13.48</td>
<td>154</td>
</tr>
<tr>
<td>90 +</td>
<td>Male 700</td>
<td>15.79</td>
<td>111</td>
</tr>
<tr>
<td></td>
<td>Female 2,100</td>
<td>18.49</td>
<td>388</td>
</tr>
<tr>
<td>Total</td>
<td>2864</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition to residential care home placements, care home with nursing placements and domiciliary care Sefton Council commissions a range of other social care services which are outlined in the table on the following pages.

---

**Sefton Directory**

We have recently launched a new Sefton Directory, a web-based directory of locally available services, in order to make it more user-friendly; more comprehensive; serve as a better guide to the local market place; and a better platform for Providers wishing to increase awareness of the services they offer. The Sefton Directory can be accessed at [www.seftondirectory.com](http://www.seftondirectory.com). The website also enable Providers to request inclusion of their services within the Directory and residents or Providers to make any comments they might have to enable us to continue to improve the accessibility, usability and content of this resource.
### Affordable Warmth

Affordable warmth is achieved when a home can be adequately heated within 10% of household income, which helps people to live healthily and independently in their own homes. The Council provides a service that undertakes home visits and assists people to apply for heating and insulation grants to make their homes warmer and healthier, as well as sign post and link individuals with other services. Since inception the service has helped thousands of individuals within the borough.

### Assistive Technology & Equipment

In many cases technology or equipment can be used to help people get about on a day to day basis and feel more secure in their own home. The Council provides a wide range of help in this way.

For example our Assistive Technology service provides a 24 hour monitored service including technology which can monitor someone to see if they have fallen, or have medical problems and can then raise an alarm.

Our Occupational Therapy services provide assessment and support (including equipment) which helps people cope with everyday tasks, such as getting out of the bath or out of bed on their own; or assists people to get up the stairs. The service can also arrange for adjustments to be made to homes to prevent falls and trips and to help people use household items more easily (for example changing taps so they can be turned on with the arm).

### Befriending Services

There are a number of organisations in Sefton offering a free befriending service delivered by volunteers, with differing criteria for qualifying for the service. Most will only deal with Sefton residents over the age of 50 and some specialise in specific client groups such as those with dementia. Currently the service providers have difficulty recruiting volunteers and report long waiting lists (between 2 and 8 weeks) for the service particularly for dementia support.

In addition to home visits some providers offer a free befriending telephone helpline for which there is no waiting time.

### Day Opportunities

Day services are traditionally building based non-residential facilities that provide social care and support to a group of individuals. The focus of the service has traditionally been to meet assessed needs relating to providing respite for a carer, to provide a safe environment during the day for a vulnerable person at risk at home, to reduce social isolation or to provide...
stimulating environments to the user. Some day services also offer a more flexible approach to provision and facilitate access to other community services and activities that will enable the individual to gain skills which may assist them to achieve a greater level of independence. The current pattern is for reduced demand for more traditional day services, which are often provided from a day centre, as a greater number of people choose from a wider range of activities and services. It is anticipated that this pattern will increase.

| Domestic Violence | Sefton supports high risk victims of domestic violence to help manage their safety and reduce risk, which includes carrying out risk assessments, safety planning, ‘Sanctuary’ security checks and offering Court support.
Sefton also provides safe accommodation and resettlement support for women and their children who have been victims of domestic violence. Support is available in many forms across the borough including, advice lines and counselling services, safe refuge accommodation, securing existing accommodation and outreach support in accordance with the assessed needs and risk. |
| Extra Care | Extra care housing is sometimes referred to as very sheltered housing or housing with care. It is social or private housing that has been modified to suit people with long-term conditions or disabilities that make living in their own home difficult, but who may not want to move into a residential care home. Schemes may offer property as a rental or private purchase option. There are currently two extra care schemes within the borough one situated in Maghull which specialises in dementia care and one in Netherton for older persons. Two further developments are planned one in Southport and a further scheme in Maghull. These services offer holistic packages of care and support in response to assessed needs and will utilise a range of support approaches and assistive technology. This type of service is a cost effective model that not only ensures clients' needs are adequately catered for, but also enables clients to live as independently as possible within their own home often reducing or delaying the need for long term residential or nursing care. |
| Homelessness Services | Finding somewhere to rent if you are homeless can be difficult. Homeless families and vulnerable people may be entitled to accommodation through the Local Authority under the homeless legislation. However, single people may not be entitled to the same accommodation. In order to meet the needs of as many homeless individuals as possible, Sefton have a range of Supported Accommodation Projects for people to access. These accommodation based services can vary between very short stay accommodation and accommodation where individuals can stay up to a maximum of two years. Homeless accommodation services do not just provide bricks and mortar to |
individuals within the borough, they offer a lot more. Through an assessed need and support package, trained staff are able to offer support in a variety of areas and can enable the individual to access other services and support they can use during and after they move on from the accommodation. Thus, preventing the revolving door syndrome by enabling the individual to gain a more sustainable tenancy / lifestyle leading to greater independence.

**Intermediate Care**

Intermediate care services have evolved over time in response to pressure on beds in the acute healthcare sector and encompass a range of provision but essentially fall into three categories:

- **Sub-Acute / Level 1:** describes units that generally have 24/7 nursing provision, periodic medical support and access to medium to high levels of therapy support. These units are all located within NHS providers.
- **Nursing / Level 2:** describes beds that are generally commissioned in the private / independent sector. Contracts generally exist for medical support through a GP provider and Multi-Disciplinary Team input from a community based Intermediate Care team.
- **Residential / Level 3:** describes beds that are generally commissioned in the private / independent sector. They are similar in model to the nursing beds however the people admitted generally require less ‘health condition’ monitoring.

Home based intermediate care is also provided, again falling into three main categories:

- **Rapid Response teams:** providing rapid assessment and very short term intervention to people in order to manage crisis situations.
- **Multi-disciplinary Teams:** providing a range of assessments and interventions for people in their own homes.
- **Reablement teams:** providing care and support. Some teams also provide low level therapeutic assessment and interventions.

In addition, Transitional Care is provided to adults where assessment and care plans have been completed but the residential/nursing home of choice is not available or there are delays in a person returning to their own home because of need for adaptations to the home environment etc.

The overall objectives of the services are; to help people to remain living at home, to achieve maximum independence, to prevent hospital admissions (or re-admissions) and when appropriate, to reduce the level of care needed.

It is recognised that there is a lack of community based provision and we need to develop step up services to prevent inappropriate hospital admissions. As part of this process we need to streamline processes and pathways and...
<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offender Services</td>
<td>Offender services offer a holistic approach that help to stabilise often chaotic lives and reduce reoffending. We commission offender–focused solutions with a balance of support and compliance. Individuals have a choice of Supported Housing and Outreach Support, to meet their needs best. Albeit the services are restricted to a maximum of two years, there is scope for a client to receive a longer service by accessing Supported Housing and move on to semi independent living with the help of the outreach service.</td>
</tr>
<tr>
<td>Preventative Services</td>
<td>The market is one of mixed provision which includes social prescribing, advice and advocacy, employment support, general housing support, day provision, low level housing support, rehabilitation and crisis services, domiciliary care, supported living schemes and residential and nursing services. These services are commissioned from statutory, independent, Voluntary, Community, Faith and Social Enterprise providers so the economy is varied.</td>
</tr>
<tr>
<td>Reablement</td>
<td>Reablement is a short term service (normally no more than 6 weeks) which is designed to help people reach their maximum potential to live independently after a period of ill health, a hospital stay, a residential care stay, or simply a fall or accident. Anyone over the age of 18 who meets the reablement service criteria may be referred to intensive reablement support services. The focus of reablement is to support the service user to remain in their own home by:</td>
</tr>
<tr>
<td></td>
<td>• Rebuilding confidence in performing daily living tasks</td>
</tr>
<tr>
<td></td>
<td>• Increasing strength, stamina and mobility</td>
</tr>
<tr>
<td></td>
<td>• Teaching new ways of carrying out activities to increase independence and reduce risks</td>
</tr>
<tr>
<td></td>
<td>• Incorporating strategies to manage worries and concerns</td>
</tr>
<tr>
<td></td>
<td>• Making use of equipment and technology designed to support independence</td>
</tr>
<tr>
<td></td>
<td>Community multidisciplinary health and social care teams working in partnership provide this service. The team includes Physiotherapists, Occupational Therapists, Social Workers, Community Mental Health Nurses, Community Nurses and other specialist services for example Speech and Language Therapists. Daily reablement support with personal care and meal preparation may be provided by skilled reablement Workers.</td>
</tr>
</tbody>
</table>
| **Respite** | Many people – such as parents or relatives – provide a caring role for people who cannot look after themselves. If these people did not do this work, often the Council would have to step in and pay for services to support the people being looked after.  
So it is important to ensure that carers are also provided with help and support. Generally this takes the form of ‘respite’ which is a service that – for example – might place an older person in a care home for a week so that the carer can have a break from their responsibilities. |
| **Shared Lives** | Shared Lives is a unique service model that supports a wide range of individuals to live independent lives, within a family setting. Individuals can benefit from either respite or longer term support. The Shared Lives carers may be single people or families in the local community. Carers are supported by a dedicated team of staff who specialise in assessing, monitoring, offering guidance and arranging a wide range of training to all carers. |
| **Supported Living** | Supported living offers people the ability and freedom to live independently within their own homes with the assistance of support. Levels of support can vary within these settings. There are a range of supported living services within Sefton. Some services are of a high level of support and in some cases 24 hour support is needed to meet the needs of the individual. Whereas other supported living environments may be at a low level of support whereby clients receive visiting support staff, and in some cases assistive technology is used to enhance the person’s feeling of safety. However, regardless of the level of support required, this model enables clients of all abilities to contribute positively to their own communities. |
| **Substance Misuse Services** | Drug and alcohol misuse can be a complex issue that can seriously affect individuals, families and communities. A person’s ability to maintain employment, meet responsibilities or manage day to day routines can be affected. Long-term use of drugs and/or alcohol can result in more serious physical, psychological and mental health problems. This can result in individuals needing more costly services especially during the period of their misuse. The Local Authority has recently commissioned a new integrated substance misuse treatment service. This is a recovery-focused service supporting people to address their substance misuse and rebuild their lives resulting in them making a positive contribution to their own communities.  
The Council also commissions a range of residential detoxification and rehabilitation and other support (including supported accommodation, floating support services and facilitated routes to education, training and employment), dependent upon need, to help individuals to rebuild their lives. |
Sefton New Directions

Sefton New Directions (SND) is currently a local authority controlled company within the meaning of the Local Government and Housing Act 1989. This means that the Council have a 100% shareholding. It is the Council’s principal trading Company and strategic partner in the delivery of a range of commissioned adult social care services (currently including Reablement, Day Care, Respite, Supported Living and Shared Lives services). In September 2012 SND and the Council adopted a set of Core Values to provide the foundation for development of this strategic partnership. These Core Values state that: we will demonstrate openness in all our dealings; we will share common goals; and we will work in a way which demonstrates trust and belief in each other.

SND is the principal trading Company for the Council and as such will be considered as first choice provider, where it maintains high quality, efficient and outcome-focused service delivery. It is recognised that New Directions will be unable to deliver all that the Council requires and as such others will continue to be commissioned and deliver services where appropriate. When considering the commissioning/procurement of Adult Social Care and similar services the Council will always consider whether those services could be provided by New Directions as its principal trading company and primary provider of such services. This consideration will always be undertaken within the context of the legal and constitutional parameters that apply to the commissioning/procurement of services and with a focus on the quality and cost effectiveness of the service and outcomes delivered.

Sefton Arc

The Council delivers a number of healthcare and security services under the operating banner of Sefton Arc, including Telecare, Telehealth, alarms, response and CCTV services. This in-house service provider also provides services to a number of other public and private sector companies and private individuals. Sefton Arc will continue to be considered as first choice provider for these services, where it maintains high quality, efficient and outcome-focused service delivery. When considering the commissioning/procurement of similar services the Council will always consider whether those services could be provided by Sefton Arc. This consideration will always be undertaken within the context of the legal and constitutional parameters that apply to the commissioning/procurement of services and with a focus on the quality and cost effectiveness of the service and outcomes delivered.
Adult Social Care Survey

Sefton undertakes a nationally mandated Adult Social Care Survey each year covering a sample of around 1,000 clients.

In the last survey undertaken in 2012/13:

- 93% of respondents said that they were extremely, very, or quite satisfied with their care and support. This ranked Sefton 19th out of 152 Councils with Social Service Responsibilities.
- 77% of respondents said they have complete or adequate control over their daily life. This ranked Sefton 59th out of 152 Councils.
- 80% of respondents said that they had as much or adequate social contact with people they like. This ranked Sefton 38th out of 152 Councils.
- 86% of respondents said that their services helped in making them feel safe. This ranked Sefton 25th out of 152 Councils.

This survey also contains a number of questions around client’s feelings about service quality, choice and control, cleanliness, safety, and spending time. These questions are used to calculate an overall score for a Local Authority around this ‘basket’ of measures. This calculation resulted in a score of 19.2 for Sefton in 2012/13 which ranked Sefton as the 27th council in the country in terms of this overall ‘social care related quality of life indicator’.

We currently know much more about the services we commission than we do about the self-funded market place, however we intend to work with providers and other stakeholders to improve our understanding of this market sector for future revisions of the MPS.
Part Three: Models We Will Encourage

This section outlines how we will work with our residents and the models of delivery we will encourage in the future, whether funded by the council, free at point of delivery or purchased directly by individuals.

Nationally, the performance of the adult social care system as a whole, and the extent of its success in delivering high quality, personalised care and support, is measured by the Adult Social Care Outcomes Framework (ASCOF), which was co-produced by the Department of Health, the Association of Directors of Adult Social Services and the Local Government Association. ASCOF has four domains:

- Enhancing the quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support services; and
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Locally these outcomes are reflected within Sefton’s Health and Wellbeing Strategy and within the Council’s Adult Social Care Strategic Plan and Priorities 2013-2020. In this latter document the Council sets out a vision, that by 2020:

- The community, partners, providers and the Council are working together, delivering improved outcomes and reducing longer term reliance on public sector services.
- Individuals and families have primary responsibility for looking after themselves in order to remain fit and healthy whilst planning how they will personally financially contribute towards any care that may be required.
- Social Care is sustainable and meets the needs of our most vulnerable.
Four strategic priorities are identified in order to deliver this vision:

- Individuals to be self-sufficient and maintain independence, looking after themselves with help from family, friends and communities;
- Work with the most vulnerable to ensure they are involved in all decisions about the provision of their care and support;
- Develop the market to maximise and promote universal opportunities that are inclusive and accessible; and
- Safeguarding

In simplest terms, we will encourage models of care and support that help to deliver against these priorities and support the required transformation of the Adult Social Care system. More specifically, we will encourage models of care that ensure people are treated with dignity and respect; support people to keep well, independent and able to play an active role in their communities; and that enable and empower people to have greater choice and control over their daily lives. This means increasingly person-centred and personalised care and support. We anticipate that demand for more traditional services will reduce as a greater number of people choose from a wider range of support, activities and services available.

We will encourage models that see and support individuals more holistically, recognising their care and support needs, the impact of these needs on others and the value of early intervention and prevention in addressing these needs (e.g. recognising the impact of substance misuse by a parent not only on them but also on their children, and then supporting the family to address, minimise and where possible prevent this impact). We will encourage and seek to develop models that more effectively plan for longer-term or whole-of-life care and support needs, including improving the transition from child to adult. Services and models of care will need to connect more effectively around individuals and their families and other support networks.

We are keen to encourage the innovative use of technology and digital solutions, particularly where they help improve outcomes for people, efficiency in delivery of outcomes, self-reliance, self-care and personalisation of care and support.

We will seek to encourage a variety of business models within the local market place and increase the Social Value (i.e. the wider non-financial impacts that may improve economic, social and environmental wellbeing) achieved through our commissioning and procurement activities. In the context set out above, we do not wish, or consider it appropriate at this stage, to be too prescriptive in terms of what future models of care and support may look like as we are keen to maximise the ability for innovation within the market place, to design and deliver economic, efficient and effective service models that meet people’s needs and deliver the above outcomes. The following are only intended to provide some general direction in this regard.
Community Resilience

Sefton Council is actively working to support and encourage our community to become more resilient. Resilience is often talked about in terms of responding to emergencies and how communities recover from them; however Sefton sees resilience as possessing the skills and access to resources that allow us to deal with the challenges that we all face, including preventing and avoiding emergencies.

Our approach to building community resilience recognises that we all need to be resilient as individuals, but our ability to do this is impacted upon by the resilience of the communities that our citizens live in, their social network of support and their economic circumstances.

Our approach also recognises that the local community and voluntary sector is strong providing a great deal of important care and support, and a great foundation to build upon.

We will continue to invest in our community and voluntary organisations to enable strong community infrastructure support in our less resilient communities to help build resilience in those communities. In the context of adult social care our support will focus on the most vulnerable. We won’t manage people’s crises, we will work with people to prevent them, and we will support our citizens to solve problems themselves.

Advice and Guidance

We wish to encourage the development of effective, easily accessible, and trustworthy advice and guidance for people, focussed on enabling them to look after themselves in order to remain fit and healthy, to plan for any future care and support needs, or best meet existing care and support needs, for themselves or their family and friends.

Early Intervention/Prevention

We will seek to encourage a range of early intervention and preventative services that utilise and draw upon, available non statutory, community resources or voluntary sector provision. Our focus will be on promoting wellbeing and preventing or delaying the need for social care support and signposting people appropriately in order to promote independence and resilience.

Providers may be able to access other, broader, funding opportunities and develop service models that may support or contribute to the Council’s commissioning requirements and outcomes. We would seek to ensure that a supportive culture is in place so that the introduction and development of new initiatives can be encouraged.
Assistant Technology

We will encourage the use of technology, including Assistive Technology, to improve outcomes for people, particularly where it provide opportunities for innovation, greater flexibility, and efficiency in providing personalised care and support and reduces the level or cost of other care and support needed.

Community Services / Supported Living

We would encourage services to be user-led and flexible, with personalised outcomes to meet individual need. We seek to enable a lesser dependence upon statutory services with opportunities for individuals to utilise and access a broader range of available community resources. The benefits of this approach are a greater ability for the individual to engage within the local community and sustain their independence as long as possible.

We will encourage more efficient and economic service delivery models, including better use of appropriate assistive technology. We also encourage Providers to explore how they might broaden the Social Value of the service being offered.

We will also seek to encourage the development of step-up and step-down options, or floating support which supports a rehabilitation/recovery approach and offers potential for re-engagement with the community.

Reablement

We will encourage models of provision, beyond just the specific reablement services, that promote the principle and practise of reablement, providing opportunities for service users to re-establish skills, confidence and independence.

Day Activities

We seek to encourage a broader range of outcome-focused opportunities, which move away from more traditional models, providing flexibility, promoting independence and inclusion by enabling individuals to access activities and facilities within the community.
Extra Care

We will continue to encourage Extra Care Housing models that provide suitable alternatives to long term residential and nursing care and enable individuals to maintain independence in their own home with flexible care and support to meet their changing needs, particularly where these models seek to enable existing Sefton residents to remain within our community.

Respite

We are seeking to enable people to access a broader range of respite to provide more flexibility and choice for individuals. We encourage Providers to explore models of delivery which promote this, including respite in the home and short breaks, to enable the carer to attend appointments etc. and reduce disruption for the individual being cared for.

Employment (Paid & Voluntary), Education and Training

We will continue to encourage Social Enterprises that enable employment, education and training for the individuals who use the services provided, either within that service or in services provided to others, as a means of improving their outcomes and developing greater independence, and those that enable people who wish to access employment to assist with local services.

Personal Support

We continue to encourage a personalised approach to service provision and the use of Direct Payments to enable individuals to have more choice and control over how their care needs are met, within a competitive market place.
Part Four: Future Levels of Resource

Current Local Authority Spend

The Council is currently managing substantial reductions in resource due to the Government’s austerity measures. By 2014/15, council resources will have reduced by £114m and we will see further approximate reductions of £27m in 2015/16 and £28m in 2016/17. In real terms Sefton Council’s budget will have reduced by 43% by 31st March 2017. In Sefton, our spending on the most vulnerable adults and children currently accounts for 52% of the 2013/14 budget. If spending on vulnerable adults and children remains the same, then this would account for around 80% of our budget by 2017.

The Council’s approved budget allocated in support of Adult Social Care services is £92m for the financial year 2014/15. However over the financial period 2013-2015 reductions of over £7m have been approved from the Adult Social Care budget, in support of savings required by the Council for that financial period. This includes specific savings in the supply of Day Care, Respite, Housing Related Support and the withdrawal of funding from Community Meals in 2013. There have also been reconfigurations to the Council’s assessment and care management teams along with changes to the commissioning and support staff functions. These and any future approved savings are being managed through the Council’s Adult Social Care Change Programme.

The Council has invested in a new IT Care Management system to support improvements in care management and facilitate demand management. This investment along with an improved reablement model and appropriate use of assistive technology is essential in order to help reduce the need for and cost of long-term care packages going forward.

Sefton Council commissions over £26m of residential care home placements, and approximately £19m pa on care home placements with nursing, part of this cost is paid by the service users and through NHS contributions in support of funded nursing care. In addition to care home placements the Council spends over £53m on a range of other social care services, including over £8m on domiciliary care. The Council also receives contributions from partner agencies and from clients in support of the £53m cost of providing these other social care services.
The following tables show the 2014/15 approved Council Budget, the 2014/15 budget analysis of planned Adult Social Care expenditure and a breakdown of expenditure on care home placements and other social care services.

**Council Budget (incl. Levies) 2014/2015 by Service**

- **Public Health**, £20m
- **Transport / Waste Levies**, £38m
- **Street Scene**, £16m
- **Built Environment**, £24m
- **Health & Wellbeing**, £10m
- **Corporate & Other Services**, £16m
- **Council Budget (incl. Levies) 2014/2015 by Service**
- **Young People & Families**, £57m
- **Vulnerable People**, £92m
Adult Social Care Budget 2014/15 - Total Net Expenditure by Type

- Central Support Costs: £3.6m
- Housing Related Support: £2.2m
- Community Care Schemes: £1.3m
- Specialist Transport: £2.1m
- Direct Payments: £8.4m
- Supported Tenancy: £18.6m
- Supported Living: £1.9m
- Re-enablement: £1.0m
- Home Care: £5.4m
- Respite & Day Care: £6.4m
- Residential Care: £18.5m
- Nursing Care: £10.4m
- Equipment Stores & Adaptations: £1.4m
- Local Reform Advice & Advocacy Services: £333.1k
- Commissioning, Business Support & Central Support Services: £2.7m
- Assessment Teams: £7.6m
Adult Social Care Budget 2014/15
Total Care Related Net Expenditure by Client Group

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Expenditure</th>
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</thead>
<tbody>
<tr>
<td>Housing Related Support</td>
<td>£2.2m</td>
</tr>
<tr>
<td>Specialist Transport</td>
<td>£2.1m</td>
</tr>
<tr>
<td>Equipment Stores &amp; Adaptations</td>
<td>£1.4m</td>
</tr>
<tr>
<td>Mental Health</td>
<td>£5.4m</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>£5.9m</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>£25.2m</td>
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<tr>
<td>Older</td>
<td>£34m</td>
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Annual Care Home Budget 2014/15

<table>
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<th>Care Type</th>
<th>Sefton / NHS Contribution to Cost</th>
<th>Total Gross Cost</th>
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</thead>
<tbody>
<tr>
<td>Residential</td>
<td>£18.5m</td>
<td>£26.6m</td>
</tr>
<tr>
<td>Nursing</td>
<td>£10.4m</td>
<td>£18.9m</td>
</tr>
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</table>
In part three we described the future focus for adult social care and the models of care that the council wishes to encourage.

The council aims to support providers in their delivery of these preferred models of care by offering a range of support activities including Leisure, Business Support, Learning and Development, Planning, Housing and Neighbourhood Co-ordination.

**Planning**

Business developments which involve the construction of new buildings, the extension/alteration of existing buildings or the change of use of buildings will often require Planning Permission and/or Building Regulations consent.

The Planning Service at Sefton offers a range of services to help customers secure the consents needed. We offer an integrated approach to development proposals offering detailed advice at the pre application stage. This sets out when consent would be needed and if so, what supporting information your application will need to include. We also advise whether your proposal is likely to be acceptable or not when applying the relevant policies, as well advising what changes would be necessary to make your proposals more acceptable. This service incurs a fee, full details about the pre application process and fee schedule are on the Planning Services web site. In addition planning applications are considered in the context of national and local legislation—with a view to securing appropriate developments in the right place.

The Planning Service also provides a Building Regulation service to help developers secure Building Regulation consent for the full range of building projects. The team are locally based offering a flexible, professional service. Fees for this service are competitive, and provide a ‘same day’ site inspection service. Advise on the full range of Regulations and their requirements are available from the officers—including fire safety, structural safety, conservation of fuel and power, access to and use of buildings etc.
Housing

The Council is currently producing a refreshed Strategic Housing Market Assessment to analyse the sorts of housing needs that need to be met in the borough.

The results of the new study should be available publically circa March/April 2014.

In addition to the information available within the Strategic Housing Market Assessment we can:

• Consider the use/disposal of Council owned land and buildings where that would be used to produce accommodation that meets identified needs, and has a ‘social value’. In such circumstances we can consider negotiating the disposal of land, rather than seeking an open market disposal of land.

• Help broker partnerships between private organisations and registered providers [housing associations].

• Act as ‘developer friend’ to provide advice, guidance and signposting to a developer, to help take them through the various steps usually required in the lead in to delivering a scheme.

• Help and support with any funding bids/schemes, where public money might be available to support provision of new accommodation, and assist in dialogue with the public funding body [e.g. the Homes and Communities Agency].

Business Support

Invest Sefton is the enterprise, business support and inward investment service of Sefton Council. It leads on and supports economic growth in the borough. The team can provide dedicated business support through accredited Advisers. This support can take many forms including:

• Detailed diagnostic and tailored support

• Business operations and business planning:

• Helping businesses to access finance and, in certain cases, providing local grant and loan funding

• Business planning, cashflow, cost reduction

• Winning new business; entering new markets and exporting

• Sales and marketing, optimisation of web sites, using social media to sell your business

• Tendering support, using The Chest, free tender alerts

• International Festival for Business 2014, placing business on a national and international stage

• Construction Forums, opportunities for local businesses to become part of the supply chain
• Sites and premises search and free advertising of your vacant commercial properties
• Sectoral support for businesses in key sectors including low carbon, Super Port, manufacturing, digital economy
• Developing future models of care and support e.g., Future Commissioning, tender support, fit to bid, meet the buyer events; links to Liverpool City Region activities; employment and business support to new market entrants / start up’s, business diagnostic; business planning; access to finance
• Support to Market- Shaping the council’s response to stimulating and supporting the local care market through dedicated advice and support; developing local supply chains; fit-to bid workshops; recruitment, training and HR support; access to local business networks and self help activities including web based solutions; Providing business and economic intelligence

**Leisure**

Sefton Leisure services can offer discounted access to leisure provision, and will work with providers to develop services to meet need, such as providing reminiscence and active reading Classes to help those with dementia, and to enable access to arts, cultural and leisure activities.

**Learning and Development**

Sefton Councils Corporate Learning Centre in Ainsdale provides a range of learning and development opportunities including a range of Safeguarding courses, for example, Think Family Safeguarding, Nutrition and Hydration and Medication.

They also provide:

• Awareness courses such as Dementia and Autism and second level/specialist courses contained within the Dementia and Autism programmes.
• Health and Safety courses such as Emergency First Aid and Moving and Positioning.
• SCILs and EILS learning packages and signpost employers to these as an alternative form of learning where appropriate.
• Relevant information via the Sefton website, including a calendar of training events and provide a web based booking system.
• Rooms (charges apply) for meetings, training, conferences etc.
• On-site training (charges apply).
• Support for Sefton’s Social Care Partnership in accessing funding, sharing training opportunities and information/resources.
• Support for provider forums (dementia and learning disability) and the workforce subgroup of the Learning Disability Partnership Board.

• Advice and guidance where appropriate and information sharing across the sector.

*Please note that due to the Councils financial position charges may apply to some programmes.

**Neighbourhood Co-ordination**

The Council’s Neighbourhood Co-ordination activity provides a link between Elected Members, residents and council services, working with all partners to ensure our residents receive the best services possible within the resources available and resolve any issues of service failure. Available support includes:

• Signposting to services within the Council and partner agencies

• Engagement with VCF organisations to promote future opportunities, develop collaborations and refer into relevant support infrastructure to ensure organisations within the VCF sector are able to compete within the emerging market structure

• Promoting an understanding of social value

• Supporting positive engagement with key organisations within local communities

• Leading and promoting Community Resilience enabling us to work with organisations within the community to develop approaches to supporting those experiencing transition between old and new models of care.

**Sefton CVS**

Sefton has a strong VCF and Social Enterprise sector and we work closely with Sefton CVS to engage with and support the sector. Existing VCF organisations, people considering starting a VCF organisation, or businesses wishing to better engage or work with the VCF sector can assess a range of support through Sefton CVS including:

• Programmes of customised technical support to build robust and sustainable charity and enterprise start ups and services to existing organisations, including business and financial planning support, fund sourcing and quality assurance.
• Support for VCF sector and Social Enterprise organisations through bidding support having generated £10 million in last 3 years from NHS, LA, national programmes and charity grant makers.

• Working closely with our statutory partners and commissioners providing capacity building support to VCF sector and Social Enterprises to identify gaps in local provision and shape services to meet local priorities and needs.

• Provision of back office services including community accountancy, pay roll, and access to affinity services through group insurances, utilities and HR.

• Accredited training and master classes covering the latest technical, policy and legal ‘know how’ for Charities and Social Enterprises ranging from devising Tender Toolkits, Consortia Modelling to Developing Quality Systems.

• Reaching over 1,000 local VCF groups and SE’s through our networks forums and grass root connections in communities and localities, through gathered sector intelligence and mapping, which enables VCF, partner agencies and businesses to connect and develop joint working relationships.

• Develop, construct both independent and led consortia, and collaborative within the VCF sector and Social Enterprise’s and with other sector providers as tender/. commissioning vehicles on a geographic and thematic footprint.

• Managed a city region learning and skills supply chain for 7 years which has secured funding, primarily through competitive bidding, to the value of £8.2 million with 82 VCF sector and SE’s delivering on consortium contracts.

• Host events and conferences to enable providers and purchasers to meet the market place.
Sefton Council currently spends £93 million per annum on the provision of adult social care services and the Authority is committed to providing high quality services to meet both the current and future needs of local people.

In November 2012 we produced our Corporate Strategic Commissioning Framework which sets out how the council will do business in the future (the principles of which can be found on page 12) and a link to the full document in portable document format (PDF) can be found under “Useful Links” later in this document.

In carrying out procurement and commissioning activity the authority is governed by certain internal, national and international rules and regulations which are often linked to the value of the contract involved:

• The local rules are known as AUTHORITY CONTRACTS PROCEDURE RULES
  

• The national rules are known as BEST VALUE
  
  Whilst there is no general requirement for local authorities to tender specified services, we have a duty under the Best Value guidelines set out by the Government, to ensure our services are competitive and are delivered by the best providers in that area. When a service is tendered there are various procedures we must follow to ensure the whole process is transparent, auditable and reasonable, in line with UK Contracts Regulations.

• The international rules are known as EUROPEAN PROCUREMENT RULES
  
  The Official Journal of the European Union (OJEU) is the only periodical published every working day in all official languages of the European Union (EU). This easy to use service allows you to access thousands of new UK and European business opportunities as well as monitoring your competitors’ activities.
For more information on doing business with the council visit:

Sefton Council also offers a range of business support services via Invest Sefton which includes; help with business plan development, finding business sites and premises, identifying funding (as well as providing financial assistance in certain circumstances), dealing with Sefton Council easily and much more. For more information on these services visit the Invest Sefton website at:  
http://www.investsefton.com/

In striving to improve the availability of information, tender advertisements are published on the e-business portal (known as The Chest):


The Chest has been adopted across Merseyside and the North West Region to bring together buyers and suppliers making it easier for businesses to find out about new sources of potential revenue and to grow and develop to the benefit of the local economy.

Official Journal of the European Union - Where a contract is valued in excess of the relevant EU Threshold, dependent upon whether the contract is for Supplies, Services or Works, a Contract Notice will also be placed in the Official Journal of the European Union (OJEU).

This OJEU is available in CD-Rom format and should you wish you can subscribe by telephoning The Stationary Office (HMSO) customer services on 0870 242 2345.

You can also subscribe online through the HMSO’s website:

Alternatively contract notices are also published in electronic format and may be accessed via an electronic on-line service entitled ‘Tenders Electronic Daily’ (TED) at:
Useful Links

Sefton Directory of Social Care Services
http://www.seftondirectory.com/kb5/sefton/directory/home.page

Sefton Council business webpage: http://www.sefton.gov.uk/1110

Applying for planning permission:
www.sefton.gov.uk/planning-building-control/apply-for-planning-permission.aspx

Invest Sefton: http://www.investsefton.com/


Sefton CVS: http://www.seftoncvs.co.uk/


Corporate Commissioning Framework:


Adult Social Care Outcomes Framework:

The statistical information contained within this document was supplied by Sefton MBC Business Intelligence & Performance Team and obtained from the following sources:

Sefton Strategic Needs Assessment:

POPPI: http://www.poppi.org.uk/

PANSI: http://www.pansi.org.uk/
For information on support offered by Sefton Council please contact:

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<tr>
<th>Service</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Planning</td>
<td>Alan Young</td>
<td>051 934 3551</td>
<td><a href="mailto:Alan.young@sefton.gov.uk">Alan.young@sefton.gov.uk</a></td>
</tr>
<tr>
<td>Housing</td>
<td>Neil Davies</td>
<td>0151 934 4837</td>
<td><a href="mailto:neil.davies@sefton.gov.uk">neil.davies@sefton.gov.uk</a></td>
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<tr>
<td>Business Support</td>
<td>Gavin Quinn</td>
<td>0151 934 3444</td>
<td><a href="mailto:Gavin.quinn@sefton.gov.uk">Gavin.quinn@sefton.gov.uk</a></td>
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<td></td>
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<td><a href="http://www.investsefton.com">www.investsefton.com</a></td>
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<tr>
<td>Leisure</td>
<td>Simon Burnett</td>
<td>0151 934 2356</td>
<td><a href="mailto:Simon.burnett@sefton.gov.uk">Simon.burnett@sefton.gov.uk</a></td>
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<tr>
<td>Training &amp; Development</td>
<td>Kim Squire</td>
<td>0151 934 2483</td>
<td><a href="mailto:Kim.squire@sefton.gov.uk">Kim.squire@sefton.gov.uk</a></td>
</tr>
<tr>
<td>Neighbourhood Co-ordination</td>
<td>Chris Jones</td>
<td>0151 34 3453</td>
<td><a href="mailto:Christina.jones@sefton.gov.uk">Christina.jones@sefton.gov.uk</a></td>
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