



Market Position Statement 2015-16

Adult Social Care

12 November 2015

The London Borough of
Richmond upon Thames



Market Position Statement 2015/16



Market Position Statement

London Borough of Richmond upon Thames

2015/2016

Foreword



Cathy Kerr

Director of Adult and Community Services

London Borough of Richmond Upon Thames

I am delighted to introduce the second iteration of the London Borough of Richmond upon Thames, Market Position Statement (2015/2016). This document has been developed in discussion with our local provider market and is a positive step in furthering our partnership.

Since the last Market Position Statement there have been many changes at both national and local level. The Care Act 2014 (Part 1) set out a new policy framework, building on approaches already familiar. People are able to participate as active citizens, with choice and control over their care and support which is personalised and of high quality. Beyond the legislation, we continue to face major challenges; the national public sector financial position, how care is delivered and joined up, the quality of care and the workforce that provides it.

As well as our work with providers, the collaboration between the Council and Richmond Clinical Commissioning Group – CCG - has gained pace and we will continue to commission joined up health and social care, with the Outcome Based Commissioning as an important approach to achieve this. Integrated pathways are key to ensuring people experience seamless coordinated services that are effective and efficient and provide care and support closer to home.

Many of you will be aware that in January 2015, Richmond Council embarked on the development of a Shared Staffing Arrangement (SSA) with Wandsworth Council. The vision is for a single staffing structure to work across both Councils by 2017, enabling the delivery of significant savings in both boroughs. I am mindful that this will create a lot of organisational change but it will also create a range of opportunities for providers and commissioners to work together to ensure high quality care and support services are available across both Council footprints.

No organisation can address the current challenges in isolation, and we will continue to engage with providers, with our partners and with local residents and their carers to ensure a vibrant and responsive market exists in Richmond.

It is our intention to update this document in 2017 taking into account the views of local residents and partners.



Market Position Statement

London Borough of Richmond upon Thames

2015/2016

Introduction

Welcome to the next iteration of the London Borough of Richmond Market Position Statement. The Market Position Statement (MPS) is a statement of what the care and support market looks like and forms part of the dialogue with partners, including providers and residents.

Having listened to providers and residents, in a series of structured workshops, the Council has produced a document, in partnership with Richmond Clinical Commissioning Group (CCG), which aims to give a clear message to the market about the demand, supply and the future commissioning intentions.

This version of the Market Position Statement for the London Borough of Richmond upon Thames describes the current and potential future demand and supply for adult social care services and outlines the investment that the Council and its partners have made in local services.

The purpose of this Market Position Statement is to strengthen the communication between potential providers and the London Borough of Richmond and its partners by enabling stronger market intelligence to improve services for residents. A clearer overview of the local market will lead to better evidence based commissioning.

Richmond has an ageing population with increasing levels of disability and frailty. There is a high number of self funders in the borough who currently arrange their own care and support. The number of people aged 85 and over is expected to increase significantly by 2030. The number of people with dementia will increase significantly by 2030. As people live longer, demand for health and social care services is expected to increase. The Council's overall intention is to increase the provision of community based services which will promote people's wellbeing and their independence in their own homes and will prevent, reduce and delay the need for mainstream services.

In order to meet this demand, Council and its partners need to understand the local position in being able to meet existing care and support needs and the robustness of the market to supply the range of services now and into the coming years.

The MPS is a working document and will be updated and refined in partnership with our providers and residents.

Care providers from all sectors are encouraged to develop innovative proposals that address the demands highlighted in this document.

You can find the previous Market Position Statement here:



[Market Position Statement](#)



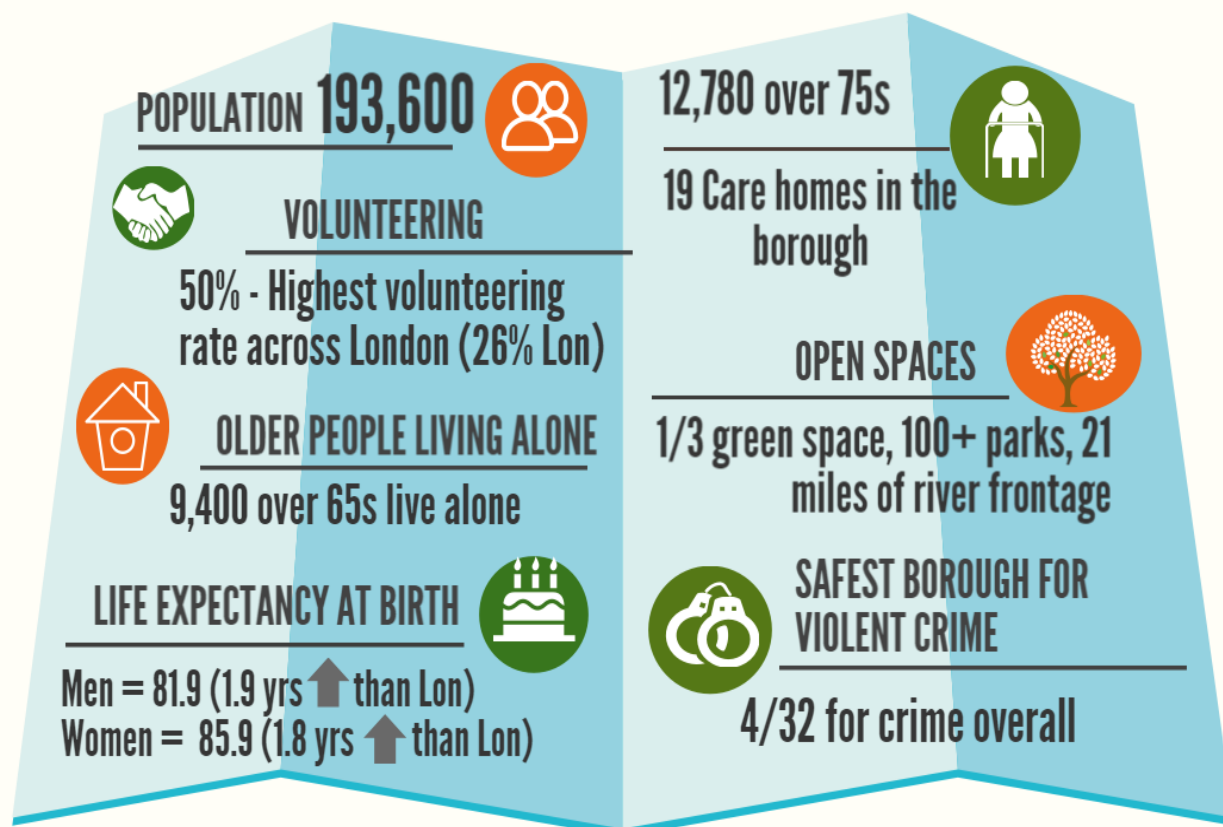
Background



The Richmond Story

Richmond is a relatively small outer London Borough with more than a third of its land being an open space. The borough spans both sides of the River Thames and does not have an acute hospital in its patch. The area is generally affluent with high property prices and a highly educated population. It is one of the least deprived boroughs in the country and is the least deprived borough in London.

A GUIDE TO: THE LONDON BOROUGH OF RICHMOND



Home to the 2015 Rugby World Cup, a 2012 Olympics host borough and visited by the Tour de France

A borough with some of the highest performing primary and secondary schools in the country



The Local Economy in Richmond



124,800

working age population (16-64). 65.2% of the total population

24,200

businesses and enterprises in the borough. 91% are micro organisations employing 0-9 people

77.5%

of residents are in employment compared to 72.2% in GB



1,320 people

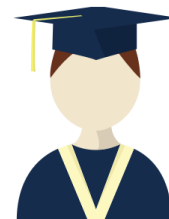
are claiming out of work benefits (JSA) and actively looking for work (1.1% of working age population)

31.2%

of people are employed in professional occupations compared to 19.8% in GB

94%

of employee jobs are in the services sector



£820,705

average semi detached property price

£579.1

gross full-time weekly pay for people working in Richmond (£520.2 in GB)

65.8%

of people are qualified to NVQ Level 4+ compared to only 35.1% in GB

brought to you by :
all data correct at 15/04/15



The Local Health Profile in Richmond



GP population (July 2015)

208,322



No of people over 65s predicted to have dementia (2015)

2,090



% aged under 18 years

21.5%



COPD - QOF prevalence (all ages)

Richmond CCG - 1%
England Avg - 1.8%



Obesity - QOF prevalence 16+

Richmond CCG - 4.6%
England Avg - 9.4%



Diabetes - QOF prevalence 17+

Richmond CCG - 3.5%
England Avg - 6.2 %



Depression - QOF prevalence 18+

Richmond CCG - 3.8%
England Avg - 6.5%



Coronary Heart Disease - QOF prevalence (all ages)

Richmond CCG - 1.9%
England Avg - 3.3%



% of people with long standing health conditions

Richmond CCG - 46.3%
England Avg - 54%

COPD - Chronic Obstructive Pulmonary Disease

QOF - Quality Outcome Framework

Data - 2013/2014 (fingertips.phe.org.uk)

Direction of travel and strategic principles



Introduction

Care and support services are provided through an infrastructure of services delivered by diverse organisations, individual people (e.g. carers) and through resilient communities.

The Care Act 2014 provides a new framework for developing care and support services for the whole population. The promotion of individual wellbeing is at the heart of the Act and the focus is on the whole population regardless of whether they receive support from the Council or not.

This means that the Council and its partners will increasingly focus on the quality of services provided and therefore effectiveness of all the services that support the wellbeing outcomes that are important to people. The focus will be consistent throughout the entire care and support journey from maintaining people's wellbeing through to specialised end of life care.

The following sections set out the strategic direction for the Council in coming years.



Care Act 2014

The Care Act 2014 represents the most significant change to adult social care in recent times. It places a new strong emphasis on advice and information, prevention and market shaping. The Act introduces new challenges for commissioners and providers which may also prove to be real opportunities to improve service delivery. The Act places statutory duties on local authorities to facilitate markets that offer a diverse range of high quality and appropriate care and support services to enable genuine choice to people in meeting their care and support needs.

The Act puts people with care and support needs and their carers at the heart of the care and support process enabling them to be in control of what is important to them. Also, the NHS Five Year Forward View (2014) sets out a vision for the future and promotes the development of new, flexible and integrated models of service delivery tailored to the local population.

In response to the Care Act requirements, the Council has recently published its [Prevention Framework](#) where the objectives of the strategy are clearly outlined.

The London Borough of Richmond upon Thames spends over **£57m** in the care market every year. The Council wants to ensure that strategic commissioning covers not only the market of provision for people who have developed care and support needs but also the infrastructure for the whole resident population in order to prevent, delay and reduce reliance on mainstream services.

Prevent



Obesity by promoting physical activity and increase the use of local assets

Smoking

Alcohol related harms

People from developing long term conditions

Reduce



Hospital admissions and readmissions

Delayed transfers of care

Number of falls

Delay



Needs for residential and nursing care placements

Need for people to access health and social care support by promoting self care and access to information and advice

Better Care Closer to Home (BCCH)

The Better Care Fund (BCF) provides **£10.68 million** to local services to give the elderly and vulnerable people an improved health and social care system through the deployment of pooled budgets arrangements.

In Richmond, the Council and the CCG have developed a 3 year strategy ["Better Care Closer to Home"](#). The strategy delivers against the main areas of interest for the Council and the Clinical Commissioning Group. The BCF is the mechanism of delivering parts of the BCCH targets and the Care Act 2014 objectives. Main areas of delivery are as follows:

- Prevention and early intervention
- Provision of services for 7 day services
- Helping people manage their conditions (self-management)
- Reducing care being delivered in hospitals and care homes



Outcome Based Commissioning (OBC)

Outcome based commissioning (OBC) is a relatively new approach to commissioning health and social care services in the UK. It rewards both value for money and delivery of better outcomes that are important to patients and other service users.

Richmond Council has already started to work on commissioning for outcomes and will launch its new Help to live at Home model of delivering home support services in 2016. (details on page 27)

‘Outcomes’ refer to the impacts or end results of services on a person’s life (e.g. improved independence). As such, outcome-focused services aim to achieve the aspirations, goals and priorities of service users.

OBC enables commissioners to create the circumstances in which provider organisations can innovate to deliver improved outcomes for people at an efficient cost. This will enable the delivery of new and innovative models of care.

The benefits of OBC are:

- Increased focus on whole-person care;
- Enabling collaboration and integration
- Realising efficiencies in the system.

Richmond CCG and the Council completed Phase 1 of the OBC Programme and are now embarking on Phase 2 of the Programme.

The first stage involved engagement with a wide range of providers, people and their carers. In Phase 2, commissioners are planning further dialogue with providers to clarify the process of developing the future models of care.

The outcomes framework is subject to ongoing development which includes further engagement with clinicians, the Council, Richmond CCG and Public Health.



Health and Wellbeing Board

Richmond’s Health and Wellbeing Board (HWB) brings together local leaders from the health and social care system. The role of the HWB is to understand the community’s needs, agree priorities and encourage commissioners to work in partnership. As a result, local people should experience more joined-up services from the NHS and the borough council in the future.

The vision of the [Health and Wellbeing Strategy](#) is that all people in Richmond are able to achieve their full potential, live their lives with confidence and resilience, and access quality services that promote independence and deliver value for money.

The strategic aims are to:

- Give children a good start
- Increase independence of older people and those with long term conditions
- Reduce hidden harms and threats to health



Health and Social Care integration

An integrated approach to promoting wellbeing with partners in the health system is the strategic approach in Richmond.

Many social care needs are linked to health needs with people receiving support from both systems concurrently and consecutively. It is important to ensure that both systems operate well together so that people get the right services at the right time in the most appropriate settings to promote their health and wellbeing.

A specific example of integrated services is the Richmond Response and Rehabilitation Team (RRRT). Below is a short introduction of the service which was published in the LGA Adult Social Care Efficiency Programme - the final report - July 2014.

The service provides short term rehabilitation aimed to increase people's independence by delivering a wide range of interventions. The rehabilitation element will be in the future included in the Help to Live at Home initiative (please see page 26).

"Richmond Response and Rehabilitation Team was established in October 2013, jointly commissioned by the Council and the CCG. The service builds on the best aspects of the borough's reablement service and community health intermediate care services.

The aim of the service is to offer people a clear pathway for hospital discharge and the opportunity to receive the level and intensity of rehabilitation services at the time and for the duration they need it, from the appropriate skilled workers."



Practical support



Therapeutic input from professionals



Advice and guidance on how to manage any health conditions



Help to get out into the local community safely and access activities

Richmond Response and Rehabilitation Team

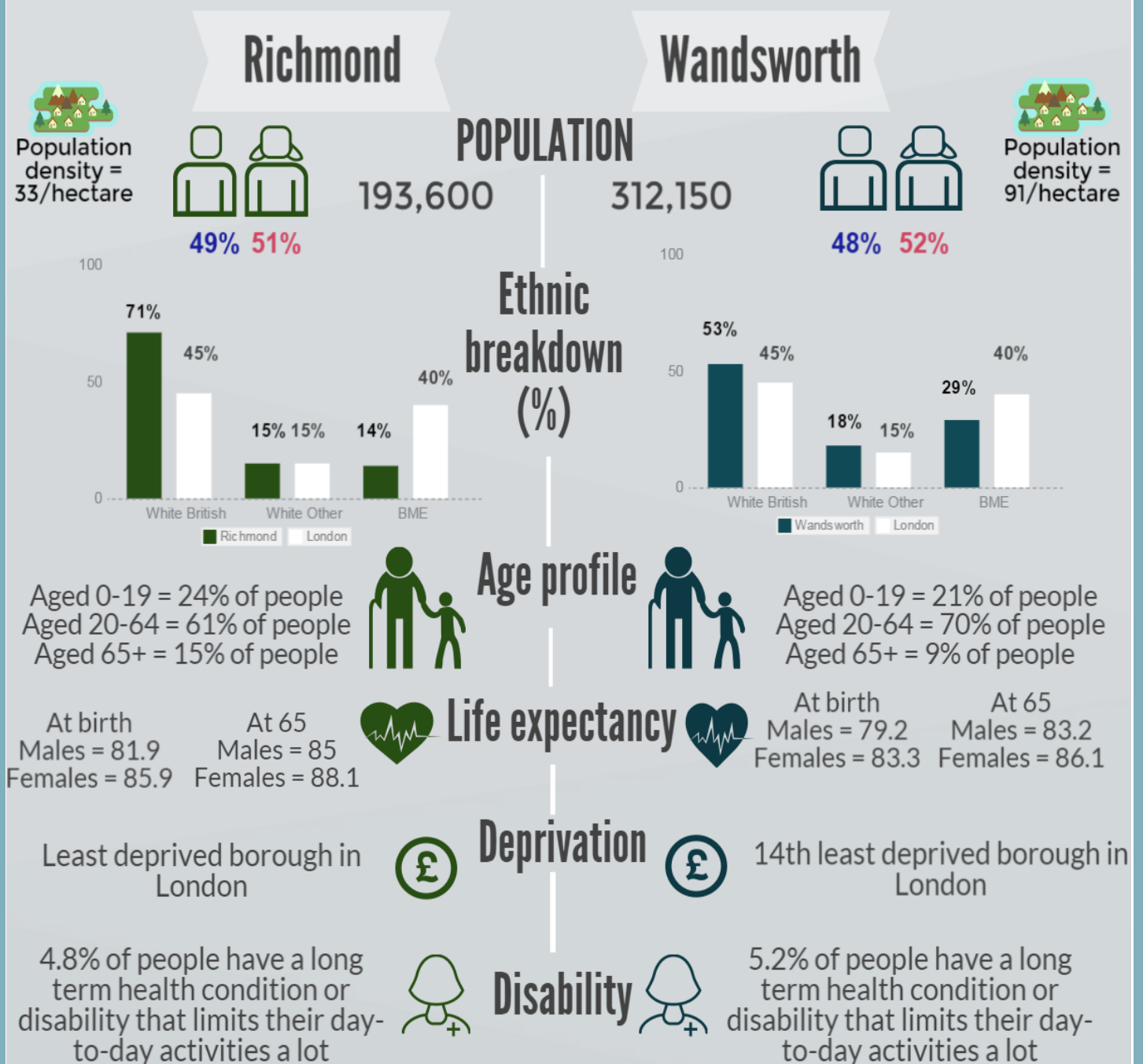


Shared staffing arrangement with Wandsworth

In January 2015, the Council agreed to take forward the development of a Shared Staffing Arrangement (SSA) with Wandsworth Council. The vision is for a single staffing structure created across the two councils by 2017, enabling the delivery of savings of up to £10 million per year for local tax payers in Richmond, and similar amounts in Wandsworth. Preparations have been ongoing since February 2015 to identify opportunities for efficiencies and reducing overheads throughout both organisations.

The process will involve restructuring services to ensure the residents of both boroughs benefit from the best use of resources and the skills available in local teams. The two boroughs are looking to jointly commission services in order to increase the overall quality of care and support provided to residents and make efficiencies.

How do the two boroughs compare? Key facts:

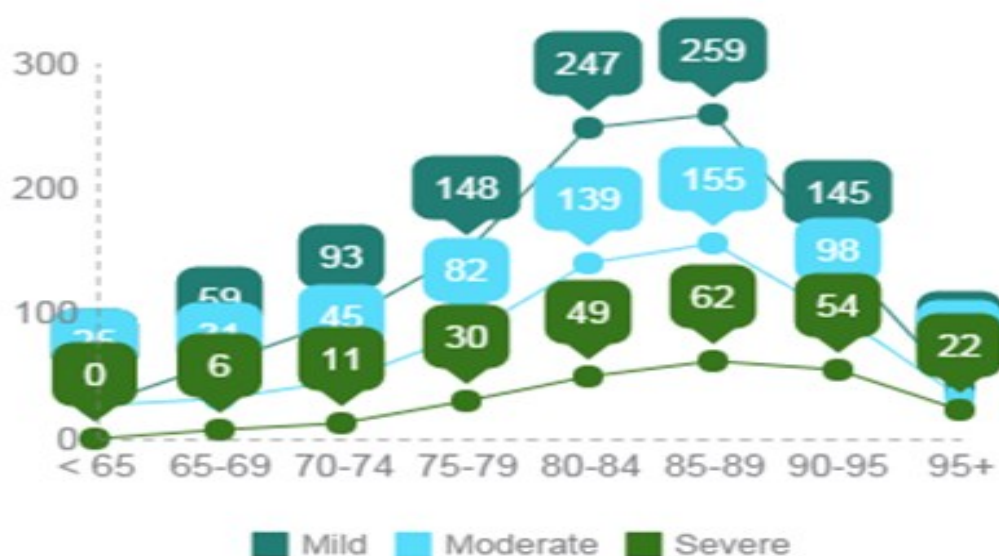


Richmond Public Health published a comprehensive [needs assessment](#) about Dementia which describes the needs of people with dementia and their carers and makes recommendations to further improve services.

Dementia is associated with complex needs and, especially in the later stages, high levels of dependency and morbidity. These care and support needs for people with dementia are demanding and often challenge the skills and capacity of carers and existing services.

Richmond CCG aims to increase the number of people who are formally diagnosed with dementia. Currently, 64% of the people predicted to have dementia have a formal diagnosis and our ambition is to increase this to 67%. This is because people who are formally diagnosed with dementia have access to a range of services and support that is not available without a diagnosis.

Dementia in Richmond by age and severity

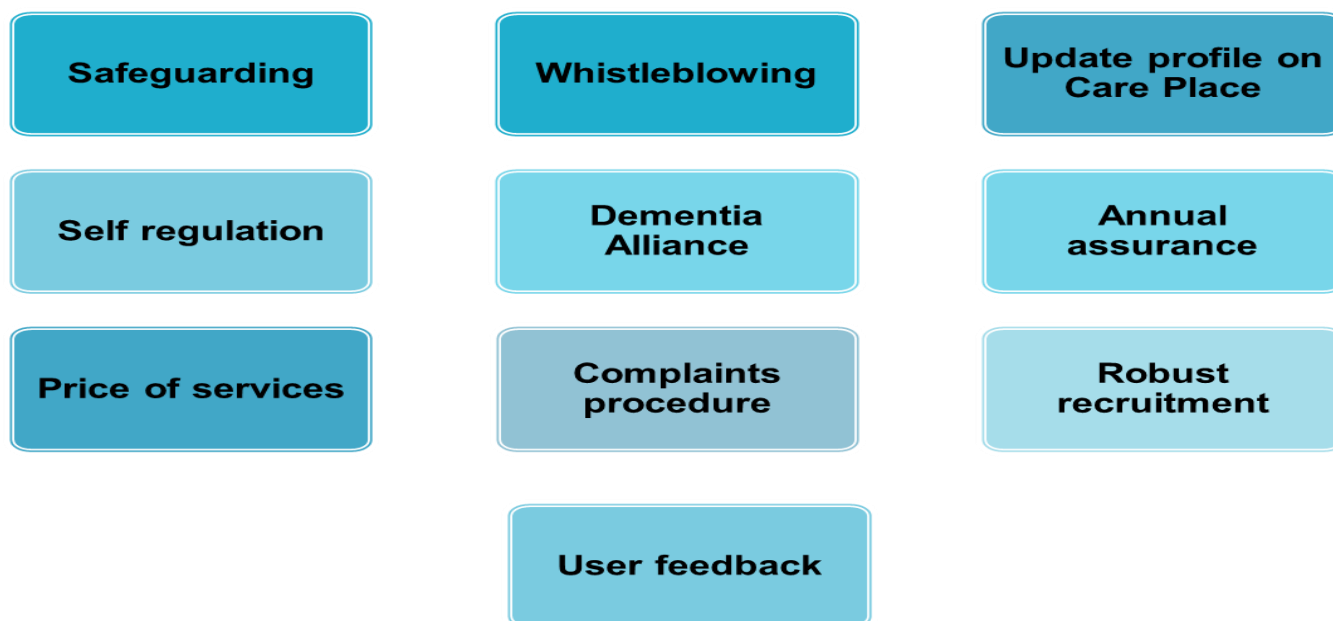


In 2015-16 there are further plans to increase diagnosis rates by evaluating the effectiveness of the GP dementia champion. The GP dementia champion's role is to focus on collecting and recording information on dementia diagnosis as well as working with care homes to identify people with dementia and referring them to the memory clinic for a formal diagnosis.

Quality standards

Quality of care and support is essential in achieving wellbeing outcomes for people. The Council [published](#) its standards for CQC and non CQC registered providers. The Council works with the relevant stakeholders to ensure that all parties have a thorough understanding of the quality of care and support and take appropriate action where standards are not met.

The standards are fundamental for the Council's approach to quality of care and support services and will give assurance to residents about the service provided. The standards are grouped around the following areas.



The Council has worked in partnership with the Provider Reference Group (details about the Group can be found on page 24) to agree the quality standards. The Council's intention is to build on existing work to explore how performance can be linked to the payment mechanism in all future contracts.

CarePlace

The Care Act requires local authorities to commission services for the whole population, not just those funded by the Council, shape the local care market and have an online resource directory to enable people to have more information, choice and control over the care and support services. In order to achieve these requirements the Council needs a system that holds data and other intelligence about providers and specifically sets out the costs of care.

CarePlace is a management information system designed to enable London boroughs to work collaboratively and to efficiently manage the adult social care market. The Council is planning to use CarePlace to enable people to:

- Easily identify information about services and providers
- Self manage their care and support by having access to a system which gives comprehensive information about cost, vacancies and type of services available
- Leave feedback about providers' services to encourage service improvement and increased performance

Demand on the local market



Introduction

Securing high quality services for people in the London Borough of Richmond has always been the core business for the Council. Over the past years, Richmond has moved away from directly providing services and now relies upon a market of providers for the vast majority of those services in which it invests over **£57m** a year.

The Council recognises how important it is to engage with and support providers so that the increasing demand for care and support services and changing expectations are met.

The Council has published a [Market Engagement Plan](#) which intends to update regularly.

The Council wants to step up its engagement with providers building on existing partnership relationships so that we can work together on new market models that focus on outcomes that are important to people and provide opportunities for innovation in service delivery.



The Care Market in Richmond

The social care economy is a significant part of the Richmond economy as a whole and is growing to match the increasing demand for services. This is due in particular, to the significant increase in the numbers of older people living longer in Richmond.

Richmond is the least deprived borough in London and has a high number of people who arrange and fund their own care and support*. Self-funders are often not sufficiently reflected in national statistics, and in local and national social care and health strategies and policies. This is mainly due to the numbers and characteristics of the self-funding population being largely unknown.

Estimated number of older people with no social care services



For more information about self funders and the impact on the care market, please see the [Richmond Self-Funders Needs Assessment 2014](#).



* often referred to as self funders

What self funders say (RUILS Survey 2013)



Experience lack of
or limited options



Reluctant to accept
help - families are
the ones to flag up
issues



Families/representatives
are more likely to pay for
services - individuals are
less likely to pay (linked
to lack of acceptance of
need but also financial
pressures)



Concerns around
pricing: want to be
clear about what
they get for their
money

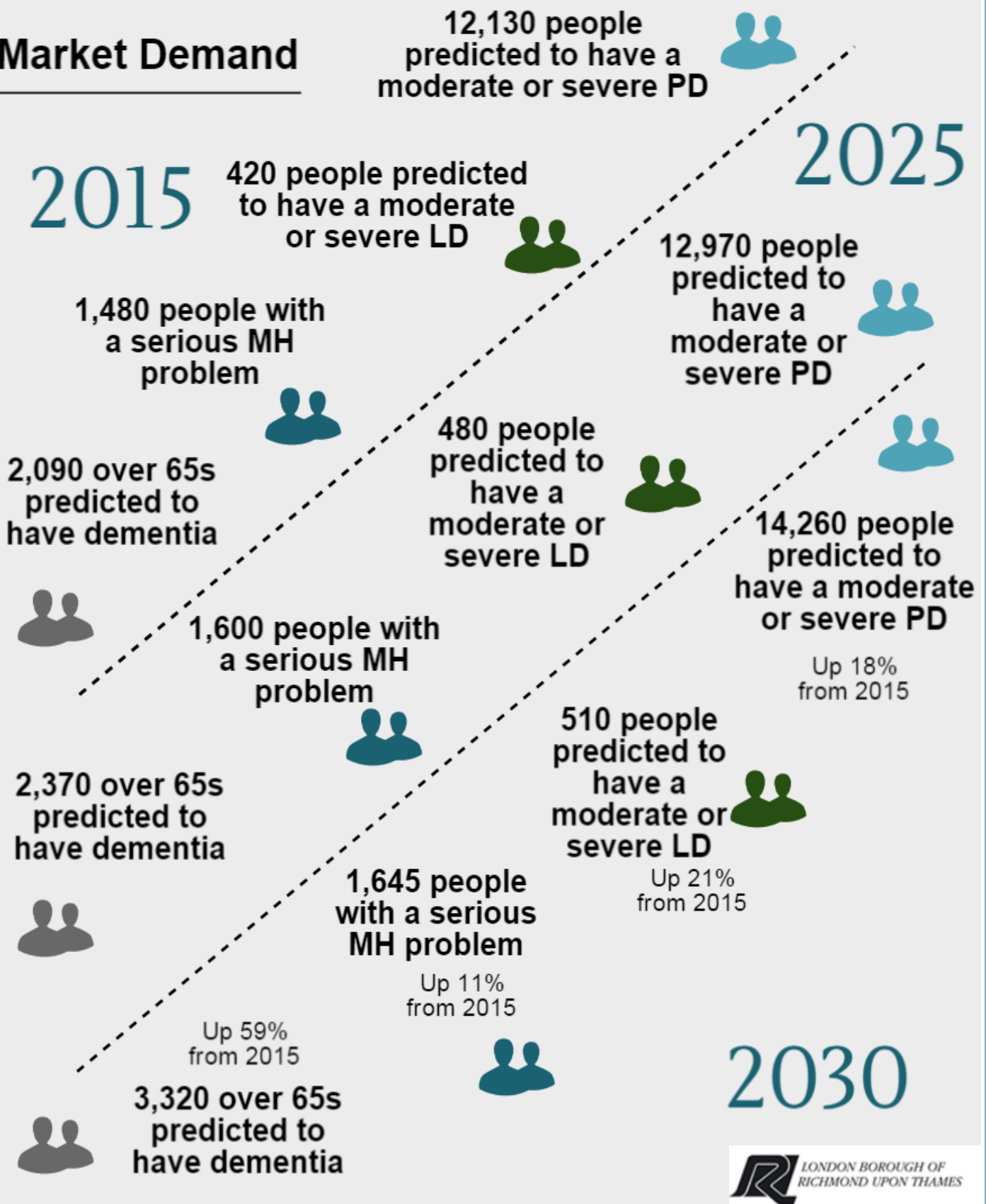


Self funders are
hard to identify and
reach. Many
families are often
living outside the
borough



People want
advice on benefits
so they can be
reassured they are
getting all they are
entitled to

Market Demand



PD = people predicted to have a moderate or severe Physical Disability. Data sourced from www.pansi.org

LD = people predicted to have a Learning Disability that means they are likely to be in receipt of a service from the Local Authority. These estimates have been calculated by applying the 2015 rate of LD service users by age to the 2012 ONS Sub-National Population Projections.

MH = people predicted to have a serious mental health condition (a borderline personality disorder, an antisocial personality disorder or psychotic disorder). These projections are sourced from www.pansi.org

Dementia = data sourced from www.poppi.org



Older People in Richmond

Between 2015 and 2030, the total population of people aged 65+ in Richmond is projected to increase by 40%, compared to a 30% increase across England. The biggest proportionate increase is expected in the population aged 80-84 (up to 76%) and 90+ (up to 68%).

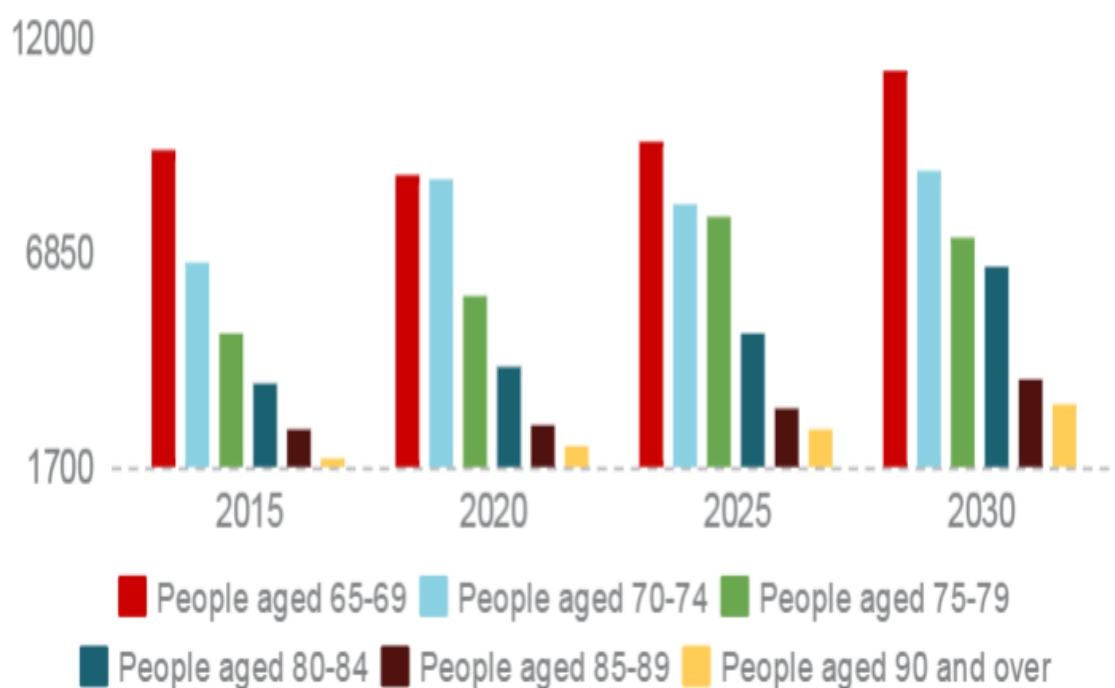
Age group	2015	2020	2025	2030
People aged 65-69	9,300	8,700	9,500	11,200
People aged 70-74	6,600	8,600	8,000	8,800
People aged 75-79	4,900	5,800	7,700	7,200
People aged 80-84	3,700	4,100	4,900	6,500
People aged 85-89	2,600	2,700	3,100	3,800
People aged 90+	1,900	2,200	2,600	3,200
Total population 65+	29,000	32,100	35,800	40,700

2015 - 44%

2030 - 45%

Males as a
proportion of all
over 65s

Older People, 2015-30





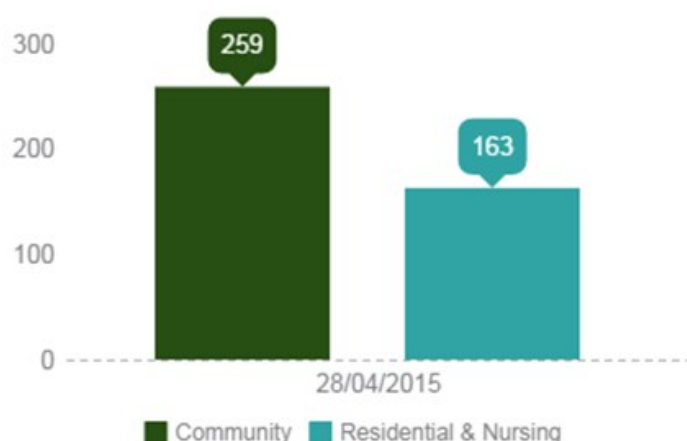
People with a Learning Disability in Richmond

The Council and the CCG are currently working on a joint strategy for people with a learning disability.

The vision of the strategy is to *"commission high quality, person centred, transformational, and value for money services for people with a learning disability and their carers; that promotes good health, independence, choice, control and wellbeing in their lives"*.

The strategy will put the individual at the centre of the commissioning process and ensure that people with a learning disability and their carers are supported to enhance their quality of life through increased choice and control, making the best use of available local resources both formal and informal.

Distribution of people with a learning disability in community and residential settings



Over 60% of people with a learning disability receive services in a community settings whilst the remaining 37% of people receive services in a residential or nursing setting.

Percentage of people with a learning disability by age group and type of service received

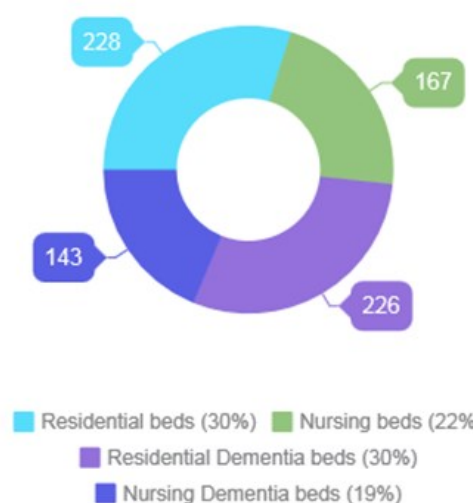


The highest percentage of people with a learning disability receiving services in a community setting are between 18 and 24 years old whilst the highest percentage of people in a residential and nursing setting are 65+.

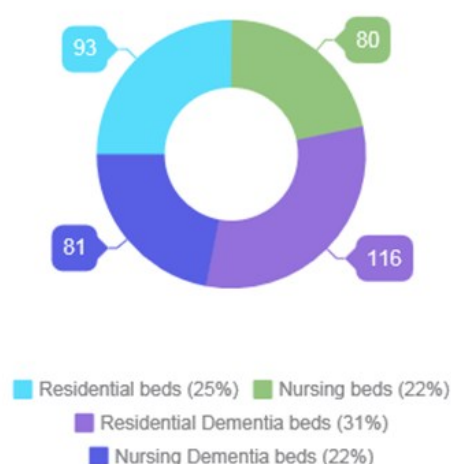
Older People Care Homes

In the borough of Richmond upon Thames there are approximately 800 care beds across 19 care homes. Local current trends show that requirements for nursing care bed placements and residential dementia placements are more or less static whereas the need for residential placements is declining. There is however, a growing demand for nursing dementia care beds across the borough as the prevalence of dementia increases in the older population.

Mix of care beds in Richmond*



Current make up of placements secured by LBRuT*

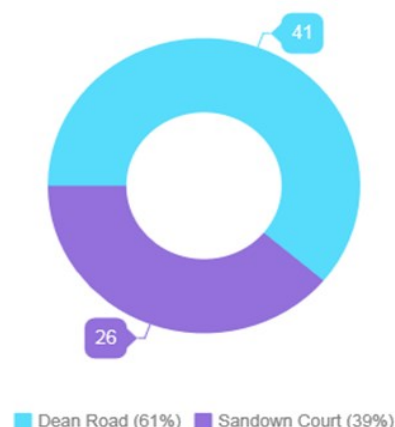


* data collected December 2014

The provision of extra care facilities in the borough will affect the future placements of older people in residential care beds as we move to a model of supporting people to be independent for longer.

Extra Care provision is expected to double over the next 5 years. Currently there are 67 flats in Sandown Court and Dean Road.

It is expected that total provision by 2020 will increase by an additional 50 extra care units



There are approximately 144 people placed by the Council in the care homes outside the borough for various reasons (e.g. to be closer to their families or because of lack of supply of Nursing Dementia beds).

Using local information, it is expected that the usage of nursing and residential care beds will see a decline due to the availability of extra care provision and that nursing dementia care beds will be the largest growth area. A complement of residential dementia care beds will continue to be required but it is expected that there will be less need in this area.



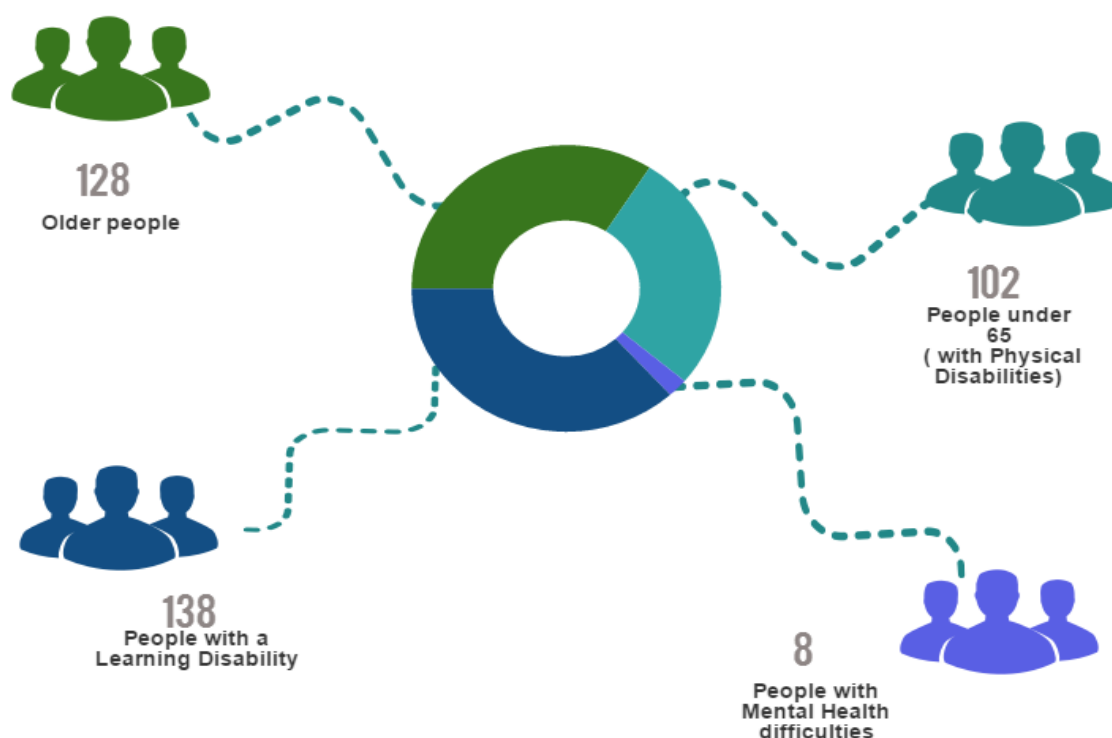
Direct Payments

Direct Payments are cash payments to people who need support from Social Services, giving them the opportunity to organise the help they need directly. Direct Payments offer people greater choice and control over their lives, and put them in control of the decisions about how their care and support is delivered.

In Richmond, [Hestia](#) helps people have more choice and control over the support they need through individual budgets. Hestia's latest stats show that 284 Personal Assistants are currently working in the borough.

At 31/03/2015, 376 people were recorded as having a Direct Payment. More information about client groups and budget can be found below.

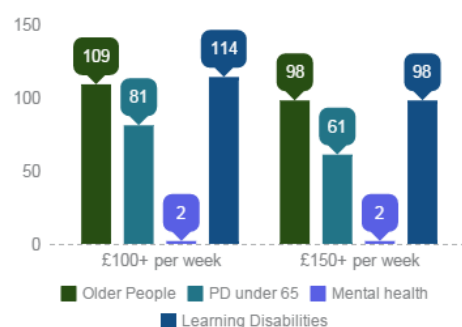
Number of people with Direct Payments per client group



Hestia can help with the following:

- Providing information and advice, explaining how to get more choice and control over people's care and support
- Help with support planning by making the best use out of people's personal budget and explaining what can and cannot be included in the support plan
- Help with arranging the necessary services and goods
- Support to manage finances and personal budgets

Direct Payments Budget per Client Group





Richmond Council financial position

The Council's funding for health and social care is derived predominantly from Central Government grant, as well as revenue from Council Tax and Business Rates.

There is uncertainty around the level of the Council's future funding, pending the Government Spending Review in Autumn 2015. At this stage the Treasury have indicated higher levels of public spending reductions will be required for "unprotected" areas of public spending, compared to protected areas such as NHS spending.

Local Government services such as social care and public health fall within the category of "unprotected" spend, therefore are likely to be subject to significant reductions in the Spending Review as part of the Government's deficit reduction plans. The Council is also constrained in terms of its ability to increase levels of Council Tax.



Council wide targeted efficiencies

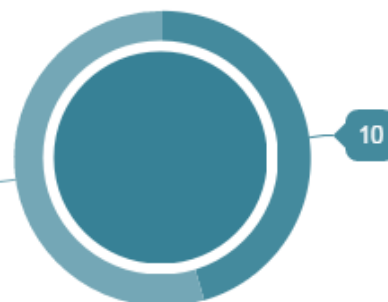
2016/17 to 2018/19

£10m

Expected to come from the establishment of a Shared Staffing Arrangement with Wandsworth Borough Council and from shared commissioning across the two Boroughs

12

10



£12m

Targeted from commissioning budgets and met through a combination of commissioner and provider efficiencies



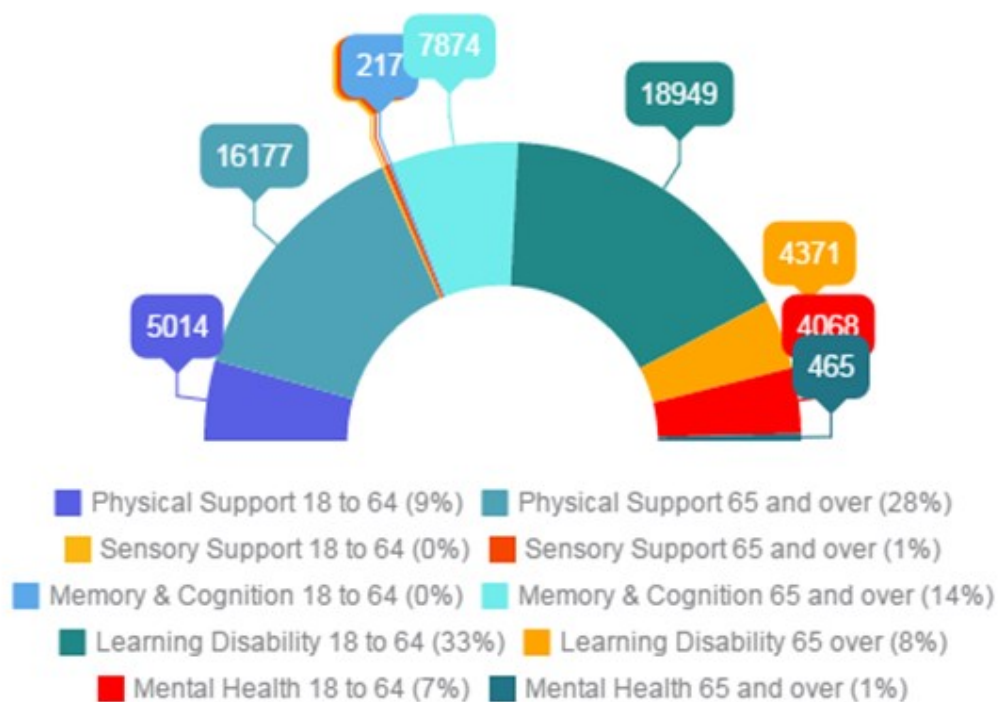


Richmond Council investment 2014/2015

By type of service (£000)

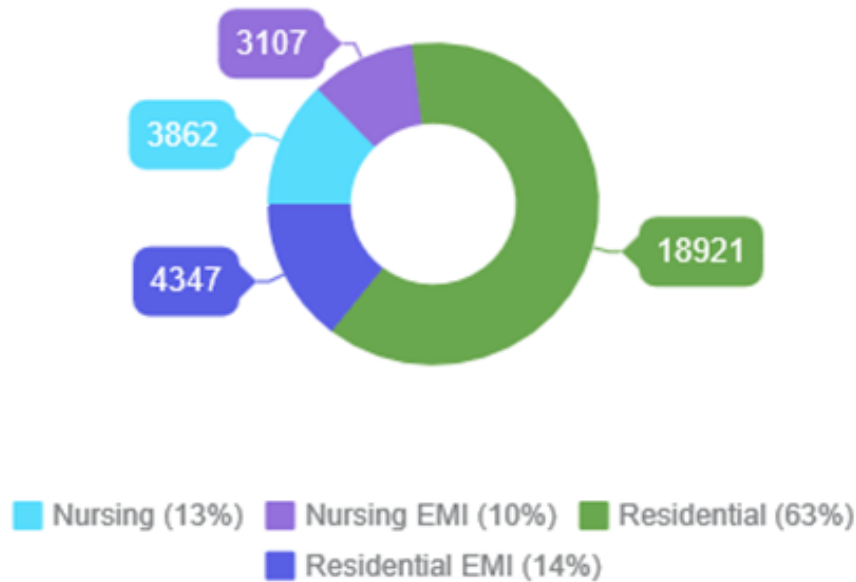


By type of service and age of users (£000)

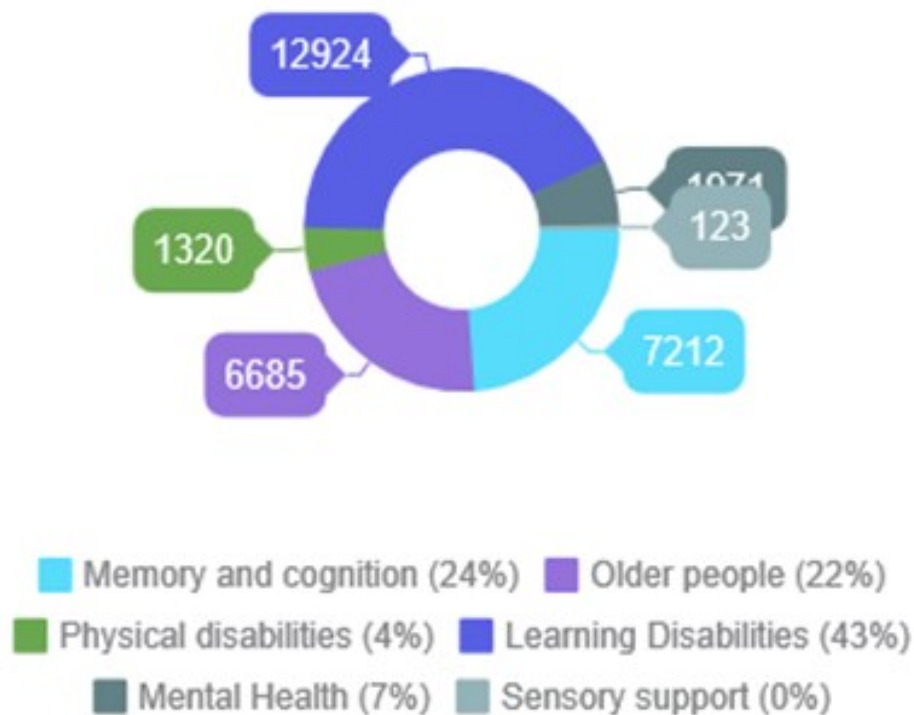




Richmond Council investment in nursing and residential care homes 2014/2015 (£000)



Investment in nursing and residential care homes per client group (£000)



Workforce

The prevalence of older people in Richmond (especially over 85) and the rising population age 65 and over, coupled with the lack of resources and change in the legislation (Care Act 2014) will have a significant impact on the care and support services. The increase in older population contributes to a growth in number of people with multiple conditions (which cannot be treated, but only managed via treatment and therapies). Additional demand on services may also come from the self-funder population who can access the service should they wish so.



The Council recognises that the quality of care and support that people receive is dependent on the skills and commitment of the people providing this care and thus is committed to supporting the care workforce.

Nationally, there is evidence that the age range of care workers is increasing, which will lead to more gaps on the workforce market should proper measures to recruit and retain younger care workers are not pursued. Providers have outlined on different occasions the difficulty in recruiting and retaining a skilled care workforce mainly due to the high area costs and increased job complexities.

The Council will set out its expectations towards the care workforce in its contracts. The Council expects its contracted providers to demonstrate that they value their workforce by offering appropriate remuneration, training and career opportunities.

The Council will review and further develop its approach to upskilling its own staff through its Workforce Development Department.

Engagement with people and their carers

The Council works closely with people and their carers to shape future commissioning strategies and is committed to working in partnership to develop effective services. The Council expects local providers to engage with their customers to ensure services meet their expectations and also to understand their current and future needs.

The group's contribution has been particularly important to areas where they have reviewed and advised on different approaches and terminology that could be improved.

The Council will continue to engage with people and their carers, as part of the commissioning process, in order to get their views on future care and support services.

Council officers have worked closely with the Care Act Coproduction Group (formed in May 2014) for the implementation of Phase 1 of the Care Act 2014.

The Coproduction Group consists of approximately 15 members who are considered to be experts through their experience as service users or carers and are able to provide insights into how proposed changes might impact on service users and carers.

Members of the group have consistently demonstrated a positive thinking approach to a wide range of issues (Prevention, Information and Advice, Finance) and have stressed the importance of the unique opportunity of this type of engagement which they found to be very effective. The group's feedback has been highly valued by officers across the Council with whom they have engaged.



Engagement with Providers

The Council aims to make effective commissioning decisions and deliver services that reflect the needs and aspirations of the local community, by engaging with the local providers to understand and respond to those needs.

Commissioners and providers need to continue to work together within the care and support market to deliver new models of provision, improve quality, increased choice and control for individuals and to deliver a much more responsive and efficient commissioning and delivery model.

The Care Act places a responsibility on local authorities, to help facilitate and create a rich, diverse and vibrant market of all sizes delivering high quality, personalised care and support services.

As outlined in the [MPS Engagement Plan](#), the type of market that the Council wishes to promote will be:

- **Diverse** - with services provided by a range of partner organisations, regardless of organisational form, with a mixture of both smaller and larger organisations.
- **Sustainable** - with services commissioned on the basis of achieving value for money and promoting social value so that services are sustainable and capable of delivering the quality and outcomes required.
- **Quality orientated** - with services that are responsive to people needs and focused on delivering outcomes
- **Fair** - with the provision of services from local suppliers who prevent abusive employment practices by championing the rights of staff, including offering the living wage and offering contracts to locally employed staff on a basis wanted by the workforce
- **Collaborative** - with commissioners, providers, Service Users, carers and other relevant stakeholders actively working together
- **Transparent** - where decisions are visible and open to fair challenge and with information on the market's performance and quality made accessible to local communities

The Council has established a Provider Reference Group (PRG) with members from all key delivery areas to act as a “sounding board” to help shape and develop future services. The role of the group is to share and contribute to a better understanding of the current supply, demand and future needs for services and to test out new approaches and new ways of working.

The Terms of Reference for the Provider Reference Group will be revised in September 2015, in line with the Council and Richmond CCG future strategic priorities.

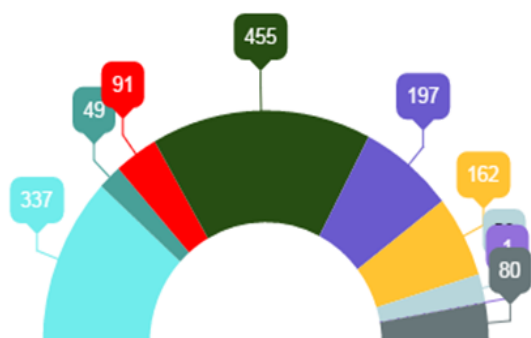
The providers part of the PRG, have the opportunity to develop ideas and generate solutions to provide high quality services for residents of Richmond promote innovation and partnership working and contribute to the development of outcomes that matter to people.



The Carers Strategy for 2013 to 2015 has been developed in partnership with local carers, the London Borough of Richmond upon Thames, Richmond Clinical Commissioning Group, [The Carers Hub Service](#), Richmond Borough Mind, South West London and St Georges Mental Health Trust, Hounslow and Richmond Community Health Trust, Richmond Well-being Service and members of the Carers Strategy Reference Group. Click [here](#) to access the full document.

Number of carers identified by the Richmond Carers Hub by age (data Q3 - 2015)

5-17 (24%) 18-24 (3%) 25-40 (6%) 40-64 (32%) 65-74 (14%)
75-84 (11%) 85+ (4%) Did not respond (0%) Unknown (6%)

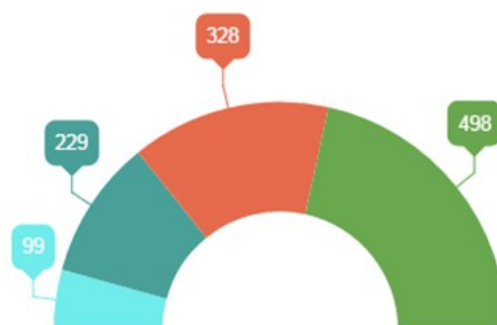


The information presented includes performance data (2015—Q3) and was collected by LBRuT as part of managing the Richmond Carers Hub contract.

The number of carers is predicted to increase in the next years with the most increase recorded in the number of carers aged over 85 years.

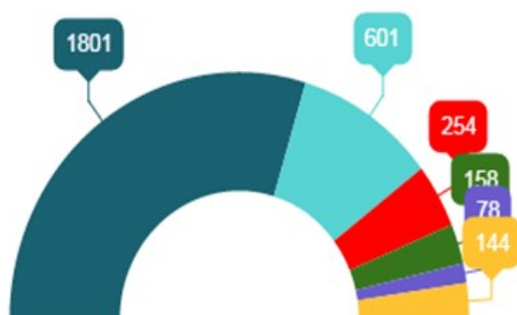
Number of carers identified by the Richmond Carers Hub by type (Q3 - 2015)

New Young Carers (9%) New Adult Carers (20%)
Total Registered Carers (28%) Total New Carers identified (43%)



Support offered to Carers via Richmond Carers Hub (data Q3 - 2015)

Number of breaks 5 hrs/ under (59%) Number of breaks over 5 hrs (20%)
Adult Carers attending .. (8%) Leisure activities delivered (5%)
Young Carers attending .. (3%) Breaks young carers delivered (5%)



In quarter 3, this year - Richmond Carers Hub delivered over 600 carers breaks, over 5 hours, and 1801 carers breaks for 5 hours or under. The emotional support contributes to the wellbeing of the carers and enables them to have a life outside of their caring role.



Community Independent Living Service (CILS)

The Community Independent Living Service delivers a wide range of services designed to maximise people's independence, help them make a positive contribution to their local community, reduce social isolation and improve their wellbeing either through delaying deterioration and dependency or aiding recovery.


Services are designed to deliver a network of informal support services for vulnerable adults in each of 4 localities. These localities reflect the current boundaries for adult social care teams and GP clusters, to provide better synergy with statutory services.





**will offer
people tailored
services**


 Advice, information and
sign posting

 Support groups

 Clubs and activities

 Social, educational
and cultural events

 Exercise and fitness

 Training opportunities

The service is provided by [GoLocal](#) and [Community Partnership](#) and their subcontractors.

CILS partnership working has been a success in the first year of the contract and recorded a high number of people attending the services across the borough.

CILS has achieved positive outcomes that have improved the lives of residents including:

- increased levels of new people accessing activities which will ultimately impact on the long term health goals for the population;
- befriending, peer and group sustainable activities that help reduce social isolation
- advice and information through the Information Navigators service
- access to a wide range of locally available services across the borough that work in partnership and offer a seamless customer journey

Future commissioning initiatives

Help to live at Home

The Council aims to make effective commissioning decisions and deliver services that reflect the needs and aspirations of the local community by engaging with local providers and residents to understand their needs, views and expectations.

The Council has engaged with different groups of stakeholders on the new *Help to Live at Home* model.

The focus of the engagement process was around outcome based commissioning and specifically the following topics:

- manage people's expectations of an outcome based provision;
- create/grow a skilled workforce;
- promote partnership working in order to deliver an outcome based service;

The Help to Live at Home model is an outcome based approach to commissioning home support which will focus on reducing people's ongoing care and support needs and promoting their independence. The proposed model will include rehabilitation support as one of the tiers as well as home support.

The aim is to create a developmental contract which would progress over its life and would consist of continuous improvement as well as future-proofing the service through these changing times.

It is intended to use payment by results as part of this developmental contract to incentivise providers to decrease people's ongoing requirements through increasing their independent living skills and enhancing their general wellbeing. This is the opposite of the current time and task model where providers receive greater payments for increased needs. By increasing the incentive to make people more independent the system should allow for greater efficiencies and overall potentially reduce the impact on other front line services.

As part of the final preparation, development and on-going consultation on the Help to Live at Home model, the Council hosted a market event on 22 April 2015 with a wide range of providers, to promote the future commissioning of the Help to Live at Home service.

This was part of the ongoing engagement process (as required by the Care Act 2014) to make effective commissioning decisions by engaging with local providers to understand the needs, views and expectations of local residents, and deliver services that reflect the needs and aspirations of the local community.

The Help to Live at Engagement report can now be found [online](#).



Learning Disability (2014 - 2017)

Following Winterbourne View, a priority for all local authorities and Clinical Commissioning Groups (CCG) is to develop local, good quality support for people whose behaviour challenges services or have complex needs, in particular to reduce the dependence on assessment and treatment units.

The Council and Richmond CCG are committed to develop new models of care and support, particularly for people with complex needs and behaviour. The intention is that these people will be supported locally and services will be developed to enable this.

A key priority for Richmond is to ensure that a wide and improved range of housing options are available for people with a learning disability.

The Council and Richmond CCG have a long term strategic plan to transform and modernise local provision for adults with a learning disability. The plan includes 3 Phases, the first of which will be mobilised by the end of December 2015. Phase 2 and 3 of planning are underway with consultation planned from January 2016.

Learning Disability Strategic Plan

2014 - 2017

PHASE 1

2014 - 2015

Phase 1 focuses on the commissioning and outsourcing of the remaining services provided by the Council and new provision required to meet the needs of young people with a learning disability who are currently in transition to adults services.

PHASE 2

2015 - 2016

The second phase of the commissioning plan will focus primarily on the re provision of Respite services and the remaining supported living services commissioned by the Council and not included in Phase 1 and specialist healthcare services.

PHASE 3

2016 - 2017

Phase 3 will focus on the remaining residential care services and is likely to consider options around a framework agreement to purchase individual placements.



Care Act 2014 focuses on the concept of wellbeing and prevention. All actions taken by local authorities under the Act need to be driven by their duty to consider the impact of the care and support needs on people's wellbeing, as well as a duty to prevent needs arising and consequently having an increasing effect on that wellbeing.

The local authority **must**:

- Listen to people's views, wishes, feelings and beliefs
- Assume people are the best judge of their own wellbeing
- Ensure the individual can participate as fully as possible in decisions about their care
- Not make unjustified assumptions based on people's age, appearance or behavior

The Care Act focuses mainly on Independent Advocacy provision and how this can be developed to support the principle of wellbeing. However, in order to develop a service that meets the care and support needs of the entire population, it needs to be looked at in conjunction with the statutory advocacy provision (IMCA/IMHA) and other types of advocacy delivery (NHS complaints advocacy).

There are interdependencies between advocacy strands since the independent advocacy under the Care Act is broader and applies in a wider set of circumstances, providing support to:

- People who have capacity but have substantial difficulty in being involved in the care and support process
- People in relation to their assessment and/or care and support planning regardless of whether a change of accommodation is being considered for the person
- People in relation to the review of a care and/or support plan
- People in relation to safeguarding processes
- Carers who have substantial difficulty in engaging, whether or not they have capacity
- People who have someone who is appropriate to consult for the purpose of best interest decisions under the Mental Capacity Act, but where that person is not able or willing to assist with advocacy in any other capacity

Currently, there are several advocacy strands provided in Richmond:

- Independent Advocacy (including Care Act advocacy)
- Independent Mental Capacity Advocacy
- Independent Mental Health Advocacy
- NHS Complaints Advocacy

Richmond Council intends to re-commission its advocacy services in 2016 with a view to achieving the following outcomes:

- reduced duplication and delays in the system by having a single point of access
- continuity of provision for the person accessing the services
- improved partnership working between provider, commissioner and the social care teams
- increased people satisfaction

Developing the commissioning strategies

The financial situation and the change in local demographics mean that the Council and Richmond CCG must prioritise their commissioning and deliver services that work best to achieve meaningful outcomes to people. Richmond CCG published its detailed commissioning priorities for 2015/16 within the "[Commissioning Intentions](#)" document. Below are the objectives that Richmond CCG is working towards in 2015/16.



Richmond CCG objectives 2015/2016 Key service area



Community Services
Ensure that community services are robust in respect of service delivery, with clear, measurable outcomes that will be closely managed by the Richmond CCG.



Mental Health
Continue to improve services and outcomes to support people in the community, with acute interventions only when needed



Partnerships
Work closely with relevant partners and stakeholders, including the voluntary sector to secure high quality services delivered to people in the best settings



Unplanned care
Establish and maintain an urgent care pathway for the residents of Richmond which ensures they have access the most appropriate level of urgent care in the right setting



Primary care
Work closely with partners to develop 7 days services and deliver outcomes that matter to people



Planned Care
Improve customer journey and create efficiencies by promoting self care



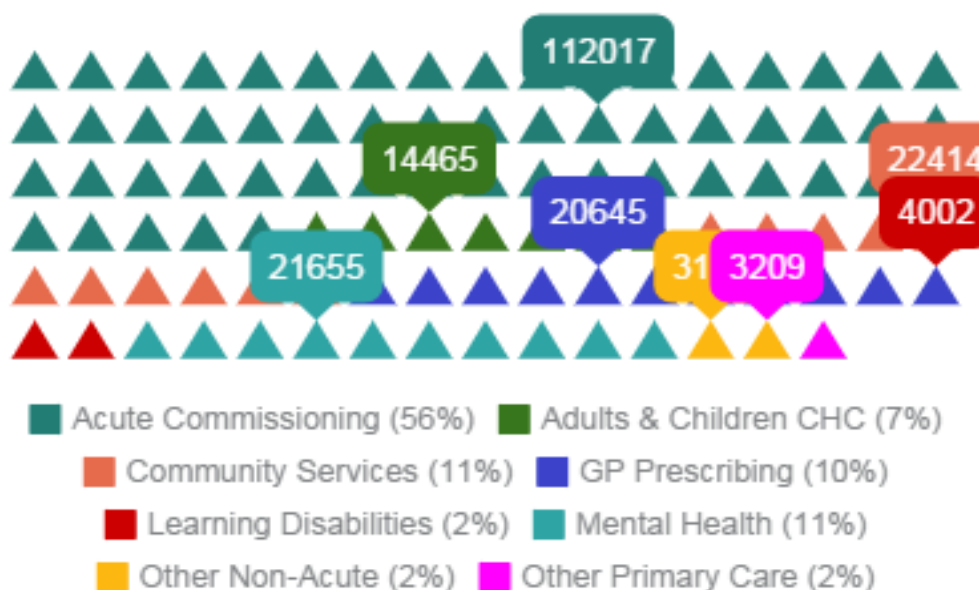
Integrated care
Encourage accessible, responsive, coordinated care and support services in the community, which are integrated, person centred and based on outcomes which are important to people.



Children commissioning
Provide additional support and help to the most vulnerable children and improve outcomes by providing a strong integrated service that identifies issues early



Richmond CCG investment in the local market 2015/16 (£000)



Future aspirations and next steps

The Council and its partners expect the provision of care and support to continue to undergo significant transformation since care and support needs are becoming more complex, the population is growing and people have different expectations about how care and support services should work. These issues, coupled with less resources and a continuous struggle to recruit and retain skilled staffing can increase the strain on both health and social care services. The Council is moving from a “one size fits all” approach to service delivery since people are looking for a more bespoke service to meet their care and support needs. This requires local providers to be flexible and be willing where necessary to develop partnerships with other local providers.

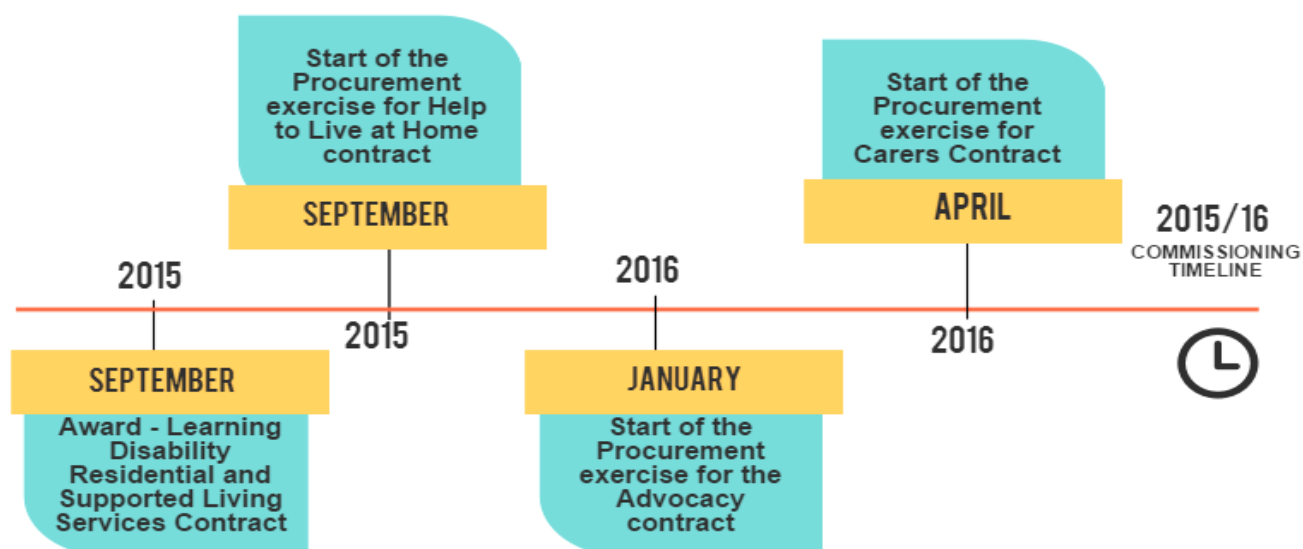
The Council and the CCG recognise that meeting these challenges requires a collective response by only working closely with local providers, as partners, to develop the solutions the care market needs.

The Council and the CCG intend to stimulate further debate about proposed models of care and new ways of working in the market and with communities through further engagement that will set out the key issues and challenges as well as innovative options for securing the services people will need in the future.

Our next Market Position Statement is part of this process and will reflect these debates as it is the Council and the CCG’s wish for the MPS to be a live document and contribute to the development of innovative, high quality services.



Commissioning timeline 2015/16



For queries and suggestions about the Market Position Statement document please send an email to:

JointCommissioningCollaborative@richmond.gov.uk