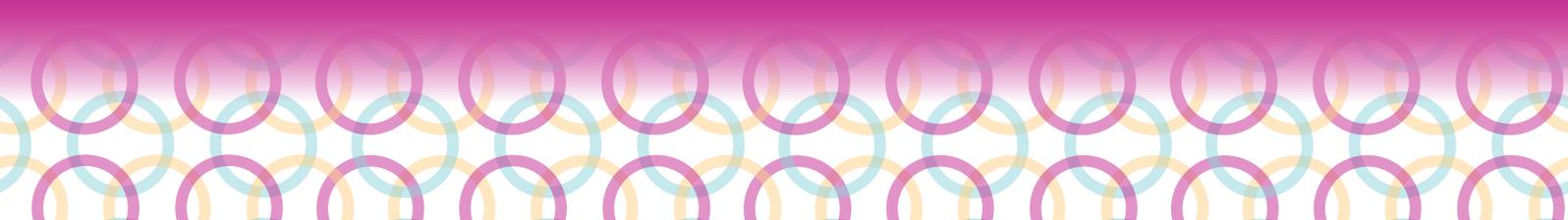


Adult Social Care

Market Position Statement

Salford City Council





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Adult Social Care Business Priorities

	Building on community capacity and resilience
1	Develop integration with health – support the integrated care programme for older people
2	Review Day Services and reconfigure support and remodel
3	Develop Adult Placement – increase the number of older people accessing
4	Maximise homeless early intervention prevention outcomes and deliver a wide range of housing options
5	Report to citizens and consumers on performance in adult social care for 2012/13
6	Support the Clinical Commissioning Group (CCG) during its first full year of commissioning
	Getting a life (not a service)
7	Fair Access to Care Services (FACs) - consultation on changing the eligibility levels
8	Identify commissioning priorities for Housing related support
9	Enable vulnerable people to live independently through housing related support and access to suitable housing
10	Launch and deliver the Salford Discretionary Support Scheme (SDSS) scheme through Salford Housing Options Point (SHOP)
	Just enough support
11	Reducing the number of people supported in residential care
12	Continue the implementation of the enablement pathway for everyone
13	Review people on Direct Payments
	Public health
14	Invite 100% of the 2012/13 eligible population to attend for a NHS Health Check
15	Continue implementation and sustainability of Making Every Contact Count (MECC)
16	Implement a programme of Health Needs Assessment according to the priorities of the Health and Wellbeing Board



Foreword

Salford's most important assets are our people - they create the vibrant city we live in and continually influence the nature of our changing and diverse communities. Salford people have a strong ethos of resilience, helping their loved ones, their neighbours and their communities to live happy and fulfilled lives together.

Salford people understand that social responsibility is everybody's business and know the importance and benefits of taking good care of themselves as this helps others around them in their lives.

Salford people understand that in times of need they should be able to call on support from the council in order that they can be helped 'back on their feet' so they can carry on living independently. They also know that if needed, the council will support them in longer-term choices about their social care needs.

In this context, Salford City Council's responsibility is to develop an Adult Social Care Market that supports Salford people to makes choices that allows them, for most of their time to lead happy and fulfilled independent lives within their neighbourhood - making use of local assets, their family, friends and local groups.

Our ongoing Market Position Statement (MPS) sets out our understanding of social care need, service patterns and other responses across the city. Over time, it will become a vital reference point for all those who play a part in social care in Salford.

The MPS is produced in close dialogue with service users and carers, businesses and third sector organisations. We hope that you will find it useful and look forward to your feedback so that we can continue to improve it.

Salford City Council would like to acknowledge the support provided by the Institute of Public Care - IPC, part of Oxford Brookes University in the development of this Market Position Statement.



Introduction

Salford City Council's Adult Social Care Market Position Statement (MPS) contains intelligence, information and analysis for adult social care providers in Salford. It describes current and potential future demand and supply and outlines models of care the local authority wishes to encourage.

The council wants a renewed dialogue with adult social care providers, on market capacity and capability, to identify together where pressure points exist and to decide on how innovation and best value can be incentivised. The council wishes to work with providers to develop a diverse and active market where innovation is encouraged and rewarded and where poor quality is actively discouraged.

The MPS looks at the regulated adult social care market which includes care homes, home care services, day services, shared lives schemes and the unregulated market such as direct payments, personal assistants and supported living schemes.

The MPS is aimed at both existing and potential providers but will also be of value to those who are interested more generally in the future of local social care markets.

This MPS includes a supply and demand analysis which is also published online, and which is updated when new data is available.

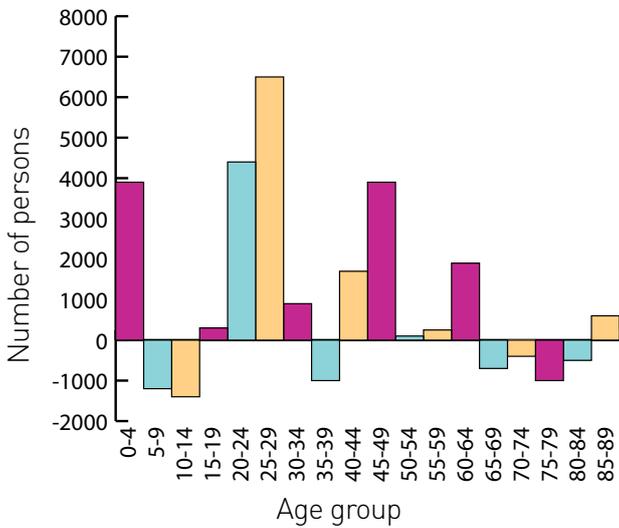
As a strategic commissioning organisation, Salford City Council's role is to:

- Understand need, based on evidence.
- Understand how people and communities want to live their lives.
- Enable self help and community resilience.
- Understand local markets, determine when to act upon them, and monitor quality.
- Decide when and how to commission services based on prioritising the needs.
- Work effectively with providers, service users, carers and communities to make sure that the right services are available, in the right place, at the right time.

The MPS sets out our plans and outlines trends for commissioning for social care across all service user groups. It includes information on purchasing by the council, some joint commissioning with the NHS and, increasingly, trends in purchasing arranged by individuals, whether as self-funders or personal budget holders.

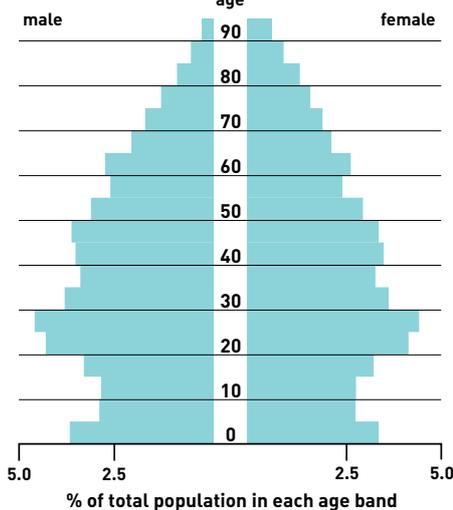
Salford Population History and Projection

Population change - Salford - Census 2001-11

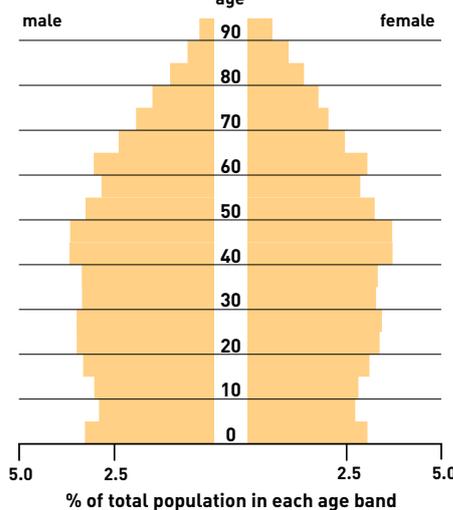


At the 2001 Census the population in Salford was recorded at 216,103. This increased by 8.3% at the 2011 Census with Salford's current population recorded at 233,933. Over this 10 year time period the over 65 age group population declined by 6% with the working age population increasing by 13.5%. Currently the over 65 age group makes up 14% of the total population.

Salford population profile



England population profile



The current population profile in Salford is broadly consistent with England's profile with the exception of the 20-30 aged group category, which shows a higher than England average in Salford.

Year	Total population	18-64 population (% total)	65+ population (% total)
2001	216,103	139,700 (64.6%)	35,200 (16.3%)
2011	233,933	158,500 (67.8%)	33,100 (14.1%)
2020	261,600	167,000 (63.8%)	36,800 (14%)
2030	287,900	181,000 (62.9%)	43,800 (15.2%)
2035	300,000	189,300 (63.1%)	47,600 (15.9%)

Over the next 20 years the population of Salford is projected to increase to 252,000 by 2017 then to 280,000 by 2027 and up to 300,000 by 2035. At 2035 it is projected that the 65+ age group will make up nearly 16% of the total population of Salford, near to the percentage level it was recorded at in the 2001 Census. The actual and projected percentage of the 18-64 aged group shows a fluctuation of +/-4.9%. The projected population changes in Salford are consistent with the England projections up 2035.

Predicted population in Salford of people aged 18-64 with a disability or a mental health problem, 2012 – 2030

	2012	2016		2020		2025		2030	
	No.	No.	% increase						
People with a moderate or severe learning disability	843	887	5.2%	931	5.0%	987	6.0%	1047	6.1%
People with a moderate physical disability	10,981	11,399	3.8%	11,965	5.0%	12,494	4.4%	12,990	4.0%
People with a serious physical disability	3,059	3,149	2.9%	3,354	6.5%	3,553	5.9%	3,685	3.7%
People with a moderate or serious personal care disability	6,319	6,561	3.8%	6,967	6.2%	7,323	5.1%	7,580	3.5%
People with a common mental disorder	24,659	25,705	4.2%	26,682	3.8%	27,728	3.9%	28,831	4.0%

Predicted population in Salford of people aged 65+, 2012 - 2030

Condition (people aged 65+)	2012	2016		2020		2025		2030	
	No.	No.	% increase						
Long-term illness	18,896	19,794	5%	20,331	8%	22,070	17%	24,221	28%
Depression	2,970	3,098	4%	3,158	6%	3,404	15%	3,747	26%
Severe depression	943	986	5%	1,003	6%	1,114	18%	1,213	29%
Dementia	2,457	2,548	4%	2,714	10%	3,032	23%	3,387	38%
Stroke related condition	789	830	5%	857	9%	942	19%	1,033	31%
Fall prediction	9,148	9,560	5%	9,922	8%	10,759	18%	11,914	30%
Visual impairment / blind	1,050	1,075	2%	1,120	7%	1,286	22%	1,370	30%
Hearing impairment (moderate / severe)	14,719	15,207	3%	15,826	8%	17,758	21%	19,217	31%
Hearing impairment (profound)	387	401	4%	426	10%	475	23%	523	35%
Mobility need	6,371	6,588	3%	6,934	9%	7,582	19%	8,364	31%
Obese	8,927	9,340	5%	9,458	6%	10,151	14%	11,160	25%

Market Context

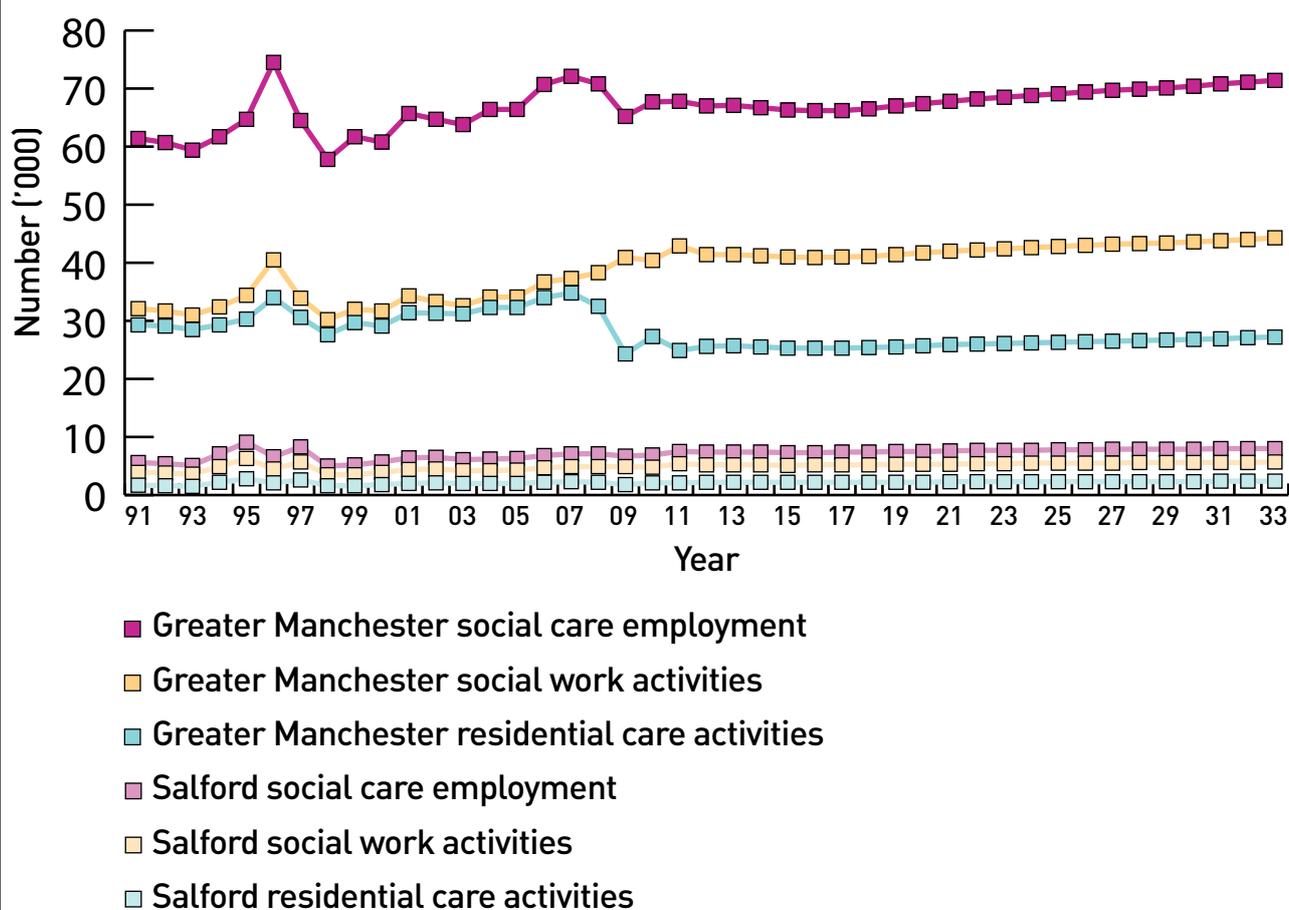
Economic value of the Salford Social Care sector

Summary

- The value of the Salford social care sector is £190.7 million. Almost a half (£86.6 million, 45.4%) of that value relates to residential care.
- The sector, at £190.7 million Gross Value Added, represents approximately 3.9% of the total Salford economy (£4.9 billion GVA).
- The social care sector is an important source of employment locally providing 7,400 jobs which represents 5.8% of all jobs in the city (127,000).
- Salford contributes over 11% (7,400) of all social care jobs in Greater Manchester (67,000).
- Between 1991 and 2012 the size of the sector in Salford grew significantly, with a 29.4% increase (+500) jobs in the residential care

- sector and an extra 1,300 jobs created in the social work sector, an increase of 33.3%. The GM social care sector similarly experienced a significant growth in jobs (+9,300), although at a lower rate (29%) than in Salford. In stark contrast to Salford the residential care sector across Greater Manchester declined over the same period with a loss of 3,700 jobs.
- Looking forward over the next 20 years the Salford social care sector is expected to continue to grow, although at a lower rate, with an extra 600 jobs to be created by 2033, growth of just over 8%, much lower than in the previous 20 years, although still higher than that expected across GM (+6.4%).

Employment types in the Social Care Sector - past and projected Salford and Manchester



Value (£) of Salford social care sector¹

Value (£ GVA) of GM health and social care sector	£4.2 billion
Value (£ GVA) of Salford health and social care sector	£420 million
GM total health and social care employment	164,000 jobs
Salford health and social care sector employment	16,300 jobs
GM total social care sector employment	67,000 jobs
Salford social care sector employment	7,400 jobs
Salford 'Residential care activities' employment	2,200 jobs
Salford 'Social work activities' employment	5,200 jobs
Social care proportion (%) of GM health and social care employment	40.85%
Social care proportion (%) of Salford health and social care employment	45.40%
Value (GVA) of GM social care sector	£1,715,700,000
Value (GVA) of Salford social care sector	£190,680,000

Source: Oxford Economics, Greater Manchester Forecasting Model (2012)

¹The social care sector is defined as 'residential care activities' + 'social work activities'



Responding to national policy changes

The government's decision to implement the proposals of the Dilnot Commission, now incorporated in the Care Bill currently before parliament, is a significant stepping stone to wider reform, but will not on its own solve the social care funding challenge.

Salford's central challenge is to assess the total quantity of resources needed to ensure that people have access to the right level of support. For many people it is eligibility for help, not protection from costs that is the primary issue. This is especially the case for adults of working age with care and support needs arising from disability and chronic health conditions. There is also a need to better understand the self-funding market and the implications on supporting this sector.

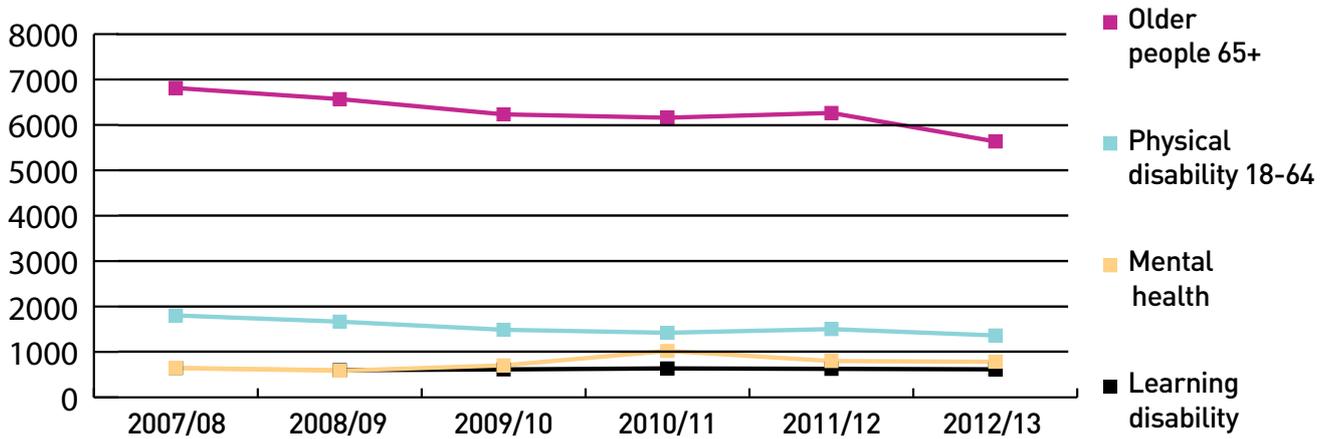
Building on the Dilnot framework, there are four key priorities for attention that will influence the development of the Adult Social Care market in Salford:

- To ensure that robust and detailed preparation and planning arrangements are in place for implementing the Dilnot proposals, thus establishing a new framework for planning and cost-sharing.
- The move towards sharing resources across health and social care and closer alignment of the city council's and Salford Clinical Commissioning Group's budgets around individual needs.
- Health and Wellbeing Boards will play a key leadership role in ensuring that care reform is part of a wider transformation of local health and care services, alongside public health strategies to promote wellbeing and reduce future demand for health and care services.
- There needs to be fresh debate about the options for funding the quantity and quality of care for the future and about ways of overcoming the dividing lines between how health care and social care are paid for.



Care Managed Services

This section shows the level of activity across Salford City Council managed services from 2007/08 to 2011/12. The chart below breaks down service user volumes into the broad service categories of community-based care, residential care or nursing care for each service user group.

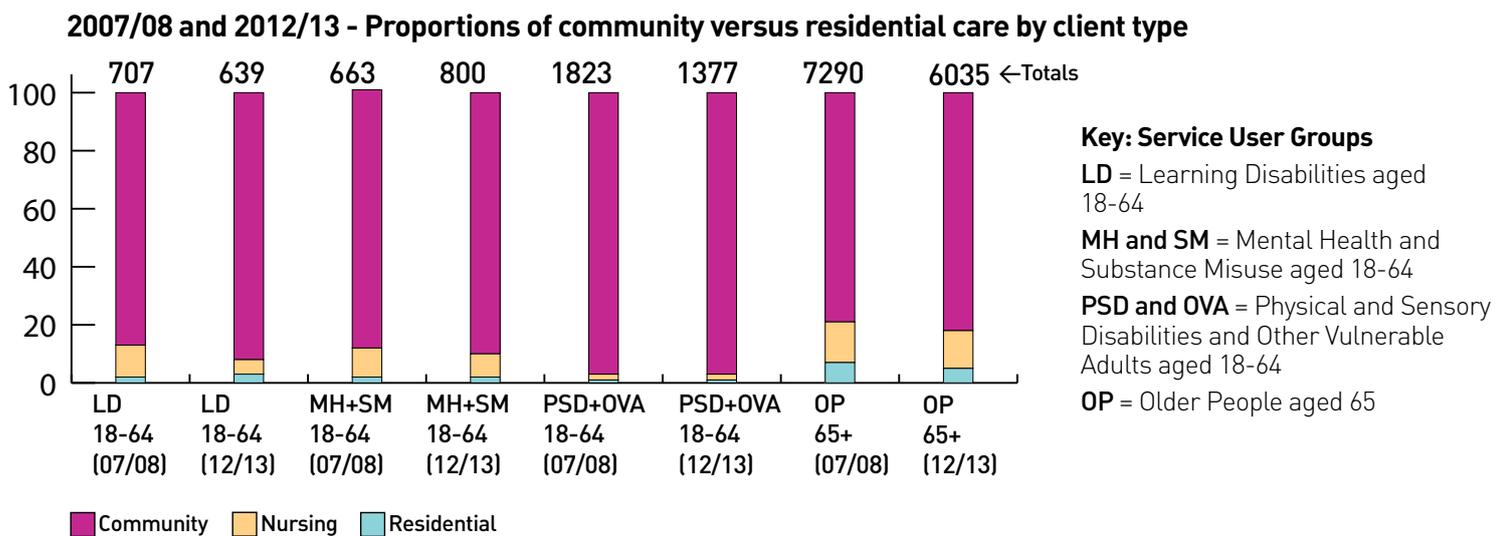


- By far the most significant proportion of service users is Older People 65+ who represent 69% of overall service users in 2011/12. The number of older people receiving a service has fallen by 8% over the period 2007/08 to 2011/12.
- All client groups apart from mental health have seen a decrease in numbers between 2007/08 to 2011/12. The reduction in client number can be explained by the move away from more traditional care-managed services, improved information and advice and the development of reablement services such as Intermediate Care.

- As a result of improved client and carer recording between 2009/10 to 2010/11 there has been an increase in the number of people noted against mental health between 2007/08 and 2011/12 (from 634 service users to 781). This increase does not necessarily reflect an increase in either demand or supply of services against this category.
- There has been a very little overall change to the number of people within the Learning Disability 647 in 2007/08 to 627 in 2011/12.
- There has also been a 15% reduction in the number of Physical Disability clients over the five years since 2007/08 from 1,643 to 1,389.

More people are supported to live in their own homes

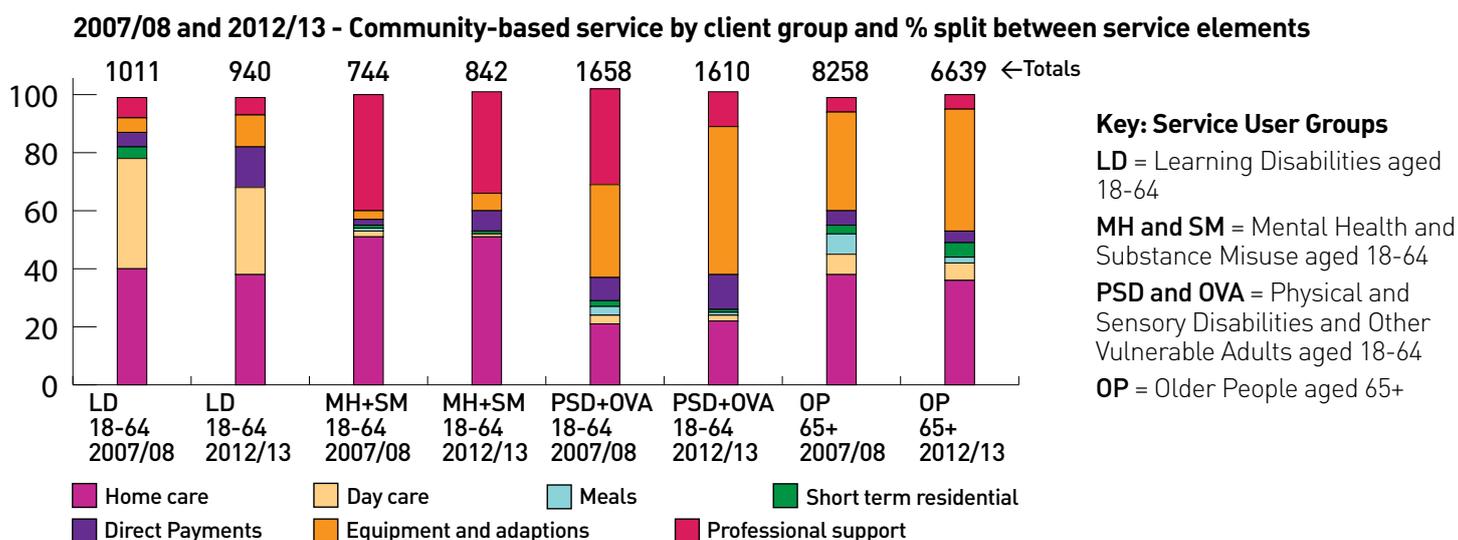
Service user volumes can be understood by broad service types of community-based care, residential care or nursing care for each group. The chart below breaks down service user volumes into the broad service categories of community-based care, residential care or nursing care for each service user group:



- Over the period 2007/08 to 2012/13 we have seen an overall fall (16% or 1,641) in the number of clients being provided with a service in these areas. The most significant reduction in number is in the 65+ group with a fall of 1,255 (17%).
- The trend across all client groups has been a move away from residential and nursing care into community based services.
- We have continued to see a downward trend in the number of Learning Disability 18-64 clients living within residential or nursing settings (94 in 2007/08, down to 49 in 2012/13).
- The volume of Mental Health and Substance Misuse 18-64 clients receiving community-based care has increased since 2007/09 from 597 to 721 in 2012/13, with 90% of current services being community based. The number of people with mental ill health aged 18-64 in residential settings has remained at a consistent level between 2007/08 to 2012/13.
- For Physical & Sensory Disabilities 18-64 the number of people in residential settings between 2007/08 and 2012/13 has decreased slightly (from 62 to 49). Currently 97% of this group are supported in the community.
- The most significant proportion of people in nursing care is older people 65+ at 6%, with a further 16% in residential care. 4,943 or 82% or older people are supported within community services which is a 3% increase from 2007/08.
- For older service users, this can be further broken down as follows:
 - » 2% have a learning disability (99 during 2012/13, an increase of 14 on 2007/08 volumes).
 - » 20% have a mental health condition - 1,137 during 2012/13, 493 more than in 2007/08. There was a 144% (354 to 862) increase in the number of clients with dementia from 2011/12 to 2012/13.
 - » 73% or 4,125 have a physical or sensory disability.

Community-based Support – a wide range of approaches

The following analysis looks at the make up of community-based care, by service elements, across the different client groups for 2007/08 and 2012/13. A person can be counted only once within each service type regardless of how many times during the year they receive the service, but a person can be counted within different services (counted once within Day Care and once within professional support, for example).



- Within Learning Disability 18-64, the predominant service types are Home Care (38%) and Day Care (30%) of the 940 community-based service users receiving this service at some point during 2012/13. In both percentage (down by 8%) and volume (down by 103), the use of Day Care has reduced since 2007/08. In line with the personalisation agenda, within learning disabilities there has been a doubling in the uptake of Direct Payments and Personal Budgets, with 131 LD clients with a direct payment at 2012/13, compared to 55 in 2007/08.
- Home Care is the most frequently provided community service to Mental Health 18-64 service users (51% of service users receiving this service – 432 people).

- 51% of clients with physical or sensory disabilities have been supported with equipment and adaptations (817 clients), a 54% increase from 2007/08. 22% of services to this service user group are home care (347 clients).
- There has been a shift in service use over recent years within Older People services. In 2007/08 38% (3,125) had home care support with 34% (2,832) having equipment and adaptations. In 2012/13 this position had reversed with 42% (2,802) having equipment and adaptations and 36% (2,410) having home care. There has been a significant reduction in the number receiving meals services (595 down to 159) and day care (570 down to 366).

Self Directed Support and Direct Payments in Support of Personalisation

Salford City Council assisted 69% of eligible individuals through Self Directed Support at the end of March 2013 and has a target of 90% by the end of March 2014. For the 12 months ending 31 March 2013, 49% of people receiving services had Self Directed Support (which equates to 4,324 people), 7.5% (630) were taking this as a Direct Payment. We expect the number of people receiving a Direct Payment to continue to increase and the city council has established a Personalisation Project Group to develop a work programme to increase take up of Direct Payments as the preferred option to use a personal budget.

Public policy is increasingly focusing on the role of the state and the appropriate balance between public provision and self help. It encompasses the ideas of localism and the view that communities, not just individuals and their families should play a greater role in meeting local need.

The rapid change arising from personalisation and greater choice and control for people eligible for state-funded social care, supported by the rapid growth of Personal Budgets and Direct Payments, is refocusing the role of the council.

Our historic role as the primary purchaser of services is changing and local authority and NHS commissioners and providers need to think more carefully about the purchasing power of individuals – using their own money, personal budgets or both.



Strategic Commissioning Focus

Our strategic policy and commissioning priorities focus firstly on helping people to find the support they need within their communities, promoting self care and individual responsibility. Where people have an eligible need, the emphasis is initially on intensive, short-term 'reablement' which restores maximum independence for the long term benefit of the client. (see page 19 – Self Care)

Where a needs assessment identifies that people need a longer-term service, the focus will remain on models that promote independence and ensure that people are able to make full use of their own skills and abilities and of the resources around them in their local community.

This will mean:

- Focusing on the outcomes that the person wants to improve upon, the level of response required and assertive monitoring of how this affects their lives.
- Helping individuals to make informed choices about what services they would want to buy to meet their needs and from who.
- Focussing financial resources away from institutional settings to support in the community, reinforced by a wider range of accommodation options.
- Continuing the shift to more flexible arrangements that encourage responsiveness to the needs and choices of people based on affordability, choice, quality, and accountability in service provision.
- Focusing on the needs of individuals rather than defining them by service user group, purchasing highly specialist services where needed.
- Emphasising co-production with communities, with eligible people and their carers, and with providers.
- Moving away from services being provided directly by the council.

This will require:

- Encouragement of a robust independent sector infrastructure that can reliably deliver services and other opportunities.
- A firmer evidence base, informed by more effective understanding and monitoring of outcomes and feedback from citizens to shape future commissioning intentions.
- A close relationship with sector providers which continues to share market intelligence to further understand any potential gaps in provision and clarification of respective roles in responding to need.
- An increasing emphasis on the provider's ability to demonstrate productivity, cost effectiveness and value-for-money within a culture of personalisation.
- The potential for commissioning to adopt a Plan-Do-Study-Act (PDSA) model to promote market innovation and creativity (accepting some risks) in order to encourage new services and new providers.

Personalisation Framework

The council has developed commissioning approaches to the provision of domiciliary care and supported accommodation through independent sector provision. Building on this experience the council will establish a Personalisation Framework through a procurement exercise. This will set up a list of Salford approved providers able and willing to meet Salford's standards for service delivery (Making It Real). Following this, service users who wish to seek an innovative personalised service will be able to approach providers on the framework. The expected medium will be through using the Direct Payment system. The Framework will also act as a resource to commissioners wishing to go to market for new or recommissioned services.

The preferred list allows an individual who has taken a direct payment to source a provider to deliver their service knowing that providers have been through a 'fit for purpose' check. This isn't normally the case when an individual takes a direct payment as they are free to choose whoever want which in some cases can place individuals at risk.

Under the preferred list, the council do not want to enter into contractual agreements with providers. However, as the council do ultimately have legal responsibility for individuals placed under its care it is important that providers sign up to the council's minimum standards.

The specification will allow providers to understand the council's thinking behind the 'preferred list' and the type of business that may come their way. The council wants creative and innovative providers to deliver services so this will be replicated in the specification through an outcome focused approach.

At the same time, the list can be used by individuals across several different client groups including learning disability, mental health and physical disability. Therefore, the intention is for providers to be categorised into lots which will enable individuals and commissioners to identify which providers might be suitable to deliver a service. This will also form part of the specification.

Once on the preferred list

Once providers are placed on the preferred list, what is the process for awarding business? For example, if an individual has a learning disability and there are 20 providers who are in the 'lot' to deliver services for this client group, how will the individual select a provider?

The options could be:

- Randomly select a provider.
- The outcomes for an individual are sent to each provider within the lot and an offer is made by the provider to the individual.
- The individual selects two or three providers they are interested in and individual discussions take place with those providers.
- A tender process is developed and run by the individual / advocate.
- A tender process is developed and run by commissioners.

Equality and Diversity in Procurement

Salford City Council is committed to achieving a society where everyone can participate and has the opportunity to fulfil their potential. Freedom from discrimination and equality of opportunity are fundamental rights and we will challenge inequality, while valuing diversity and mainstream equality in all of our work.

When contracting and commissioning services our objectives are to ensure:

- All contracts are procured and delivered in a way that is non-discriminatory and promotes equality of opportunity for staff, the general public and the business community.
- The goods, works and services provided by contractors and suppliers are non-discriminatory and cater equally for all users' needs.
- The recipient or the service user enjoys equal access to, and is equally satisfied with, performance and quality irrespective of any other factor.
- The procurement process incorporates equality standards at all stages.

- Existing contracts and contractors are monitored to ensure compliance with equality standards.
- Appointed contractors share and help deliver our equal opportunities goals.
- All procurement practitioners incorporate equality into their processes.
- Suppliers and the organisations which tender to work with us operate a policy of continuous improvement for all elements of equality.

Find further information about our commitment to Equality in Procurement guidance at www.salford.gov.uk/eqprocurement.htm

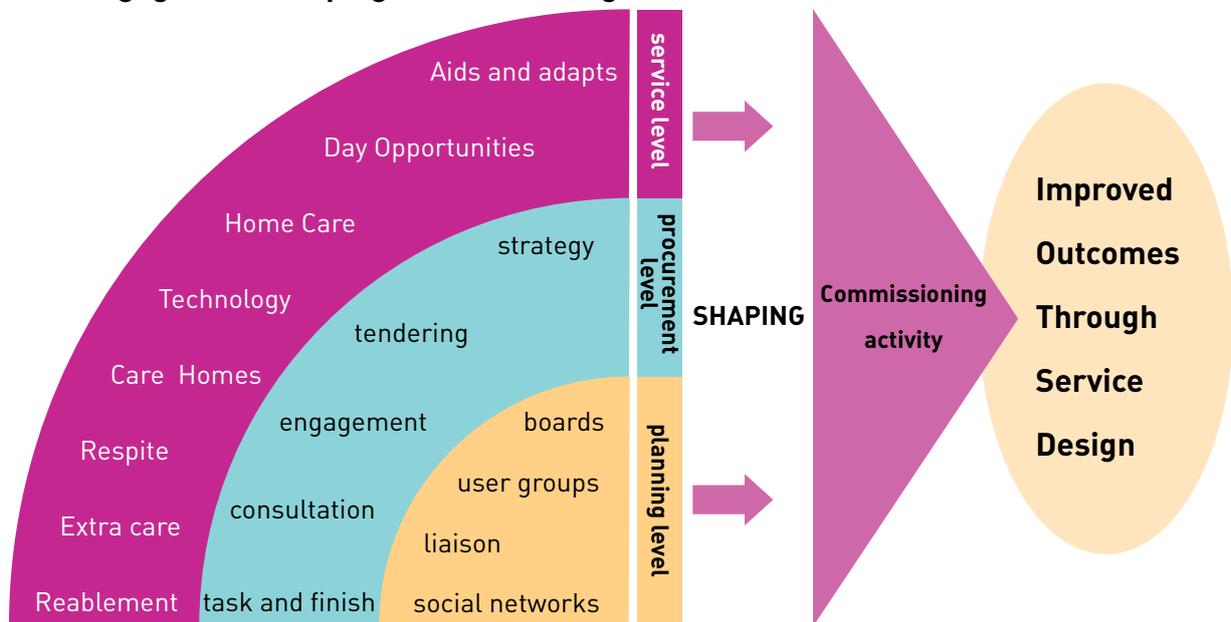
Involvement and Engagement in Commissioning

Salford City Council will ensure the views and opinions of the people of Salford are reflected in the commissioning strategies and commissioning decisions made within our Adult Social Care market.

The city council will continue to work with service users and carers to gather information on a service and market level and providers will be expected to engage in these commissioning engagement activities.

The council's approach is to support service users and carers through both formal and informal mechanisms to assess and provided comment on service providers and feed this information back into the commissioning cycle.

Engagement Shaping Commissioning - Model



The model above shows the process adopted in Salford to facilitate the involvement and engagement of citizens in the commissioning process. The yellow section shows commissioning planning activity through a range of formal engagement routes. The blue area describes the formal procurement and contracting process. The maroon area represents the services delivery function and will include contract monitoring and service development. Salford's approach enables citizens to be involved in each area of activity to **shape** commissioning activity to deliver **improved outcomes**.

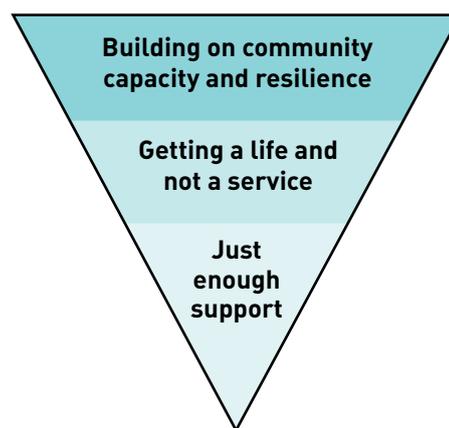
During 2013/14 the city council will be developing a new commissioning engagement approach with the sector. This new approach will be designed with the sector and will follow the model identified in the diagram above. The approach will enable the council to gather a greater level of market intelligence that will further assist commissioning processes. The market intelligence will be made available to the sector in future versions of the Market Position Statement.

Opportunity: For sector / provider representative to be part of the planning and delivering of the new commissioning engagement approach.

Model for Personalisation – ‘Just Enough Support’

The council is developing an approach we are calling **‘just enough support’** to describe how we will be commissioning, planning and delivering services in support of our drive to personalisation. This model will form the basis of our dialogue and decisions we take with service users and carers about the allocation of support and because of this it will form a critical element in our relationship with sector providers. In Salford, the model had its roots in the areas related to learning disability and has been developed and applied over a number of years. The council has recognised the benefits of the local model and is now in the process of developing the approach to become more universal in its scope in responds to local strategic objectives in context with **Think Local Act Personal, Making It Real** outcome measures.
(see: www.thinklocalactpersonal.org.uk)

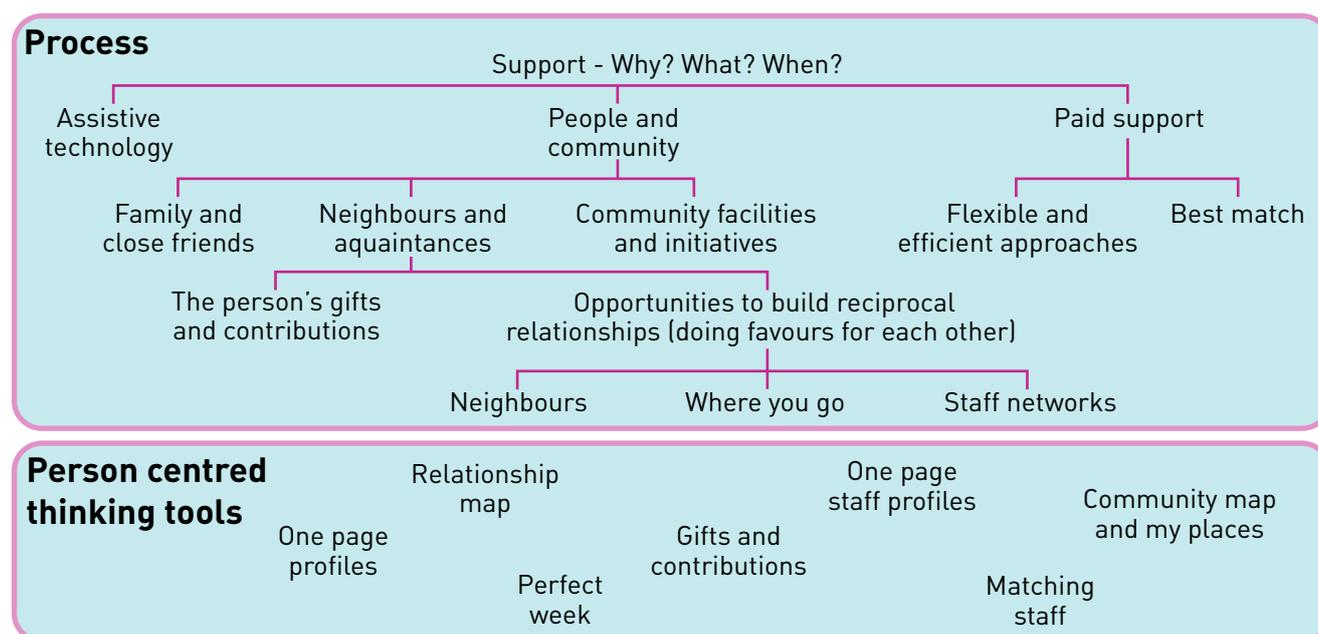
“Just enough support is a concept, model or process that starts from the person and builds the right amount of support around that person based on need. It recognises that there are different types of support, and that people have their own networks and resources, which should be used before we look at paid support. When paid support is required it should be flexible and innovative”



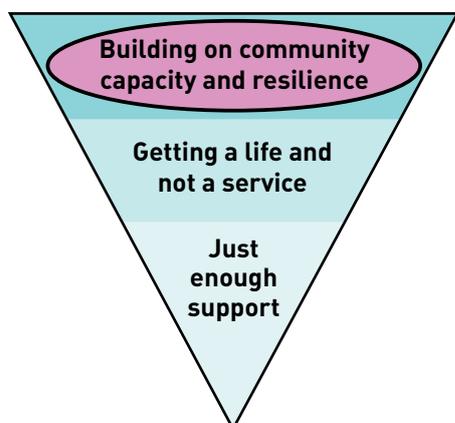
The council will continue to work with the sector in developing this model and approach. It will do this in a way that will both benefit the sector as a whole and address more specific provider needs.

The diagram below illustrates the process for delivering ‘just enough support’. The council encourages the sector to develop its approaches and service in line with this model, driving quality and innovation within the context of providing a personalised approach to delivering services for individual people.

Ideas



Model for Personalisation – Building on Community Capacity and Resilience



Information and advice

Information and advice is the starting point for an individual's contact with the council. It is particularly relevant to the foundation of the triangle, with close links to the prevention agenda. It is a key part of our strategy for people to build on their own and their communities' strengths and abilities:

- Enabling them to make their own choices about how to obtain support.
- Acting as a low level of prevention, pointing citizens to ways to meet their needs either through universal services or alternative delivery routes like the voluntary sector.
- Providing advice to citizens to help them make lifestyle changes that will reduce the need for care packages.
- Helping them to improve their outcomes generally.

Information and advice will have particular relevance to carers as they look for support.

More specifically, the Social Care individual budget will go much further if people's finances are sound and this is a crucial part of the Wellbeing and Prevention agenda.

Benefits – effective use of information and advice should reduce demand, promote self-help/care and improve individuals' outcomes.

Impact – effective delivery will require additional resource to produce a more comprehensive service and further engagement with the voluntary sector who generally deliver these services.

Neighbourhoods and communities

The Neighbourhoods and Communities approach in Salford is an important programme that commissioning needs to link to. It offers real opportunities for the delivery of services aimed at the wider community, such as prevention and in supporting the move from residential care to home-based care. There is a local project supported by the King's Fund to develop a truly integrated service response in two Neighbourhoods in Salford. This Integrated Care Programme supported by the city council, Salford Royal Foundation Trust and Salford Clinical Commissioning Group (CCG) is intended to result in a holistic integrated response to the needs of older people.

This work arises from the convergence of three areas of work:

- The development of the working neighbourhoods approach and its alignment with the Greater Manchester Life Chances pilots;
- The Wellbeing service model, which is central to the delivery of Salford CCG's strategic plan priorities; and
- Integrated Care Programme for Older People, which is seeking to develop the capacity of individuals to take a greater level of control and leadership around their own health and social care needs and that of their neighbourhood, friends and family. The programme is also developing novel approaches to understanding, developing and using the assets in the community that can help to keep people active and well. The approach is founded in involvement and engagement principles and developed through participants to ensure people are connected to assets of choice that are grown and nurtured within the community.

Services in scope are intended to be relatively flexible such as:

- › Work and skills teams;
- › Health Improvement Service and trainers
- › Neighbourhood teams
- › Self-care services
- › Stop smoking service
- › MEND service
- › Salford Community Leisure services
- › Healthy Living Services
- › Libraries
- › Mental Health Services
- › Greater Manchester Fire and Rescue Service
- › North West Ambulance Service
- › Housing providers

Self Care

'Self care' is a broad concept, encompassing both social and health realms. Social care services increasingly emphasise the principles of reablement and recovery, maximising the capacity of individuals to care for themselves. The Department of Health definition ranges from everyday health maintenance to the care of complex long-term illnesses.

Recent population increases in the city and the projected growth over the next 20 years will result in additional demand for social and health care services. It is expected that the number of older people with complex, long term conditions will increase and current models of service delivery and available resources will not keep pace with that demand.

The city council has been working in partnership with health commissioners and providers over recent years to develop a more proactive and targeted approach to the promotion, support and management of self care.





It is widely recognised by health and social care partners that the ability of an individual to look after themselves has a big impact on their take-up of services.

The city council has developed the Adult Social Care Contact Team to support clients to manage their social care needs through developing their own resilience, focussing on what clients can do. Clients are directed towards local support and to the help that is already available to them through family, friends and local groups.

Salford Clinical Commissioning Group has developed the 'right treatment – right place' model which is founded on the principles of self care as the starting point for the 'patient' journey through the Salford health care system.

Carers

“A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability”²

Number of carers in Salford

In January 2013, a limited amount of census data was released, which has enabled an analysis to be undertaken on the changes there have been in terms of the numbers of carers in Salford over the last decade.

The reported number of adult carers in Salford has increased between 2001 and 2011 from 22,445 to 23,402. This is an increase of 957 people or a 4% rise in the number of adult carers.

However, it is worth noting that whilst the number of adult carers has risen, the percentage of the whole population in Salford that are adult carers remains very similar – from 10.4% in 2001 to 10% in 2011. This is due to the growth in the population since 2001 (see table below).

The 2011 Census indicates that there are now 740 more carers in Salford providing significant support of 50 hours or more per week. This is important to note as this is the group of carers who are more likely to experience a negative impact on their health and wellbeing from their caring role.

²Definition adopted by Salford Carers Centre

Census data for Salford		2001	2011
All people in Salford		216103	233933
All people who provide unpaid care	Count	22445	23402
All people who provide unpaid care	Percentage (of whole population)	10.4%	10%
All people who provide unpaid care: 1-19 hours a week	Count	13761	13228
All people who provide unpaid care: 1-19 hours a week	Percentage (of whole population)	6.4%	5.7%
All people who provide unpaid care: 20-49 hours a week	Count	2975	3725
All people who provide unpaid care: 20-49 hours a week	Percentage (of whole population)	1.4%	1.6%
All people who provide unpaid care: 50 or more hours a week	Count	5709	6449
All people who provide unpaid care: 50 or more hours a week	Percentage (of whole population)	2.6%	2.8%

Source: ONS

The Salford picture is similar to the national one. In England the number of adults as a percentage of the population who provide unpaid care was similar in 2011 to 2001 (10.2% and 9.9% respectively). However, as the population of England was larger in 2011 than 2001, there were more adult carers in 2011 than in 2001 (even though the percentage was very similar).

Age profile of carers

The age profile of Salford carers (from data from the 2011 Salford Health and Wellbeing Survey) shows that the age band with the majority of carers is the 55-64 years age band. In most neighbourhoods there is a higher proportion of carers between 55 and 64 than over 65 years.

The neighbourhoods with the highest proportion of carers between 55 and 64 years are estimated to be:

- Claremont and Weaste (21.3%)
- Swinton (17.5%)
- Walkden and Little Hulton (15.8%)
- Worsley and Boothstown (15%)

The lowest proportion of carers between 55-64 years is found in:

- Ordsall and Langworthy (7%)
- Irlam and Cadishead (8.9%)

Ethnicity of adult carers

The respondents to the 2009 survey to Salford adult carers identified themselves as White British (93.7%), White Irish (1.7%), Jewish (2.5%), Black (0.4%), Asian (1%), Arabic (0.4%) and Other White Background (0.2%).

Condition of the people cared for by adult carers

In the 2009 Salford Carers Survey, 558 people answered this question but people were allowed to tick all boxes that applied to them and therefore many carers ticked more than one box.

Person	Number
Physical disability	286
Ageing problems	205
Long-standing illness	171
Sight or hearing loss	162
Dementia	129
Learning disabilities	110
Mental health problem	95
Terminal illness	22
Alcohol or drug problems	9

Services for carers

The city council and NHS Salford Clinical Commissioning Group recognise the importance that carers play in underpinning the health and social care market and pool funding in order to commission a range of advice and information, support and carers breaks services.

These service currently include:

- An advice and information service delivered from a carers centre which takes responsibility for the development of a carers newsletter which is sent to over 4,000 carers on a quarterly basis.
- Generic and specialist support services for carers supporting people who have:
 - » Dementia
 - » Drug and Alcohol problems
 - » Mental Health Issues
- A number of carers breaks services including specialist services for carers of:
 - » Disabled adults and children
 - » Young people with autistic spectrum disorders
 - » People from the Chinese community
 - » People from the BME community
 - » People from the Jewish community

In addition, a carers personal budgets scheme is in operation whereby carers, following assessment, can receive an allocation of £200, £400 or £600 to enable them to take a break. Some carers chose to have regular minibreaks; others chose to use their budget to buy equipment such as a bicycle, or personal computer, to give them the space and relaxation they needed to continue to care. In 2012/13, this scheme supported 835 carers to take a break.

From 2013/14, there will be a change in focus for the commissioning of carers breaks services, with no further grant funded carers breaks schemes planned. Instead there will be an expectation that carers breaks services will be funded through individuals own resources, including carers personal budgets and direct payments thereby allowing individuals the opportunity to tailor any break they require to their personal circumstances.

Future opportunities for providers

It is anticipated that in the future there will be an increase in commissioned carers services which target:

- Delivery of advice and information and support at a local level, linked to the eight neighbourhood management areas in the city.
- Support services which are targeted at carers of people with specific long term conditions.



Model for Personalisation – Getting a Life (not a service)

Prevention

Prevention takes two forms. First it involves preventing people developing conditions in the first place, and second it involves preventing existing conditions deteriorating.

The council and the NHS are working to develop social capital across Salford neighbourhoods (i.e. developing resource within the community). Health and Wellbeing strategies have supported the development of NHS, Social Enterprise and Voluntary Sector provision designed to address key health and wellbeing issues.

This has been delivered through the Neighbourhood structure by Salford CCG, Salford Community Leisure, Unlimited Potential, Expert Patients Programme, Salford Sidekicks and other voluntary agencies. In addition to these investments to improve health and wellbeing there are services underpinning social care personalisation. Welfare benefits advice is well developed with the major provider being the council's Welfare Rights Service and an active presence of CABx across the city. A range of housing related initiatives also exist, largely funded from supporting people. These range from the Handy Person Service and Affordable Warmth programme to Housing Advice and Homelessness services. The Voluntary Sector is linked to these through the Council for Voluntary Services (CVS).

There are opportunities to link these activities together, as well as to engage with the neighbourhood teams and the voluntary sector to find ways of delivering locally specific solutions.

However, prevention is not a simple thing to measure. It is difficult to say what the costs would have been for an individual if they had not gone through a prevention activity. Therefore we will have to find ways of measuring success and ensure our expenditure is focused on areas that will have most impact.

Benefits these include a reduction in demand for more specialist services, an improved set of outcomes for service users who receive the services and a related reduction on spend.

Impact the co-ordination of activities and monitoring of their success will require additional resource in the short term, but effective prevention services should pay this back in the longer term.

A group of older people who used a traditional day centre service in Ordsall were helped to find alternative activities near to where they live. They were supported by their local Health Improvement Service who found out their interests and joined them up with groups nearer to their homes. Many of the new activities were within walking distance. The people were supported to attend the new groups and they met new people and made new friends.

Voluntary Sector

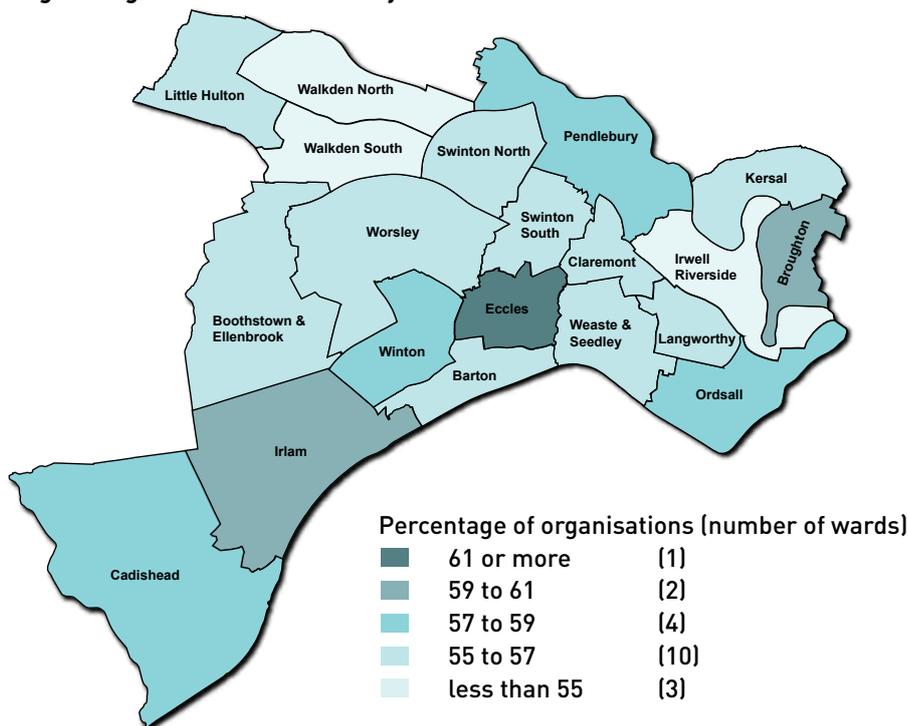
The voluntary sector is vital to vibrant local communities and personalisation because it can fulfil the following roles:

- 1) To help educate individuals and their carers about personalisation and the opportunities for choice and control through a personal budget, particularly a Direct Payment.
- 2) To provide chargeable services to individuals in receipt of a personal budget.
- 3) To enrich the quality of life people can experience in their local communities and avoiding the need for specialist services. Playing a crucial role in resilience.

The 2013 Salford State of the Voluntary Sector report identifies:

- An estimated 1,364 organisations (1,376 in 2010) provide 2.7 million interventions with Salford residents each year.
- The total income of the sector in the city was an estimated £145 million in 2011/12 (£156 million in 2010) – over 50% received some level of income from Salford City Council.
- An estimated 37,300 volunteers contribute an estimated 137,000 hours of their own time each week valued at £122.7 million worth of Gross Value Added to the economy (£121.7 million in 2010).
- Over 50% of organisations provide adult social care related services.

Percentage of organisations that identify Salford's wards as a main focus of their work.



The map above shows the concentration of Third Sector organisations across the city, by ward.

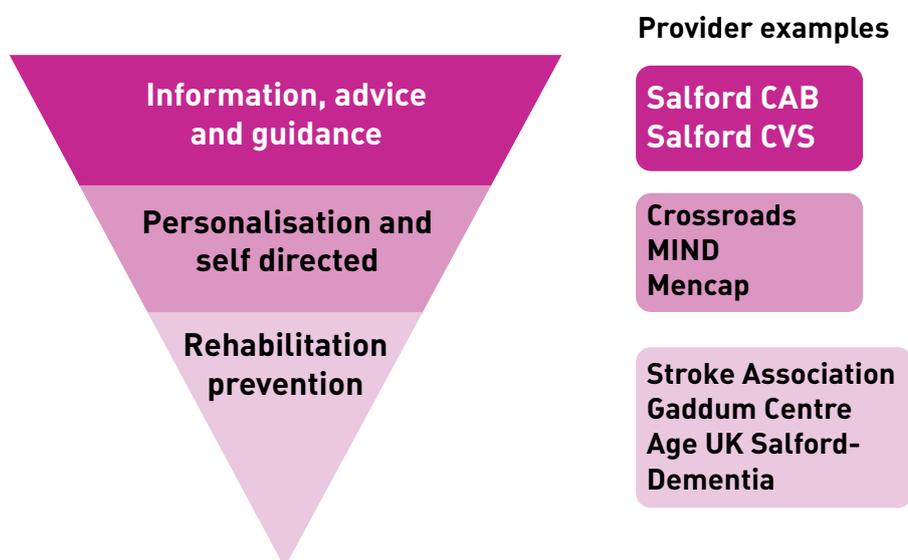
As services provided directly by the statutory sector decrease, the role for the Third Sector in service provision will become increasingly important in providing a diversity of services and choice for users and carers, and particularly in bringing

added value and additional services which may not be the case with private sector providers. The third sector can bring in funding from grant trusts and foundations inside and outside of Salford and from donations etc. which provide additional, often preventive, services.

The areas of support that the organisations who took part in the survey identified to enable them to offer services to individuals under the personalisation agenda are:

- General information on personalisation.
- Information and knowledge regarding providing services to individuals, especially if those service users have reduced intellectual capacity.
- More Third Sector staff capacity to promote personalisation to clients.
- Education of Health and Social care workers to understand what services the Third Sector offers and ensure appropriate referrals.
- Funding to promote services.
- Investment for organisational development and IT changes.
- Training for Third Sector staff to understand the implications of personal budgets.

Salford's Adult Social Care - Third Sector Commissioning Model

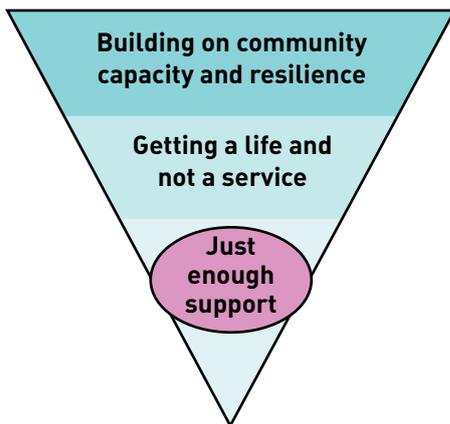


The sector is being supported to develop new and innovative services, to price these and market them to individuals. Organisations within the Third Sector have identified a need to develop a health and social care consortium to offer joined up services to individuals or contract with adult health and social care.

The council working with Salford CVS, will continue to support the voluntary sector as we develop our personalisation approaches and as the market changes in response to these approaches.

Model for Personalisation – Just Enough Support

The council recognises that as people progress on the continuum of need the types of responses and interventions required will become more specific and targeted. The principles of personalisation apply equally at all levels of need and the council will engage with people within this context:



Providing just enough support starts with what the person wants from their life and looks at how they need to be supported – (all types of support are explored with paid support being the last thing to be looked at).

It then finds the balance between not over or under-supporting the individual and works with the individual and family to look for creative solutions in their community. Creative thinking and the use of lots of different resources other than paid support means that personalised services for people in supported living situations can be a reality.

How Just Enough Support Works

A person centred planning approach involves a **planning team** with the person at the centre and may include:

- The individual
- Family and friends
- Paid workers

A person centred **Support Plan** is developed which can include use of the following 'tools'.

- What's important to a person
- What are their gifts and skills
- What might they need support with
- Ideal week / month
- Relationships
- Working / not working
- Characteristics of people who best support
- Community connections
- Support record

From this work services will then look at what support the person would require. When looking at support, the planning team need to ask three questions;

- Why does the person need the support?
- What support is it the person actually needs?
- When do they need the support, how often and for how long etc?

The next part is to think about who or what could provide this support, from the just enough support model, Salford would start first by:

- Can assistive technology support the person? This could be mainstream (ie, mobile phones, i-phone, laptops, alarms etc) or specialist (eg sensors, timers, motion detectors, monitoring stations etc). Assistive technology can be used to promote independence, provide security and keep the person safe.
- Next discussion will be about the individuals current resources; what can family and friends do to support, what connections does the person have or need to make with community or neighbours. If this is weak, how can we support the person to develop strong reciprocal links with the community.
- Once all other avenues have been exhausted we then look at what paid support is required.

The just checking system was installed for a woman with dementia who lived alone and family were very concerned that she was not coping and were thinking that although they didn't want to place her in a care home that this was the safest option.

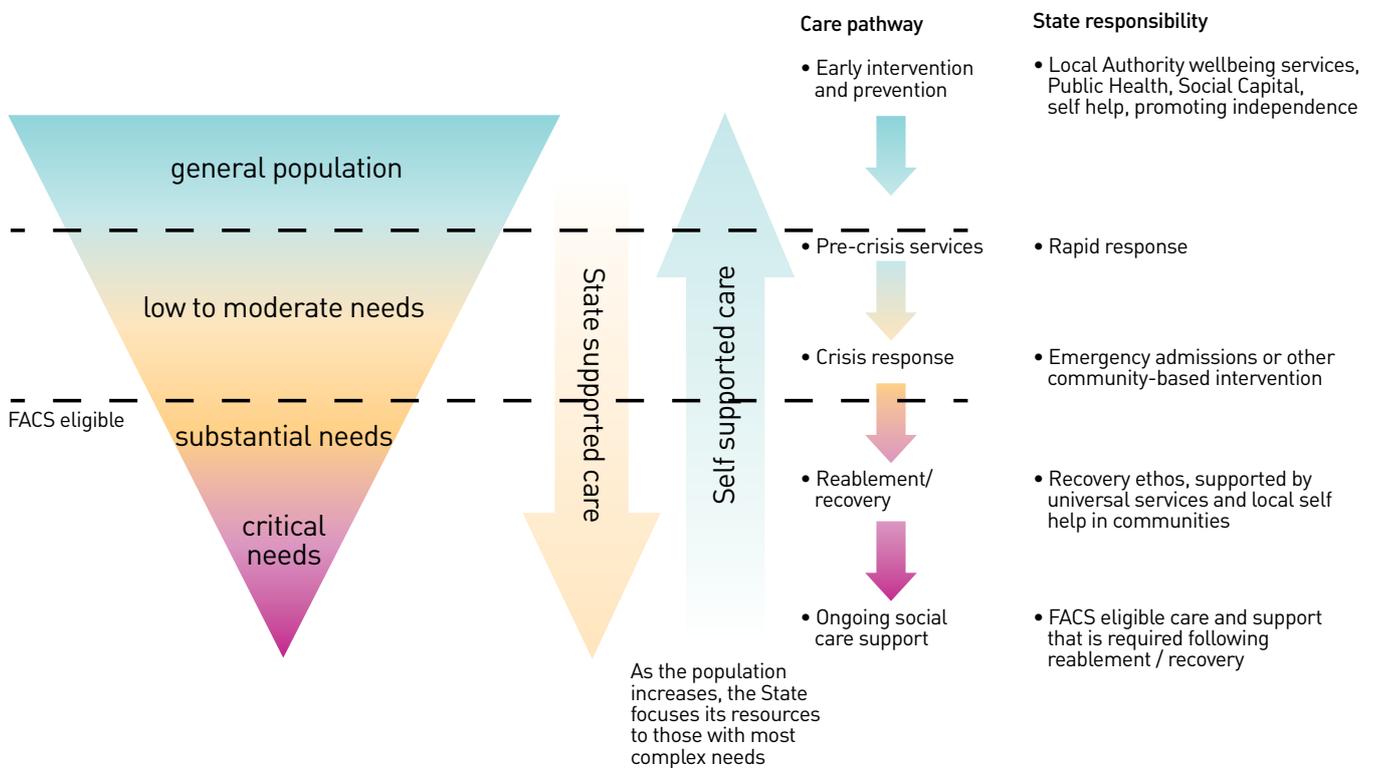
The data provided, demonstrated that there were no real concerns about this person remaining at home, she had a regular pattern of behaviour and didn't leave the property or open doors at night. The family were so reassured by this equipment they went on to purchase their own.



Salford City Council Adult Social Care Business Model

The council will adapt the following model in exercising its statutory duties under Health and Social Care legislation. The model is built on the principles of 'personalisation' and reflects the development of the council as a commissioning organisation.

Adult social care providers will be supported to engage through this model under the council duties and responsibility to the sector.



Market Development

Market development is a key part of the success of personalisation, as the market needs to provide choice to those with personal budgets.

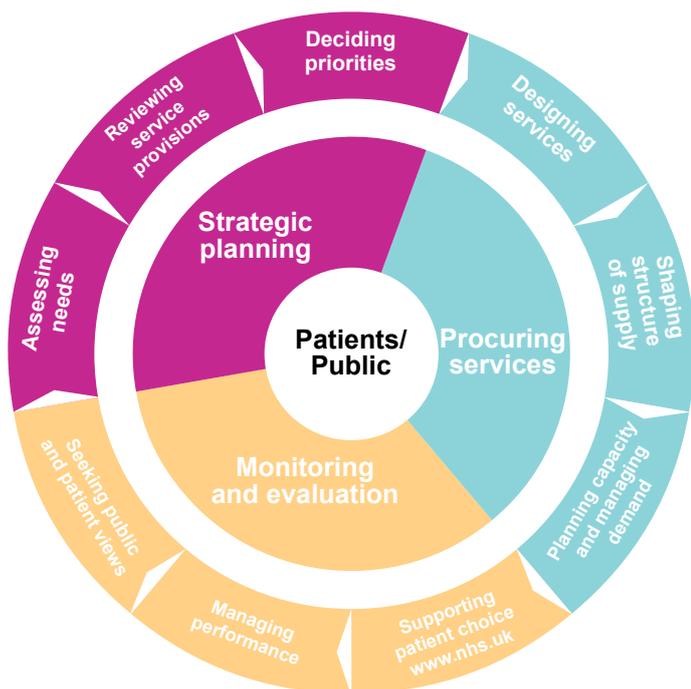
The provision of choice and control to individuals is likely to lead to:

- › Changes to the services which are bought;
- › Changes to how these services are procured; and
- › Changes to who supplies these services.

Each of these factors will have an impact on how the market develops and the council will have an important role in developing a market which is sustainable, provides choice and provides capacity.

In Salford, market development has been carried out through the commissioning activities of the main service areas.

The commissioning cycle that supports and influences the market is typically described as three distinct aspects of a continuous process which considers:



strategic planning: assessing the needs of a particular population group and comparing this to existing service provision.

procuring services: designing services to better meet local need using an evidence based approach and sourcing providers to deliver the service / programme.

monitoring and evaluation: delivering services that meet the local need, tailored to achieve desired outcomes and monitoring and evaluating the impact of plans and services on an ongoing basis.

Particular development has been done by the council following on from the first Commissioning Strategy for Personalisation. Also in Mental Health Services as captured in the Mental Health Commissioning Strategy and Learning Disabilities in the Commissioning Strategy 'Getting a Life'. Considerable work has been done in supporting widespread use of

Person Centred support planning and service delivery and this was reflected in the applications for the recent tender process for domiciliary care. Work in Mental Health, Learning Disability and Physical Disability will be focused on supported tenancy types of service and development of contracts.

The consultation exercise with the voluntary sector indicated that work is needed with this sector to develop voluntary organisations understanding of personalisation and the opportunities for them. The council and Salford CVS have led the work to support the sector through the changes brought by personalisation.

Considerable investment has been made in the use of person centred tools in schools, education and support providers to vulnerable young people likely to require social care support.

Benefits – a structured and comprehensive approach to developing the market which provides choice and improves outcomes for service users.

Impact – this should not require extra resource, as it will be reflected in the changing role of commissioners.

Workforce

The current paid sector workforce within Salford numbers over 7,400. Only one fifth of these are employed within Local Authorities settings. Current data in Salford shows that 72% of service provider organisations are small and medium size enterprises (less than 50 employees). Data also indicates that the 7,400 strong workforce is predominantly female (over 70%), with the age profile being older than national figures. Almost half (45%) are over 45, 20% are over 55 and 12% over 60. The majority are white with 2% only being recorded as having a disability. We therefore need to work hard to attract younger people into the workforce and achieve a more representative workforce generally.

For the transformation of adult social care to be effective – a better understanding of the 'Workforce' may need to be considered to include paid carers, but also unpaid carers, adult placement carers, volunteers and even the 'neighbourhood workforce' - to ensure that communities are able to meet their own needs on adult social care.

On-going development of a workforce strategy will be needed and will take account of:

- › New ways of working shaped by service user and community needs and choices, such as personal assistants;
- › A continued commitment to the development of integrated social care and health services;
- › Improving the outcomes for users, carers and their communities;
- › Developing the modernisation of services through self-directed support;
- › Demographics and future trends (e.g. increase in numbers of people with dementia);
- › Workforce information including data from the National Minimum Data Set (Social Care) and the Joint Strategic Needs Assessment;
- › Consultation and engagement with service users and carers;
- › Management and staff views and broader stakeholder analysis;

Benefits – a better trained and motivated workforce should lead to an improvement in quality and a better set of outcomes for service users.

Impact – the development of a workforce strategy will require some resource to develop and deliver. This can be supported by commissioning by ensuring that contracts include an element of staff training and support and that this is a measure of any contract monitoring.

Salford has just introduced the full Living Wage – becoming the first local authority in Greater Manchester to implement a full Living Wage of £7.45 per hour for every member of staff at Salford City Council. The council wants to establish an Employment Charter for the public, private and Third Sectors, which includes, as a central objective, a full Living Wage. And that would be another step along the way to Salford becoming Britain's first Living Wage city – tackling in-work poverty and boosting spending power in the local economy. The council has a role as a civic and community leader, to encourage other public sector organisations, the Third Sector and progressive Private Sector business leaders to follow our lead.



Market Facilitation

Market facilitation is the part in commissioning where you shape and influence services to best meet the needs of people.

This includes the following elements:

- **Market Intelligence:** The development of a common and shared perspective of supply and demand, leading to an evidenced, published, Market Position Statement for a given market.

Market Structuring

The Market Position Statement will have little impact unless commissioners take an active role in moving the market in the direction they need it to take.

To create a market that is more responsive to need, more efficient and offers greater trust and understanding between its participants we will have to undertake:

Internal Activities

- Publish the Commissioning Strategy (Market Position Statement).
- Actively promote the model of what the range of care should look like based on good practice.
- Diminish differences between in-house and external systems where these potentially compete in the same market.
- Identify with other departments how well any local environment and community is configured in order to ensure that potential health and social care needs can be met.
- Review tendering and procurement processes, evaluate their impact on provider communities and explore how improvements can be made that will help drive the market.

- **Market Structuring:** Based on the statement this covers the activities of commissioners designed to give any market shape and structure, where commissioner and provider behaviour is visible and the outcomes they are trying to achieve agreed, or at least accepted.
- **Market Intervention:** The interventions commissioners make in order to deliver the kind of market believed to be necessary for any given community.

External Activities

- Develop an awareness of provider's long term business plans and what future support might be needed. Identify business cycles across the third and private sectors.
- Work with providers to assess the impact that greater choice, via personal budgets and direct payments, might have on costs and availability of service provision.
- Be able to work with providers on an open book accounting model to cost out the impact of new developments and innovations.
- Where sustainable and appropriate demand for a service exists and where the provider is vulnerable, then identify how commissioners can reduce that vulnerability.

Self Directed Commissioning

In self directed commissioning the planning part of the commissioning process involves developing a support plan which explores how an individual can gain the lifestyle they want and organise their support accordingly. The person centred Support Plan is the stage that begins to plan the tangible and technical aspects of a person's support package and it should identify the cost of the package.

The process is designed to build on person centred planning information, with all of the people involved, including the individual and their family, carers and friends. It is framed by the Just Enough Support approach and includes an options appraisal format, which encourage the people involved to test out hypothetically a variety of support options against the information about how the person wants to live and the outcomes they hope to achieve. The process encourages creative solutions in designing support.

It is essential that the Support Planning process is completed with each person where a number of people are looking to share support. It is only by going through this process that shared support can offer a personalised response.

The process encourages the person and their supporters to understand the constraints and to design support within them. Support Planning can be a quick or lengthy process and may require a range of resources from those people involved. Good links with service providers can be a useful resource when designing services based around the individual.

The Support Plan can be seen as a service specification that aims to translate what support people want into a clear outline for those that will be asked to deliver the support. This should highlight the outcomes the person wants to achieve and what they need the service to do to help them achieve these outcomes.



Monitoring of Customer Experience

We would expect that all providers allow easy access to a complaints policy and procedure that complies with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

We require providers to regularly inform us of the numbers of, subject of, and responses to complaints received with regard to the services they provide. A mechanism for this monitoring will be detailed in framework agreements.

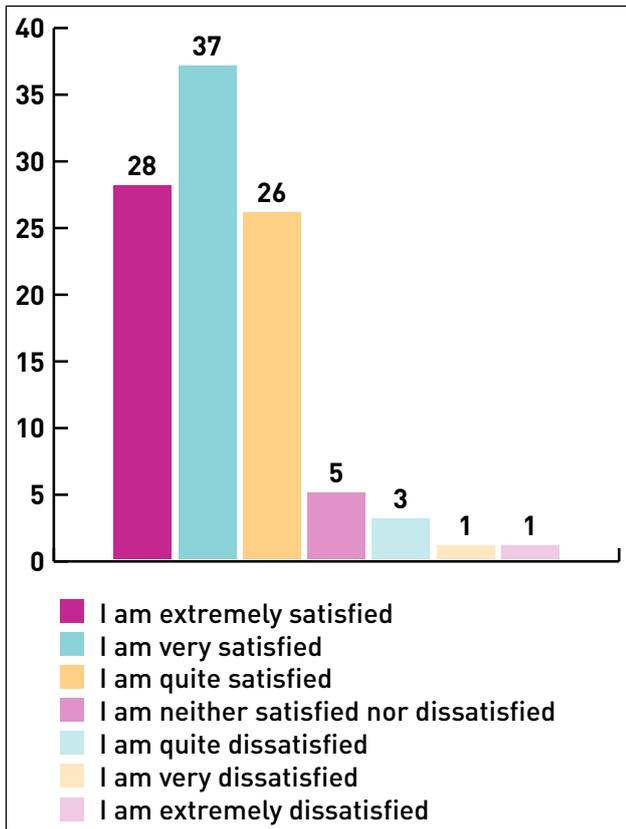
The council run an annual Adult Social Care Survey (ASCS), which is nationally coordinated through the Department of Health. Salford's latest in February 2011 gathered views and opinions from 732 people who use services, asking about their quality of life, how the services they used had affected the quality of their life and their satisfaction with these services.

Areas where the survey highlighted we are doing well:

- 65% of people said they were 'extremely' or 'very satisfied' with the services they received, compared to 62% in England overall.
- 79% found information 'fairly easy' or 'very easy' to find, of those who tried. 23% of services users found information 'very easy' to obtain compared to 19% in England.
- 91% of adults with learning difficulties agreed their life was 'great', or 'mostly good'.
- 67% answered, 'I get all the food and drink I like when I want', compared to 63% nationally.
- A higher percentage of service users in Salford were able to complete tasks like washing, dressing and managing paperwork than service users in England overall.

Areas where we need to improve:

- 55% of Salford service users felt safe compared to 62% nationally.
- 28% of service users answered their health was 'good', or 'very good', compared to 36% in England.
- 20% responded they had 'extreme' pain, compared to the 16% England average.
- 23% agreed 'I have no pain or discomfort' compared to 29% in England.
- In relation to the quality of life questions, over a third of people 'did not do enough' or, 'did not do anything they valued' with their time. This reflects national findings but was the highest negative rating for all the quality of life questions.



Taking these findings forward

The survey results will be shared with providers on an annual basis and serve to support the council's drive to continually improve the adult social care service sector for the benefit of Salford people.

The recent national Personal Social Services Survey of Adult Carers 2012-13 carers survey carried out in Salford found that:

- 43% of carers said they were 'extremely' or 'very satisfied' with the services they received.
- 56% found information and advice 'fairly easy' or 'very easy' to find, of those who tried. 69% of carers found information 'quite helpful' or 'very helpful'.
- 58% of carers felt they were 'always' or 'usually' involved in discussions about the support for the person they care for.



The Market Place

Salford Adult Social Care Market Place will be designed to follow the client journey for personalisation. The Market Place will be established to offer guidance and support to people to help them to live independently in their community.

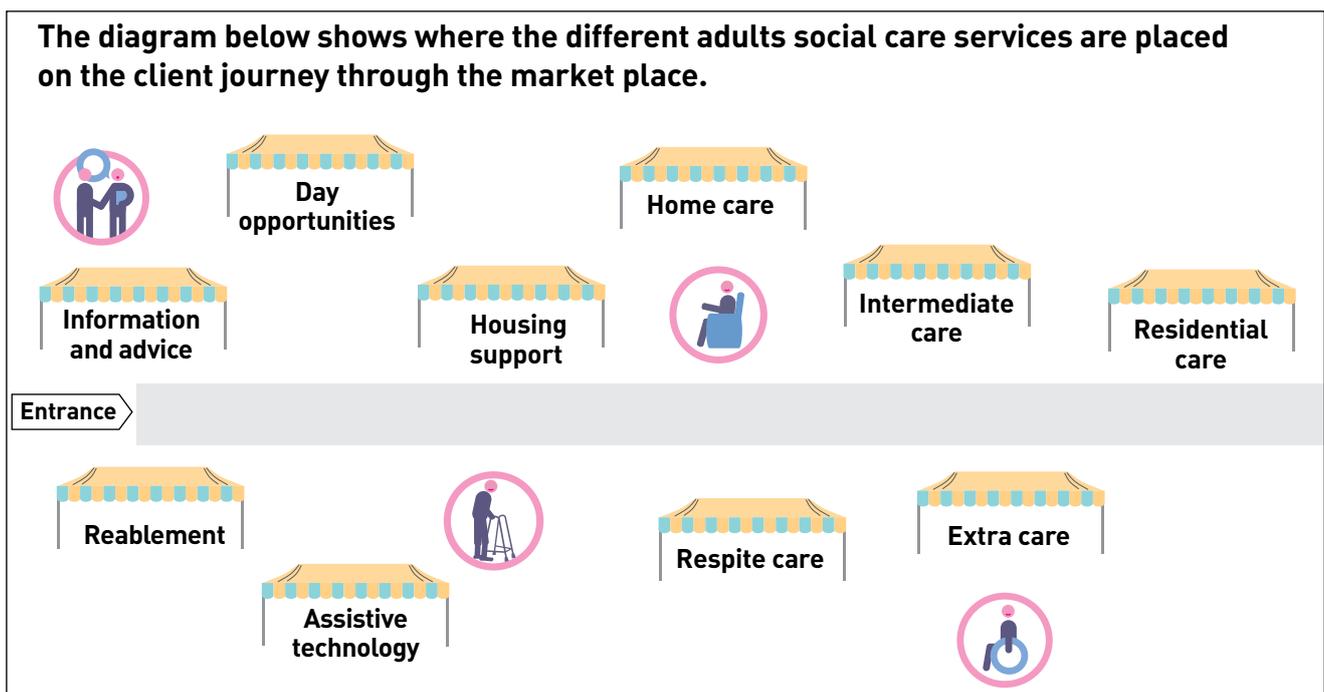
The Market Place will be made up of high quality service providers who are motivated to deliver effective outcomes for people in Salford. The clients of the Market Place will be those that are using their own financial resources to buy services and those who are assessed as being entitled to financial support from the council.

In considering how the Market Place will function for clients, market stalls will be positioned to enable people to access self-supporting or self-directive services at the entrance to the Market Place. Services here will operate and deliver preventative measures to enable people to take more control over their lives as early as possible.

As people progress through the Market Place they will still be able to make use of the stalls at the entrance but as their assessed needs increase they will be supported to access a range of additional services to help them to maintain their independence.

Some people may progress through to the stalls later on in the Market Place if their needs increase, however for some people this might be a short term increase in need that will require a time-limited intervention. For these people they will move back towards the entrance to the Market Place.

For those people whose assessed needs are complex, they will receive support and guidance as they navigate towards the end of the Market Place. These people may still benefit from services earlier on in the Market Place but they will be less likely to be living independently.



Information and advice

The council views the availability of advice and information as fundamental to the approach of putting people in more control of their lives, helping them to find solutions that are relevant to them and that help them to remain independent, living healthy and fulfilled lives in their community. The council has developed a range of approaches in support of the drive to create more informed residents who are able and willing to self-manage more of their lives.

The council's Digital Salford Strategy is central to our approach. We are making online services so straightforward and convenient people will prefer to use them. We will make sure that no one is excluded because they don't have the skills, equipment or access to go online. We recognise that often people access online information through friends and family, or through mediated support, such as the Making Every Contact Count programme which trains front-line staff across the city to deliver brief interventions and signposting. This approach will ensure employees have a common set of skills and knowledge to help customers identify their own needs and help them to find out the best solutions.

We will encourage people to use online resources to help them to find solutions that meet their needs. The city council's services, activities and events directory provides a 'one-stop shop' resource that can be searched in a number of ways. It is being integrated into other council services such as the Way to Wellbeing portal and the Single Customer Account, so that residents get consistent information, wherever they search. There is an expectation that services will manage their own information, with the council providing the moderation.

We are linking with other local and national resources, such as partners' websites (for example: Salford Royal Foundation Trust; Greater Manchester West; NHS Choices; CQC; Salford CVS; Salford Community Leisure and Disabled Living). People in Salford may also choose to access the online resources from national organisations, for example, the Stroke Association, MIND or the National Autistic Society. Organisation like these can be the best source of current information and advice about their areas of focus. This extends to the use of Social Medias as a means for peer-to-peer support.

The council is also developing more transactional online services such as The Way to Wellbeing website www.way2wellbeing.org.uk to help adults in Salford look at issues that impact on their wellbeing and to self-manage aspects of their wellbeing. The site helps residents to identify their wellbeing priorities and what they want to change. They can create a personal wellbeing profile to set wellbeing goals and to monitor improvements in their wellbeing.

The council also commissions Salford Citizen's Advice Bureaux (CABx) to deliver a health and wellbeing information service which is a staff facilitated service for people who need support and help to manage their information and advice needs. The service is complemented by the council's Welfare Rights and Debt Advice Service that provides specialist advice and support on debt and benefit matters.

Adult Social Care providers in Salford are encouraged to develop services that complement and support our approach to the delivery of information and advice.

Reablement

The social care reablement service continues to expand to meet the needs of an increased number of older people and younger adults with physical disabilities who have straightforward health and social care needs. Work is underway to ensure better alignment between the social care reablement service, hospital discharge teams and intermediate care rehabilitation services.

The reablement ethos has been referred to throughout this document. The council aims to meet an individual's combined care needs to enable them to achieve independence in an environment of their choice for as long as possible. It usually:

- Involves a specific package of enabling and care, tailored to a person's short-term needs.
- Is time-limited and free of charge for a period of up to six weeks with ongoing monitoring.
- Takes place in the person's own home and local community.
- Takes place frequently (such as daily).
- Is delivered by staff trained to enable people to increase their functioning and promote their independence, working to a plan.
- Is undertaken where people have a lower level of social care need.

The council's Adult Social Care services are changing to make sure reablement is the first discussion that takes place with clients and the initial service offer will reflect reablement principles and approaches. The Market Place model (page 40) for people entering the adult social care system reflects this approach.

The council's in-house reablement services have, over recent years been developing and refining their approach. They are now working more closely with the social care assessment function of the council. This is creating a different approach to the delivery of social care assessment offered by the council. Some of the more recent service changes are being evaluated and through this assessment the impact on the use of health services by the clients who have been 're-abled' will be identified. The model will be further developed through 2013/14 and will include opportunities to support community health services delivered by NHS staff to provide reablement solutions to areas like district nursing.

The initial focus is on older people and younger adults with physical or sensory difficulties with needs that can be safely addressed by our Care Direct Plus service. Individuals with more complex needs, mental health, or learning disabilities are not included at this stage.

The service provides a better chance for the individual to recover and regain independence and it enables the design of a better prepared and considered personal support plan to address medium and longer-term needs. Where a person needs ongoing support we commission longer-term personal care and community-based support needs from the independent sector and will define any ongoing reablement needs within the individual's support plan.

Under the governments drive to increase reablement approaches across health and social care, Salford has established a working programme of health and social care reablement projects. The programme's principal aim is to improve and enhance individuals ability to recover from a period of ill health/social care need and remain more stable and resilient as a consequence of the reablement intervention. Of the total number of reablement projects, half are focussed on social care interventions. The programme will be reporting outcomes during 2013/14 and will likely influence commissioning decisions across health and social care.

The council will be further developing its commissioning relationship with the sector to meet our strategic reablement objectives. We will be building on work that is already taking place, for example the reablement work delivered by independent domiciliary care providers under the Intermediate Home Support Service, part of Intermediate Care.

Day Opportunities

The council is currently undertaking a consultation and planning programme to help shape the future direction of day centre services for people with learning difficulties, older people and people with sensory disabilities in Salford. As part of that consultation we are keen to hear from providers about the opportunities and challenges that face the sector.

Through our approach to providing 'Just Enough Support' the council will, over the next few years, be encouraging a greater use of community-based day opportunities and will engage service users, carers and providers to explore best practice, market conditions, market readiness for change and appropriate procurement models with us.

We have made a commitment, through working with the sector to explore and consider the issues and opportunities for providers that will arise from this approach.

Salford's approach to supporting people with a learning disability has been at the forefront of our approach to move away from building based support and the experiences and knowledge gained in this area will feed into the council's overarching models for day opportunities for all client groups.

We will develop the market in this regard by supporting the sector to learn new skills, provide information, explore options, use technology or provide adjustments to universal systems to enable them to be effective.

The council recognises that building based services have a place in the mix of offer for people in Salford but that this offer will be more targeted towards people with high levels of dependency and those with the latter stages of dementia where respite for live-in carer(s) is essential. Nevertheless centre-based opportunities will need to be modernised to provide a personal service that takes into account and addresses an individual's interests, choices, ethnicity and faith. Day centres will also be required to develop non centre-based options.

Our approach will seek to promote a wider range of activities and opportunities and shift towards:

- An offer based on an individual and personalised service irrespective of whether the activity is provided in a centre, at home or in the community.
- Activities and facilities based in the individual's own community.
- An increase in day opportunities provided within the person's own home.
- Promotion of healthy living, and prevention programmes.
- Flexible and responsive services that appeal to all individuals and their carers – including
 - » those with direct payments or individual budgets and self-funding individuals
 - » service models that adopt principles of enablement, recovery or rehabilitation.

Such models should reduce demand on state-funded day opportunities (and other health and social care services) and promote involvement in community support and universal services.

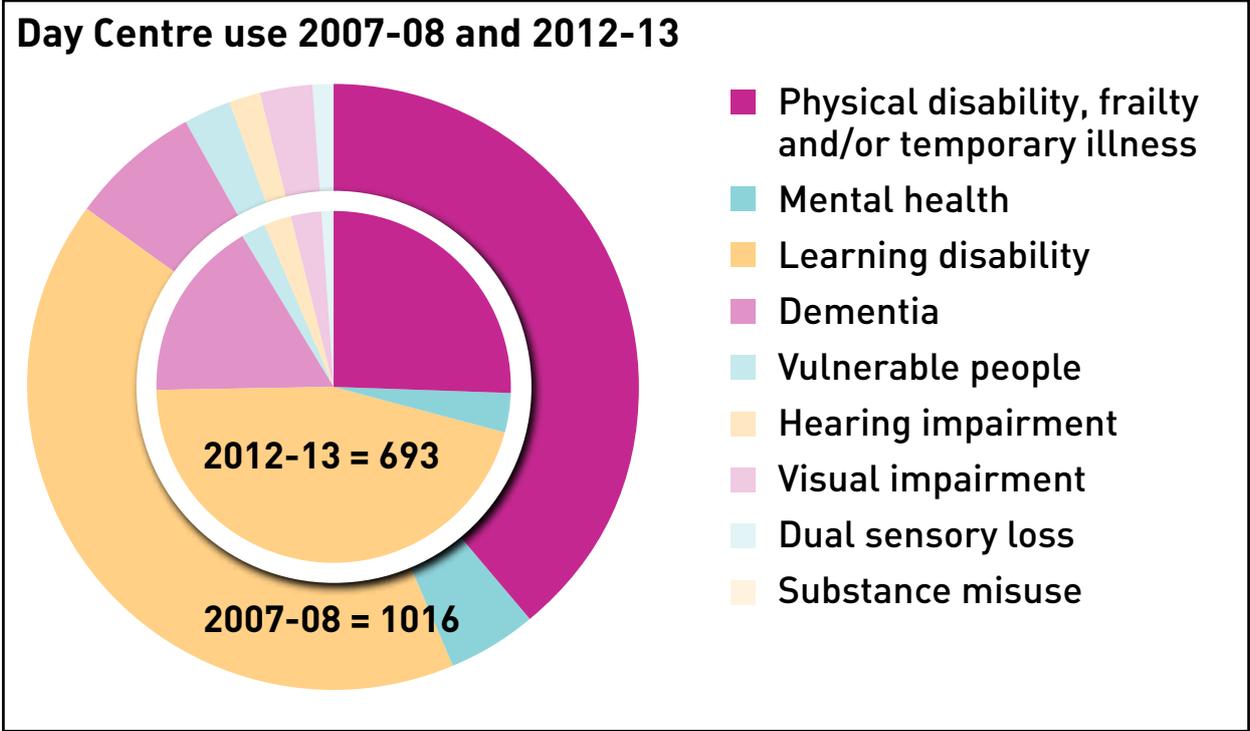
Day opportunities providers will be expected to deliver an increasing proportion of their services in the community. We will increasingly commission our day opportunities from the independent, not-for-profit and user-led sectors. We will encourage community and social enterprise and user or carer-led models. Consortia approaches may also be appropriate to deliver a broader range of activities.



Market share for major social care client groups in day services (2012/13)

693 people were provided with places within day service settings by Salford City Council during 2012/13 with 53% being for people aged 65 and over.

Demand for day services funded by the council is changing in the city with 1,016 places being funded in 2007/08, falling to 693 in 2012/13. There has been a consistent reduction in number across most client groups over this period. The proportion and number of people with a dementia using day centre services funded by Salford has risen from 7% (69) in 07/08 to 17% (116) in 12/13.



Housing Support

Baby boom generation adults, who are used to far greater choice and control over their needs and aspirations, will expect more from their council and care providers in terms of the range and quality of services on offer. To meet this rise in demand and expectation the social care market, including the council, will need to respond in ways it might traditionally not have thought of.

There will be a greater number of options for how people fund their care including insurance policies, savings, pensions and investments. Salford Housing Strategy indicates that the tenure of stock in the city is substantially different from national averages with 45% owner-occupied (70% nationally) and 55% rental (30% nationally). Traditionally, older people in Salford have rented their home and this is likely to create a financial pressure should they require residential care. Salford is developing a range of options to support older people in making choice about where they can live as they grow old. **The strategy document Promoting Independence - Our housing strategy for people as they age in Salford 2008-2018** has identified five strategic aims:

- Older people are able to choose the most suitable living arrangements for them because there is easy access to information about housing options, support services and facilities, to people as they age.
- Housing is of a good standard and is suitable for the needs and preferences of older people.
- A range of housing options are available to people as they age.

- A range of support services and facilities are available to people as they age to enable independent living.
- All Partners will recognise the role they can play in delivering better housing and support services for older people, and both individually and in partnership seek to achieve this.

Key Messages

- Market entry from new providers will contribute to increased competition and pressure on existing providers in the next few years.
- Providing high quality services will be the key to long term business success and confidence in the market.
- There will be increased focus on short term placements providing carer respite and recovery before returning home.
- Performance and quality improvement will continue to be a core area of focus and activity for the council and health commissioners.
- Alternative models of housing related support offering more integrated approaches towards delivering practical support and care will need to enter the market.

Older people services

Total number of units and funding for older persons services from the Supporting People programme

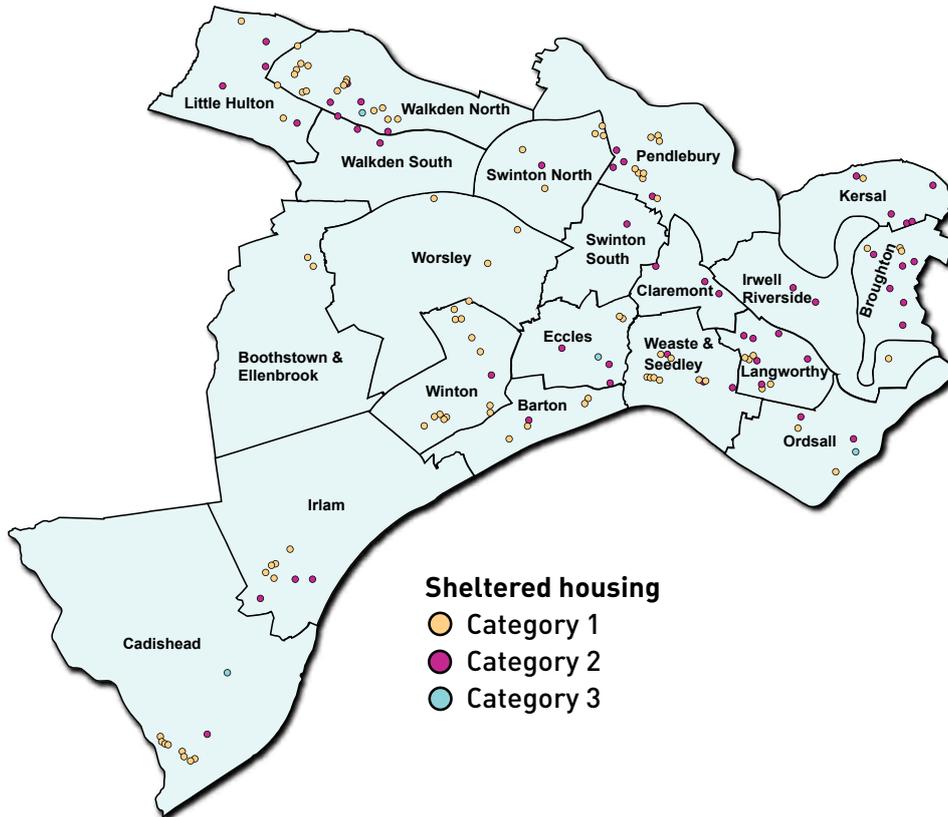
Supporting People funding 2013-14	Units	Annual SP
Community Alarm only services	120	£21,688
Care on Call	1,512	£492,653
Extra Care	239	£522,000
HIA (includes Housing Choice and Navigator)	240	£126,341
Sheltered Housing	1,964	£603,434
Total	4,075	£1,766,116

Sheltered

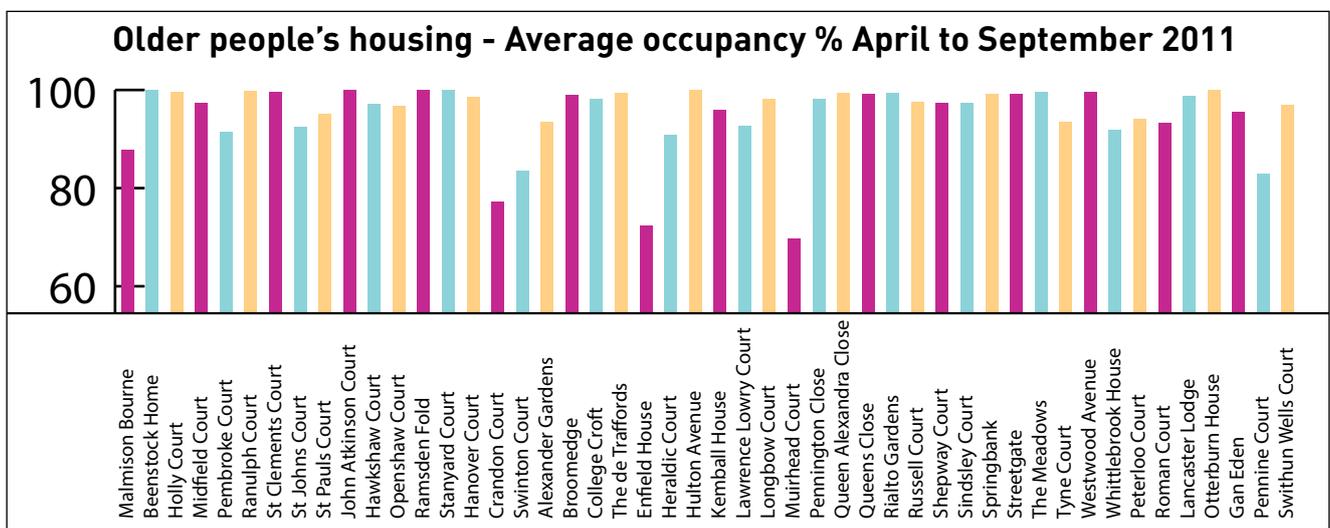
Across the city, there are various sheltered housing schemes providing 1,970 units of accommodation where support is provided by a warden or scheme manager and funded in part by Supporting People. These services are provided by 12 different organisations. Sheltered housing schemes offer housing-related support consisting

of an alarm or call system, personal visits from a warden, scheme manager or housing officer and social activities.

The map below shows the geographical location of older person supported housing for older people in the city



Occupancy rates for sheltered schemes were last collated in 2011. At which time they were:



There are some providers of rented sheltered housing who do not have Supporting People contracts, namely Abbeyfield Leasehold schemes.

There are properties across the city available to older people for rent which offer alarm only services. Supporting People funds 142 such units of accommodation. Alarms may be hard wired into properties or make use of telephone lines and peripherals such as pendants. When an alarm is triggered, it alerts a centre from where the appropriate response is made, e.g. contact family or emergency services.

There are some providers of housing with alarm services who do not have Supporting People contracts, namely Humphrey Booth and William Sutton HA.

There is also a 52 unit leasehold scheme in Worsley provided by Commerson Estate Management Ltd, and McCarthy Stone are currently planning to develop a new 40 unit scheme in Monton.

Mobile Wardens

There is an in-house service (Care on Call) which provides an alarm and personal response service to vulnerable people, mainly older people. This service is partly funded by Supporting People up to 1,512 units but the number of customers is probably twice that figure. The service installs alarms and telecare equipment as needed, e.g. fall detectors and provides a personal response if required when an alarm is triggered. A range of services is offered from alarm only to weekly visit and pop in visits. The service works with health and social care to reduce the need for home care and hospitalisation.

Extra Care

Extra Care housing is a form of supported accommodation for older people. Details for Salford provision can be found on page 56.

Floating Support

There is no specific floating support service for older people; however Supporting People funds an in-house generic floating support service, which may provide floating support to older people, if they have other issues.

Specialised Services

There are a range of specialist support services, part funded by the city council's Supporting People programme, aimed at ensuring that the homes that people live in are safe, secure and properly support their needs. These services are essential as people live longer, home ownership increases and care and support packages are delivered in the home and services are aimed at maintaining independence.

The Home Improvement Agency (HIA) is a collection of services aimed at older people and vulnerable families. The Agency has assisted 2,639 people since 2010 with major repairs, to move home or to address housing issues relating to their health.

The services provided by the Home Improvement Agency include;

- 1. Home Improvement Service** – assists owner-occupiers to repair or maintain their home where large-scale or major repairs are causing a health and safety concern:
 - The vast majority of repairs are funded by simple loans or by equity products which do not require repayment until the property transfers ownership, enabling the owners to remain living in the home of their choice with minimal financial concern.
 - The administration is funded by Supporting People and Community Health and Social Care, the loans are funded by Housing Capital, approximately £300,000 per annum.
 - The average cost per loan is £6,000 which enables the service to provide financial support to around 50 clients every year.
- 2. Navigator service** – a small specialist floating support service to enable effective hospital discharge where housing is an issue contributing to delayed discharge:
 - The service will support issues across-tenure and is one of the few services which can support older owner-occupiers.
 - The service has a positive track record of addressing clutter and hoarding issues.
 - The service has supported 129 people over the last three years.

3. Housing Options service - aims to re-house older and very vulnerable people who are living in unsuitable housing:

- This might include where properties are too large for the owner to manage and the service helps free up larger properties.
- Housing Options service has supported over 895 people in the last three years.
- Supporting 350 people to move home, and this has freed up over 250 bedrooms into the housing market.

Salford also commissions a city-wide Handypersons service to carry out minor repairs and improvements;

- Helping Hands currently provide the service. It is funded by a minor revenue contribution from Community Health and Social Care, but the major funding is made via a Housing Capital programme of approximately £300,000 per annum which purchases 'Priority' free works and materials for eligible clients. The service also provides the subsidised and full cost services of their reliable and competent tradesmen to customers who can afford to pay.
- The service has carried out 17,896 'Priority' jobs at client's homes over the last three years.
- The average cost per job to the council is £42.98.

Homelessness

In 2011/12 2,674 people accessed the city council's Housing Options service for housing advice and support. Of these 1,220 had a full housing options assessment, 203 a homeless assessment and 1,023 a temporary accommodation assessment.

1,312 advice cases were successfully dealt with without the need for a formal homeless assessment, and there were 614 homeless assessments with 279 cases resulting in homeless acceptance, whereby the council had legal duties to provide accommodation.

Through the Supporting People programme a number of services are commissioned to meet the needs of homeless people in need of temporary accommodation. Details of current services with total funding available is detailed below.

Providers should be aware that this current delivery is in the process of being reconfigured so that the number of hostels for single homeless people will reduce from four to two and there will be an increase in the provision of floating support. It is further anticipated that the shift from hostel type accommodation to floating support type accommodation will continue.

Client Group	Service Type	Units	Total annual funding
Client Group	Floating	40	£356,286
Homeless Families	Hostel	104	£100,000
Homeless Families	Floating	75	£151,250
Offenders/Homeless	Hostel	15	£141,562
Single Homeless	Hostel	21	£138,718
Single Homeless	Supported Housing	6	£49,000
Single Homeless	Hostel	20	£222,503
Single Homeless	Hostel	16	£251,433
Totals		297	£1,410,752

Preventative Housing Related Support

The council funds a contribution towards the costs of housing related support for people living in the city. The market is also supported through private income / self funders and housing benefit payments, the full extent of which is not known to the council.

In a typical week the council purchases housing related support for 5,083 people delivered by 54 providers.

In 2012/13 the total expenditure on Supporting People is estimated to be £9.6m.

Breakdown of housing related support by client group as of February 2013

Primary Client Group	Service capacity*
People with alcohol problems	24
People with alcohol problems	14
Families who are homeless / at risk of	70
People with learning difficulties	332
People with mental health problems	230
Offenders / those at risk of offending	75
Older People	4,075
People with physical or sensory impairment	44
Single homeless people / generic needs	118
Gypsy, Traveller, Roma, Show People	14
Young People at risk	69
Young People leaving care	18
	5,083

* The capacity of the service in number of service users. Contracts are either hours-based or based on units of accommodation, so in some cases the provider supports not only the main service user, but also their partner and in some cases their family. Therefore the actual number of people supported is higher.

This is an area that providers may wish to develop further in future. In addition, the council's affordable warmth initiative aims to fight fuel poverty and improve affordable warmth for all residents in Salford.

Supported Accommodation - Adults with Learning Disabilities

The council is re-modelling the market for support to people with a learning disability in their own homes in line with Personalisation. This has two key elements:

1. The first part will establish a Personalisation Framework through a procurement exercise. This will set up Salford approved providers able and willing to meet Salford's standards for service delivery. This will be for all service user groups but will have a particular early usage with regard to the commissioning of Learning Disabled Supported tenancy. Thus tenants who wish to seek an innovative personalised service will be able to approach providers on the framework. The expected medium will be through tenant's using the Direct Payment system and Individual Service Funds.
2. For the tenants who wish the Council to arrange their support, (experience indicates this will be the majority) then the second phase will be the procurement of seven area based services.

Supported Accommodation - mental health

There are currently eight supported accommodation provider organisations in Salford who support a total of 127 people with mental health problems. These are provided at 19 locations across Salford.

In January 2009, it was decided to undertake a strategic review of mental health supported accommodation services in Salford by a Partnership which comprises:

- Salford City Council's Community, Health and Social Care Directorate.
- Salford City Council's Sustainable Regeneration Directorate (which manages the Supporting People programme).
- NHS Salford.
- Greater Manchester West Mental Health NHS Foundation Trust.

From 1 April 2011 a new model was implemented which:

- Clearly defined what the minimum service (the 'background support') will be in any particular service area so that a person considering accepting a place in that service will know when staff will be on site.
- Allowed for any individually assessed support needs (the one to one support) to be accepted from the on-site provider or to allow the Service User more choice in terms of how this support will be provided.
- Resulted in a model which embedded, and was consistent with, the Personalisation agenda.

Salford's Mental Health Supported Accommodation network is jointly funded by:

- Salford City Council's Community, Health and Social Care Directorate
- Salford City Council's Sustainable Regeneration Directorate (which manages the Supporting People programme)
- NHS Salford / Salford CCG

The budget is managed by the Head of Operations at Greater Manchester West Mental Health NHS Trust (GMW) as part of the duties under the Section 75 agreement between Salford City Council and GMW.

In house services are managed by GMW and include:

- A 13 bedded supported accommodation service.
- A short term unit (a maximum of two years) with shared accommodation for 10 clients and also for two clients in self-contained flats. It also benefits from a two-bedded Carers respite unit.
- A group of eight individual flats.
- Floating support service.

In addition the following six independent sector providers provide a range of supported accommodation services across Salford:

- B and M (across three properties)
- Creative Support (across six properties)
- Making Space (across one property)
- Sanctuary Carr-Gomm (across two properties)
- SLC Group (across two properties)
- Turning Point (across one property)



Assistive Technology and Equipment Provision

The provision of the right equipment at the right time to vulnerable adults is a key priority for the city council as it has been demonstrated nationally and locally that this provision plays an essential role in supporting to people to live independently.

Over the coming years we expect that there will be an increase in the use of more complex equipment to support independence and a significant increase in the provision of assistive technology within people's own homes.

This will provide opportunities for suppliers to work closely with the city council in order to further develop the market for equipment and assistive technology.

In addition, we expect to see an increase in the self-purchased market, as the eligibility criteria for access to social care provided equipment and assistive technology changes.

Equipment

If someone has the right equipment it can play an important role in helping them to remain at home. The right equipment can also support people in end-of-life care should they wish to stay in their own homes.

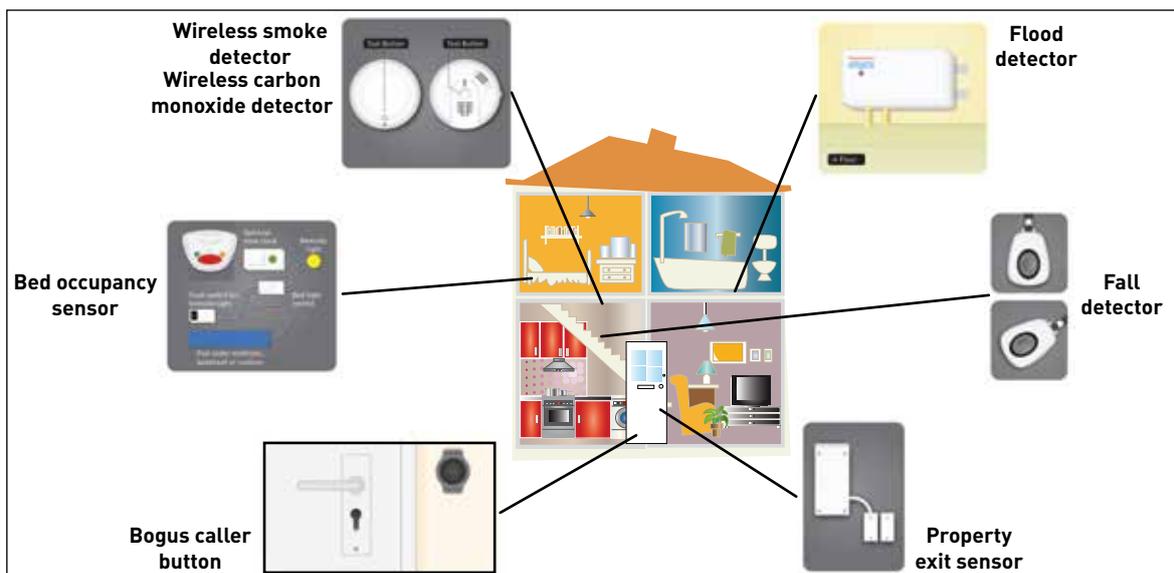
Salford City Council and Salford CCG provides an integrated Community Occupational Therapy (OT) and Equipment service. The service provides

a range of services including assessment, equipment, telecare, wheelchair services and adaptations. In addition, there are plans to develop telehealth services in Salford.

Over the next three years we expect greater collaboration between Equipment Services and secondary health care services to support the rehabilitation of people coming out of hospital.

The Community OT service is delivered in partnership with Disabled Living service, a third sector organisation. The on-site facilities include a fully equipped assessment / demonstration area, training facilities, wheelchair clinic areas and sensory kitchen. There is also a retail outlet for people wishing to purchase equipment.

Following assessment, low cost adaptations are carried out by local contractors and major adaptations are managed by the specialist housing team. This assistance can range from installing walk-in showers or stair lifts to building ground floor extensions to a person's property.



Salford Equipment Service delivers approximately 30,000 items of equipment per year and the service covers ages from birth until end of life. As at 31 March 2013 36,288 people in Salford were recorded as having a piece of equipment and the service receives requests from approximately 2,000 new customers per year.

In 2012/13 equipment was provided to 7,235 clients, of which 74% were over the age of 65 and 26% of these were over the age of 85. 98% of deliveries were made within seven days.

Assistive Technology

Supporting the take up of Assistive Technology to support independent living will be a key strategic priority for the city council as we believe that over the next twenty years, the propensity for Salford citizens to accept and require the provision of assistive technology solutions to support independence will increase.

The city council has been offering telecare solutions (which is a term we now use to describe not only sensors alerting a control centre or carer, but also a broad range of products including stand-alone mobile and wireless equipment, smartphone, tablets and applications, and social network platforms) for the past five years.

Telecare enables people to remain in their own home in the community by using sensors and call alarms to detect emergencies in the home such as falls. The sensors are set up to contact a call centre or family member if triggered.

The telecare service is predominantly focused on those people who have been assessed as eligible for social care assistance with immediate complex needs. However, we know that telecare can also play an important prevention role, with services aimed at monitoring an individual's health and wellbeing.

Over this period in time we have seen referrals to the service increase as follows:

- 2007/08 = 20 referrals per month
- 2008//09 = 25 referrals per month
- 2011/12 = 46 referrals per month
- 2012/13 = 53 referrals per month

Of those number 28 people with dementia used telecare in 2007/08 rising to 180 in 2012/13. There are 2,874 people in Salford who received a 'Care on Call' service, 70% of whom are aged 75-94 and of the total, 520 were linked to an alert system.

The age profile of people utilising telecare provided by the council's service is as follows:

Age	% Usage
Under 65	14
65-74	16
75-84	36
85-94	21
95-100	9
Over 100	4

In 2012/13 the council's telecare service delivered in excess of 300 telecare solutions to people living independently in the community.

It is our intention to develop a telecare strategy in 2013/14, which will outline the strategic vision for the development of telecare in Salford.

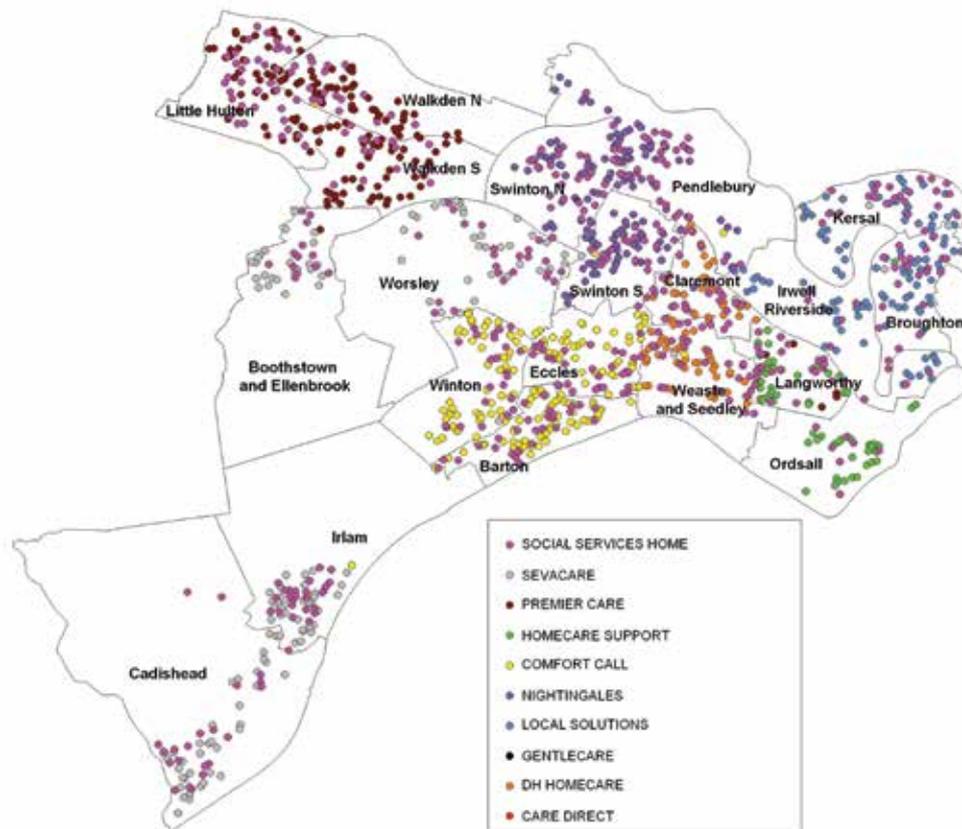
Personal Care and Support: Home Care

The majority of the council funded home care market is provided to older people with 69% of total take up being allocated to people aged 65+. Adults aged 18-64 with mental health problems account for 12%, adults aged 18-64 with a physical disability and learning disability account for about 10% each.

As at 31 March 2013 a total of 2,687 people were receiving support in the form of private home care packages. The council was typically purchasing 22,165 hours of home care each week and the

average weekly hours provided to individuals was 6.25. The council is aware that 180 people fund their own home care support.

Distribution of clients receiving Domiciliary Care (1.4.11 to 31.3.12) in Salford colour coded by provider.



Map produced by SPPP Adult RIS team using Mapinfo software.
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Meals Service

Having a hot, nutritious meal every day is an important part of enabling people to remain in the community. The meals service is a weekly delivery of frozen or hot meals, which individuals, who are assessed as needing this service, order every two weeks. All dietary needs can be met (diabetic, vegetarian, coeliac, halal, kosher etc).

The frozen meals service is currently provided by Oakhouse Foods. The hot meals service is provided by the city council. Both meals services offer a main course and a dessert.

There are many groups and organisations who provide meals services to people across the city. Some of these will be provided at a neighbourhood level through local groups, for example, churches, community groups and voluntary organisations. This type of service provides a choice for people to access what is often a low-cost meal through a local network and also enables people to meet with others and maintain social networks.

Many cafes offer meals at reasonable prices. Groups of older people often choose to have a hot meal or a snack after shopping and many supermarkets offer a service that responds to this. The food delivery services offered by supermarkets also provide a way for people to have their weekly food shop delivered to their front door. The council will be working with these providers to develop Salford's Dementia Friendly Community.

The council will support the development of community-led solutions that provide people with adult social care needs a local solution to their meal needs.



Respite Care

Respite (replacement care) is provided to FACS eligible individuals in the absence of the carer.

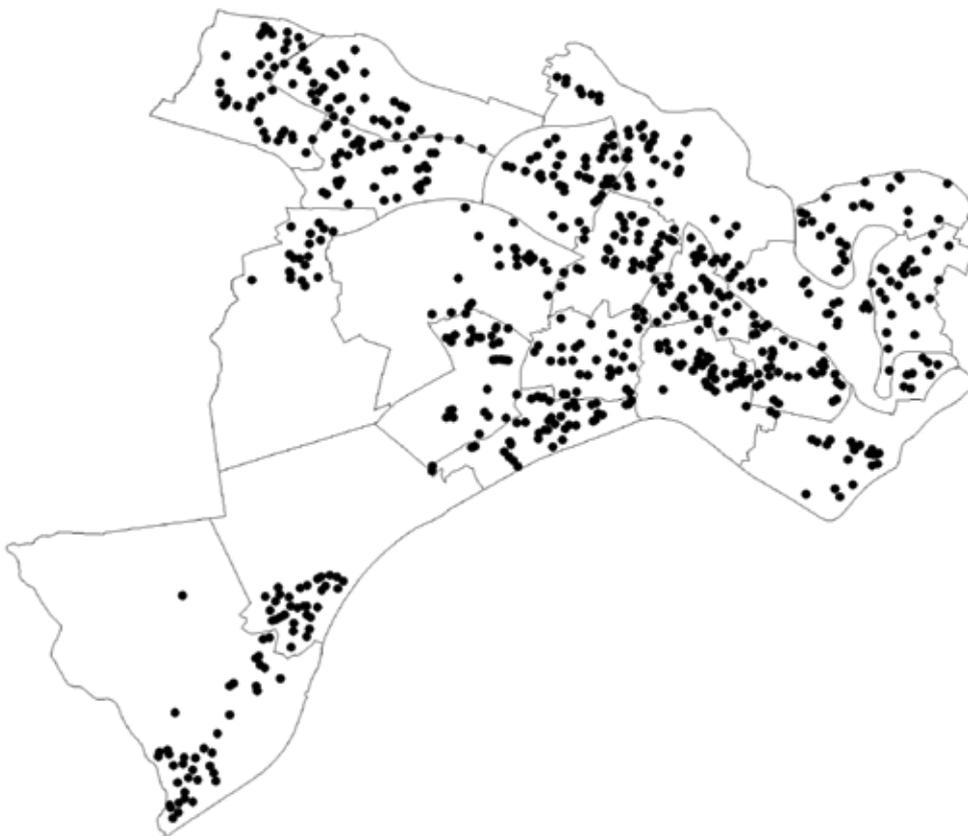
We are asking carers and service users about the outcomes they expect to see from respite services and the type and balance of respite services they would like to see available in the market. We are revising our analysis of need, demand, supply and costs – including essential benchmarking information from other authorities and future modelling of demand and costs.

The council commissions 42 carer respite beds of which 12 are solely for adults with a learning disability and 30 are for adults with physical disabilities. Salford has an adequate supply of respite care beds, however growth is expected in more personalised, home based respite that can accommodate direct payments and individual budgets as well as self-funding individuals.

Adults Placement services are an important focus in providing care and support to people in the homes of carers for a fixed period of time, up to four weeks. At the end of 2013, 102 individuals were supported with 412 sessional hours per week through Adult Placement. The service is offered to meet a range of needs and is flexible in response to those needs. The council will be seeking to develop Adult Placement services to reflect the changing needs of the population and to respond to changes in the provision of adult social care services.

Location of carers that received services between 1.4.2011 and 31.3.2012.

781 carers received services between 1.4.2011 and 31.3.2012.



Name	Count
Ordsall	24
Worsley	25
Boothstown and Ellenbrook	25
Broughton	26
Kersal	28
Swinton South	36
Irlam	36
Irwell Riverside	37
Winton	37
Walkden North	38
Little Hulton	39
Eccles	41
Walkden South	41
Langworthy	42
Weaste and Seedley	43
Claremont	43
Cadishead	47
Swinton North	49
Pendlebury	50
Barton	53

Map produced by SPPP Adult RIS team using Mapinfo software.
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Extra Care

There are five extra care schemes funded by the council to provide 239 units for rent. None are available for purchase. Four of the schemes were converted from sheltered council housing and one was purpose built.

All schemes attract demand and waiting lists are in operation; units are let to maintain a mix of low, medium and high dependency levels. The aim of the services is to provide a home for life so that a person can receive the support and care they need as their needs change, without having to leave their home. Extra Care schemes reduce the need for home care packages and residential care.

The city council's strategy for extra care housing has identified the need to develop a further 160 units of extra care in the medium term, and developments are currently being explored with potential partners in the Lower Broughton and Seedley areas of Salford.

City West Housing will be replacing the current scheme at Ninian Gardens with a 66 bed unit new, purpose built extra care scheme located at Amblecote, which will open in Summer 2014

The existing site at Ninian Gardens will be then redeveloped as housing for older people, subject to attracting the necessary level of funding.



Intermediate Care

Intermediate care is a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.

Intermediate Care has an important function in meeting the health and social care needs of individuals to prevent unnecessary admission, expedite appropriate hospital discharge and avoid premature admission to care homes.

Older people are particularly vulnerable at transition points in care, so services need to work together and share responsibility for meeting older people's needs through access to appropriate care, in the right place and at the right time.

Salford delivers an Intermediate Care service within a Section 75 Framework agreement and a pooled budget arrangement – the value of this is £8m. These arrangements allow one statutory provider to take the legal responsibility for managing the delivery of another statutory partner's service. Salford Royal Foundation Trust is the service lead for Salford's Intermediate Care Section 75 and manage the delivery of both Health and Adult Social Care services within the scope of the agreement.

The Intermediate Care service is established from a suite of service areas, including bedded units (nursing 47 beds and rehabilitation 28) rapid response, community rehabilitation, hospital discharge, intermediate home support/reablement, social work, supported by a GP contract and a single entry point referral system.

The principal drivers for the service are:

- Reduce unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long term residential care or continuing care NHS inpatient care.

- Maximise independence and enable patients and service users to remain or resume living at home.
- Deliver a personalised response to meet need.

As a measure of impact, Salford performs at the national average for people remaining 'living at home at 91 days after discharge from hospital into intermediate care services'. This is considered to be good performance considering the complex conditions and level of frailty of Salford's older population.

Opportunities exist for independent sector providers to support the delivery of elements of the service offer of the section 75 agreement for Intermediate Care. The council is keen to explore these options with providers who are positioned to deliver quality outcomes for Salford people.

Residential Care

Policy Direction

The council recognises that most people wish to remain in the community as they grow older, retaining choice and control as their care needs change.

Salford Strategic Housing Market Assessment (2012) found that many people under the age of 65 currently living in residential care would like the option of living in the community; while many older people have told us they would choose independent housing with care and support as an alternative to residential care if it was available and affordable.

Therefore a clear strategic aim for the council is to help to provide appropriate community-based accommodation choices for vulnerable adults; both for those who we have a statutory duty to provide care, but also for those who make and pay for their own arrangements.

Appropriate, cost-effective, community-based accommodation options are key to giving people greater choice and control and helping them to live as independently as possible in their own homes, while maximising value for money for all.

The provision of housing in the community needs to be linked to the strategic planning of a range of community-based care and support services, capable of providing 24-hour cover, to help people within their home of choice.

Implementation of this policy direction aims to reduce state-funded admissions into residential care homes.

For those clients whose assessed needs are determined to be best met in residential care the council will continue to work with sector providers to ensure clients are offered the choice they desire and the level of assured quality they need/expect to meet their current and changing needs. The council will continue to work in close partnership with sector providers to develop their service offer and this will include a review of the contractual arrangements the council has with sector provider during 2013/14 - providers will be invited to contribute to the review.

Through the Integrated Care Programme for Older People, the sector has been invited to participate in a specific area of work around developing practice within the residential care sector. This work will be developing over 2013/14 and will contribute to the continual improvements the sector is making to meet the needs of residents in their care.

Changing patterns of provision of residential care

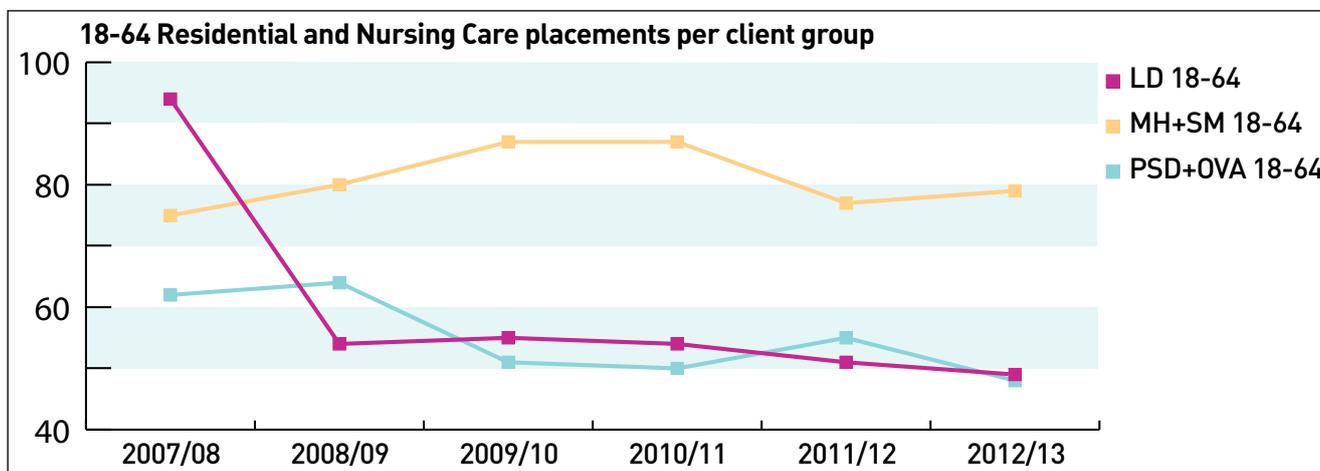
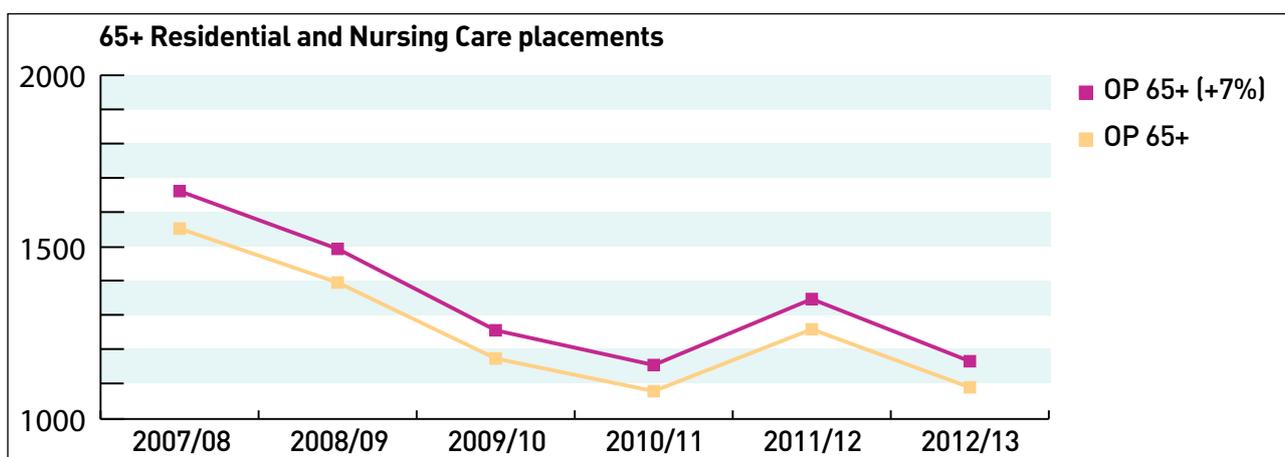
Salford City Council contracts a significant amount of residential care for individuals who are assessed as needing such care and are funded by the local authority. During 2012/13 the council supported 1,268 people into residential care; of this figure 87% or 1,092 were people aged 65 and over. It is expected that demand for placements that are suitable for people with higher levels of complexity and risk will increase. Given the aging population the need for combined residential / nursing home places is likely to increase. For example the older population (65+) is expected to increase to 43,800 by 2030; at the current rate of people requiring residential care this equates to approximately 400 additional beds.

Over recent years the council has been adopting protocols to manage down the number of placements into permanent residential care, seeking to maintain people in their own home environment whenever practically beneficial. The data recorded against this activity shows that between 2007/08 and 2012/13 the council had seen 30% reduction in the number of people aged 65 and over being placed into residential/nursing care.

During 2012 an analysis of the systems associated with the recording of people being placed into residential care identified that a significant number

of people has been mis-coded as being in short term placements. The analysis suggested that up to 7% additional demand has been in the market. This level is reflected in the chart in the pink line. The 12/13 (1,168) revised position is still below the 07/08 (1,554) original position by 25%.

The 50 registered care homes operating in Salford providing a total capacity of 1,655 and 48 of the homes are managed by independent sector providers. 39 care home providers meet all five CQC Standards, with 13 homes requiring one or more improvement. No care homes in Salford had an enforcement action.



The following table shows the type and number of homes providing each type of service.

Type	Number
Nursing	19
No nursing	33
TOTAL	52
Dementia	40 out of 52
Mental health	11 out of 52
Learning disability	7 out of 52
Physical/sensory disability	17 out of 52

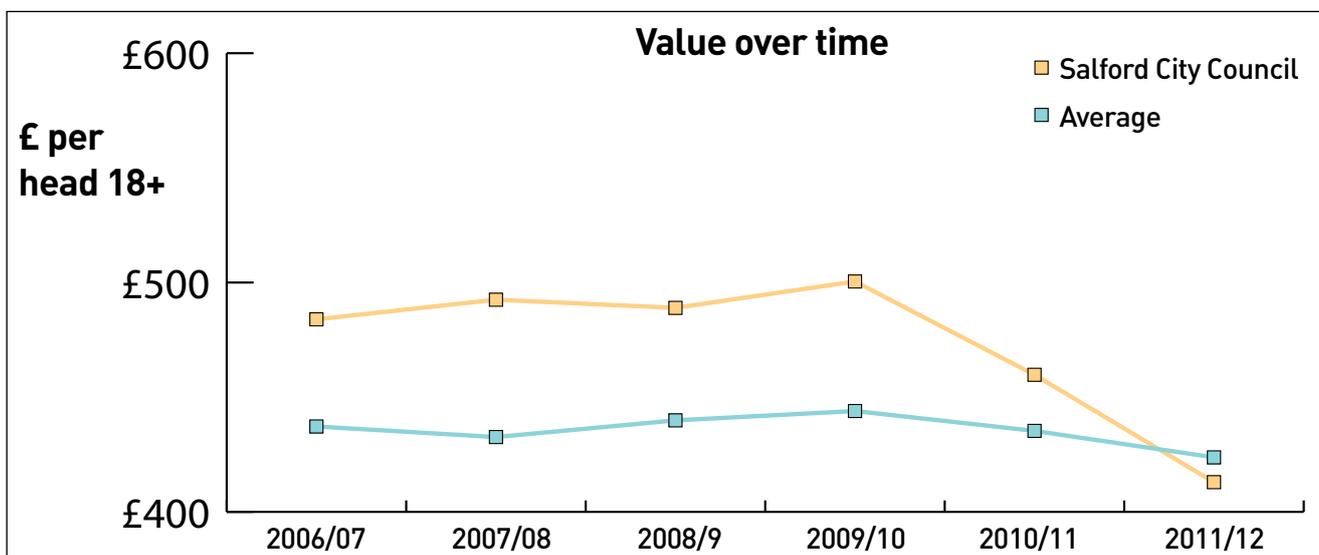
Finance

The council's adult social care gross budget for 13/14 is £114m. The amount of money spent by the council on adult social services for people in the

city has reduced from 2009/10. The spend per head of people aged 18+ was 15% lower in 2011/12 than it was in 2006/07.

Reporting name	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Spend on adult socail care per adult	£483.94 per head 18+	£492.51 per head 18+	£488.95 per head 18+	£500.45 per head 18+	£459.78 per head 18+	£412.94 per head 18+

Over recent years the council's average spend per person aged 18+ has reduced and in 2011/12 was at the same level as the council's geographical neighbours.



The table below shows the split of client group expenditure within adult social care and also shows the comparative levels of expenditure per head against Salford's geographical neighbours.

Client Group	Total expenditure £M	%	Value	% change	Direction of travel	Rank	Average
Older people 65+	£22.635	35.8%	£986.19 per head 65+	-19%	Decrease	Average	£1,069.85 per head 65+
Mental health 18-64	£8.430	13.3%	£59.00 per head 18-64	-12%	Decrease	In the highest 20%	£46.83 per head 18-64
Learning disability 18-64	£23.471	37.0%	£165.21 per head 18-64	18%	Increase	In the highest third	£143.72 per head 18-64
Physical disability 18-64	£6.136	9.7%	£42.39 per head 18-64	-28%	Decrease	In the highest third	£45.77 per head 18-64

The council commissions a significant proportion of adult social care services from the independent sector. The estimated size of this budget for 2013/14 is £59m (52% of the total adult social care budget) and covers the service areas previously described in the Market Place section (page 40). This commissioned activity includes:

- £27.5m for residential care accommodation
- £10m for supported tenancies (mental health and learning disability)
- £5.5m for home care
- £0.8m for sheltered accommodation

Changing financial models - Direct Payments

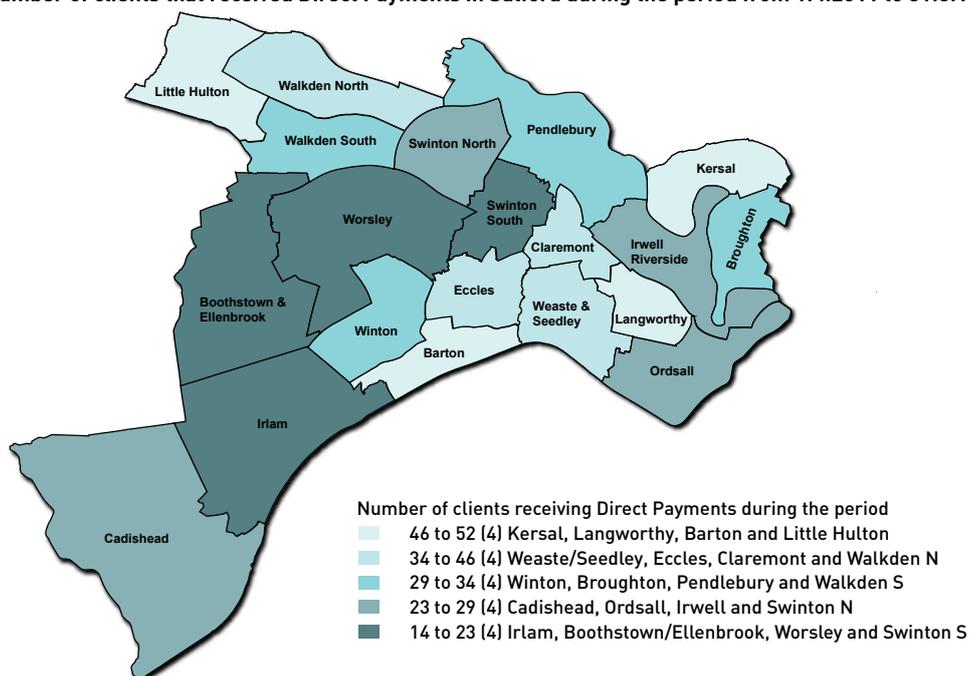
Commissioners anticipate that take-up of direct payments will continue to grow and that providers will need to be responsive to the implications.

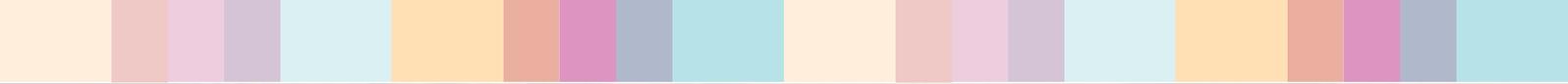
Providers are working with the council on moving from block contract arrangements to direct payments. National and Pilot Scheme reports from elsewhere have shown increased transaction costs. However they have also reported that the funding model has greater flexibility and allows them to exercise greater degrees of responsiveness to changes in consumer behaviour in adult social care.

There are variations in the take up of Direct Payments across service user groups. The table shows those for 2011/12. Salford is committed to supporting their wider use by older people and service users of mental health services and a learning disability. The average annual direct payment is in the region of £9,588. However there are significant variations by client group. People using mental health services receive a direct payment averaging £6,576 per year whilst adults with learning disabilities receive a direct payment averaging £10,619 per year. The total value of direct payments is in the region of £5m.

Age group	Client group	% of people receiving services who take a DP
18-64	Learning disability	27.90%
	Mental health	12.79%
	Other vulnerable people	40.35%
	Physical disability	50.80%
	Substance misuse	0.00%
Total		29.53%
65+	Learning disability	12.90%
	Mental health	8.02%
	Other vulnerable people	13.30%
	Physical disability	14.45%
	Substance misuse	33.33%
Total		13.65%
Totals		20.33%

Number of clients that received Direct Payments in Salford during the period from 1.4.2011 to 31.3.12







Joint Commissioning

Community, Health and Social Care
Salford Civic Centre
Chorley Road
Swinton
Salford
M27 5FJ



Phone 0161 793 2323



Web www.salford.gov.uk

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Somali

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Russian

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Hindi

यदि आपको इस दस्तावेज का अनुवाद आपकी भाषा में चाहिये, तो कृपया नीचे दिये नंबर पर हम से संपर्क करें।

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਤਰਜਮਾ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਹੇਠ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Tigrinya

ከዚህ ሰነድ ላይ ትግርኛ ትግምት ለማግኘት፣ እባክዎን በዚህ ቁጥር ጋን ወይንም በዚህ አድራሻ ስልጠና ይጋኙ።

Arabic

إذا احتجت لان تترجم هذه الوثيقة الى لغتك، فالرجاء الاتصال بنا على الرقم المبين اسفله.

Farsi

اگر شما ترجمه این مطلب را به زبان خود نیاز دارید، لطفاً از طریق شماره تلفن زیر با ما تماس بگیرید.

Kurdish Sorani

ههنگه دهخوارزیت نهم دۆکیومینته (بهلگه نامیه) وهر بگێردریت بۆ زمانی خۆت، نهما تکایه پهیوهندیمان بپوه بکه له ریگهی نهم ژمارهیهی خوارهوه.

Pashto

کچیری ددی سند ترجمه پخپله ژبه غواری، لطفاً په لاندی شمیره مونږ سره اړیکه ونیسي.

Urdu

اگر آپ اس دستاویز کا اپنی زبان میں ترجمہ چاہتے ہیں، تو برائے مہربانی نیچے دئے گئے نمبر پر رابطہ کیجئے۔

0161 793 2323