

ADULT SOCIAL CARE MARKET POSITION STATEMENT



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Introduction

Purpose

This document is aimed at existing and potential providers of adult social care and support.

It aims to maintain and improve dialogue with providers, people who use services, carers, and others. We want to stimulate a diverse, active market of high quality.

This is a key part of shaping what kind of place Havering is, where people with care and support needs, their families and carers, are included and supported in making choices that sustain their independence.

This Market Position Statement lays out the direction of travel and future needs of Adult Social Care (ASC) in the London Borough of Havering.

The key theme is a focus on supporting people in maintaining their independence, ultimately reducing the need for health and social care services. For each group of service users the document lays out the current market place and commissioning intentions.

Strategic Direction of Travel

The joint vision for the London Borough of Havering and the Integrated Care System is expressed in the Joint Health & Wellbeing Strategy as working together so:

“everyone in Havering enjoys a long and healthy life; and has access to the best health and social care services”.

4 pillars are identified within the strategy:

- The wider determinants of health
- The communities we live in
- Lifestyles & behaviours
- Health & social care services

The Health & Wellbeing Strategy for Havering, provides the platform for Adult Social Care’s market position statement.

Delivery against the pillars of the HWB strategy depends on the providers that we work with and their day-to-day interface with the vulnerable people we are looking to support.

Commissioning in Havering works in partnership with our providers.

Strategic commissioning goals include Prevention; Personalisation; and Integration and Partnerships. These can be delivered by the provider market aligning with the aspirations of the local authority and health partners. They will resonate throughout this document and in each particular area be a feature of the relationships we wish to build with a high quality and diverse market.



Prevention and Managing Demand

The Council recognises that drivers of demand have to be identified and addressed to prevent increasing costs.

Commissioning for Better Outcomes

Havering commissions services by focusing on outcomes, both at a personal level and in wider service contracts that ultimately promote prevention, independence, personalisation and choice. The approach also looks at wider benefits possible from commissioned services. For example reducing social isolation could be an additional outcome targeted within a domiciliary care contract. Improved health outcomes will also be considered as we commission services.

Working in Partnership and Co-production

For Havering to realise these ambitions we need to truly adopt the principles of partnership working and co-production.

We want to work closely with the market, adults with care needs, carers, health, other council services and neighbouring local authorities.

Overview

Our direction of travel is reflected in each chapter below.

There may be differences in how we complete the journey with providers, but the outcomes required will remain consistent.

We generally want to work with partners who:

- ❑ Adopt a whole family approach to services.
- ❑ Wish to innovate – we will support those to innovate where it supports prevention and increases independence.
- ❑ Are prepared to work closely with other organisations and partners.
- ❑ Have high quality standards and publish the results of their independent monitoring.
- ❑ Can demonstrate their understanding of demand in Havering and how this changes over time.
- ❑ Are able to show the impact of their activities.
- ❑ Can clearly demonstrate the wider social impacts of interventions and their impact on wellbeing.
- ❑ Do not overlap or duplicate other services



Context

Having operates in a wider context, influenced by legislation, national strategies and guidance. The Care Act, the Better Care Fund and the Social Value Act, are but a few, influencing significantly what and how we commission.

Responding to the Care Act 2014

The Care Act 2014 requires local authorities and providers to:

- ❑ Promote wellbeing.
- ❑ Prevent or delay the need for care and support.
- ❑ Promote choice and control to help people plan their care and support.
- ❑ Ensure carers have an assessment in their own right.
- ❑ Improve information and advice, including access to independent advocacy.
- ❑ Shape the market to promote quality services, sustainability and choice.
- ❑ Manage risks in provision, including financial, safeguarding, and provider failure.

We need to listen to providers to effectively shape service provision for those who the

council support and those who fund their own care and support.

The Better Care Fund (BCF) and Integration with Health

The BCF ensures that health and social care work collaboratively to integrate services. The Council, along with two local authority partners, Barking and Dagenham and Redbridge, and the Integrated Care System currently produce a joint BCF plan that allows for individual priorities but also makes the most of joint opportunities. We have worked together to design schemes and improve outcomes through integrated working. The three BCF priorities are to:

1. Enable people to stay well, safe and independent at home for longer - Targeted Out-of-Hospital Care:
 - ❑ To support people with higher care needs to get as great a level of independence as possible
 - ❑ To support people to remain well in the community, maximise independence and reduce admissions
2. Provide the right care in the right place at the right time:
 - ❑ To support safe and timely discharge from hospital and support a home first approach

3. Market Stabilisation:
 - ❑ To support the stabilisation of the care market and respond to winter pressures

Providers are essential in achieving the objectives within all of these priorities.

Governance of this process is through the BCF chaired on rotation by each of the partners to the plan, ultimately reporting to the Health and Wellbeing Board.

Social Value Act

The Public Services (Social Value) Act came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

Before the procurement process is started, commissioners should consider whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, finding new and innovative solutions to complex problems. For example the development of volunteers might be something that would be expected when a service is tendered.

People at the Heart of Care: Adult Social Care Reform

From October 2023, no one will be forced to pay unlimited and unpredictable costs for their care, giving them the certainty and peace of mind that this government will step in and look after those most in need of support.

The vision for adult social care puts people and families at its heart by:

- ❑ offering people choice and control over the care they receive
- ❑ promoting independence and enabling people to live well as part of a community
- ❑ having a committed social care workforce, who deliver the outstanding quality care that they want to provide
- ❑ recognising unpaid carers for their contribution and treating them fairly



Locality & Demographics

Havering is the third largest London borough, covering some 43 square miles. It is located on the northeast boundary of Greater London.

According to the latest mid-year estimates the population of Havering is 262,022. This represents a continuing increase in population, largely from migration from other local authorities.

The population is older in comparison to most other London Boroughs with around 46,192 residents aged 65 and over, with a median age of 39.4 years, higher for London (which increased to 35.9) but lower than England (which also increased to 40.5).

Most notably, growth in the 85+ age group over the last 10 years saw an increase of 14%. This was higher than for London (12%) but lower than England (17%).

This is of particular importance as this age group are the most likely to require both social care and health services.

In addition, Havering has experienced the largest net influx of children across all London boroughs, the majority originating from other outer London boroughs.

In the context of public sector finances, this projected increase means that Havering Adult Social Care (ASC) and the Council need to think differently about the kinds of services required to meet and reduce demand in the future. It does not mean we will be planning for an increase in services that respond traditionally to an ageing population, such as care homes. Instead, we will promote preventative health sustaining services and those designed to increase and maintain independence and keep people at home, such as Telecare.

The table below shows how the overall population of Havering is expected to increase.

	2011	2021	2030*	2035*	2040*
Total population	237,927	262,022	278,080	284,676	291,252
Population aged 65 and over	42,557	46,192	53,037	56,730	59,444
Population aged 85 and over	6,136	7,011	8,205	9,679	10,137
Population aged 65 and over as a proportion of the total population	17.89%	17.63%	19.07%	19.93%	20.41%
Population aged 85 and over as a proportion of the total population	2.58%	2.68%	2.95%	3.40%	3.48%

* ONS 2018 Sub national population projections released 24 March 2020 (new local authority population projection taking account of census 2021 not available until mid 2023)

Ethnic Composition

Havering is predominantly White British (66% from the 2021 census) and although it is one of the least ethnically diverse London boroughs, it has seen the highest percentage increase in minority ethnic groups (including non-British white groups) doubling from 17% to 34% between the 2011 and 2021 census.

Of these groups the largest is Asian, which constituted 10.7% of the total population. This compares to a mean of 36.8% white British population for London and 74.4% for England. In addition the Schools Census recently reported that nearly 33% of school pupils in Havering were from non-white ethnic groups.

This raises issues for the ASC market, in particular:

- The need for – and provision of – ethnically appropriate services
- The incidence and prevalence of certain long term conditions varies according to ethnicity and these can give rise to an increased need for Social Care services.

Population Growth & Deprivation

The population has increased year on year from 2002, with a 16.4% increase from 2002 to 2021. It is also projected to increase from 262,022 (in 2021) by 6%, 9% and 11% to 278,080 (in 2030), 284,676 (in 2035) and 291,252 (in 2040), respectively. The largest increases will occur in children (0-17 years) and older people (65 years and above) up to 2030.

There are also significant differences in deprivation levels within Havering.

This is illustrated in the map of Havering where there are pockets of significant deprivation to the North (Gooshays and Heaton wards) and South (South Hornchurch ward) identified as within the highest 20% most deprived.

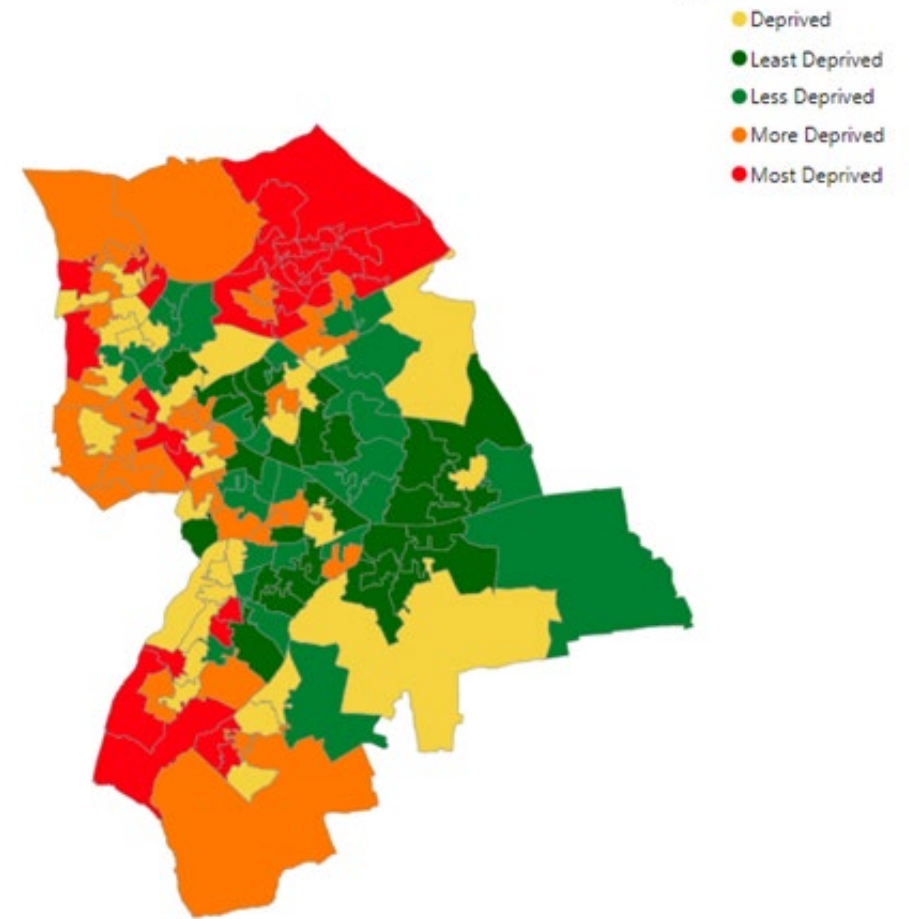
Increasing population puts more demand on Havering services and budgets. Havering contends that there is little government recognition of the additional burden this has placed on Havering and wider public service budgets in the locality.

With increased financial pressures (laid out in the section on Financial Context below) falling on Havering because of the particular way funding is calculated, the ability to satisfactorily respond to increasing demand for services (as evidenced throughout this document) is going to be a significant challenge.

Whilst Havering's older people are more affluent than mean averages, Gooshays and South Hornchurch fall into the 10% most deprived areas in England and a further 11% fall into the 20% most deprived areas in England.



IMD 2019 Quintiles within Havering



Financial Context

Havering is facing increasing financial challenges. The cost of provision of council services has risen dramatically due to sharply rising inflation rates and increases generally in the cost of living, driven by world economics and the impact of the war in Ukraine. The current economic situation has developed whilst the Council is still recovering from the aftermath of 10 years of austerity and the COVID pandemic. During the austerity period, from 2010 onwards, Havering suffered significant cuts to its funding. Havering's revenue support grant reduced in real terms from around £70m to only £1.5m in 2022/23.

During this period the Council had to make substantial savings in order to balance the budget and cover the loss of central grant. This process did make the Council more efficient but makes it more difficult to find further savings from an already low cost efficient position.

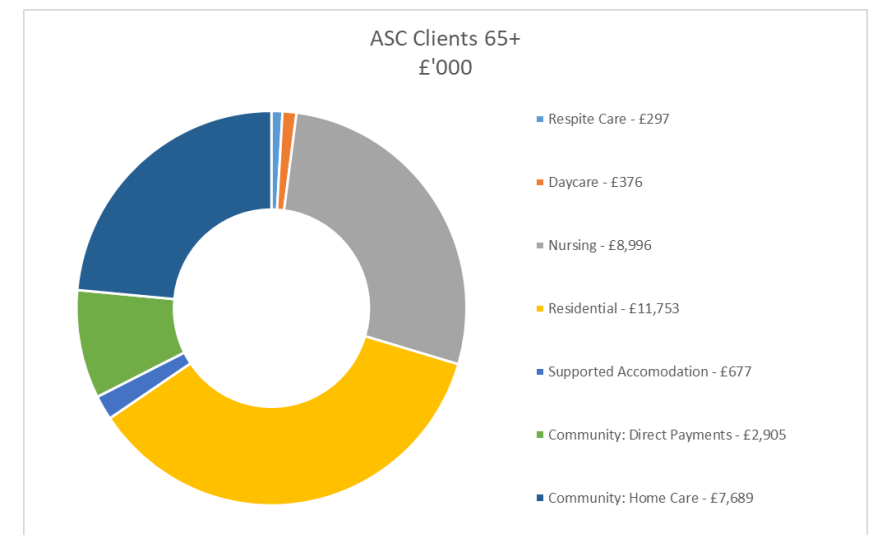
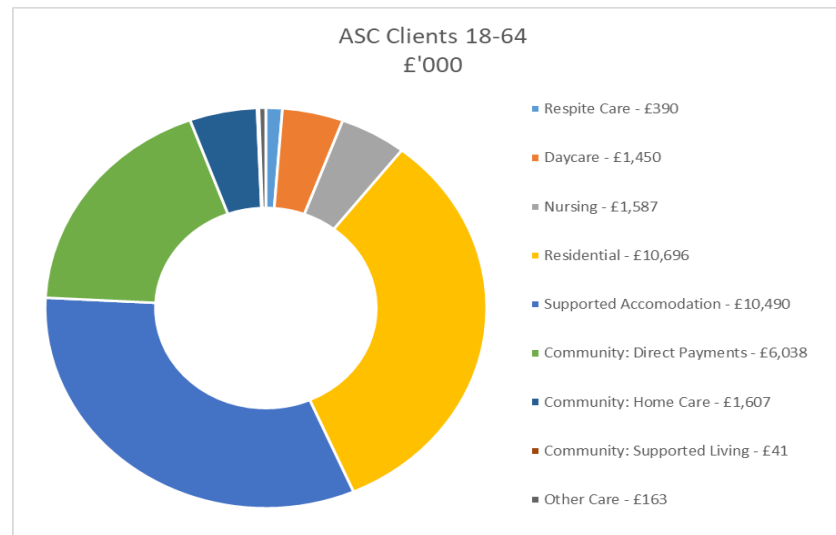
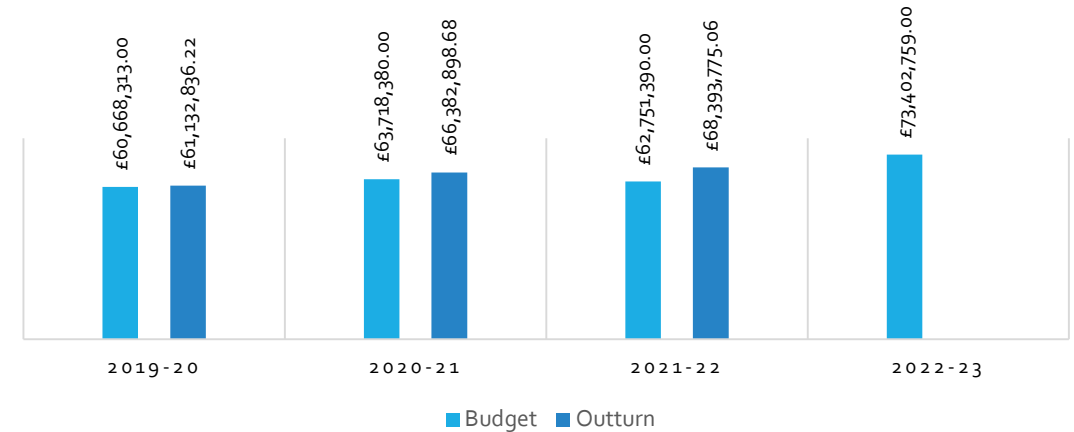
The 2022/23 budget was set at a time of much lower inflation and, unsurprisingly, Havering like many other authorities have a significant reported in year pressure for 2022/23. The 2023/24 budget process therefore needs not only to project and fund future demand but also to address the current year overspend that emerged over the course of 2022/23 due to factors such as greater complexity and inflation.

The February budget report to Cabinet sets this position out in detail and identified a £31.1m funding gap over the next four years in order to be able to deliver Council Services.

The Government have recognised the pressures local Government is facing and the recent financial settlement has brought welcome extra funding to partially mitigate the Social Care pressures the Council is facing. The extent of the pressures built up over 2022/23 has meant that even with this cash injection the Council has had to identify over £10m of further savings and efficiencies in order to balance the budget.

Havering's key aims and objectives over the next four years are set out in the Council's Corporate Plan. The budget and the Medium Term Financial Strategy underpins the values and objectives set out in that paper and sets out the necessary steps to deliver a balanced budget and enable those key objectives to be realised.

ADULT SOCIAL CARE NET BUDGET AND OUTTURN 2019-20 TO 2022-23



Quality & Safety

For all service provisions, quality and safety underpins all our intentions. Havering council is responsible for monitoring the standard of care and support services delivered, whether directly commissioned or not, to ensure services are safe and of a good quality.

The Havering Quality Outcomes Team works collaboratively with providers to acknowledge good practice and to ensure that services are safe, deliver high quality outcomes to service users and evidence compliance with regulatory and contract requirements.

The team work with a range of individuals and organisations including care practitioners in the community and a variety of teams and organisations within and outside the council. These include the Quality & Surveillance Group with health partners, Hospital Assessment Community Review Team (HACR), the Safeguarding Team within the Council, reporting where necessary to the borough Safeguarding Adult Board, Healthwatch Havering and the Care Quality Commission.

The team also regularly speak to service users and their families or advocates to obtain their views about what is positive and what improvements may need to be made.

Regular forums and meetings are held to exchange information and ensure providers are fully informed with regard to expectations. Visits to providers are conducted on a regular basis and where there are concerns and additional support is needed, visits may be more frequent with additional meetings conducted to understand the improvements required.

The team completes a verification process for new supported living provisions. It is the responsibility of the provider to liaise with Planning and Licensing Departments to ensure provisions have the appropriate House in Multiple Occupation (HMO) and change of use certificates.

A range of sanctions can be applied where there are continued concerns, including suspension of placements. Should a suspension or embargo be implemented, this is communicated to other Councils and authorities and kept under close review while the team work with the provider.

Where providers leave the market, by choice or where they are unable to deliver their service to the required level, Havering has guidance in place which outlines the measures that will be taken to protect the interests of residents and the council.

This policy is developed with input from providers and stakeholders.

All providers in the Borough, whether they are regulated or not are required to fully comply with requests from the Quality Outcomes Team and to provide information and documents within agreed timescales. This is essential given the Council's duties under the Care Act to facilitate a sustainable market for high quality care and support, whilst managing provider failure and service interruptions regardless of how services are funded.



COVID-19

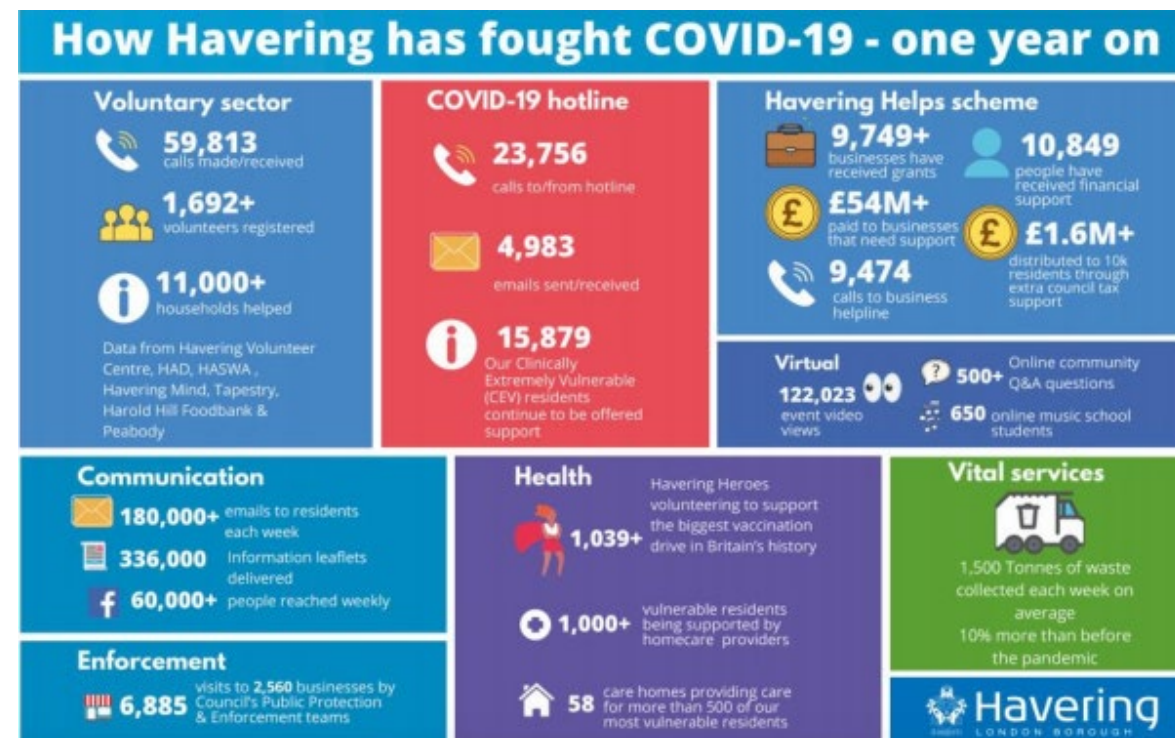
The Joint Commissioning Unit (JCU) were required to deliver a Provider Emergency Contact Centre (PECC) role from the beginning of the Pandemic in March 2020.

The PECC responsibilities are briefly outlined below:

- ❑ **Provider communications:** To contain outbreaks in the provider market the JCU were required to maintain proactive communications with all care providers in Havering (and beyond where Havering residents are cared for out of borough). This was needed to ensure that they were able to continue to provide care as required to their service users within outbreak control guidance and in adherence to Standard Operating Procedures (SOPS) designed to manage risk.
- ❑ **Protect service users:** To try and protect service users by ensuring care was provided in line with SOPS and national guidelines and managed risk of outbreaks.
- ❑ **Hospital Discharge Pathway:** Ensured that the flow from the hospital into the care market paid due regard to the COVID-19 hospital discharge process – and ensured safe, swift and effective transfers of care that minimise the risk of outbreak.

- ❑ **Capacity in the Care Market:** The JCU worked with partners across health, the provider market and local boroughs to maximise the capacity available that was able to take projected and potential numbers of COVID-19 safe provisions. It also ensured that those venues that were not specifically COVID-19 safe operated in ways that met outbreak control standards. There was also a requirement to work with the care market to try and ensure there is capacity for projected demand.
- ❑ **Personal Assistant Market:** There was a need to manage Havering's extensive PA market and we ensured that they were aware of, and operated within, SOPS.
- ❑ **Personal Protective Equipment:** Ensured that PPE was available for all social care and support providers in Havering, being clear about messages and availability.
- ❑ **Finance:** Ensured the flow of payments to all service providers was maintained in a timely way and reduced the time between receipt of invoice and payment wherever possible.
- ❑ **Internal Communications:** Ensured that JCU communications were effective and supported all those in the JCU that were contributing to or giving advice about outbreak control.

- ❑ **Stakeholders:** Made links and supported colleagues across the Council to ensure that they both understood the purpose and activities of the JCU but could also work with the JCU where necessary on any element of outbreak control (e.g. the distribution of PPE).



Havering Care Association & NEL CPV

Havering Care Association has existed for about 20 years, initially supporting elderly care home providers and more recently domiciliary care, LLD and Mental health services.

Over the last 7 years the Local Authority and the Association have been keen to build a closer partnership which recognises each others' challenges, accepts neither party can get all its own way, but together we are stronger and better placed to service our communities and residents for effectively, ensuring everyone can access good quality care.

Providers are not just commissioned services, but an integral part of a well functioning integrated care system. Which is why as an Association we welcome the Local Authority bringing in a private sector trusted organisation who are well established in fee modelling to support the fair cost of care modelling. The open and transparent way they have tackled the thorny issue of fees and their intent to sow provider engagement into all of its work may it be the Quality Assurance framework through to the expectation that providers will join HCA through the recently enacted Dom care framework.

Havering Care Association represents providers on the Borough Partnership, the safeguarding board and more recently members have been appointed to the Havering clinical and care leadership team, ensuring providers can influence how services develop in future for those who use their service.

Provider Offer

Havering Care Association is a membership group for providers who offer CQC services in the borough.

Members get access to the following offer:

- ❑ Trusted Assessor based in Queens and King Georges hospital, with a remote offer across all other North East London Hospitals.
- ❑ Provider meetings
- ❑ Managers meal
- ❑ Residents Christmas party
- ❑ WhatsApp group
- ❑ Free membership to the Institute of Health and Social Care Management

Havering Care Association is part of Care Providers Voice North East London which focuses on recruitment, resources and representation for providers. All providers get free access to the following offer.

- ❑ Free access to grey matter learning, which is an online training platform accredited as skills for care excellence. There are over 120 courses in 110 languages.

- ❑ Free access to job brokers service to support recruitment.
- ❑ Support with Nursing and nurse associate placements.
- ❑ Support with placements for those completing diplomas.
- ❑ Access to their sector-based academy
- ❑ Free access www.cpvnel.com and their provider portal, where you can advise roles, find useful documents and information about social care.



CARE PROVIDERS' VOICE

cpvnel.co.uk



Integrated Services – Havering Borough Partnership

A place based partnership that will form the foundation of the BHR Integrated Care Partnership and wider North East London Integrated Care System.

The Havering Borough Partnership brings together the NHS, local government and providers of health and social care services, including the voluntary, community and social enterprise (VCSE) sector, Care sector, residents and communities. The key purpose is working together to ensure the Health and Wellbeing needs of our communities are met, with the citizen's needs at the heart of everything we do.

Havering partners are working to develop a strong and ongoing relationship with local people and staff, so we co-design our priorities and plans, ensuring that we are able to improve services in a way that will truly improve lives across the borough.

Through this we will:

- Understand and work with communities more closely
- Join up and coordinate services around the needs of local people
- Address social and economic factors that influence health and wellbeing
- Support improved quality and sustainability of local services

The partnership is in the early stages of development, but already has strong buy in from partners, and is committed to better meet the needs of local people, and in particular to reduce health inequalities.

In Havering, the partnership is the bedrock of integration of health and care services; with local 'neighbourhood' teams of health and care staff working much more closely with the community and voluntary sector and primary care networks – GP practices working together in their areas – to improve the way that care is delivered to local people. Through this approach local people will receive more seamless care, tailored to their needs.



Direct Payments

The Marketplace

The table shows net expenditure in 2022/23 on direct payments among different client groups. The majority of spend is in the older people market which includes all client groups over the age of 65, however there are more registered direct payment users with a physical disability as a proportion of those receiving services than any other client group.

Expenditure has been steady / growing over the past few years, which is an indication that residents are benefitting from self-directed support, and that it may be helping to achieve more choice and control, something that Havering intends to expand upon.

Commissioning Approach and Intentions

Havering is committed to increasing the number of people who have self-directed support. To achieve this, the commitment is to:

- Reviewing the DP rate to ensure that it is sustainable and offers residents choice and control
- Reviewing options to procure a new pre-paid card offer to give DP users greater choice and control.
- Continue to support personal assistants to train and become specialists in their field.

The implications for the market will be increased opportunities to respond to the demand that comes from individuals looking for choice in services that meet their outcomes.

It will also mean the development of an extended and high quality personal assistant market and we will be looking to further develop regulatory arrangements to ensure quality for service users.

Our approach to contracts will recognise that our long term aim is to increase personalisation and micro commissioning.

There are many interdependencies involved in taking personalisation forward. It is therefore intended that a programme of activities is initiated that will address some of the issues that are preventing the development of the market in Havering.

Social Inclusion

A large number of adults each year attend day services as part of a support package to meet their eligible social inclusion needs.

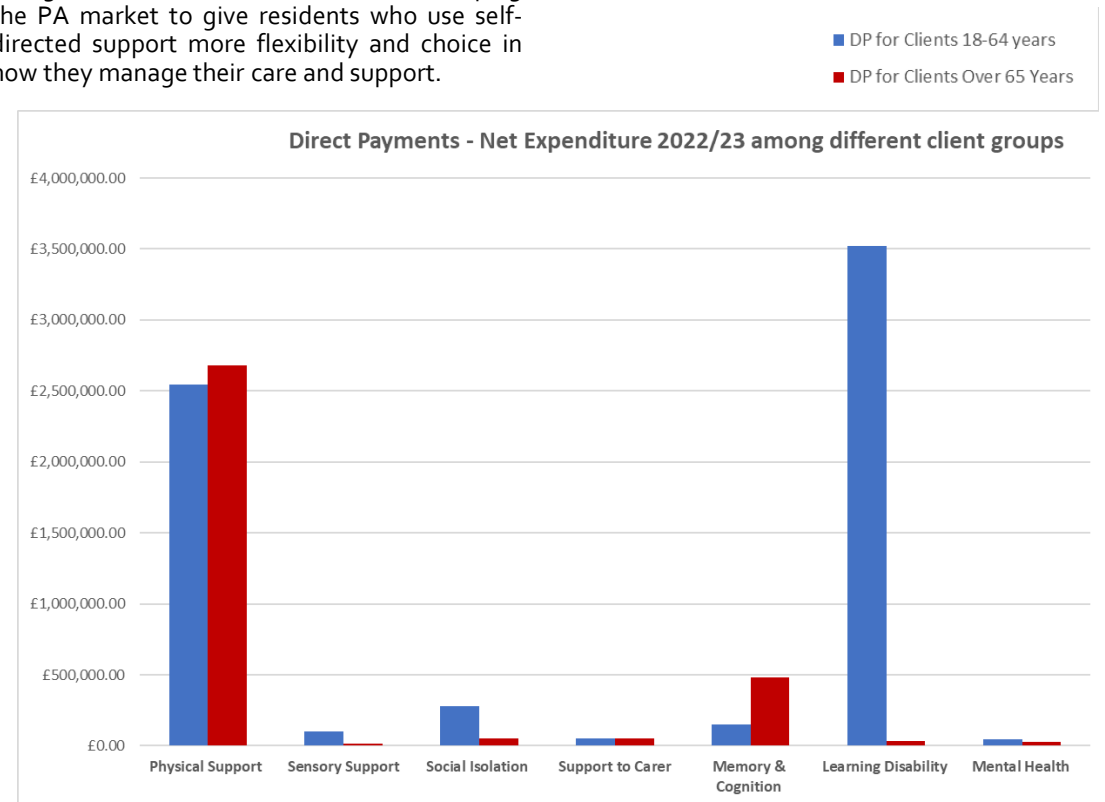
We want to see a much wider and flexible range of services available to meet individual needs and to reduce the need for Havering to take an active role in managing placements into day services through increasing uptake of personal budgets for both service users and carers.

This will allow the market to develop services that are more person centred to meet individual outcomes.

Personal Assistants

We have continued to develop the Personal Assistants market over the past few years. Going forward, we want to continue developing the PA market to give residents who use self-directed support more flexibility and choice in how they manage their care and support.

In addition, the intention is to identify, recruit and accredit personal assistants to provide specialist services for adults and children with complex needs.



Reablement

The Marketplace

Reablement services are designed to assist residents in remaining independent following crisis, mitigating against the need for further support. Reablement provides better outcomes for individuals and allows them to remain in their own accommodation.

Havering's reablement service is delivered by Essex Cares Limited (ECL) with the overwhelming majority of referrals coming in via the hospital. Of those that have engaged with the service, an average of 85% require no further ASC funded care at the end of the service. Demand on the service has grown, for example an average of 1248 hours per week were delivered between October 2022 and January 2023, when the estimated demand was 700 hours when commissioned in 2019.



Commissioning Approach and Intentions

The current contract with ECL began in 2019 and has been extended until 2024. We have been working in partnership with the hospital trust and Integrated Care Board to implement a Home First model, supporting the discharge flow and improving outcomes.

We are currently planning for the recommissioning of the service after the contract ends in 2023/24 in partnership with the ICB, hospital trust and other key stakeholders. The service commissioned will ensure a holistic and coordinated offer at point of discharge for Havering's residents.



Homecare

Marketplace

There are currently 1784 adults receiving Council funded homecare 85% of which are over 65. Care providers are delivering on average 17.25 care hours per week. Demand for homecare has remained and the complexity of need has increased. For example the average number of hours received per person is currently 17.25 hours per week up from average of 16.5 hours per week per person in 2021.

Our drive is to support people to remain at home for as long as possible and supporting people to leave hospital earlier in their recovery journey. These initiatives are designed to support increased independence and delay or reduce the need for residential care.

From 2017 to 2022 the Council commissioned the 'Active Homecare Framework' dynamic purchasing system (DPS). This framework allowed providers to join the framework at any time by successfully completing the evaluation process. This resulted in a significant reduction in care packages placed with providers outside the framework, provided a fair and transparent system to award packages of care, an automated audit trail for each referral and package award and increased intelligence around market capacity.

In 2022, building on the success of the active homecare framework DPS, the Council successfully commissioned the 'Homecare Light Touch Framework'.

The most significant change of this framework, meant it allowed the Council, at its discretion, the option to open competition to the market at any time during the lifetime of the framework to appoint more providers during the 4 year lifetime of the contract. There is sufficient capacity to meet current demand.

A total of 15 homecare providers were successful in joining the Havering Light Touch framework. The majority of them were incumbent providers already established in Havering.

Feedback

The Council has developed a method for understanding the outcomes for residents of the homecare service that they have received. A set of measures and questions have been developed in partnership with residents receiving homecare, their family and the Council. The Council now commission Health watch to contact a random sample of residents on a regular basis to get their feedback on the homecare service they have received. This has consistently shown positive overall satisfaction with the service.

Challenges

There are recognised sector wide problems with recruiting and retaining care staff but there are some Havering specific demands which have been identified. These demands include the geographical size of the borough, less urban

concentrations and certain areas being less accessible than others. The pool of people likely to go into care work are found more readily in neighbouring boroughs exacerbating the difficulties of recruiting in Havering.

Partnership working

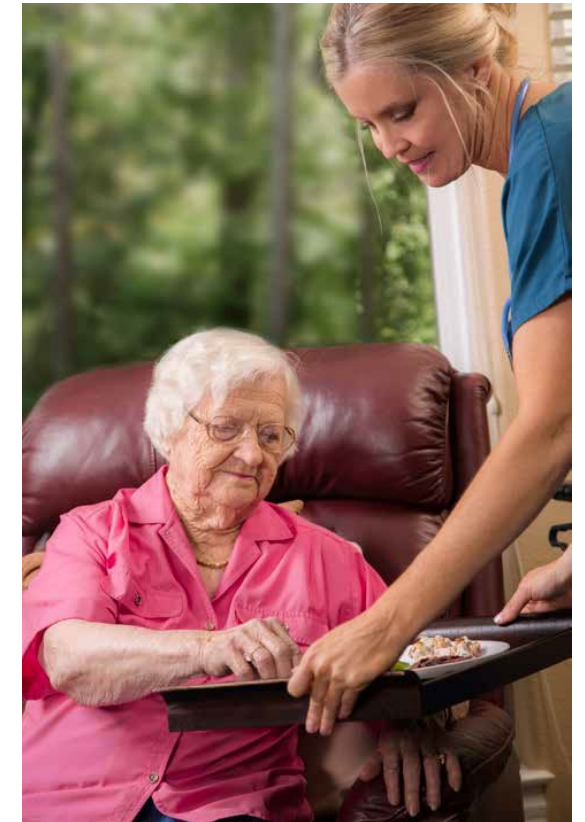
A strong relationship has been built between the Council and homecare providers in Havering. Regular provider forums are held with the aim of working together to make improvements to the system. Through this dialogue and listening to the issues faced by homecare providers the Council changed the way homecare is paid for by introducing in 2021 a minimum of payment of 30 minutes for every care visit, with more paid for longer visits. Also, the Council recently changed their policy to allow providers to implement their own call monitoring systems to record homecare visits.

The Quality Outcomes team are in regular dialogue with providers and notably provided a huge amount of support to providers throughout the COVID-19 pandemic. Through regular contract monitoring we continue to build relationships with providers so we can understand issues and work together to resolve them.

The Council recognises the importance of a strong provider voice in a robust and sustainable market. The Havering Council actively supports Havering Care Association/ North East London Care Providers Voice (independent association

to represent and put forward the views of social care providers).

The Council welcome and encourage providers to become members and to work with us to develop service provision in the future.



Extracare

The Marketplace

There are 3 Extra Care Housing Schemes in Havering which provide outcome focused care and wellbeing support services for residents that live there.

- Paines Brook Court
- St Ethelburga Court
- Dreywood Court

In line with the Care Act 2014, the Council has embraced the key aim of giving people control over their own care and believes that in extra care settings this is best expressed through a contract which gives all residents flexibility rather than by the roll out of personal budgets/direct payments which could lead to a proliferation of providers on the site which compromises the acknowledged synergies of the extra care model. Choice and control will be exerted by individuals by negotiating with the incumbent provider the shape and timings of delivery of care.

As outlined in the local Health & Well Being Strategy, the Council's vision is for residents to live long and healthy lives, have access to the best possible health and care services and support people to live as independently as possible. For Extra Care housing, the Council's vision is for quality housing for older people who wish to live independently with high quality care

and support services that promote well-being, meet individual needs, lifestyles and inclusive communities.

Commissioning Approach and Intentions

Havering, is committed to supporting older people to make choices through the availability of trustworthy options and continues to develop a range of services that seek to prevent dependency, encourage independence and promote an active lifestyle in later life, to enable greater numbers of individuals to remain as independent as possible within their own homes. Extra care housing is one of the range of options for people generally aged 55 and over who require some care and support but wish to retain the independence of living in their own home.

Extra care housing can provide a more intensive level of support than standard sheltered housing, normally with a 24 hour care team on site. Extra care housing may suit people who need a significant level of personal care or support, as well as those with relatively low support needs, but who are otherwise able, and wish, to live independently on their own.

An extra care housing scheme is a group of flats built on the same site, providing specialised accommodation with care and support services on hand 24 hours a day. Most of the supply in Havering is rented accommodation but there are some opportunities for shared ownership, and this is the case at Dreywood Court and

Paines Brook Court with flats available on a shared ownership basis.

There are a number of key features that distinguish extra care housing from residential care settings:

- people live in their own self-contained homes, which they have legal rights to occupy and which are underpinned by housing law.
- it is self-contained accommodation - one or two bedrooms
- couples are able to stay together
- residents come and go as they choose, in the same way as they would if living in the community
- the provision of care and support is separated from the provision of accommodation
- care and support is based on an individual assessment of needs and can be more easily tailored to the individual and the on-site staff are empowered to be flexible in their delivery of care and support.

Havering Council is committed to working in partnership with the Service Provider to ensure the delivery of an outcomes based care service which provides independence promoting care

and support to residents living in extra care housing; the active process of helping an individual to maintain skills, or gain new / alternative skills, confidence and independence.

Havering Council is committed to increasing the numbers of people being enabled (or reabled) to live as independently as possible, for as long as possible, in their own homes within extra care housing. The contractual relationship with the Service Provider is key to this, and the ongoing success and continual improvement of the delivery of the care and support service; achieving positive outcomes for local people, the Council and the local area in general and addressing priorities identified by the local Health and Wellbeing Board and Havering's Living Ambition.



Residential & Nursing Care – Older Persons

The Marketplace

There are 35 residential and nursing care homes (18 residential and 17 with the facility to provide nursing care) supporting predominantly older residents in Havering owned mostly by small local providers with some homes owned by larger regional providers. The Council currently directly fund 831 older people in these homes as of January 2023. This equates to 30% share of the placements. The remaining beds are either vacancies, filled by people who fund their own care or placements from other Councils and Health. Therefore, in Havering, the Council is not the main purchaser of care home beds.

Challenges

The ageing population and the local health economy means there is more demand for residential care. Initiatives to support residents to remain independent in their own home for as long as possible have led to higher levels of need when entering residential or nursing care.

There are a large number of residents who own properties in Havering and have the resources to fund their own care. This means many care homes in Havering target this area of the market meaning currently around 50% of care homes accept placements from the Council at the usual rates.

There are recognised sector wide problems with

recruiting and retaining care staff but there are some Havering specific demands have been identified and include a higher turnover of care staff in Havering, a large retail sector competing for staff at the lower end of the pay scale and the pool of people likely to go into care work are found more readily in neighbouring boroughs exacerbating the difficulties of recruiting.

The pressures faced by care homes include; increased business costs, new equipment, and additional insurance and increased staff training needs.

Commissioning Approach and Intentions

Throughout 2022/23 the number of vacancies in care homes has remained consistent. However there are a small number of residents presenting with complex needs that the market is unable to accommodate in borough.

The Council have been working with care home providers to understand costs and pressures. Provider forums have been designed to open up a dialogue between commissioner and provider on this subject. This has meant the Council is able to make better informed decisions about uplifts through improved understanding of the pressures in the market.

The Council recognise the importance of a strong provider voice in a robust and sustainable market. The Havering Council actively supports

Havering Care Association/North East London Care Providers Voice (independent association to represent and put forward the views of social care providers). The Council welcome and encourage providers to become members and to work with us to develop service provision in the future.

Through pathways such as discharge to assess the intention is to make no long term decisions about care in an acute setting.

For those residential and nursing care homes currently providing services in the borough we value and appreciate the services provided. We are committed to working together to balance the needs for efficiency in the current financial climate and the quality services we want to see provided for vulnerable older people.



Residential & Nursing Care - Disabilities

The Marketplace

Only two of the 35 residential care homes in the borough regularly accept PSD service users under 55 years on a permanent or respite stay basis. The Council currently directly fund 165 people in these homes as of January 2023.

In Havering these types of services are predominately older people focused and are not appropriate for younger adults; because of this some people opt to move into small residential accommodation outside the borough with more specialist or tailored support that is more appropriate to their needs.

- ❑ 10 out of 12 PSD service users under 55 years are placed in residential accommodation outside of the borough
- ❑ 4 out of 5 PSD service users under 55 years stay in respite out of the borough

There is a gap in the market for specialist and flexible residential care homes for those with complex or challenging behaviour.

Funding

Many care placements for people with disabilities are jointly funded between Health and Children's / Adults Social Care. These placements are procured through the Complex Dynamic Purchasing System. This is a

framework of providers which provide a range of community and residential services.

Commissioning Approach and Intentions

The Council expects providers to apply to join the Complex Placements Dynamic Purchasing System (DPS). The 'Complex Placements DPS' is the name for a type of framework (this process is known under Procurement law as a Dynamic Purchasing System (DPS) which is a variation to the standard framework agreement. It allows for a number of Suppliers to be appointed to deliver services of a similar nature by successfully completing an application process. The Complex Placements DPS involves the provision of services for children and adults with complex needs including learning disabilities.

It is necessary for providers and staff of those services to be fully equipped to provide the specialist service required. If this is not the case, staff from Health and Adult Social Care services can be drawn in to supporting those services drawing on scarce resources.

We will also work closely with clinical care leads in the planning and monitoring of residential care provisions to ensure they are fit for purpose, now and in the future and ensure the availability of residential accommodation for those with disabilities and complex needs.

Adults with care needs in out of borough placements may benefit from more local

accommodation. We will continue to look for suitable provision that is capable of accommodating those adults. We would like to have provision that prevents the need for moving out of borough in the first place.

In the longer term we would like to see more residential care homes in Havering to enable people with physical and sensory disabilities to stay in the local community and for that provision to be consequently more cost effective.



Supported Living & Shared Lives

Supported Living

Supported Living arrangements aim to deliver targeted housing related support services to increase individuals' independence and skills by reducing dependency over a period of time. This should therefore increase the independence of the adult and reduce the amount of paid and unpaid support that they need. This enables people to try new things, allows the provision of care and support in their own homes and may support people to move-on to more independent forms of accommodation.

The Supported Living Service operates across five schemes offering accommodation for 29 service users in either single person flats, or shared houses.

Commissioning Approach

The current vision for the Council's Adult Social Care Services is, 'Supporting excellent outcomes for the people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence'. Procuring this service therefore aligns with this vision by supporting mental health clients to become more independent in relation to their housing, health and social care. This will be achieved by adopting a holistic approach to service delivery so that service users develop the necessary knowledge and skills to live as independently as possible, while managing their mental health.

The 3 key priorities in achieving the vision are:

- preventing, reducing and delaying the need for care and support through effective demand management strategies
- better integrated support for people most at risk quality of services and patient experience.

Furthermore, the joint Council and CCG's Health and Wellbeing Strategy has a strategic priority to 'Provide the right health and social care/advice in the right place at the right time'. In this section of the strategy, the Council and CCG commit to working to reduce the number of unplanned and unnecessary hospital admissions, the frequency of admissions and the average length of stay in hospital. As a result, Havering Council and the CCG want to commission services differently, focusing on outcomes, both at a personal level and in wider service contracts that promote prevention, independence, personalisation and choice.

In Havering, there is a clear need for this service in terms of continuing to support the step down of a highly vulnerable group of individuals who are moving from in-patient care or other types of supported accommodation. Providing this support will ensure that both the Council and CCG avoid and reduce hospital admissions and expensive residential placements.

Shared Lives

The Shared Lives contract helps people to live at the heart of their communities, as part of an ordinary household; living independently, but not alone.

The contract provides the provision of:

- long-term accommodation and support
- short term respite services
- day support for people with eligible needs for adult social care or for those who self-fund their care services.

Commissioning Approach

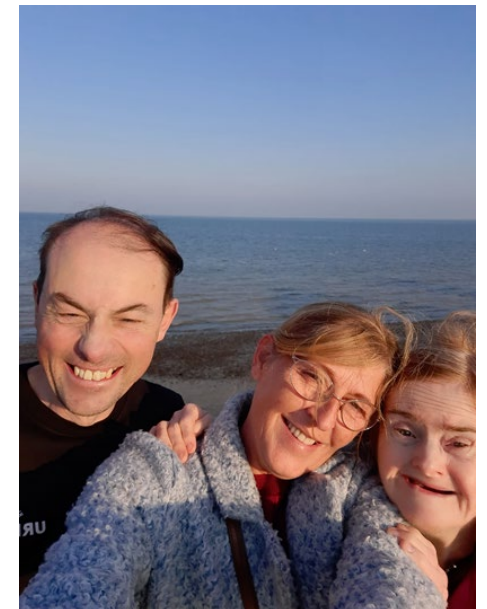
There are four tiers to the delivery of outcomes and who they benefit. These are:

- Individual Outcomes: To be determined by the service and the client in their person-centred support plan
- Service Level Outcomes: Outcomes that are specific to service delivery, the provider and key stakeholders
- Strategic Outcomes: High level outcomes that all health and care services will contribute towards

- Social Value Outcomes: High level outcomes that all public and private services should work towards in promoting social value

Havering currently has 19 clients in long term placements with shared lives and 3 clients with complex support needs who use shared lives for regular respite.

We plan to continue to grow the shared lives offering by recruiting more shared lives carers and offering more planned respite placements.



Supported Housing

The Marketplace

Havering have many obligations in ensuring that vulnerable residents have adequate accommodation as well as appropriate support to meet their desired outcomes.

In 2021, a bespoke report was commissioned from the Housing, Learning and Improvement Network (LIN). The report covered housing needs in Havering for the older population, those living with mental health issues, single homelessness, ex-offenders and residents with substance misuse issues.

The level of need for vulnerable young people and adults with disabilities was reflected in an additional report, commissioned by the Joint Commissioning Unit. Both reports were used to assist in informing the authority as to the housing needs of vulnerable children and adults and the subsequent strategy. Below is a broad outline of the current available provision and extra accommodation as set out in the strategy.

Further information can be found in the strategy document listed.

The table below is a snapshot and is indicative

Cohort	Available units/schemes	Additional need (units)
Older people (65+)	1600	880
People with mental ill health	7 schemes	96
People with a learning disability	303 placements made	66
Young people (care leavers)	Circa 30 units (Council Owned)	Circa 108
Children with disabilities	0	8
Single Homeless people	130	130
People with substance misuse issues	5	45
Domestic abuse	23	23
Offenders and ex-offenders	5	Circa 20

of demand over the coming years. It will fluctuate and change as time goes by but illustrates that there is a need to respond to the growing demand in this area of the market.

Currently, the market and associated accommodation costs are subject to significant cost pressures, which are passed on to local authority budgets that are themselves under pressure. Where there is a requirement for emergency placement for a vulnerable service user, this can often result in costly arrangements being implemented. Trying to constrain cost whilst maintaining quality is an objective of the commissioning approach to supported housing.

Commissioning Approach and Intentions

Following the reports completion, Havering have since published their Supported Housing Strategy 2022-2025.

<https://democracy.havering.gov.uk/documents/s57754/Supported%20Housing%20Strategy.pdf>

As outlined, Havering recognises that in order to maintain fair and reasonable cost for accommodation work needs to be done in regenerating existing property and building new property to accommodate a population that is growing and with diverse, sometimes complex support needs.

This aspect of the strategy requires us to utilise and develop Council owned property and to

commission high quality social care providers to operate from bespoke provisions. As new schemes come on stream over the coming years, we will be conducting commissioning exercises for providers to support a variety of cohorts of vulnerable people. This will include adults with learning disabilities; children with SEND and care leavers.

The organisation has recently assembled a board comprising directors of children's and adults social care, regeneration and housing. The Supported Housing and Residential Care (SHARC) board acts as oversight for projects that sit within the programme and will be used to deliver and monitor the delivery of the Supported Housing strategy.

We have already commissioned 3 supported living schemes utilising Councils buildings. This new accommodation provides 35 units for young people leaving care including parent and child, and 24 units for adults with additional needs.



Respite Services - Older Persons

The Marketplace

There are 35 Care Homes with and without nursing provision in Havering who state they provide respite services.

For 2022/23, 249 clients used respite services totalling 263 separate episodes. There were:

- 263 respite placements
- 55 as planned respite (for 51 clients)
- 36 as emergency placements (for 34 clients)
- 172 as short stay placements (for 166 clients)



Commissioning Approach and Intentions

The Council wants experienced and innovative residential providers to deliver Strength-Based overnight respite services. When we refer to respite we mean individuals spending a short period away from their home, this could be for one or more consecutive days.

The Brokerage service will look to source placements that will tailor to meet resident's individual needs, including developing and maintaining their physical, intellectual, emotional, social and independent living skills.

After respite, on average:

- 88% went straight in to a permanent care home placement
- 17% had received respite up to one month before a long stay placement.

This data would suggest that respite is leading to permanent admission to Residential Care, which is not the intention of the service.

There may be many reasons for this and the Council, in partnership with key stakeholders, including providers, would like to understand this better.



Respite Services - Complex Needs

Complex needs includes predominately those clients with learning disabilities, mental health issues and autism.

The Marketplace

For 2022/23, 33 clients used respite services totalling 47 separate episodes. There were:

- ❑ 47 respite placements:
- ❑ 36 as planned respite (for 22 clients)
- ❑ 1 as emergency placements (for 1 clients)
- ❑ 10 short stays (for 10 clients)

Commissioning Approach & Intentions

The Council wants experienced and innovative residential providers to deliver Strength-Based overnight respite services. When we refer to respite we mean individuals spending a short period away from their home, this could be for one or more consecutive days.

The London Borough of Havering has an established Complex Placements Framework Contract that uses a dynamic purchasing system to commission care and support packages for people with either a single or combination of learning disabilities, mental health needs, physical disabilities, sensory disabilities and other complex vulnerabilities (e.g. autism spectrum disorder).

Complex Placements Services will tailor to customers' individual needs, including developing and maintaining their physical, intellectual, emotional, social and independent living skills.

The support they receive should deliver positive outcomes and aim to achieve the personal goals of customers, as identified in the customer's support plan. These may be:

- ❑ Emergency and planned respite placements
- ❑ Learning disabilities
- ❑ Mental Health including forensic and drugs alcohol misuse
- ❑ Physical disabilities
- ❑ Ageing Learning disability cohort
- ❑ Adults with complex needs and/or challenging behaviour
- ❑ Dual diagnosis

It is important to our service users that providers who provide respite:

- ❑ Make them feel safe
- ❑ Support Carers to have an overnight break during the weekends and planned breaks

- ❑ Maintain regularity of staff
- ❑ Provide meaningful activities
- ❑ Allow access to the community
- ❑ Allow booking of respite in advance
- ❑ Provide emergency respite

There is a gap in the market for specialist and flexible respite services for those with complex or challenging behaviour.



Day Opportunities Services

The Marketplace

The Yew Tree and Avelon Road Day Centres are part of the London Borough of Havering's Adult Social Care service.

The centres offer day opportunities for people with a learning disability, aged 18 and over and provide a wide range of creative activities and experiences which will help every individual learn new skills and improve existing ones.

In addition to the centres directly provided by Havering, there are 13 privately run day services located throughout the borough.

Day opportunities exist to provide purposeful and meaningful activities and support to vulnerable adults living with a disability, and we are committed to promoting the development of independence, choice and inclusion.

Havering is committed to having a sustainable Day Service market that is relevant to our community's needs with a clearly defined offer for people with LD and Older People regarding day time activities.



Commissioning Approach and Intentions

A large number of adults each year attend day services as part of a support package to meet their eligible social inclusion needs.

For working aged adults, we want day services to focus on developing skills for employment and evidencing progression through the development of life skills wherever possible, whilst ensuring that those without employment still have access to purposeful activity in a safe environment.

For older people, we want to ensure that day services focus on maintaining/regaining skills of independence, whilst ensuring that those without reablement capability still have access to purposeful activity in a safe environment.

For carers, we want to ensure that their needs as carers are recognised and that day services provide respite for carers and purposeful activity for service users.

We want to see a much wider and flexible range of services available to meet individual needs and to reduce the need for Havering to take an active role in managing placements into day services through increasing uptake of personal budgets for both service users and carers.

This will allow the market to develop services that are more person centred to meet individual outcomes.

It is critical that day services of the future align to our strategic commissioning principles, focusing on prevention, earlier intervention and engagement by service users for improved health, independence and wellbeing:

- Investment in prevention, early intervention and community wellbeing to encourage the use of existing support networks and services .
- Focusing on enablement to develop people's capabilities to do things for themselves and become more independent. This way day services will be based on a principle that the solutions that many people have to address their care and support needs rest within themselves, their families, social networks and surrounding communities. This is a process of continually building upon and developing people's skills, confidence and ability in different areas of daily life.
- Identifying specific outcomes that are most relevant to the person and aspirations and embedded within the person's individual support plan based on the principles of normal life e.g. links to college for training etc.

Providers of future day services should offer customisable services that are tailored to the individual, and these must be easy to find and available regardless of whom is paying.

It is important for users of services to be safe but equally this needs to be balanced with the need for people to take responsibility for themselves. The focus should be on what people can do and could learn to do.



Services for People with Physical & Sensory Disabilities

The Marketplace

The physical and sensory disability market in Havering is relatively small numerically in comparison to other areas such as older people.

However, the number of people with physical and sensory disabilities (PSD) in the borough is expected to rise as health improvements support people to live longer and healthier lives.

Only two of the 35 residential care homes in the borough regularly accept PSD service users under 55 years on a permanent or respite stay basis.

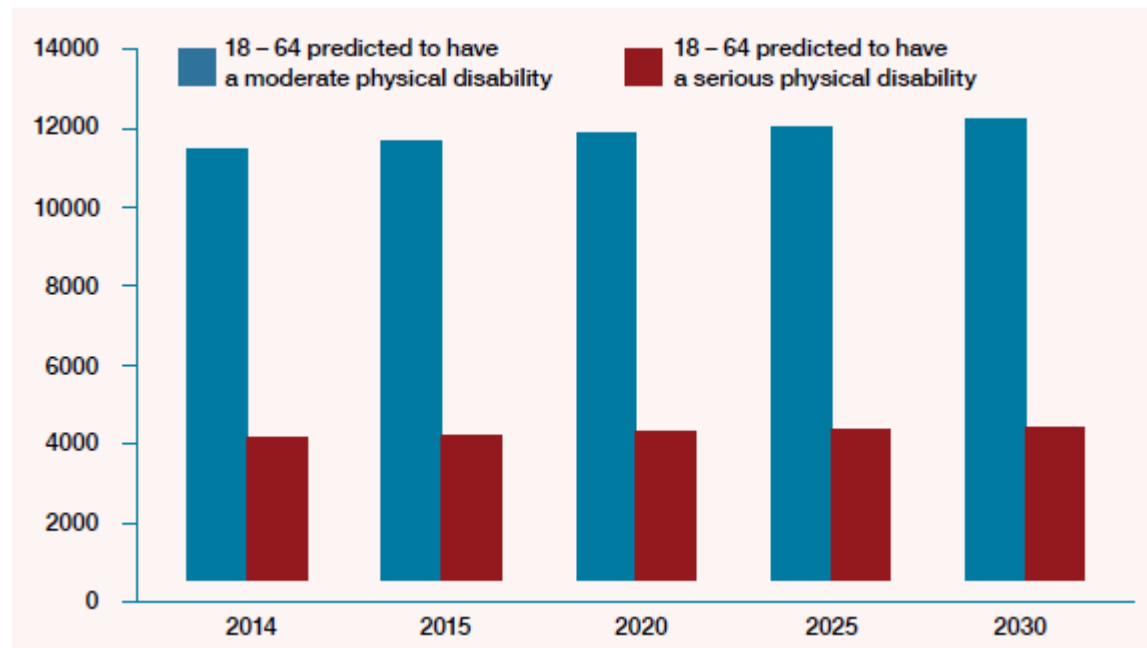
In Havering these types of services are predominately older people focused and are not appropriate for younger adults; because of this some people opt to move into small residential accommodation outside the borough with more specialist or tailored support that is more appropriate to their needs.

- 10 out of 12 PSD service users under 55 years are placed in residential accommodation outside of the borough
- 4 out of 5 PSD service users under 55 years stay in respite out of the borough

There is a gap in the market for specialist and flexible services for those with complex or challenging behaviour.

Whilst the majority of people who have been diagnosed with a visual and sensory impairment are usually not eligible for a social care service, initial support is available from occupational therapists to help with enablement and accessing equipment etc. and individuals rely heavily on support from voluntary organisations and local groups to help them access information, advice and support.

The graph below shows projections for the number of adults in Havering expected to have a physical disability in the next 15 years:



Commissioning Approach and Intentions

Support for people with physical and sensory disabilities should empower people to live as independently as possible.

This will involve the development of greater employment and education opportunities, general empowerment of individuals to lead fulfilled lives including our supported housing programme. Further details can be found on the 'Supported Housing' section of this document.

We anticipate that the development of provision of services in borough will ensure better choice and control for users, help ensure good value for money, and also deliver more beneficial outcomes.

In the longer term we would like to see more supported living accommodation in Havering to enable people with physical and sensory disabilities to stay in the local community and for that provision to be consequently more cost effective.



Services for People with Learning Disabilities & Autism

The Marketplace

The number of people with learning disabilities and autism is projected to increase according to projections from national data sets. There are, for example, increasing numbers of young people with learning disabilities and autism transitioning through to adulthood. Many of these will not, however, need services or meet eligibility criteria. Adults with complex needs are also living much longer often with the associated health conditions that come with old age already present.

Commissioning Approach and Intentions

The commitment of the Council is to work with providers to develop services that support people to be as independent as possible and to actively discourage long term provision that does not enable a full realisation of potential for those receiving services.

The Council expects providers to apply to join the Complex Placements Dynamic Purchasing System (DPS). The 'Complex Placements DPS' is the name for a type of framework (this process is known under Procurement law as a Dynamic Purchasing System (DPS) which is a variation to the standard framework agreement. It allows for a number of Suppliers to be appointed to deliver services of a similar nature by successfully completing an application process. The Complex Placements DPS involves the provision of services for children and adults with complex needs including learning disabilities. In

brief, the services are;

- ❑ Supported Living (Adults and/or Children)
- ❑ Residential Care (Adults)
- ❑ Nursing Care (Adults)
- ❑ Domiciliary Care (Adults)
- ❑ Live in Care (Adults)

For providers considering setting up in Havering, providers are expected to apply to join the Council's Complex Placements Dynamic Purchasing System too so the need for consultation prior to set up is essential. In the absence of this dialogue and a successful application join the DPS, it is likely that services will not meet requirements and, potentially, receive no opportunity to bid for Council placements.

It is necessary for providers and staff of those services to be fully equipped to provide the specialist service required. If this is not the case, staff from Health and Adult Social Care services can be drawn in to supporting those services drawing on scarce resources.

Step down facilities from assessment and treatment units to facilitate the clients to move on successfully may also be beneficial but, again, would require full consultation before establishing.

In general we are looking to support and encourage services that provide imaginative supported living schemes with 'life skills' that allow clients to move on.

For both those with learning disabilities and autism we are also looking to develop increased awareness among the Havering community, particularly in regards to employment opportunities and access to key public and private services.

For example a recent initiative has established a shop in the Mercury Shopping Centre designed for people with autism, which will look to provide a safe space as well as information and advice exclusively for those with autism.

Adults with care needs in out of borough placements may benefit from more local accommodation. We will continue to look for suitable provision that is capable of accommodating those adults. We would like to have provision that prevents the need for moving out of borough in the first place.

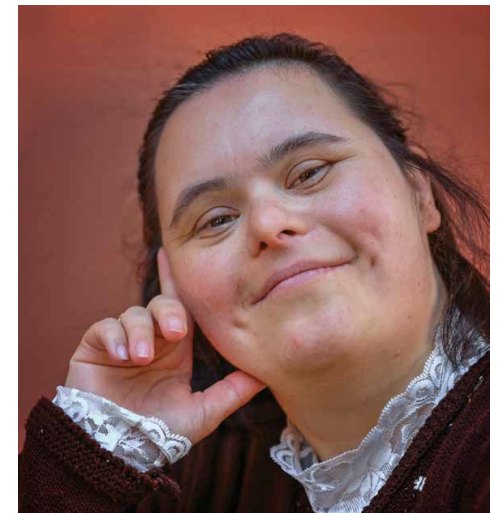
To support this aspiration Havering's long term vision for young people with special educational needs and disabilities post-16 is to provide high quality education and training opportunities which support young people to move smoothly into adulthood.

Havering are developing new post-16 provision that will be aspirational in supporting young people to move towards Entry Level 1

qualifications, alongside building their social and employability skills, and then onto becoming an active and contributing members of their community.

The provision will support young people and their parents to aspire to a life which is as independent as possible and which includes some form of work, whatever this might look like for each young adult, depending on their need.

We want to ensure that we are employers of disabled young people and the organisations we work with follow our lead and offer flexible and supported employment opportunities, as well as work experience, for all of our young people to ensure a positive step into adulthood.



Services for People with Mental Health Conditions

The Marketplace

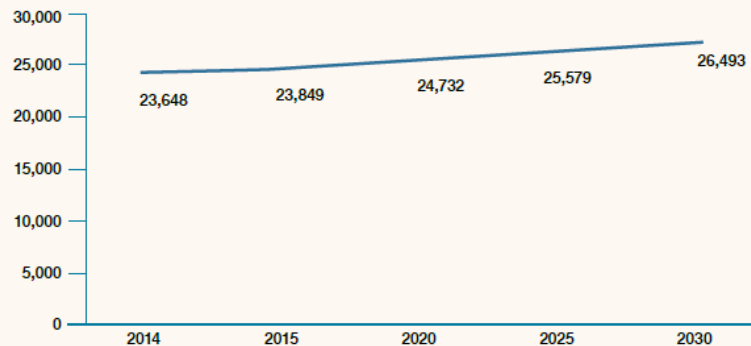
There are increasing numbers of people with mental health conditions. This may, in some part, be attributed to increased recognition and diagnosis but the issue of growing demand remains.

The graph shows projections for the number of residents in Havering with a mental health condition from 2014 to 2030.

Statistical Performance

Spend in Mental Health for 2021/22 was around £30.2 Million, equivalent to 10% of all Health Commissioning spend. Mental health spend made up a further 10% of all secondary care spend.

18 – 64yr olds – Predicted to Have A Common Mental Disorder – Havering Projections



Health Services

Havering's largest provider of mental health services is the North East London Foundation Trust (NELFT) who provide the following:

- ❑ Memory clinics
- ❑ Older adults mental health services
- ❑ Psychological services and therapies
- ❑ Community Recovery Teams
- ❑ Early intervention in psychosis
- ❑ Access and assessment

Commissioning Approach and Intentions

There has been an increased demand for mental health support post pandemic which has meant that residents are in need of urgent targeted support.

A national survey conducted by in June 2021 by Havering MIND found that 65% of adults and 68% of young people with mental health problems say their mental health has declined since the first national lockdown in March 2020. 46% of those adults and 51% of those young people said that their mental health has declined severely since the beginning of the first national lockdown.

As a result of this increase in demand, we are looking to jointly commission services with health and community partners to improve access and quality of mental health services across Havering. The aim of co-producing these services is to encourage regular joined up discussions regarding mental health pathways, including those in the prevention arena to deliver best outcomes for our residents.

There will be a focus on addressing the following areas:

- ❑ Providing better support for those with dual diagnosis
- ❑ Ensuring the availability of counselling and therapy support for under 18's

- ❑ Supporting residents with hoarding behaviours
- ❑ Better community based support for clients after being discharged
- ❑ Improving the understanding of mental health pathways for all

We will also work closely with clinical care leads in the planning and monitoring of mental health provisions to ensure they are fit for purpose, now and in the future and ensure the availability of support living accommodation for those with mental health needs. Moving forwards, a Havering mental health strategy is in development to detail the wider priorities and to ensure we meet the rise in demand for services. [the-consequences-of-coronavirus-for-mental-health-final-report.pdf \(mind.org.uk\)](https://www.mind.org.uk/resources/report/the-consequences-of-coronavirus-for-mental-health-final-report.pdf)

Funding

Many care placements for people with Mental Health needs are jointly funded between Health and Childrens / Adults Social Care. These placements are procured through the Complex Dynamic Purchasing System. This is a framework of providers which provide a range of community and residential services. Providers who are interesting in setting up services for people with Mental Health needs are expected to join this system. Further details can be found on the 'Services for People with Learning Disabilities and Autism' section of this document

Services for People with Dementia

The Marketplace

In 2018/2019 the dementia diagnosis rate for Havering was 64.3%. When the Covid pandemic hit in 2019/2020, the rate decreased to 59.6% due to the backlog of patients waiting for a diagnosis. This is lower than the 66.7% benchmark but still within the 95% confidence limit.

There are now 35 care homes in Havering who are listed as providing support for people living with dementia.

Dementia Action Alliance

Havering Council host the Havering Dementia Action Alliance (HDAA), which is affiliated to the Alzheimer's Society. This is commissioned with the aim of making the lives of people living with dementia and their carers better, by making changes in the community through networking and dementia awareness training. To date the HDAA has 105 organisations and individuals signed up as members. The current Dementia Coordinator has trained 674 people about dementia awareness and holds a regular monthly session at the Harold Hill Library. BHRUT and the Romford Bus Garage carry out their own dementia awareness training through the employee's induction process. The Havering Dementia Action Alliance holds quarterly meetings to engage with its members and Community Events to showcase what providers are delivering in the community.

The Dementia Coordinator has designed a pocket sized Telephone Directory containing useful numbers of organisations, charities, Council departments and local elected councillors. These are proving very useful and worthwhile. HDAA and the Dementia Coordinator have a valuable role in representing the need of our Dementia Community and Cares in the development of our commissioned service.

Commissioning Approach and Intentions

Prevention service for Wellbeing, Sustainability and Social Inclusion are a priority for the system, and we currently commission a service to support people with dementia to become more independent and better able to manage their daily lives. This service offer support in relation to navigating the community support available for people dementia and their carers to increase the social inclusion, develop resilience and improve wellbeing, living with dementia.

Havering is currently working closely with Health, Integrated Care System (ICS), to review and set future priorities for the development of dementia services across the system, relevant to our local community needs.

These plans will be captured in a joint dementia strategy which will sit alongside the BHRUT dementia strategy, which was launched in November 2022.

The strategy plans reflect the commitment to a whole system approach to supporting the dementia community. The close working relationship can be seen through the appointment of two Admiral Specialist Nurses in the Dementia and Delirium Team within BHRUT, this was developed through the Joint Dementia Boards.

There is a commitment to prevention, enabling people to remain at home with the condition for longer. The projected increase in dementia has implications for providers of care in all areas.



Services for Carers

The Marketplace

A carer is someone who helps out another person in their daily tasks and life, usually a relative or friend. Carers are separate to paid care workers, personal assistants, shared lives carers or volunteer carers.

This is defined by the NHS as:

“anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”

According to the 2021 Census, 8.7% of residents in Havering identified themselves as providing unpaid care. This is just under the national estimated average of 9% (5 million), but above the London average of 7.8%. Just under half of those that reported they provide unpaid care in Havering provide 19 or less hours a week. Reported numbers of carers has decreased nationally and in Havering since the 2011 census, most notably in the category of providing 19 hours or less unpaid care per weeks.

Decreases in percentage of carers since 2011 has been partially attributed to Covid impacts, such as reduction in mixing households and increased deaths of vulnerable people who may otherwise require a carer.

The Personal Social Services Survey of Adult Carers in England is a survey of adult carers conducted every two years. This survey also revealed over 56% of carers in Havering are aged 45-65 which poses the potential for having to leave the labour market and endure increased financial strain.

Commissioning Approach and Intentions

A Carers Strategy Refresh is currently being established which has involved engagement with carers to create clear goals and priorities.

As part of co-production to draft this strategy with carers and the ICB partnership, the council have been running workshops, 1-1 meetings, wider presentations and surveys. These have informed us of what the priorities are for carers themselves, and have formed the focus of our strategy refresh.

Carers have told us they want:

- ❑ To have all the information and advice they need at the time they need it.
- ❑ To be able to have breaks from their caring duties, to be recognised as a person other than a 'carer'.
- ❑ To be recognised as workers by their employers, and for there to be more awareness about caring roles

- ❑ To be assured they can access health support when needed – especially in emergencies
- ❑ To be able to interact with other carers and share experiences to feel less alone, such as attending support groups for both practical and emotional support.

Current support for Carers of Havering residents includes:

1. Carers Hub

- ❑ Havering carers Hub runs our carers support for adult carers (18+), and has many facets as a service. As well as running the quarterly Carers Forum, they have weekly coffee morning for carers to meet up, information signposting and outreach events in the community.
- ❑ Recently the Carers Hub has set up a sub-group called Carers' Voice which acts as a representative group to advocate for carers rights.

2. Young Carers

- ❑ The support and inclusivity of young carers is a priority for Havering, and is reflected in our new strategy being 'all-age'
- ❑ Imago run our commissioned young carers support services and hold outreach events, workshops and support for young carers in Havering

3. Carers Register

- ❑ This register lists all identified carers in Havering who are able to access materials and support. This list is held by the Havering Carers Hub and currently contains 163 carers.

4. Carers Assessments

- ❑ Identifying and providing support for carers through carers assessment conducted by our Adults Social Care team.
- ❑ In the last year, 1209 carers assessments were conducted

5. Commissioned services

- ❑ In addition to named services, there are a plethora of other commissioned services and voluntary sector providers, who provide more specialised carers support depending on the background of the carer or the needs of the cared-for.



The Local Voluntary, Community, Faith and Social Enterprise Sector

Marketplace

There are many VCSFE providers operating in Havering not commissioned directly by the local authority. For example, the borough is aware of 82 local VCSFE organisations and only 15% receive funding from the Council. The Havering Compact provides a forum for voluntary sector partners to come together and work with statutory organisations on issues facing the community in Havering.

In addition, there are over a 100 church/faith groups, many with property that host a wide range of activities for residents of all ages and abilities.

There are approximately 36 Community Buildings (a mix of Council and privately owned) that each provide a wide range of voluntary and/community activities for residents of all ages and abilities.

These services are valuable services to the community in preventing / delaying the need for statutory support.

The Council, however, does provide funding for voluntary and community sector organisations to provide preventative services in the community across different specialisms. The common purpose of the commissioned services is to prevent vulnerable people going into crisis and needing acute and expensive services, whilst improving their well-being.

A few years ago the council engaged with the voluntary and community sector to try and understand the outcomes that were most important to the vulnerable groups being served by the VCS, to ensure that the limited resources available were targeted effectively. The outcomes identified included:

- ❑ The need to address social isolation
- ❑ Carers being supported to sustain their role to continue caring, improve their wellbeing, and maintain a life of their own
- ❑ Peer support groups providing networks of people with issues in common
- ❑ Support to people coming from hospital ensuring a smooth transition back to independent living

These outcomes are what the services we commission focus in on, recognising that people face different issues and will therefore potentially need tailored services to address those needs:

The groups that we identify include:

- ❑ Frail elderly in the community
- ❑ People on the pathway to recover from hospital stay
- ❑ People living with dementia

- ❑ People with mental health conditions
- ❑ People with a physical or sensory disability
- ❑ People with Autism and Learning Disabilities
- ❑ Carers of people with all the above conditions

This converts into a range of services provided in practice, including:

Home Settle and Support service: provides practical and emotional support for those returning home from Queens, King George or Whipps Cross Hospitals who live within the London Boroughs of Barking & Dagenham, Havering and Redbridge (BHR).

Autism hub: provide peer support activities for people with Autism and related conditions, includes providing information and 1-1 outreach support for those socially isolated. Through Autism Ambassadors raise autism awareness across the borough.

Dementia service: Enabling people to become more independent and better able to manage their daily lives. To sustain the health and wellbeing of carers and those they care for with dementia

Mental health service: Established to support those with mental health issues and consequently to prevent and/or reduce the risk

of individuals needs escalating and requiring statutory services.

Older frail service: Care Navigators conduct guided conversations culminating in a co-produced support plan to achieve goals which may require community advocacy, practical support (e.g. form filling, attending appointments, etc.), building confidence and signposting/facilitating access to support services from health, social care and VCSs and enabling choices.

Physical and Sensory disabilities service: a range of activities are provided to improve independence and wellbeing of those with physical and sensory disabilities, including Weekly Social Clubs, Life Skills Lessons, Lunch Club, Wellbeing Classes, Creative Clubs, Community befriending and Friendship Café and Cultural Outreach

Floating Support: Provides housing related support to vulnerable adults (over 16) to enable them to maintain their independence in their own home. This ensures that the Council continues to provide low level support to promote independence, prevent the need for more costly care and support interventions, making the most of existing personal and community resources and fulfils the Council's duties under the Care Act 2014 to help vulnerable people remain safe in the community.

The Local Voluntary, Community, Faith and Social Enterprise Sector cont.

This is not a conclusive list of services the voluntary sector provides in Havering but gives a flavour of what is delivered. Providers range from national organisations to small local organisations. Our approach to commissioning, sometimes dividing services into smaller lots ensures that we keep a local flavour whilst also giving opportunities to new providers.

Commissioning Approach and Intentions

The range of services being delivered by voluntary sector organisations have a variety of contractual end dates. Our commissioning approach is to review the services and consider options for re-commissioning well in advance. Opportunities will be advertised through normal routes and the Council welcomes enquiries from diverse providers.

More generally our approach is to increasingly integrate with partners. The Council are working collaboratively with the NHS through the Havering Borough Partnership network. VCS representatives are a key part of that partnership and we will welcome representation from commissioned partners. The long term vision of this partnership is to pool collective resources to design around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health by:

1. Developing joined up support and services that prevent people becoming ill – this covers a whole range of activities aimed at building more resilient communities and better 'health literacy' which are largely undertaken by non-health partners.
2. Ensuring that when people do need advice it is easy to access and seamless between different agencies – joining up services between the NHS, Council and the voluntary sector to enable a swift and comprehensive response.
3. Align voluntary sector services to the Council's Better Living Model and Local Area Coordination and NHS Social Prescribers.

We are also committed to making the Intermediate Care Pathway an integrated response to the issues faced by vulnerable people, bringing together services like Reablement and those provided by the voluntary sector to deliver an holistic response to the needs of individuals. Any prospective provider needs to understand the wider system and to operate collaboratively within it, improving outcomes for local people.



Independent Advocacy

Marketplace

Local Authorities have a duty, in accordance with Section 67 of the Care Act 2014 to arrange for an independent advocate to be available to represent and support specific individuals, for the purpose of facilitating those individual's involvement in care assessments. An advocate can provide support with the following;

- ❑ Exploring rights and options that may be available to the client
- ❑ Safeguarding clients
- ❑ Support clients to make a complaint about a service
- ❑ Support clients to initiate the appeals process in relation to their detention
- ❑ Support clients to challenge a decision if it is felt the decision could lead to a deprivation of liberties

Commissioning Approach and Intentions

The current statutory advocacy service commissioned by the Council is delivered by Mind in Tower Hamlets & Newham. This contract runs until 2024, but the recommissioning timeline is dependant to some extent on the awaited Liberty Protection Safeguarding legislation.

Mind play a significant role in meeting Havering's responsibility to deliver the following elements of advocacy:

- ❑ Independent Mental Health Advocacy (IMHA),
- ❑ Independent Mental Capacity Advocacy (IMCA) and Deprivation of Liberty Safeguards (DoLS)
- ❑ Care Act Advocacy
- ❑ NHS Complaints Advocacy

Referral activity into this service is in the region of 400 referrals per annum and these are predominantly related to Independent Mental Health and Mental Health Capacity advocacy support. In the future we anticipate Independent Mental Capacity Advocates will be required to support people who are unable to consent to a deprivation required as part of their care package in accordance with Deprivation of Liberty Safeguards legislation and associated regulations and guidance.



Conclusion

Demand on services, as indicated in this market position statement is set to grow. Other demographic changes suggest new demand of various types impacting on public services within the borough.

The recent history of relationships between the market and the LBH has been one of strong partnership despite the challenges of austerity and periods of increased inflation. The work done together through the pandemic illustrated the commitment of the market and the strength of relationship under the utmost pressure. We continue to find ways to sustain the market and the levels of quality our service users deserve.

We will continue to work with and build a market that meets the needs of our most vulnerable people.

The Council needs to play its part in communicating effectively with providers of services in a mutually supportive relationship.

This Market Position Statement is just one part of building that relationship and gives an insight to providers to the current state of the market and what is needed.

We would appreciate your feedback.

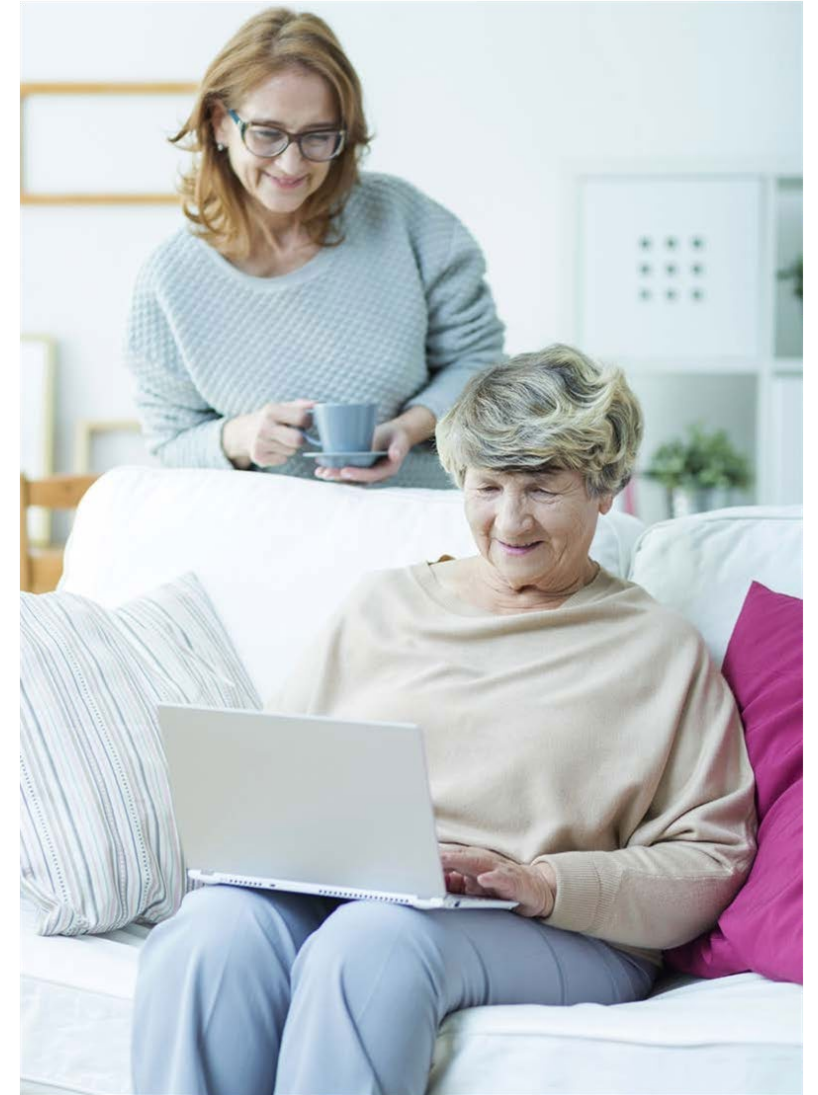
To submit your comments or enquiries regarding this document:

If you are a Havering care provider and are registered on Care Network, please submit your feedback online by visiting:

www.carenetworkhavering.org

Alternatively members of the public, colleagues, providers and other stakeholders can contact the Joint Commissioning Unit via:

JCU@havering.gov.uk



Key Related Documents

EU Procurement Directive 2014

These new changes to regulations will support further reform by making the public procurement process simpler, faster, less costly and more effective for business and procurers alike.

www.gov.uk/government/news/eu-to-open-up-public-procurement-following-uk-government-lobbying

The Care Act 2014

This act has been the biggest change in Adult Social Care in 60 years and the legislation focuses on the integration of health and social care services.

www.gov.uk/government/publications/care-act-2014-part-1-factsheets

Health & Social Care Act 2012

This act puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health.

www.gov.uk/government/publications/health-and-socialcare-act-2012-fact-sheets

Social Value Act 2012

The Act, for the first time, places a duty on public bodies to consider social value ahead of a procurement of a service.

www.gov.uk/government/publications/social-value-act-information-and-resources

National Dementia Strategy 2009

This strategy provides a strategic framework within which local services can deliver quality improvements to dementia services.

www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy

Closing the Gap: Priorities for essential change in mental health

This document supports the mental health strategy implementation framework and suicide prevention strategy, published in 2012.

https://www.google.co.uk/url?url=https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014

People at the Heart of Care 2021

This white paper sets out a 10-year vision for adult social care and provides information on funded proposals that we will implement over the next 3 years.

[People at the Heart of Care – Adult Social Care Reform White Paper \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Liberty Protection Safeguards (LPS) 2022

The Liberty Protection Safeguards (LPS) will replace the Deprivation of Liberty Safeguards (DoLS) soon. It will protect the rights of people who use health and care services not to be deprived of their liberty without a proper legal process and rights to challenge.

[Liberty Protection Safeguards: what they are - GOV.UK \(www.gov.uk\)](http://www.gov.uk)