



Great Care • Great Quality • Great Value

 **Norfolk** County Council

Care and Support

# Market Position Statement

2016/17



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You can also visit our web page: [www.norfolk.gov.uk/careproviders](http://www.norfolk.gov.uk/careproviders)

## Dear Provider...

I am pleased to share the 2016/17 Market Position Statement with you. This document provides you with essential information to enable us to work together to shape the care market. It is important that we have a shared understanding of the opportunities and challenges for the social care market in Norfolk.

The Care Act gives us very clear responsibilities, this document helps to define how we will deliver these responsibilities and forms part of the ongoing conversation we are having with you as the care market. As the scale of the changes that providers, commissioners and key partners face is becoming clearer it is important that we continue to work together, to develop an effective and efficient care market.

As a provider it is important that you understand the new models of care that we are beginning to develop. We want to prevent, reduce or delay the need for funded care packages wherever possible, not only because this is better for individual outcomes but also because we need to manage demand in the market to be able to fund the care packages that people will need.

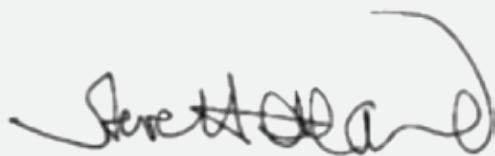
Our approach to ensuring we are providing the right services begins with assessment. We are introducing a new approach to social care assessments, called Signs of Wellbeing. All of our social care assessors will focus on strengths and more innovative ways of helping people to achieve their individual wellbeing and independence goals. I want to ensure that you have the opportunity to fully understand how this impacts on the services you provide.

I understand the need for really effective engagement with you if we are to successfully shape the market together. I will develop new opportunities for engagement at both the strategic and operational level throughout Norfolk. I will discuss with you what these new arrangements should look like in a series of workshops and support this through our market development fund. We will also develop a new approach to consulting with you about fee levels.

Our Heads of Integrated Commissioning will lead market shaping at the local level integrating across health and care with our Better Care Fund plan. They will continue to host our locality provider forums and will discuss how these local opportunities for engagement can work better.

I will be in touch with all providers throughout the coming year to invite you to join our working groups, participate in our workshops, our consultations and other ways in which you can engage with us.

I look forward to working with you in the year ahead.

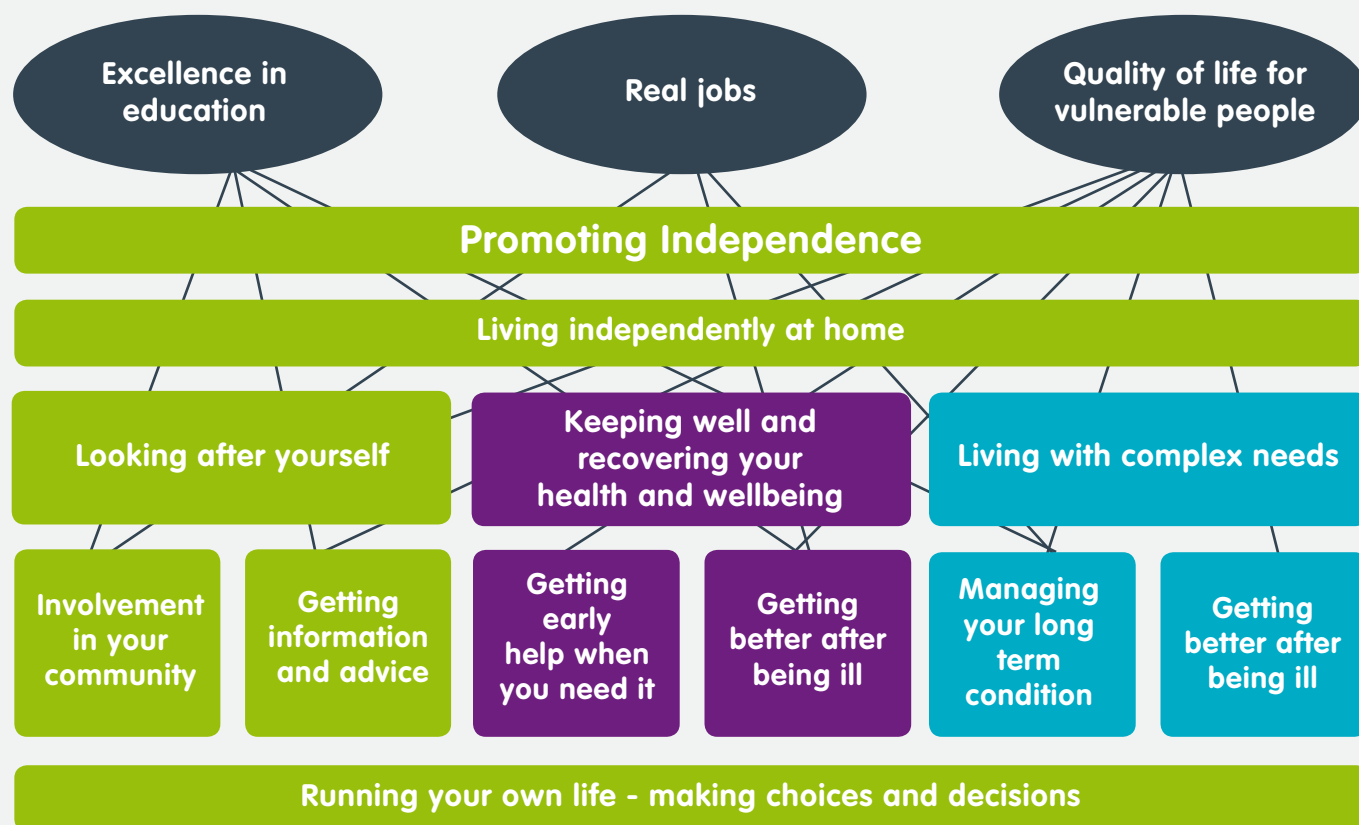


Steve Holland  
**Head of Quality Assurance & Market Development**

# Strategic context and direction of travel

It is no secret that funding for local services including adult social care has reduced significantly in recent years and is expected to continue to do so. This means that we have to think differently about how councils and the public sector works as a whole. Re-imagining Norfolk is the programme that is supporting these new ways of working. The Council's key priorities are Excellence in Education, Real Jobs, Improved Infrastructure and Supporting Vulnerable People.

The adult social service directorate is supporting these priorities through the Promoting Independence strategy which is set out in the diagram below.



**Our approach will require the whole of the market and the Council to work differently**

For our part we are transforming our assessment processes to focus on strengths, prevention and reablement, our procurement processes to support smarter more outcome focused, flexible commercial arrangements. We will implement full commissioning life cycle processes and a category management approach to help develop every sector of the market and ensure that our investment in the market supports the outcomes that people want and the market they need.

# Focussing on outcomes

The key outcome that the Council has to focus on is the wellbeing of all adults. In the MPS we refer to people as service users or customers to differentiate between council funded clients and self-funding clients.

## What people are telling us ...

We have an established Making it Real Group in Norfolk and we recently asked, what is important to them in order to promote independence they told us:

The importance of adapting the home environment to make it accessible as needs change, so that people can continue to self-care and to be safe: "much as they want to remain in their own home, they could get forgetful around the house."

The importance of being able to access reliable services to manage household and home repair tasks was clear: to stop "everyday life becoming overwhelming".

Concerns about affordability of the kind of support people would need: "having care that is sensitive to needs, reliable and affordable"

The importance of getting help easily: "help to find care easily, a sort of one stop shop."

The importance of local community connections in helping people stay independent: "... social activities and education opportunities in the local neighbourhood, a good network of friends in the local area, close to a place of religious worship..." and support from local networks: "a personal alarm which helps her to feel safe. Local neighbours are aware and one has a key..."



## What people are telling us ...



Norfolk County Council will work with customers, providers, communities and partners to develop a care market that meets customers needs.

Norfolk Older People's Strategic Partnership Board, have produced their strategy.

This strategy gathers together the issues of key importance for older people in Norfolk.

It has been referenced throughout this Market Position Statement to ensure we are developing a care market that meets the needs of Norfolk's Older People.



# Resilient communities

Promoting Independence is about supporting individual and community resilience so that as many adults as possible enjoy a good sense of wellbeing and independence for as long as possible wherever they live. The higher we can get this number and keep it there the more successful we will have been. Succeeding in this aim will be critical to our ability to fund the care and support that service users with longterm complex needs may have.

People have told us the importance of local community connections to promote independence. Our research evidences that people's wellbeing can be sustained through connections to supportive communities to reduce loneliness and its impact on physical health, and models which connect people to local networks, Norfolk County Council already works to support the development of resilient communities. Examples include;

## Development workers

- Supporting small independent groups, developing community capacity through focussing on shared interests.
- Sharing information on local resources.
- Supporting vulnerable individuals to explore opportunities for getting involved in their local community.

## Community based initiatives

- For example 'pub is the hub', supporting the development of pubs as the centre of community life. Providing additional essential services that meet needs identified by the local community.

## Work with District Councils

- Working with District Councils and their partners to build community capacity and enable communities.

## Commissioning services

- Ensuring that organisations we contract with to provide services; recruit, train and support volunteers and peer support volunteers.

## Norfolk Swift Response

- A 24-hour service providing help, support and reassurance for people who have an urgent, sudden need at home, but don't need the emergency services.

## Occupational Therapy equipment

- Equipment and adaptations available to people who are finding some areas of daily living difficult.

## Assistive Technology equipment

- Devices and systems that help vulnerable people to live in their own homes with greater safety and independence.



# Community Links

To support the promotion of independence we want to ensure that people can access information and advice at the first point of contact whenever possible. Local points of contact, enabling people to find universal services that can meet their needs based in their own communities will be developed in partnership with the market, district councils and health colleagues. These will be called 'Community Links'.

In addition, Community Links will offer strengths-based social care assessments and re-assessments (previously called 'reviews'), carried out by social workers, occupational therapists and assistant grade staff, as appropriate to the complexity of the enquiry and presenting need of the customer. If the customer is deemed to be eligible under the Care Act 2014, the assessments might lead to the provision of council-funded services or equipment if the outcomes identified cannot be achieved by support available to the customer from their own support networks or community. The development of Community Links will mean that a proportion of social care assessments that might previously have been carried out over the telephone or in the customer's own home will now take place in a Community Links setting.

Community Links will offer the opportunity for customers to find out about activities, sources of support, and events taking place in their own communities. Wherever possible, this information will be provided by the organisations delivering these services. As well as Norfolk County Council these might include voluntary sector, District Councils, carer support organisations, providers of services, social housing providers.

## Benefits

We expect the benefits of our focus on resilient communities to include:

- A reduction in reliance on council services and a greater engagement with the voluntary sector.
- An increase the number of people able to access the help and support they need independently, in their own communities – promoting self-management and prevention.





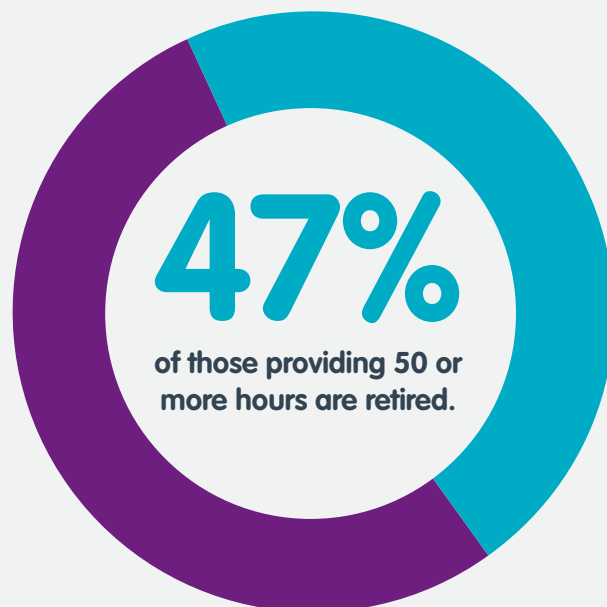
# Unpaid carers

**In Norfolk we recognise the importance of informal carers and the contribution they make to resilient communities.**

Over 94,000 people provide unpaid informal care every year which would cost the taxpayer over £500m to buy.

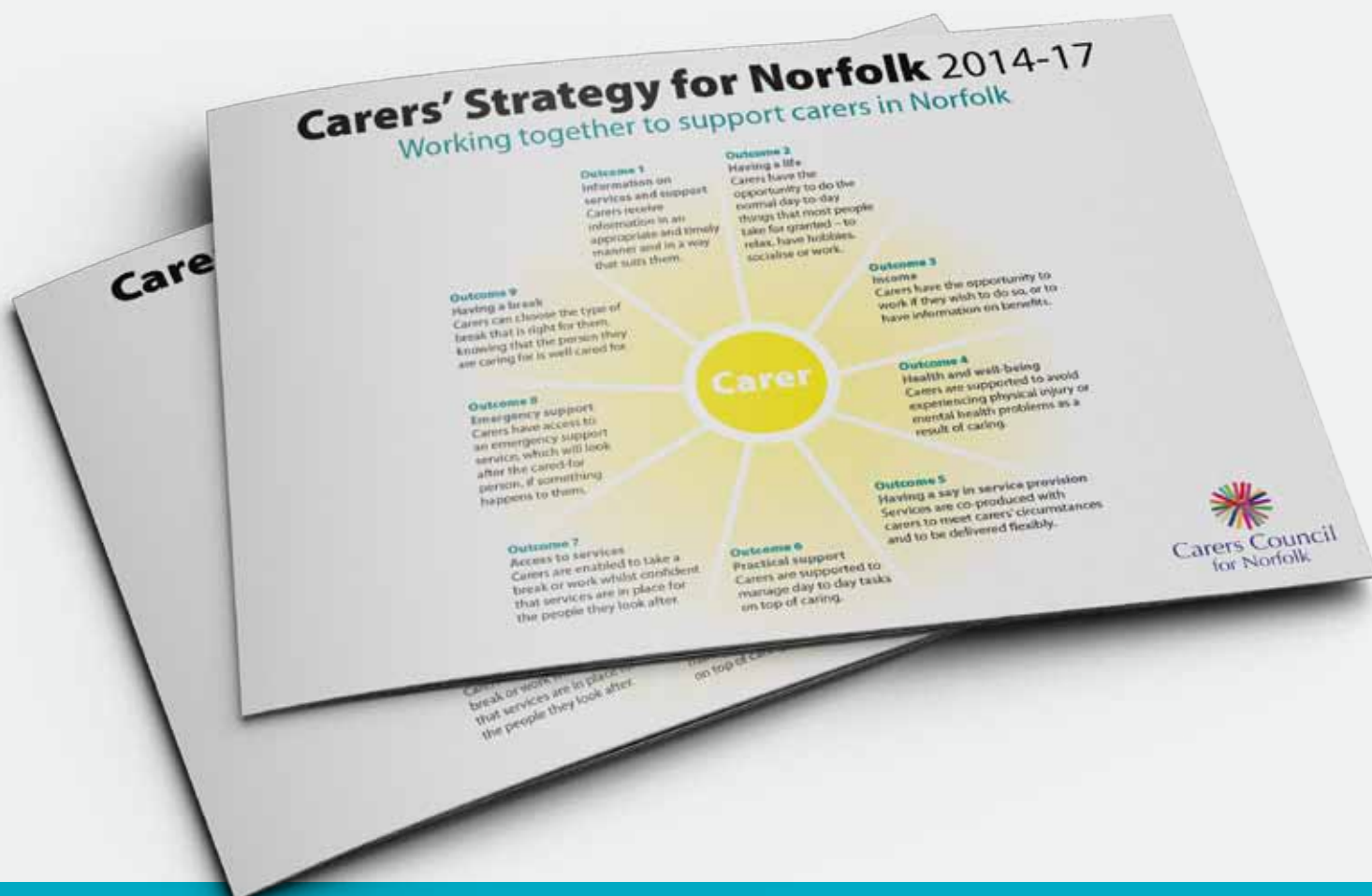
Over half of carers are female, the majority of carers are over 50: 37.8% are aged 50-64 and 27.6% are 65 and over.

The Carers Strategy has been co-produced with carers through the Carers Council for Norfolk in Partnership with Norfolk County Council, Norfolk's five Clinical Commissioning Groups and the Carers Agency Partnership.



# £500m

**This is the minimum value of unpaid care provided in Norfolk**



In line with national and local Carers Strategies and others such as National Dementia strategy Norfolk County Council developed in consultation with Carers a range of services to be provided in a personalised way to support Carers in their caring role and to enjoy a life outside of caring.



## Information and advice

We know from what people have told us the importance of accessible good quality information and advice and we continue to develop services to support this. We plan to develop services that ensure people, not just those eligible for social care, are able to get the information they need, supporting them to be better able to self-care and avoid entry to formal care systems.

We want services that will:

- Provide information that enables people to be more independent
- Promote solutions rather than just signposting to social care
- Link explicitly to locality resources, voluntary sector and into district councils
- Develop a different relationship with the public as part of the changing offer from Norfolk County Council to the public
- Explicitly address advice needs of carers
- Helps people to understand and get the full range of support available through commercial companies and community organisations.



### We will...

Work with providers and the public to develop future services.

### You can...

Work with the council to develop future services.

### Together we can...

Create services that promotes independence.

# Improving quality

**We contract with a market of almost 1,000 providers to deliver social care and support at a cost of over £290m a year. It is essential that we can be confident that this care is high quality, effective and responsive to care needs, promotes independence and supports the outcomes that people want. Whilst always using the CQC fundamental standards of care as the starting point we will increasingly use the feedback from service users and customers to guide our judgement about quality. We will focus on the extent to which individual service users and customers believe that their outcomes are being supported by the kind of services being provided.**

We will in particular want to be sure that the focus is on increasing independence and reducing reliance on care services wherever possible and appropriate in line with our Promoting Independence strategy. We will develop this approach initially focusing on the new model of care in the home care market.

The way in which care services are provided helps us to judge whether the service user or customer is really at the heart of matters and we will continue to encourage all providers to do so through adherence to the principles of the Harwood Care Charter.

## The Harwood Care and Support Charter

The Charter sets out principles for how care providers should work to ensure people are at the centre of their care. It was produced with input from people who receive care and support services, carers and representatives from organisations providing care and support in Norfolk.

Being part of the Charter demonstrates to people using services that an organisation or individual is committed to ensuring people who receive care and support services in Norfolk have the high quality services that they want.

Those signing up to the Charter are committed to:

- **Listening to people and responding to their needs.**
- **Treating people with respect, dignity and courtesy.**
- **Making sure people are not left unsupported.**
- **Telling people how much services cost and how to access financial assistance.**
- **Making sure staff are properly trained and Police checked.**
- **Reporting back to commissioners where things work well or could be developed to better meet needs.**



Organisations that have signed up include private, voluntary and statutory providers.

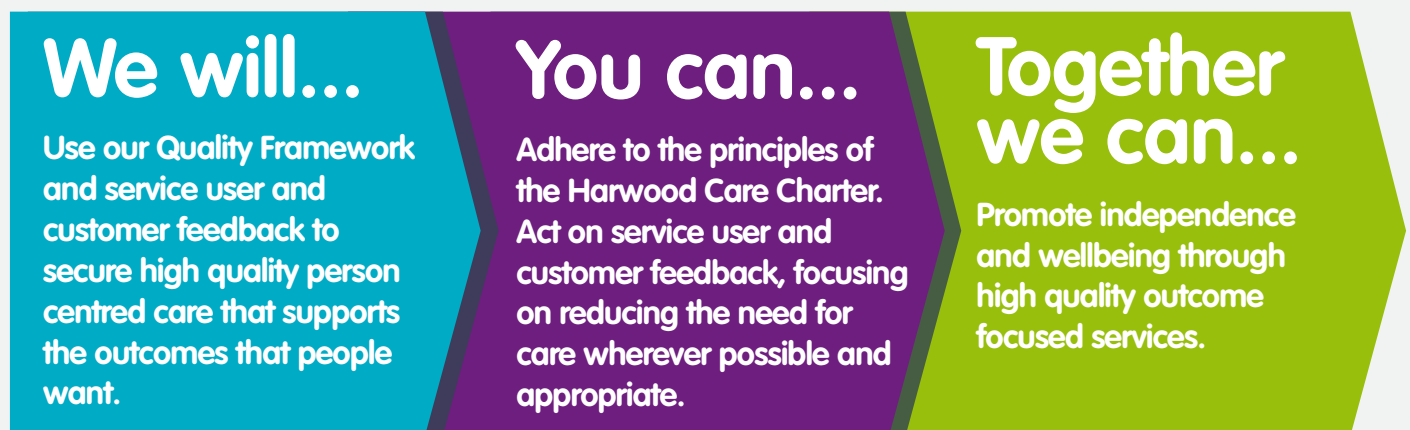
# Quality Framework

Our Quality Framework sets out how we intend to secure high quality care through an intelligence-led programme of risk-driven monitoring and intervention in the care market.

The Framework supports effective working with the Care Quality Commission (CQC), the Regional Quality Surveillance Group, and other quality assurance teams in the health system. It drives regular dialogue between commissioners and social care practitioners in all five CCG areas in the County. It informs our Market Development work and through the Market Position Statement provides the market with insight into the quality of provision across all sectors.

## Quality and contracting

As we renew contracts with providers we will be increasing the emphasis on quality, with a focus on the achievement of individual outcomes for service users, this will be supported through more flexible models of care that promote independence.



# Overview of the care market in Norfolk

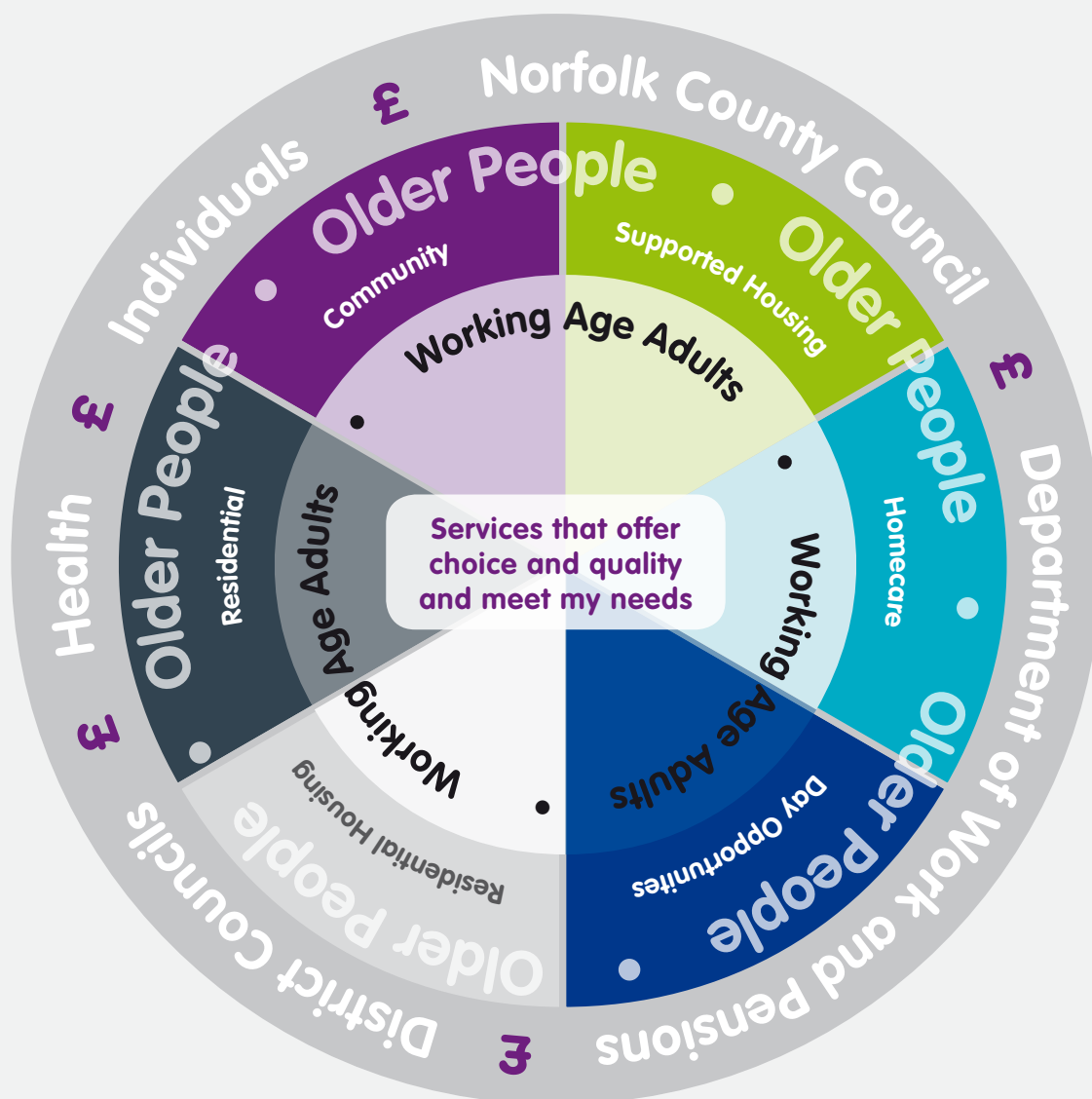
## A Market that promotes independence

### We want...

to transform our market development effort to bring forward the reshaping of the market in line with our Care Act duties and our **Promoting Independence** principles. This means a market whose services are focussed on restoring independence where ever possible by reducing the need for care and support services and delaying for as long as possible the need for additional care and support. To operate efficiently and effectively the market needs to be able to respond as soon as people's well-being or independence has been diminished.

### We have...

developed a market development model that reflects the key segments or categories in the care market, the two key service user and customer groups (older people and working age adults) and where the money comes from as shown in the diagram below;

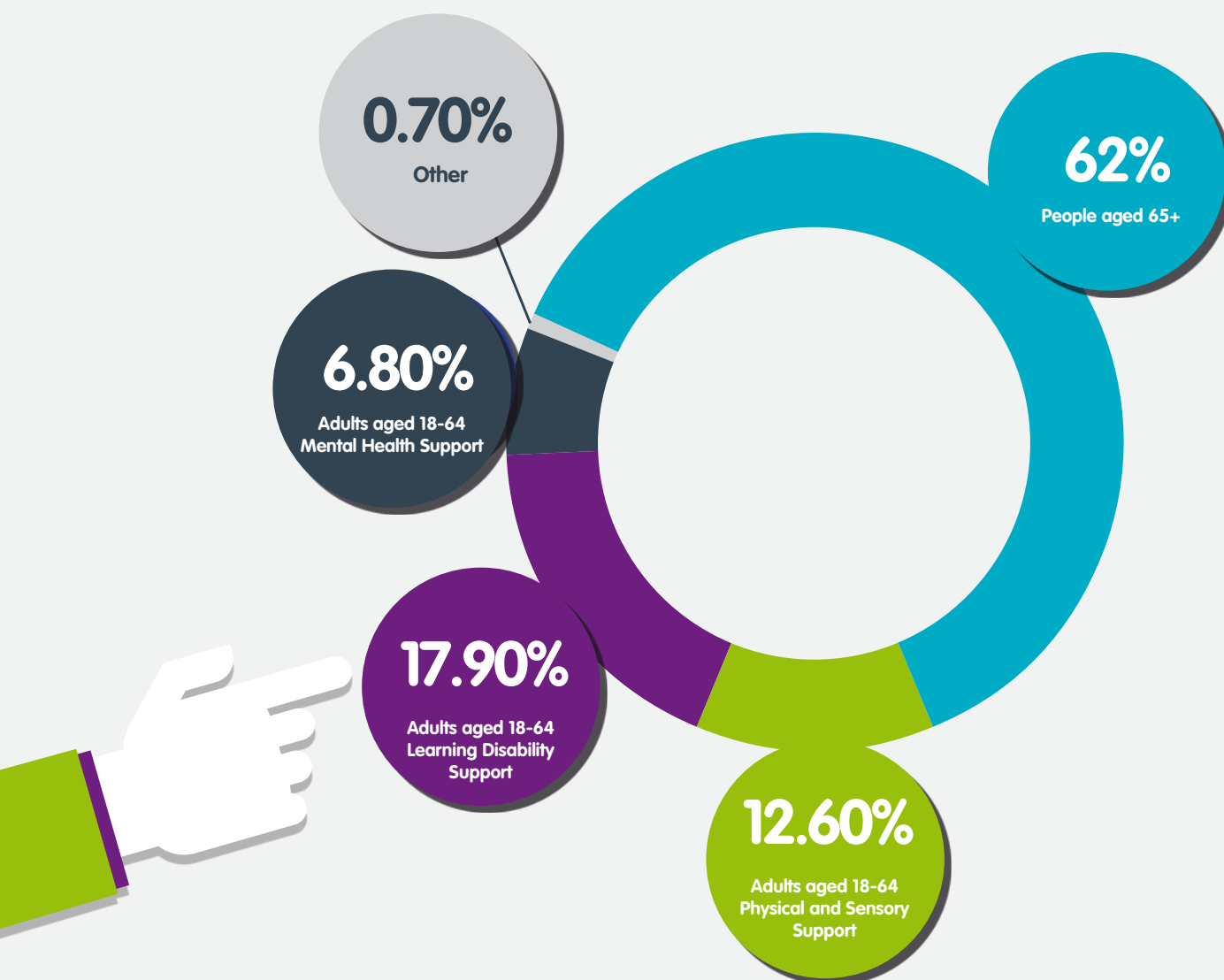


# Demand for care and support

The Council funds the care and support required by a significant number of adults, we refer to this group as service users. A proportion take the funds allocated to them as a direct payment and administer the finances themselves. In Norfolk we have;



The diagram below illustrates just over 60% of adults supported are over the age of 65.



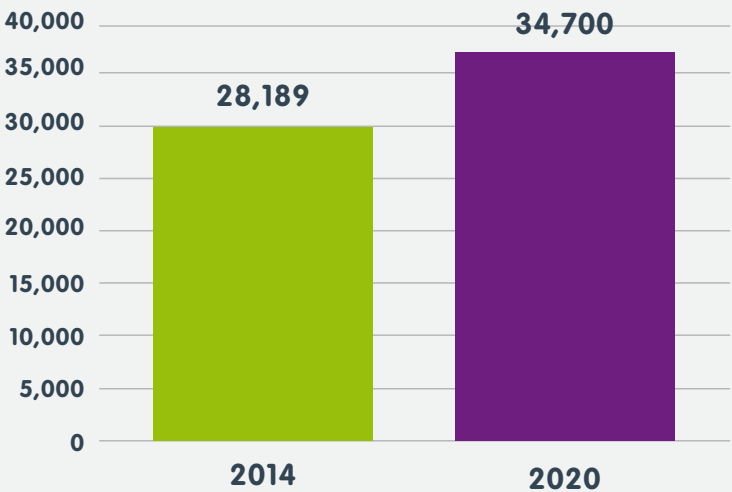
The diagrams below shows the types of services currently funded by Norfolk County Council for all people and then split to show the difference between the older people and working age adults markets.



We know that there is a link between the overall health of people and their wellbeing, whilst we recognise that there are many people who are enjoying a good sense of wellbeing whilst managing long term health conditions. it is important to understand the overall health of the adult population. Morbidity data indicates that about **7 in 10** adults in Norfolk are **mostly healthy**, however the figure drops to about **2 in 10 when over 70**. The figure becomes markedly lower still from the age of 85 and over.

The diagram below shows the projected increase in the numbers of people in the 85+ age group in Norfolk.

Norfolk 85+ Population Projections 2014-2020



We also know that the prevalence of dementia increases markedly in people over the age of 85

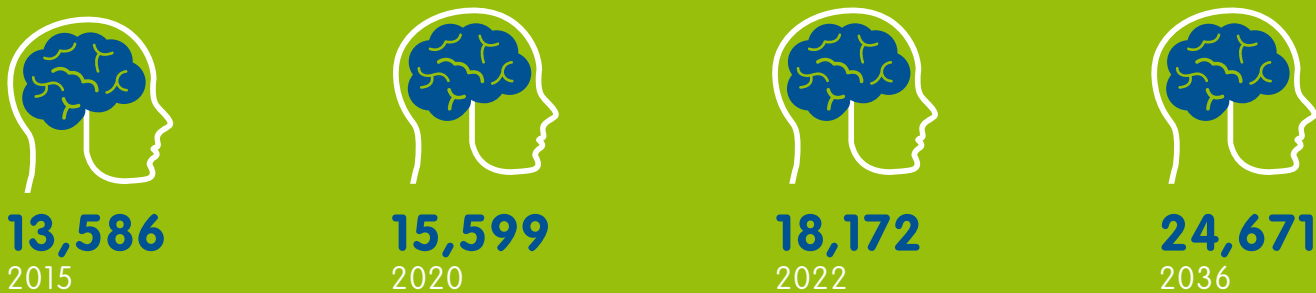


We know that at least **9,014** people just over 1% of the adult population in Norfolk have dementia.

However using the NHS tool to estimate true dementia prevalence in England, including those still undiagnosed by their GPs, the figures for Norfolk are considered to be much higher.

# Dementia

The following estimates for dementia are based on the dementia needs assessment for Norfolk 2013. (<http://www.norfolkinsight.org.uk/jsna/mentalhealth>)



Source - POPPI and PANSI 2009

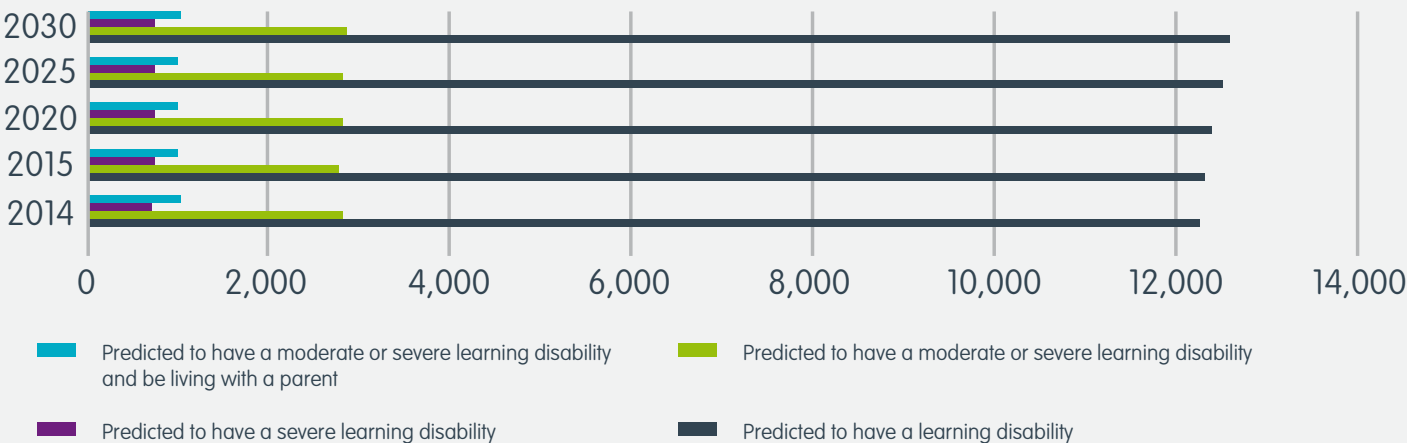
**With the rising prevalence of dementia we need to work with the market to address the changing care and support needs of service users whilst continuing to promote their independence.**

This is particularly important in Norfolk as the proportion of older people in the population as a whole is much greater than the average for England.

The picture for younger adults is quite different. The vast majority of young adults who require care and support have lifelong conditions which impact on their independence and wellbeing. These conditions typically relate to learning disabilities, physical disabilities or a combination of both. In addition younger adults may suffer from long term mental health illness or episodes of poor mental health.

We know that about 6,000 adults in Norfolk have a learning disability and about the same have a physical disability this is just under 1½% of the adult population as a whole but account for a significant proportion of the Council’s investment in care and support.

## Norfolk population projections for people aged 18 to 64



# Provision of care and support services

The supply side of the market works through, the care estate and the care workforce. Without the appropriate combination of these components it is not possible to secure high quality care or the efficient and effective operation of the market.

## Care estate

**The vast majority of the care and support is provided to people in their own homes, our aim is to provide care and support where people live whenever possible. There are times of course when more specialised settings are needed to support people including hospitals, intermediate care settings often in residential care homes and nursing homes.**

Much of the care estate in Norfolk is comparatively old and there are areas where there is concentrated provision and other areas where there is no specialised provision available locally.

We want in particular to increase the proportion of people who can be supported in their own homes including housing with care for older people and supported living and housing for younger adults. We want to see a corresponding reduction in the use of long stay residential care by making it possible to stay at home longer.

We also want to see the provision of more specialist intermediate care beds in settings that specialise in intermediate care where the culture and focus is on rehabilitation, convalescence and enablement to support people's return to home as soon as possible particularly after a stay in hospital.

We will work with providers to support appropriate investment in new build and remodelling of existing care homes to support this shift from traditional residential care to housing and intermediate care settings.

There will of course continue to be demand for high quality residential and nursing care both for service users and customers and we will work with the market to ensure that supply and demand are balanced.



## Building a Better Future

**The Building a Better Future Strategy is a good example of how the Council is addressing the need on one hand for specialist dementia care and on the other the provision of care in a housing setting, replacing the Council's former residential care provision. In addition the Council wants to help the independent sector to remodel its care estate and is considering setting up an innovative capital loans facility to help care providers develop choice and quality.**

## In Norfolk there are



Residential nursing providers accounting for **3,133** registered beds.



Care homes accounting for **6,580** registered beds.



Homecare providers, accredited to provide services for Norfolk County Council.



Daycare providers, accredited to provide services for Norfolk County Council, this includes personal assistant services.

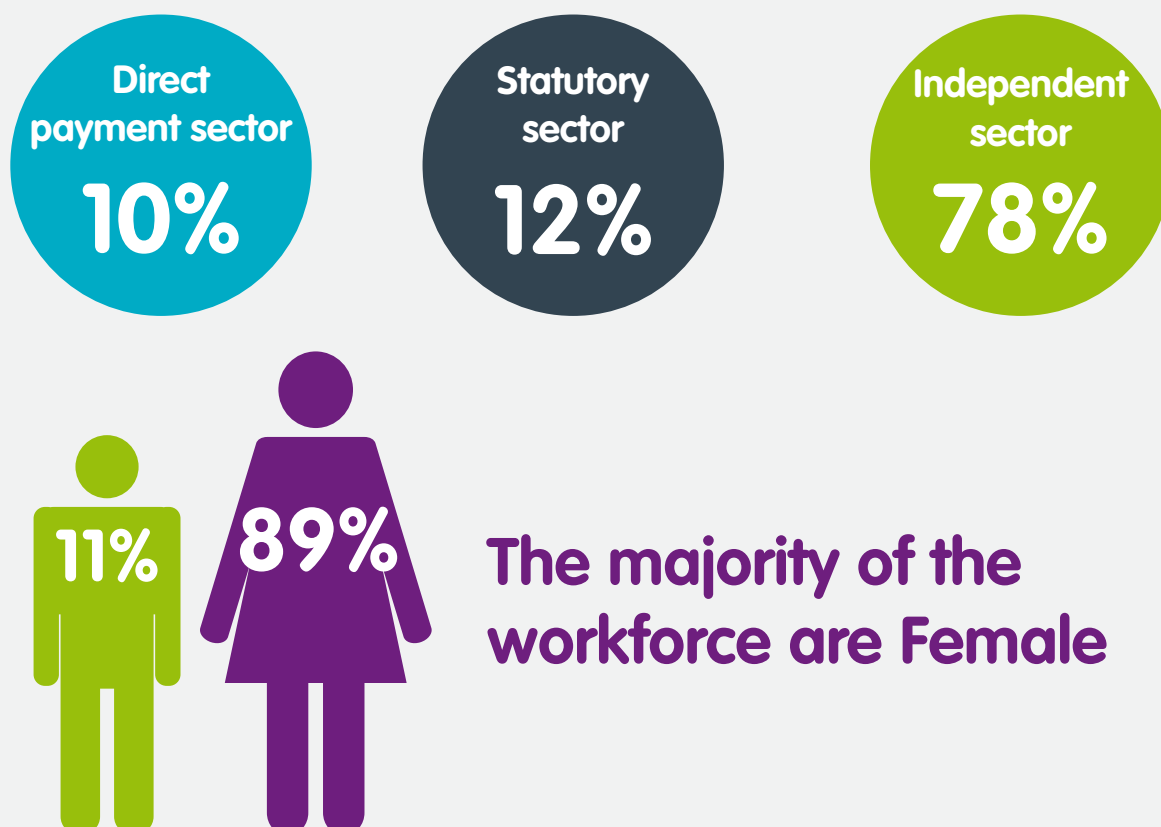


Supported housing providers, this includes sheltered housing, housing with care and supported living.

# Workforce

The scale of the care workforce as detailed below demonstrates its significance to the local economy. The promotion and fostering of this workforce is not only a legal duty placed on the Council it is critical to the success of the local economy.

In Norfolk there are an estimated  
**27,300 jobs**  
in adult social care. These are split between



**The majority of the workforce are Female**

The National Minimum Data Set for Social Care shows that Norfolk has a staff turnover rate of 29%, as at July 2015. This is higher than the turnover rate for the Eastern region which is 24.7%. The turnover rate varies depending on job group. Direct care staff have the highest turnover rate (34.6%), followed by professional staff (27.7%) and managerial staff (18.1%). Additionally, as of July 2015, Norfolk has a vacancy rate of 5.2%.

# Recruitment and Retention

## Key Issues:

- Lack of workforce in non-urban areas, and traditional retirement spots such as villages across the North Norfolk coast.
- Rurality of the county and lack of suitable transport.
- Unwillingness of younger people to take up careers in Adult Social Care.
- Lack of understanding around career paths in Adult Social Care.
- Negative perception of Adult Social Care jobs among jobseekers.
- Rates of pay and career progression.

We know that of staff leaving the adult social care workforce

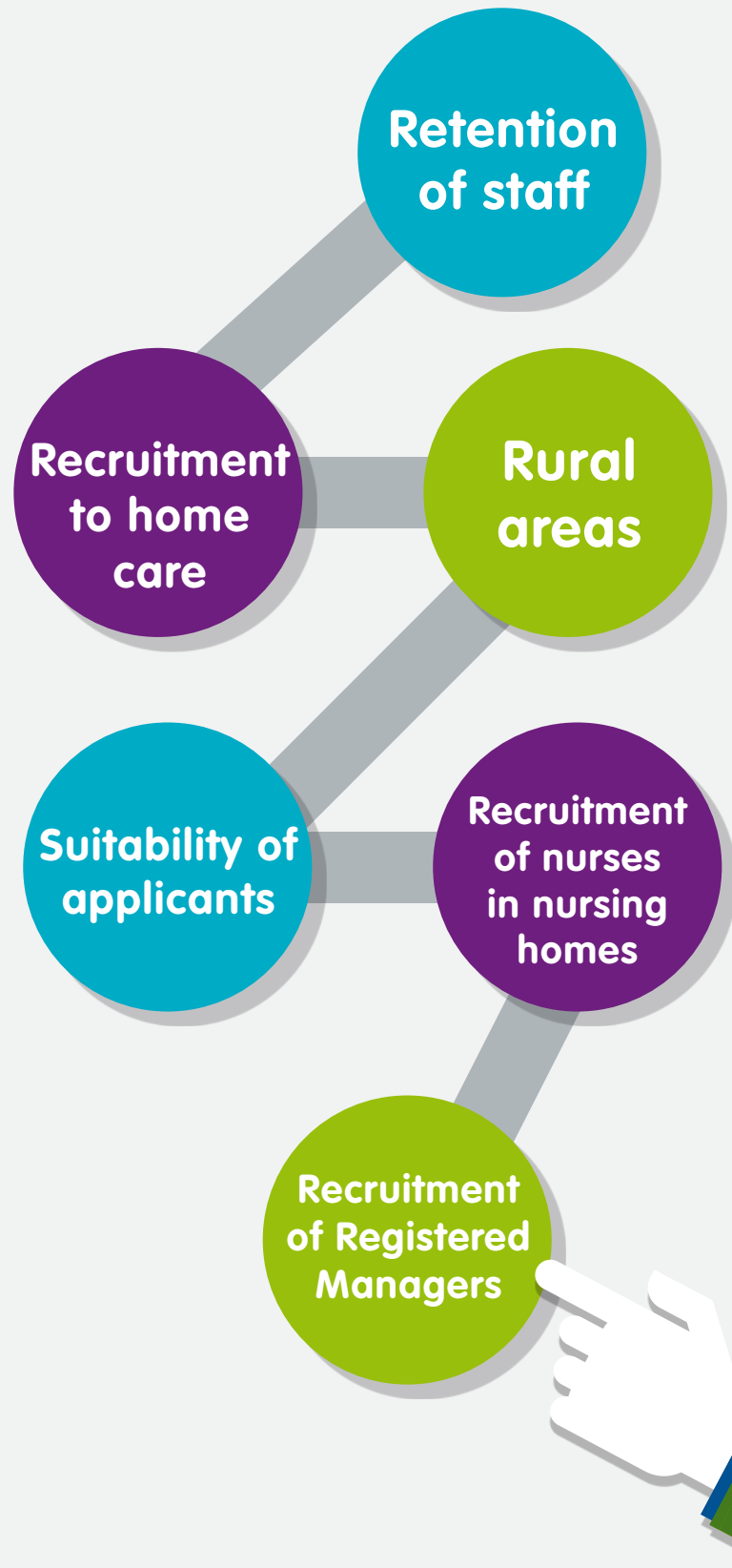
Almost 1 in 5 go to health services, only 1 in 33 go to retail with 1 in 14 going to a non-retail sector.

1 in 5 just leave employment, however 4 in 10 leaving employment in residential nursing care go on to work in health services.

We also know zero hours contracts are still prevalent in Adult Social Care and are most marked in homecare, with 54% of workers being on zero hours contracts.

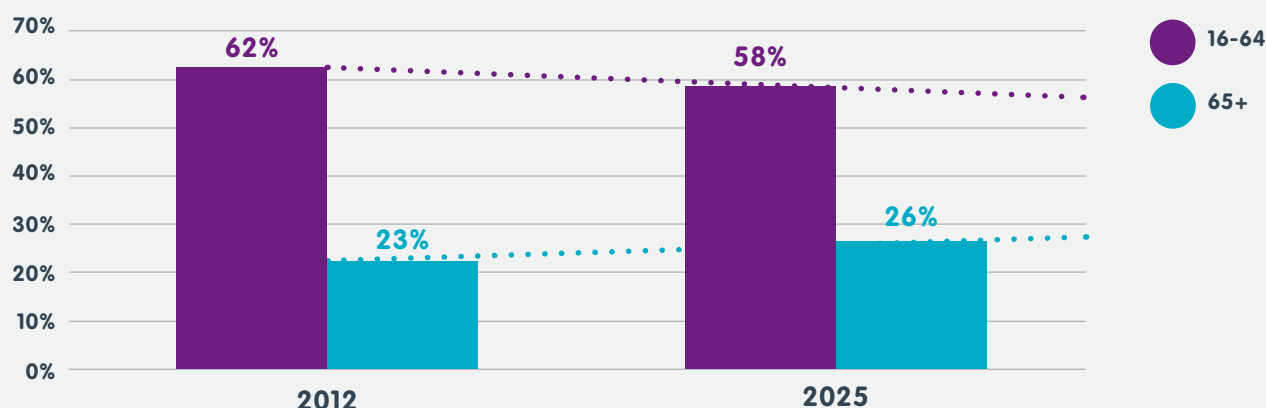
Norfolk County Council recognises the additional costs facing providers through the change in legislation for National Living Wage. We therefore will be taking account of this as part of the proposed 2016/17 uplift for purchased adult social care services.

## Solving the Recruitment and Retention Challenge - the major issues



There is a significant pressure on the labour pool. The diagram below shows a reduction in 16 to 64 year olds, with a rise in the 65+ population. Job seekers allowance data also points towards a reduction in the number of people available for employment.

## Norfolk 16-24 and 65+ Population Projections 2012-2025



Norfolk County Council currently supports workforce development activity for providers in consultation with the Norfolk Strategic Workforce Development Partnership. This group identifies needs and provides grant support for services such as The Norfolk Care Brokerage. This delivers a workforce development information and advice service, learning portal and regular newsletter. Other work supported includes the development of Care Coaches and the Annual Care Conference.

Working with Suffolk we have developed a health and social care sector skills action plan which is supported by Local Enterprise Partnership (LEP). The aim is to maximise funding and support to continue to promote recruitment, retention and skills within the health and social care sector.

We have identified three priority areas that Norfolk and Suffolk health, social care, private and voluntary sector partners are going to focus on to actively improve the current situation.

- (1) Entrance and retention to the health and social care sector with a particular focus on Adult Social Care.
- (2) Recruitment and retention of registered nurses in nursing homes.
- (3) Leadership and succession planning for registered managers and owners of Adult Social Care businesses.

We have secured funding from the Better Care Fund and Health Education East and a project officer will be appointed to drive forward this essential work.

As we continue to reduce reliance on residential care, we recognise the need to develop appropriate skill sets to ensure staff employed in the sector are equipped to deal with the changing demands. We will work with the sector to support this priority area of workforce development.

<h3 style="margin: 0;">We will...</h3> <p style="margin: 10px 0;">Continue to drive forward the development and delivery of the health and social care sector skills action plan, addressing sector workforce priorities.</p>	<h3 style="margin: 0;">You can...</h3> <p style="margin: 10px 0;">Continue to support the recruitment, retention, training and development of your staff.</p>	<h3 style="margin: 0;">Together we can...</h3> <p style="margin: 10px 0;">Promote the sector, and jointly address training and development needs.</p>
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# The social care economy

## Investment in the care market in Norfolk

The social care economy is a significant part of the Norfolk economy. Providing employment for over 27,000 people. We have estimated from national data that about £870 million is directly invested in paying for social care and support services in Norfolk every year.



Norfolk County Council invests almost twice as much public money in the market than all privately purchased care put together.

We estimate people funding their own care buy over £147m worth of care every year and this figure is rising.

People buying their own care spend over **£147 million**

**£877m**

This is the amount of money we estimate goes into the social care and support market in Norfolk in a single year

**£290m**

This is the amount that the Council invests in the social care market in a single year



# The Council's investment in the market

## Investment by market sector

We invest over £290 million in the care market, the main focus of this investment is in the following market sectors



(these figures do not include our £12 million investment in the supporting people programme, they do include all direct payments)

## Investment by service user



## Direct payments

The use of direct payments is increasing. We want to support even more use of direct payments wherever appropriate, not only because this in itself supports independence, but also because it enables service users to shape the market they want by empowering them as care consumers. We will support this process through the provision of high quality advice and information about what the market can offer and let contracts that enable the provider to respond to demand for more flexible person centred services.

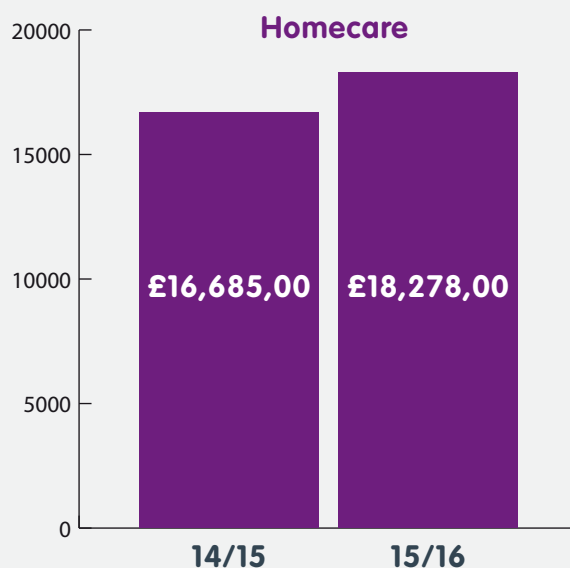
We continue to shift investment in the market in order to promote independence.

2014/15  
**£27.7**  
million

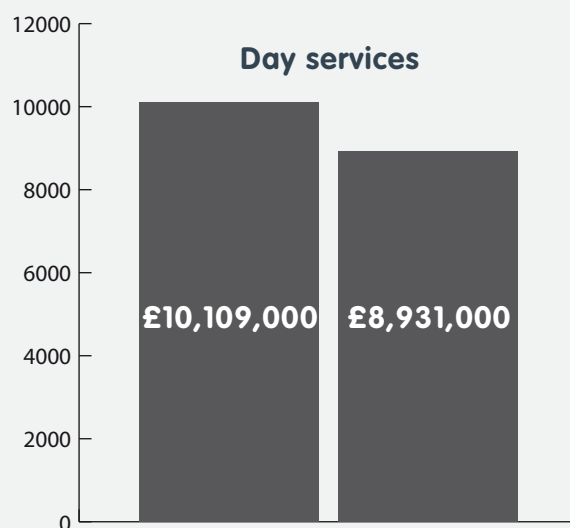


2015/16  
**£28.3**  
million

Being able to take and manage a direct payment supports independence.



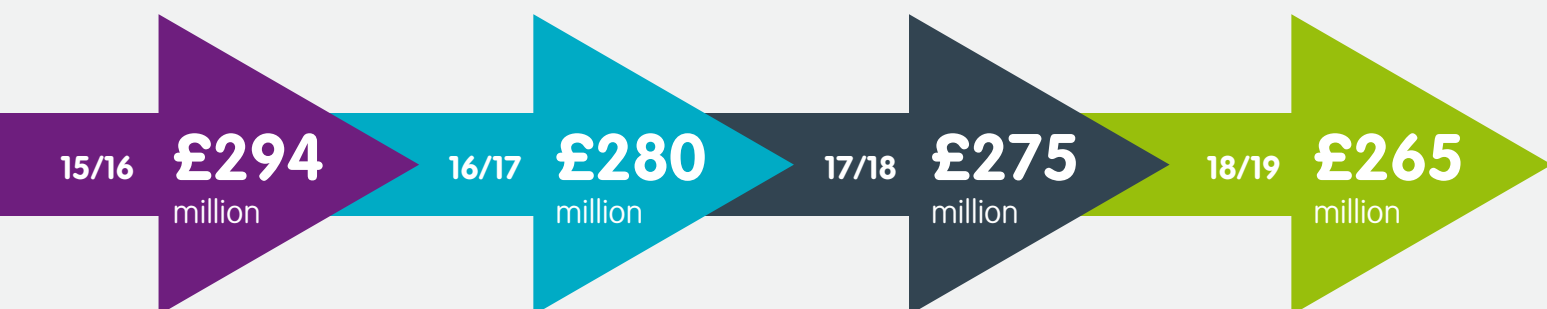
Nearly 34% of the 15/16 home care investment



Nearly 31% of the 15/16 day services investment

# Our investment is reducing and shifting

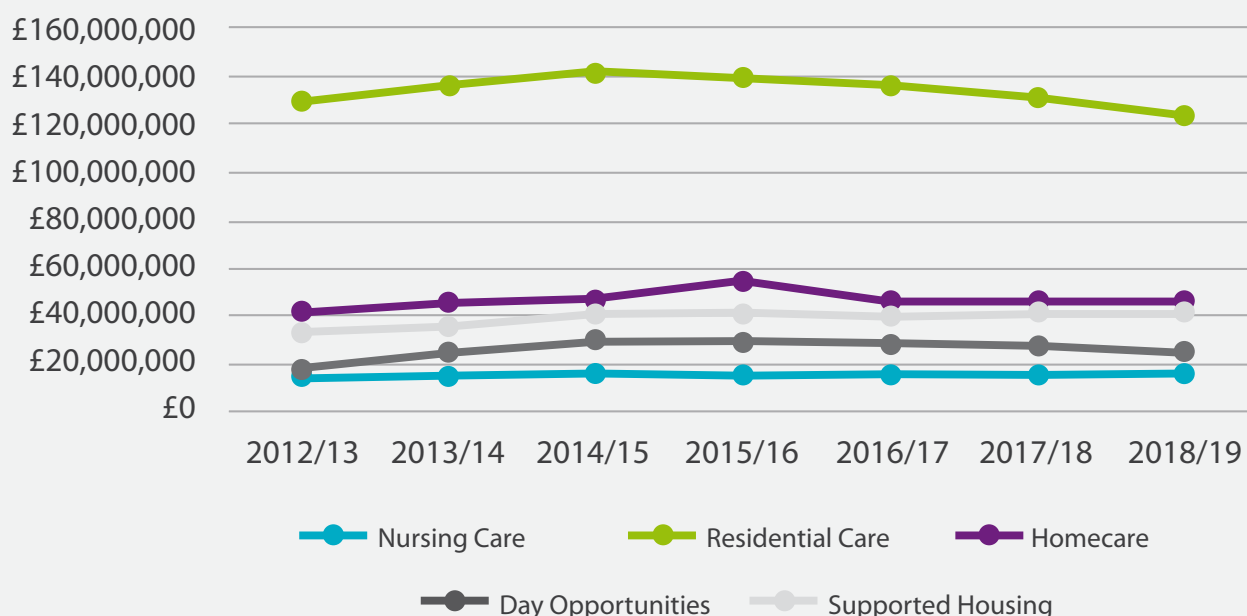
We expect the funding available to invest in adult social care to reduce in real terms over the next three years even with the additional income generated through the social care precept, which increases council tax by an extra 2% to support adult social care.



(this includes investment in the supporting people programme)

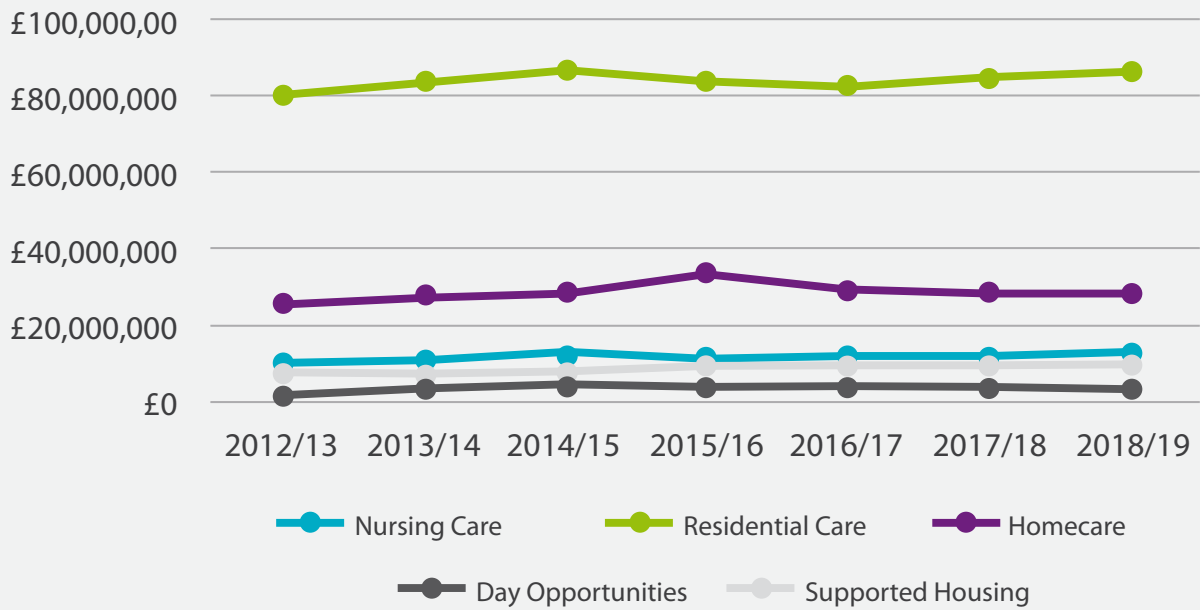
In spite of increasing demand, by managing demand through promoting independence we will be able to support people who need funded care. The key shift in our investment is a marked reduction in the use of residential care for working age adults, when we use residential care we will be looking for more rehabilitative services and stabilising at current levels the use of residential care for older people.

## Investment by Sector

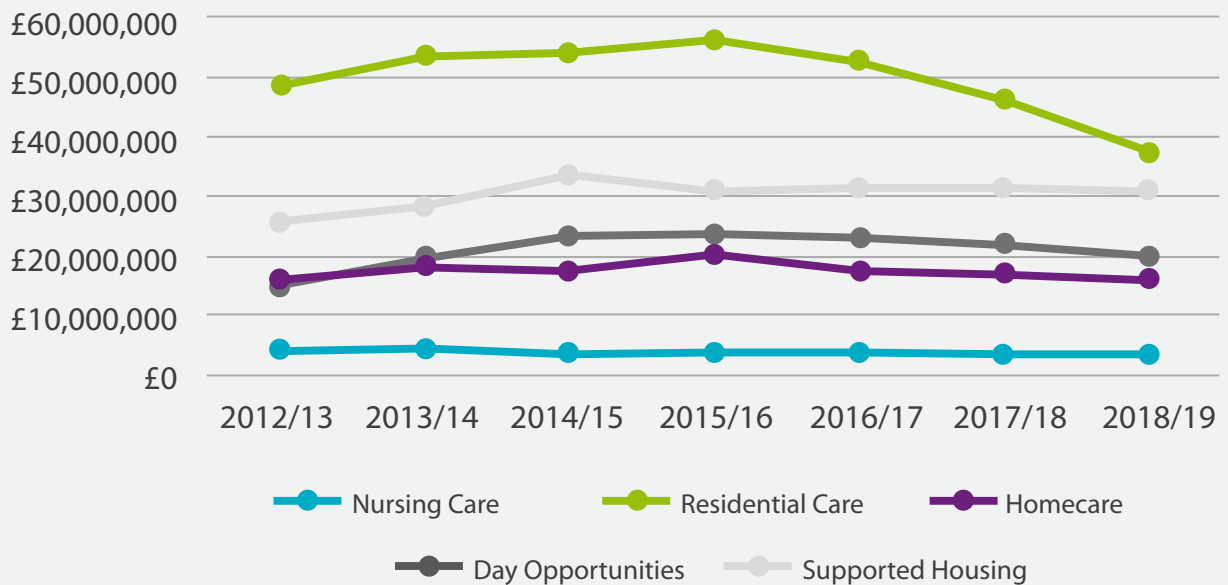


**Note:** this analysis does not include supporting people funding

## Investment in Older People Services by Sector



## Investment in Working Age Adult Services by Sector



# The residential care market

## Our Investment

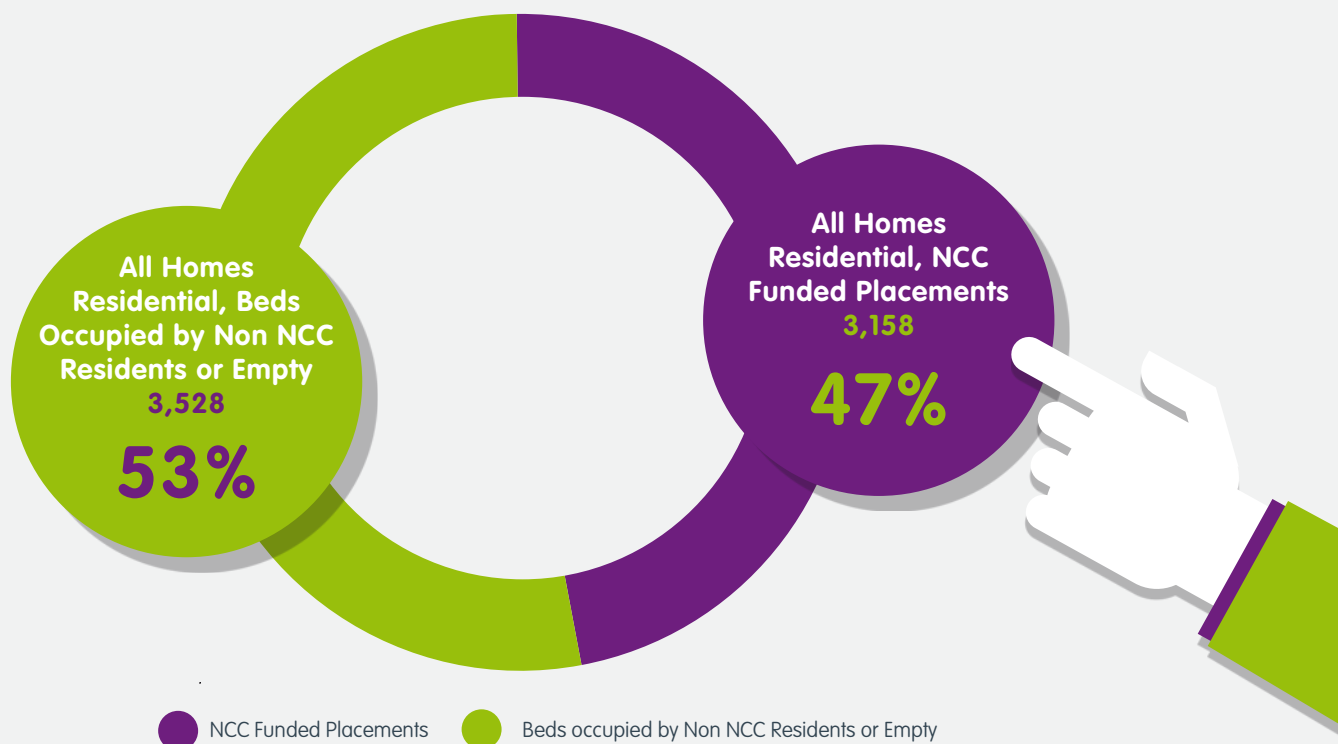


Of the **£56 million** we invest in services for working age adults **£43 million** of that is invested in services for people under 65 with a learning disability.

**Number of Providers**  
In Norfolk we have **301** care homes **6,580** registered beds

## NCC Funded Residential as Proportion of Total Beds - All Providers 18+

Our investment accounts for 47% of available residential beds in Norfolk. Self-funding customers are a significant part of the older persons residential care market in Norfolk.



**The number of older people in Norfolk who are permanently admitted to residential or nursing care is high but has reduced by just under 7% since 2013/14, the continued reduction in this figure is a key priority.**

**The number of working age adults permanently admitted to residential or nursing care has reduced by 31% since 2013/14 but is still double what we would expect and accounts for a large number of long term service users.**

We are actively working with the market to reduce the number of working age adults placed in permanent long term residential settings.

## Workforce

Unsurprisingly vacancy rates and staff turnover are significantly lower in residential care compared with homecare. The current vacancy rate is 3% and the turnover rate is 24%, which is still high. The prevalence of zero hours contracts is much lower (6%) in residential care than homecare.

### Key issues

Getting the right level of funding for service users to support an effective, efficient and sustainable market.

Reducing reliance on long-term residential care for older people.

Reducing the use of long term residential care in favour of housing based support for younger adults.



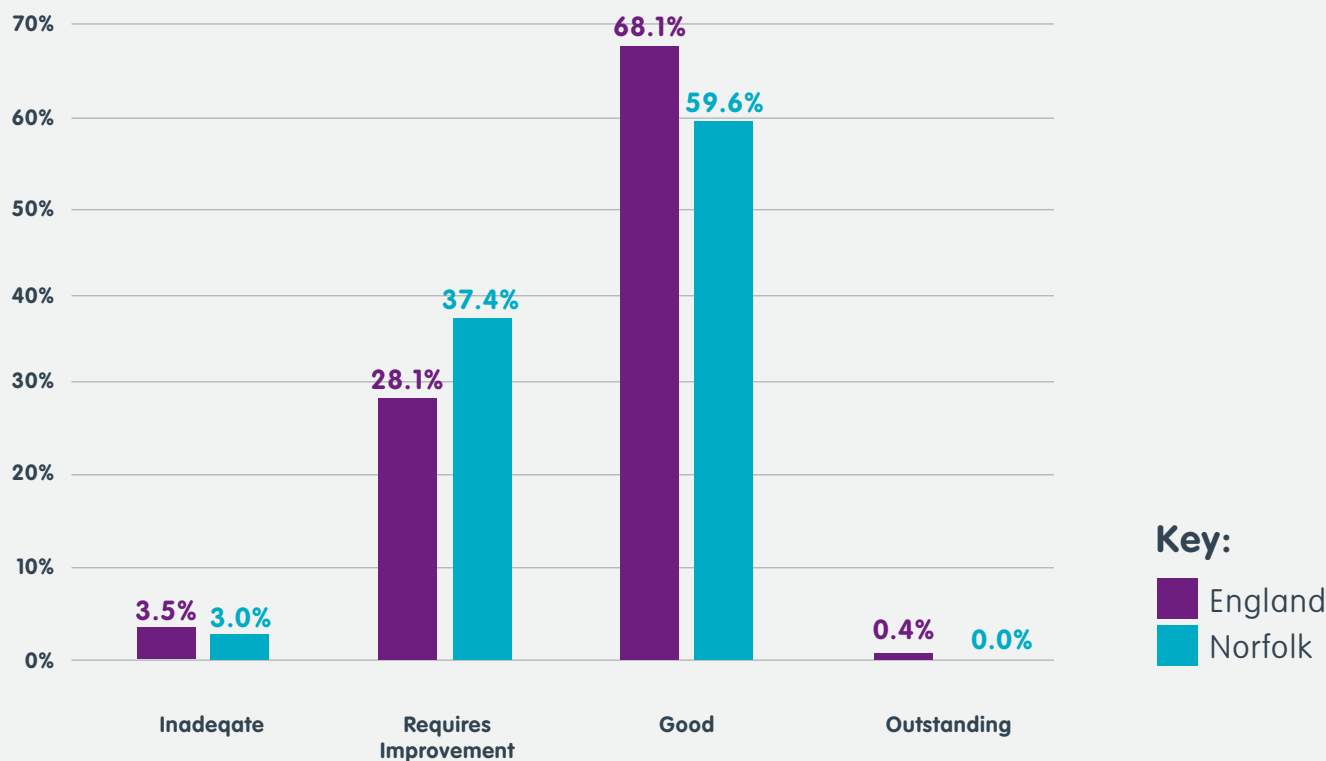
## NorseCare

The Council and NorseCare have agreed to significantly reduce the cost of the Council's purchased places in the NorseCare homes over the coming years. As part of the transformation programme the Council and NorseCare will review the arrangements for all of the NorseCare homes with a view to potential closure of uneconomic homes.

## Quality

CQC assessments carried out thus far clearly show that the quality of care in the residential care market in Norfolk is below the average for England as a whole. Providers will need to rise to the challenge of improving quality and the council's Quality Assurance team will continue to work with the sector.

### CQC Inspections - Residential Care



### Future commissioning intentions

The council intends to reduce its use of long-term residential care in favour of home and housing based support this is particularly important in relation to younger adults.

We believe that there will be opportunities for providers to diversify into intermediate care to support timely discharges from hospital and link with other providers of home care services to help at times of crisis or increased need, particularly in relation to services for older people.

We will for both older people and working age adults fundamentally review in partnership with health the way we commission the residential market. We want to see a better balance between demand and supply with more appropriate use of this type of care.

#### We will...

Fundamentally review our commissioning strategies and work with providers to create an effective, efficient and sustainable market.

#### You can...

Explore the opportunity to diversify and continue to improve quality.

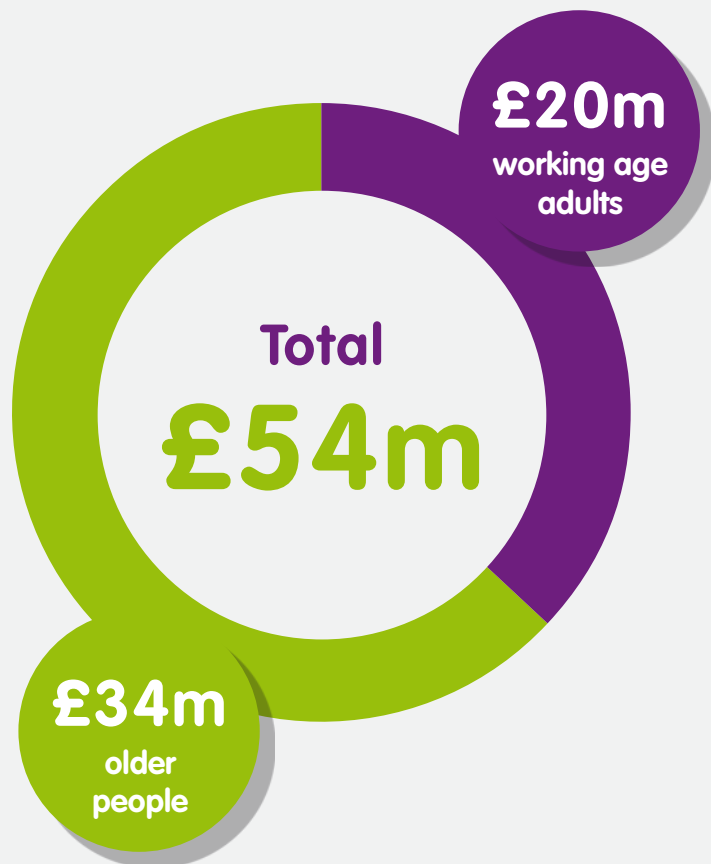
#### Together we can...

Explore the opportunity to diversify and continue to improve quality.



# The homecare market

## Our Investment



This year we have invested **£54 million** in homecare services, a **15% growth** in investment over the past two years. This is a market where there is significant scope for selling services to self-funders.

### Number of Providers



Our investment is through **120 accredited providers**. This is however not the totality of the homecare market.

There has been a significant growth in self-employed personal assistants, which now accounts for almost 40% of our existing investment, driven by the uptake in direct payments. We anticipate significant growth for homecare services over the coming years. To realise the business opportunities in the market providers will need to be able to recruit and retain quality staff.

## Workforce

The homecare workforce in Norfolk plays a crucial role in supporting people to remain in their own homes with appropriate care and support. Traditionally turnover in the homecare workforce is higher than other sectors and in Norfolk is approximately 41%. Combined with a vacancy rate of 7% capacity in the homecare workforce is a limiting factor. This sector has a prevalence of zero hour's contracts, currently reporting 54% of contracts as zero hours.

We are working closely with the sector to improve recruitment and retention combining contractual measures with innovation in recruitment and training. People receiving homecare services emphasise the value they place on the individuals who provide their care and the relationship they have with them. The homecare workforce is key to the continuity and quality of local homecare services.

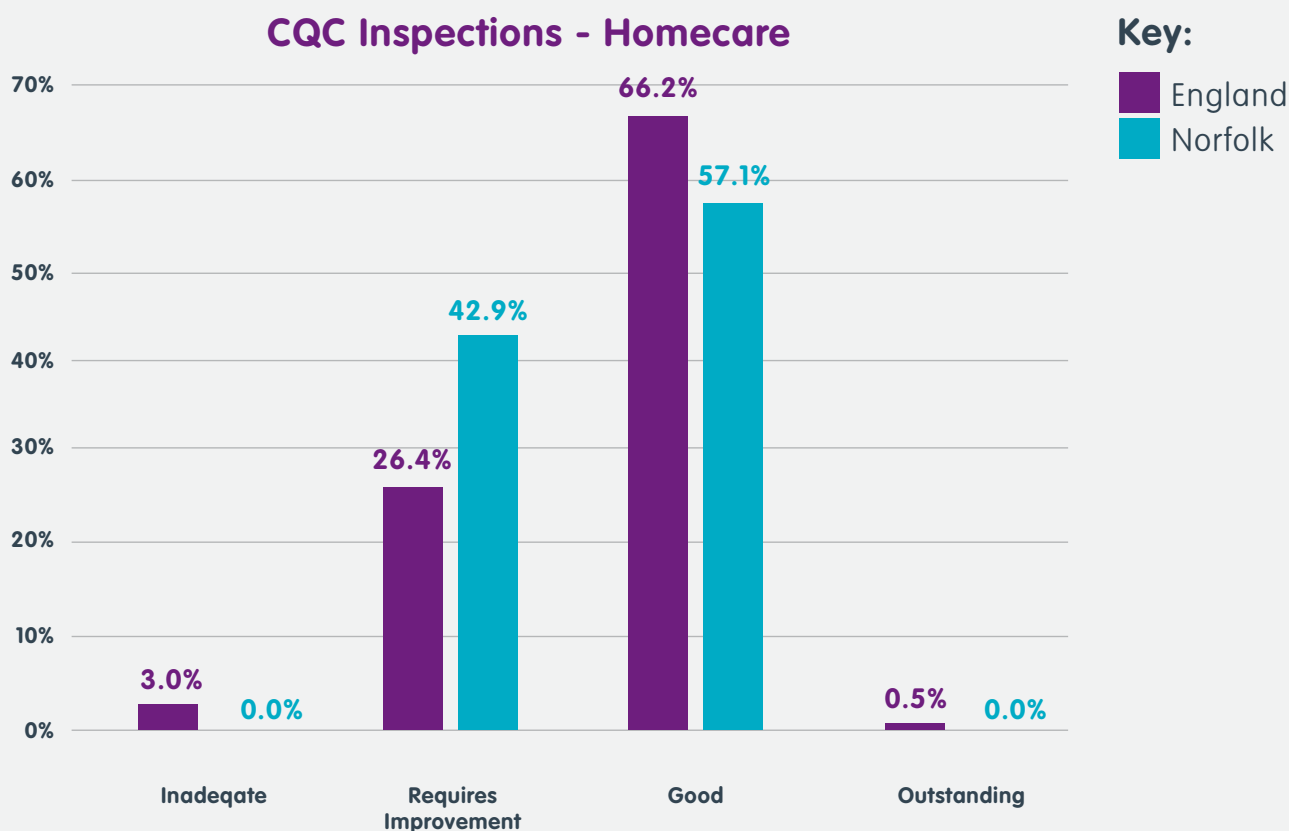
### Key issues

Developing a sustainable homecare service is a national issue.

A key challenge for the home care sector is the provision of services across the varied urban/rural landscape and there are areas, particularly in the north and west of the county, where there is unmet need for homecare.

## Quality

Whilst a recent survey of homecare service users showed that levels of satisfaction were high, with over 95% rating their homecare as safe, caring and effective provision. We are not complacent about the ongoing challenge to improve providers CQC ratings. This year we will be launching our service user quality feedback linked to the new homecare block contracts.



## Future commissioning intentions

In each area of Norfolk we want home care providers to be key players in a network of support at home services. Leading and joining up provision linking with other local services including community based resources. We want our home care providers to focus on rehabilitation and enablement, reducing the need for ongoing support where ever possible in line with our Promoting Independence strategy. This is at the heart of our new model of care in this market.

### We will...

Support and develop a thriving homecare market with diverse and resilient providers who compliment and reflect the objectives of enabling choice and Independence for citizens.

### You can...

Work with your staff to understand how retention can be improved. Work in an enabling way with citizens to embrace the ethos of the new model.

### Together we can...

Understand where care provision is difficult to source and support the development of solutions that address unmet need.

# The supported housing market

## Our Investment



## Number of Providers



This includes, sheltered housing, housing with care, supported living.

## Workforce

In this sector of the market the workforce is stable. Unlike other sectors of the care market this sector maintains a low vacancy rate of 0.3% and much more manageable turnover at 12.2%.

## Quality

Supported housing services are not regulated as a sector by CQC, therefore we do not have CQC inspections or quality reports specific to supported housing. The Council through its quality framework and quality assurance team regularly tests the quality of services in this market.

## Key issues

Good housing is a key determinant of well-being. Even closer working with district council providers and housing providers is needed to maximise the impact of housing related services on people's well-being.

We know that the older persons strategy requires commissioners to

- Recognise older people's growing preference for housing with care over residential care or sheltered housing. We need new housing with care provision in all districts, with flats or bungalows to buy privately, as well as to rent.
- Where sheltered housing continues to be a preference to make it age appropriate and fit for purpose, in consultation with residents.

## Future commissioning intentions

We will focus our floating support offer to ensure that it targets those who need it most and is accessible across the county.

As we develop alternatives to residential care provision we will be reviewing our Housing with Care offer as a cost effective alternative that provides quality of life for citizens and is a stated preference.

### Older People:

Our research tells us that there is a good supply of residential care in Norfolk and an appetite for alternatives that support greater independence. Further facilities are required that can effectively support those with dementia. More work is needed to understand what types of accommodation older people want - engaging with younger older people will help to build a picture of what possible living arrangements and models should be developed and deliverable.

### Accommodation is required for:

**People with learning difficulties:** clusters of self-contained accommodation for approximately twelve people near urban areas and close to local facilities and transport.

**People with mental health problems:** a combination of self-contained one-bedroomed, shared and supported clusters. Also, a need for transitional accommodation to support service users moving from residential care to full independence. There is a particular need for accommodation of all types in North and South Norfolk.

**People with physical disabilities:** adapted bungalows in small clusters across the county.

We are a partner in the Norfolk and Great Yarmouth & Waveney Transforming Care Partnership formed in December 2015. The partnership aims to significantly re-shape services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that more services are provided in the community and closer to home, rather than in hospital settings.

## We will...

Develop and publish our commissioning intentions for Housing with Care.

Develop a new Joint Commissioning Strategy for People with Learning Disabilities by September 2016.

## You can...

Help shape our future commissioning strategy by working even more closely with lead commissioner in this sector.

## Together we can...

Develop housing solutions to support the care needs of older people and younger adults.

# The day services market

## Our Investment



**£9 million**  
of the investment is  
through direct payments.

## Number of Providers



Our investment is through  
**215 accredited providers**  
including personal assistant  
services. This is however not the  
totality of the day services market.

This is a diverse area of provision ranging from services that are open all day, 7 days a week to weekly services available for a few hours.

The sector is typified by small locally run organisations with high number of volunteers.

## Workforce

This market has less than a 1% vacancy rate and a 12.1% turnover rate. Day opportunity providers who employ staff will have the same challenges in relation to national living wage and auto enrolment into pension schemes.

## Quality

Day services are not regulated services and therefore there are no CQC inspections or quality reports. Under the Council's own quality framework the quality assurance team regularly tests the quality of services in this market.

## Key issue

This is a market where  
demand is reducing  
making sustainability  
a real issue.

## Future commissioning intentions

As our investment shifts and reduces we expect to see a reduction in investment in day services, we will be working with the sector to review day service provision.

Into the future we want to see day services for older people playing a bigger role in helping people to stay well and maintain their independence, having stronger links with other care and support services, perhaps operating as a community hub.

We want to see a transformation in daytime support for younger adults, focussing much more on pathways to employment, training and access to leisure. We intend to transform our own learning disability hubs to support this recovery and reablement focus..

### We will...

Support opportunities for the market to develop a provider network and create partnership solutions promoting a sustainable day services market.

### You can...

Look for opportunities to develop provision to meet the changing funding structures and service user requirements, including becoming a community hub, well connected to other services enabling people to remain at home.

### Together we can...

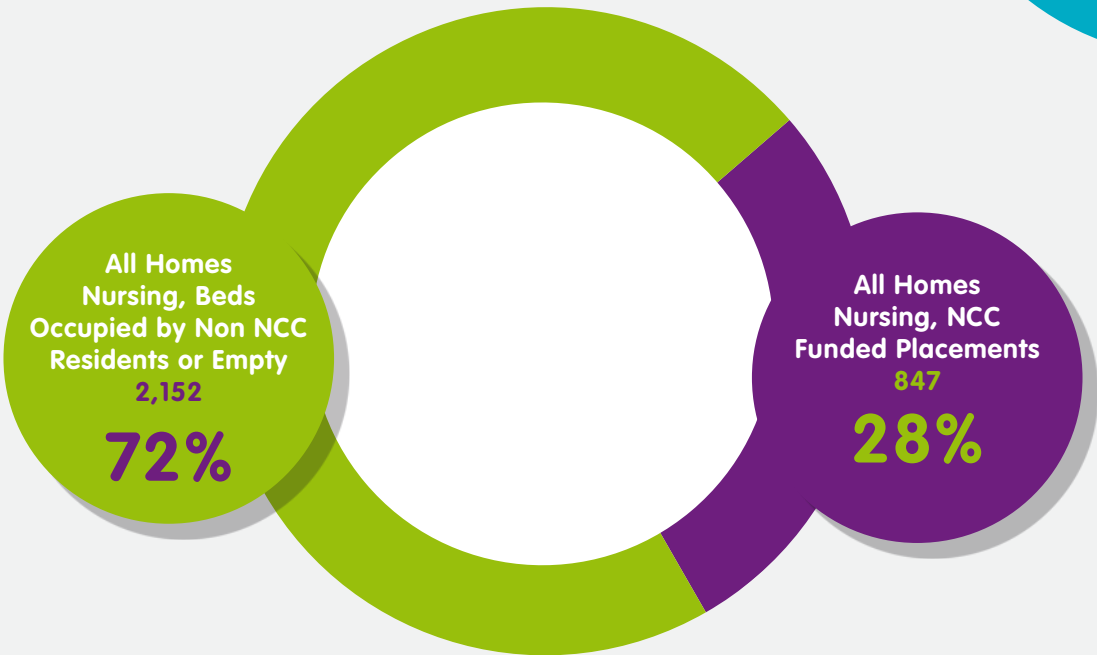
Develop our models for supporting independence and community engagement through day services.

# The residential nursing care market

## Our Investment




NCC Funded Nursing Residents as Proportion of Total Beds - All Providers 18+



Our investment only accounts for 28% of available nursing beds in Norfolk

### Number of Providers



# 72

In Norfolk there are **72** registered providers accounting for **3,133** registered beds.

### Key issues

Difficult to recruit nurses.  
Number of homes de registering.



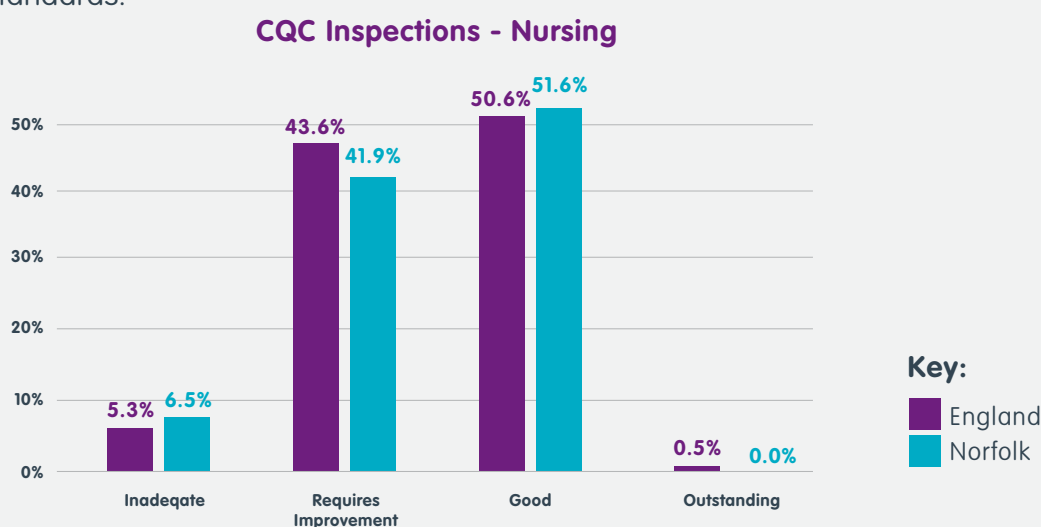
Broadly speaking the market is able to meet the demand for nursing care, however, this masks some issues that threaten the sustainability of the market into the future. Norfolk like the rest of England is being affected by the national shortage of suitably qualified nurses. The situation is made worse by the fact that independent nursing home owners must compete for nurses with the NHS. The situation has resulted in a number of providers deregistering and operating as residential care providers only or leaving the market altogether. The new requirements coming into force on 1 April 2016 relating to the revalidation of nursing registration is expected to put further pressure into the system and may lead to more nurses leaving the market.

## Workforce

The turnover rate for staff in nursing homes in Norfolk is about 35%. Norfolk and Suffolk have identified this as a priority area to address and is a key focus of our LEP health and social care sector skill plan. We intend to develop and implement schemes that enable nursing homes to “grow their own” nurses and develop opportunities for student nurses to experience this part of the sector.

## Quality

The quality of nursing care in Norfolk as currently assessed by the CQC indicates that Norfolk is performing slightly better than the England average. A significant proportion of nursing care does however require improvement and the Council’s quality assurance team will continue to work with the market to raise standards.



## Future commissioning intentions

We intend to review the way in which we commission nursing care, working closely with health partners offering a wider range of opportunities to do business with us, following the major cost of care exercise currently underway in this market.

### We will...

Review with health partners our commissioning model in this market.

### You can...

Help the council to develop more effective and sustainable business models helping to shape our commissioning.

### Together we can...

Secure an high quality sustainable nursing care market in Norfolk.



# Learning Disabilities and Mental Health

## Commissioning learning disability and mental health services

**Contact: Clive Rennie, Assistant Director of Commissioning Mental Health & Learning Disabilities**  
[clive.ennie@nhs.net](mailto:clive.ennie@nhs.net)

Throughout this Market Position Statement we have referred to services for younger adults as working age adults' services and where applicable have indicated our future commissioning intentions for working age adults.

## Learning disabilities

A review of Norfolk's Joint Commissioning Strategy is currently underway and will be published later this year. Some areas we will be focusing on include:

### Transforming Care – moving people from Specialist Hospitals into the community

- Specialist community schemes will be commissioned over the next 3 years, 2 schemes are currently in the process of development
- Short term crisis accommodation and Community Assessment and Treatment services will be commissioned to help prevent hospital admissions

### Improve the provision of Respite Care Services

- Opportunities to commission new respite care services will be explored in 2016
- Expansion of the Shared Lives Scheme will also be explored in 2016

### Improve Employment Opportunities

We will be working with our providers of services to

- Help more people to be in paid, real jobs
- We will explore European Social Fund opportunities

## We know what is important to younger, working age adults with a learning disability.

"Help me to look for a job. Support me to dress for an interview, practice for an interview and support me to get to the interview and learn the route to work."

"I need good advocacy and independent support to help me with speaking up at my review and if I want to change support providers."

"I want to have choice in my life, when I am supported to live independently I want to choose my food when shopping, and choose what I want to do during the day."

# Mental Health Services

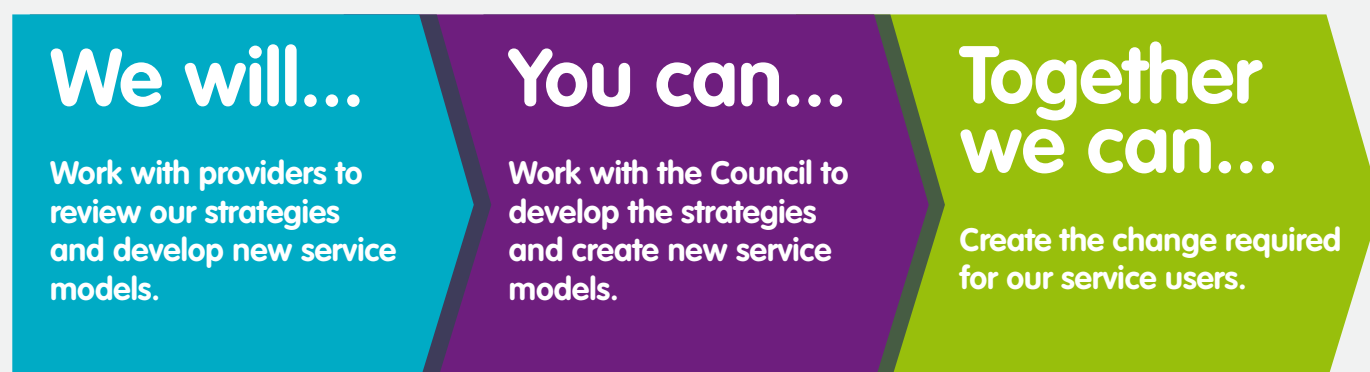
Norfolk has a higher number of people in residential care than the national average and has a relatively low number of supported living places, the average length of stay for those people placed in residential care is also relatively high.

We will be looking to develop mental health services to provide:

- flexible services, able to cover a wider range of needs and offer support to individuals quickly.
- a more holistic approach to meeting the needs of people in the community.
- greater use of community services to maintain wellbeing and to ensure people have networks of support alongside funded support and after funded support ceases.
- the development of mutual support networks, e.g. through bringing people together in groups for social inclusion activities and peer support.
- a greater focus on recovery and client outcomes, including moving towards employment.
- focussed rehabilitation work, in care homes and supported living.
- more supported accommodation.

In 2016/17 Norfolk County Council will procure all statutory advocacy services including IMHA and IMCA services through an integrated delivery model.

Our approach to commissioning will support personalised, coordination care and support.



# Locality Commissioning

Each locality is using the **Better Care Fund** to develop opportunities for integration in their area. Locality commissioners are focusing through the use of the Better Care Fund on managing service provision in their areas to meet the increasing demand and change in demographics.

Reduced unplanned admissions to acute hospital

Reduced permanent admissions of older people to residential and nursing care

Increased proportion of older people still at home after discharge into reablement and rehabilitation services

Reduced delayed transfers of care from hospital

Increased proportion of people feeling supported to manage their long-term condition

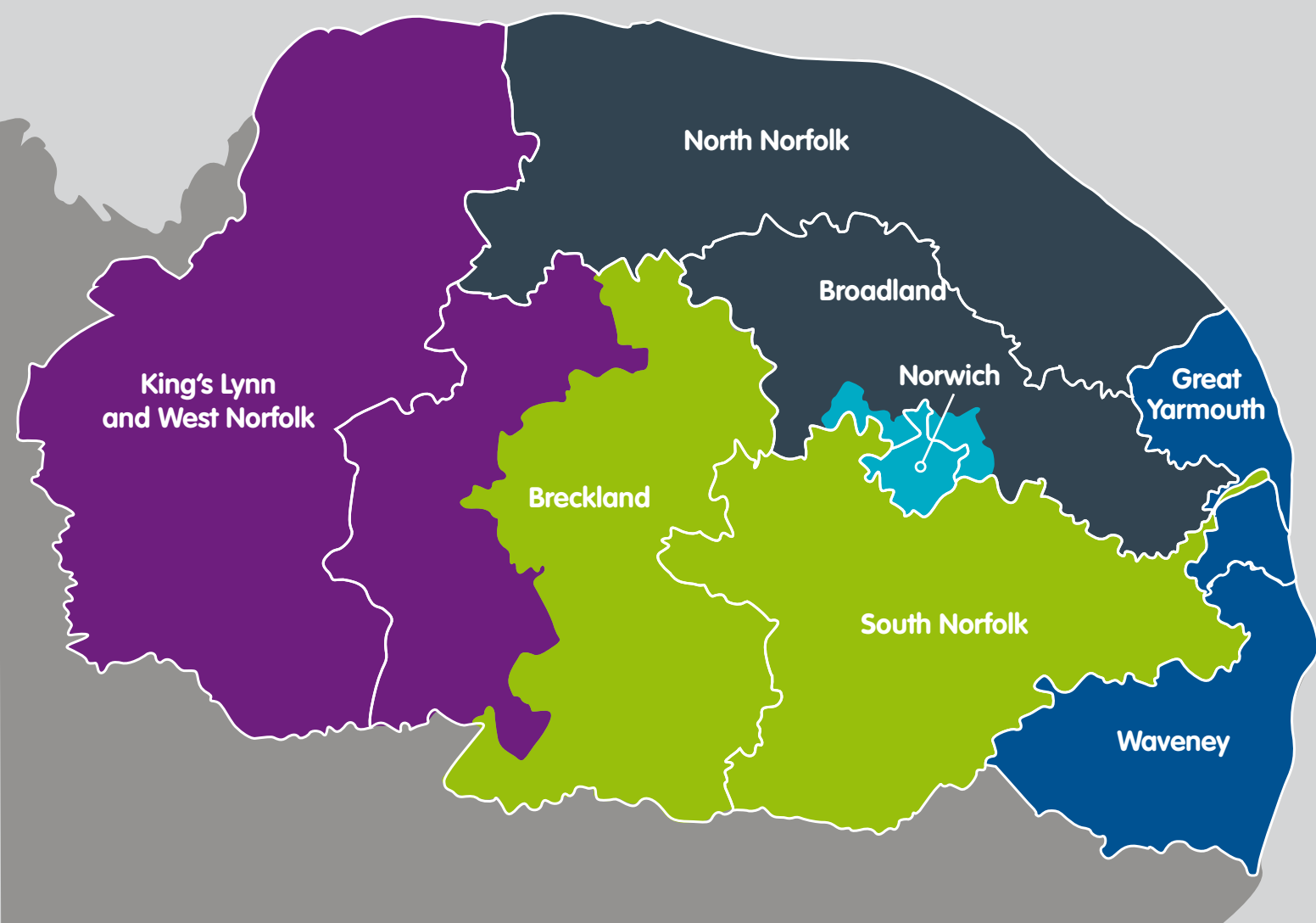
Increased diagnosis of dementia

## Key focus

Across all localities a co-ordinated and focussed approach is being taken to the priority areas, community interventions, homecare services, services for people with learning disabilities, reduced admissions from care homes and crisis support.

# Clinical Commissioning Groups Boundaries Map

- NHS West Norfolk
- NHS North Norfolk
- NHS South Norfolk
- NHS Norwich
- NHS Great Yarmouth & Waveney
- LA Bounday



# West Norfolk Locality Commissioning

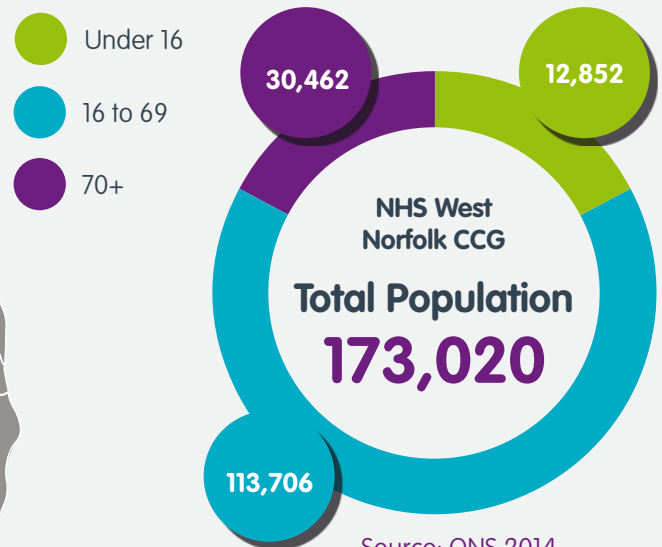
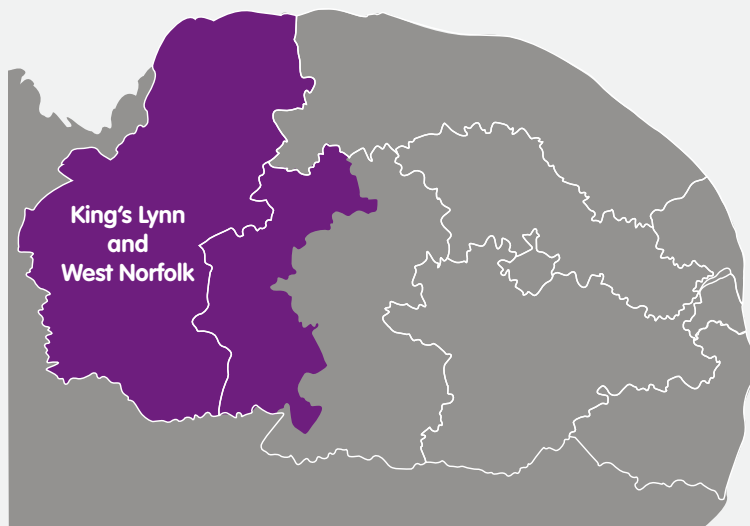
**Contact - Head of Integrated Commissioning West - 01553 666918**

As an example of integrated commissioning in West Norfolk. We piloted a new 'Care Navigator' service, providing one to one support for people aged over 75 whose health or social care needs had recently increased. The service helped over 200 people over the year to produce a support plan and to link them to appropriate statutory, community and voluntary services. An evaluation found that the service was highly valued and had positive benefits for older people as they became more aware of the range of services on offer, including community groups and societies that have helped improved their

sense of wellbeing and live with greater independence. As a result, the service will continue in 2016 and stronger links will be forged with other crucial service developments such as the Integrated Care Coordinators, who ensure health and social care services are linked together seamlessly, expansion of Carer support Services, offered in GP practices, and up-grade of the LILY (Living Independently in Later Years) directory aimed at older citizens which will see an expansion and improvement of the resource including volunteer assisted access to the information about local providers of services and community events on the site.

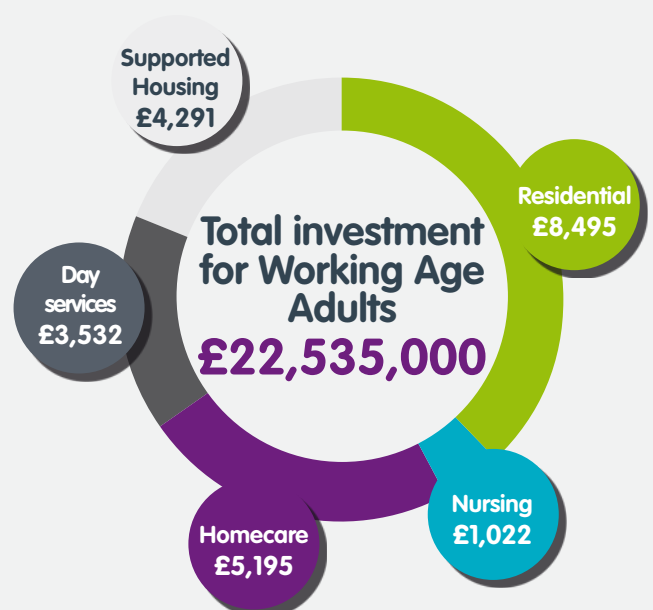
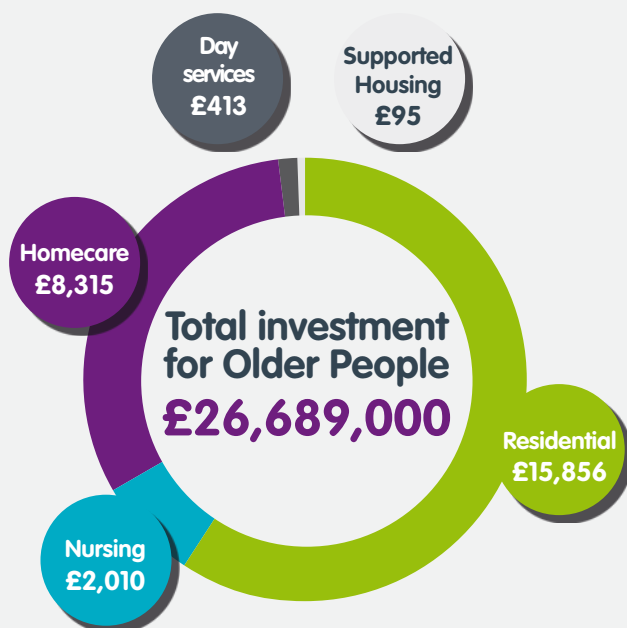
## Clinical Commissioning Groups

● NHS West Norfolk



Source: ONS 2014 MYPE & 2012 SNPP

## Norfolk County Council Investment in West Norfolk



## West Norfolk Locality



Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

West priorities for 2016/17	
Developing the Integrated Care Organisation	Delivering an improved patient experience through greater coordination across the health and social care system
Supporting Older People to Live at Home	By Utilising Telehealth Technology Delivering: <ul style="list-style-type: none"> <li>Targeted Support for Carers</li> <li>Targeted Training Support for Care Homes</li> </ul>
Supporting Older People in Crisis	By creating delivery models that provide <ul style="list-style-type: none"> <li>Urgent Care System</li> <li>Rapid assessment in hospital</li> </ul>
Targeted Training Support to Care Homes	To reduce admissions to hospital and unnecessary intervention from primary and secondary care teams by up skilling nursing home staff and building their competence in low level interventions, giving them more confidence.

# Norwich Locality Commissioning

**Contact - Head of Integrated Commissioning Norwich - 01603 751649**

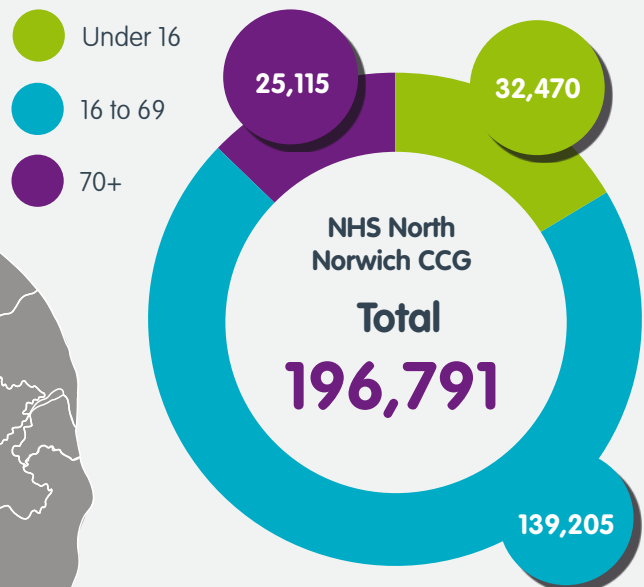
An example of integrated commissioning in Norwich

The integrated team has been working with NorseCare to close four existing residential care homes in Norwich, replacing them with the new Bowthorpe Care Village. The new development comprises 92 housing with care flats for independent living (including three for respite and six for bariatric use) and 80 flats for specialist

dementia support. Norwich CCG and NCC now regard Bowthorpe Care Village as a key element of proposals to develop best practice 'exemplars' which if successful, in due, course could be extended to include other Norwich care homes. The exemplars will be for primary care support, (an 18 month pilot for a nurse-led service with an on-site satellite surgery), community pharmacy, dementia care, falls prevention, end of life support and community engagement In Norwich.

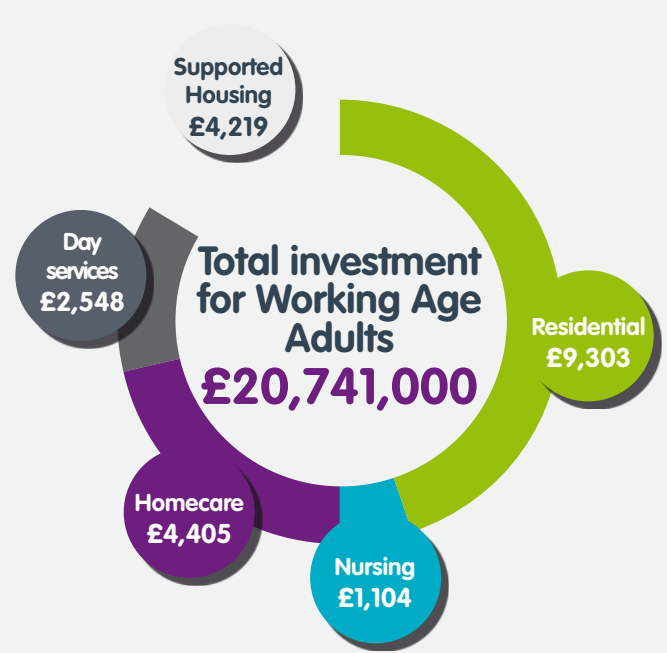
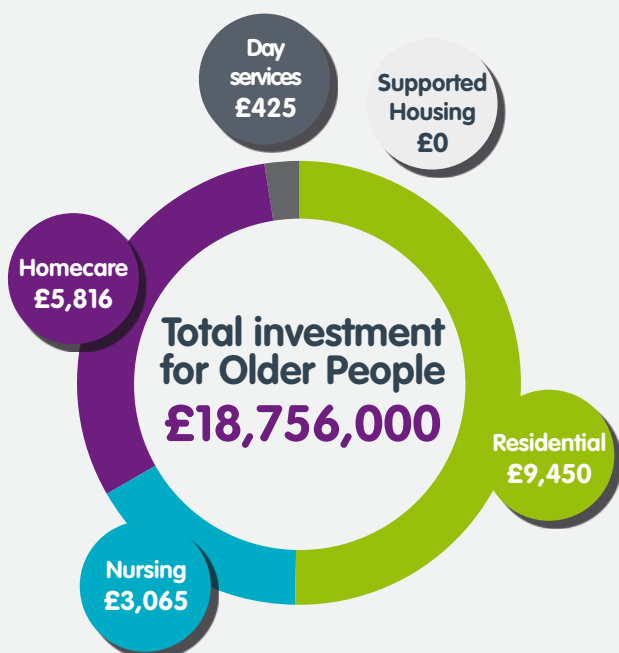
## Clinical Commissioning Groups

**NHS Norwich**



Source: ONS 2014  
MYPE & 2012 SNPP

## Norfolk County Council Investment in Norwich



## Norwich Locality Commissioning



Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

Norwich priorities for 2016/17	
Development of primary care localities, and care homes admissions reductions	Redesign primary care enhanced services to create a new hub and spoke model with emphasis on integrated health and social care through multi-disciplinary teams. New model to be piloted at the Bowthorpe Care Village. Develop best practice in dementia care, falls management, and end of life/palliative care.
Integrated health & social care services	Create and deliver an integrated health and social care system that supports people to live independently with a good quality of life for as long as possible. With a focus on dementia care and falls prevention.
Out of Hospital - HomeWard	Implement an integrated model of multi-disciplinary health and social care professionals providing care in the patients' usual place of residence.
Community Assets	Promoting community based initiatives promoting self-care and independence plus a range of support services in the community which will include help for carers and housing support



# North Norfolk Locality Commissioning

Contact - Head of Integrated Commissioning North - 01263 738100

An example of integrated commissioning in North Norfolk. A strong foundation for integrated health and social care services in North Norfolk has been established and is delivered by:

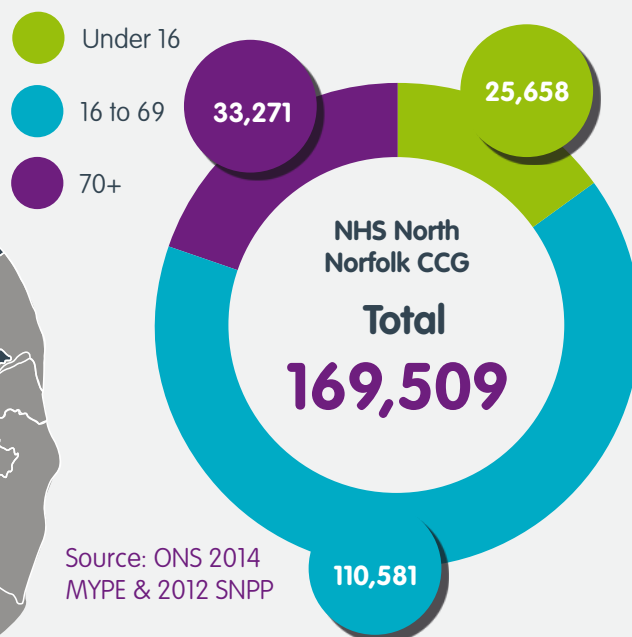
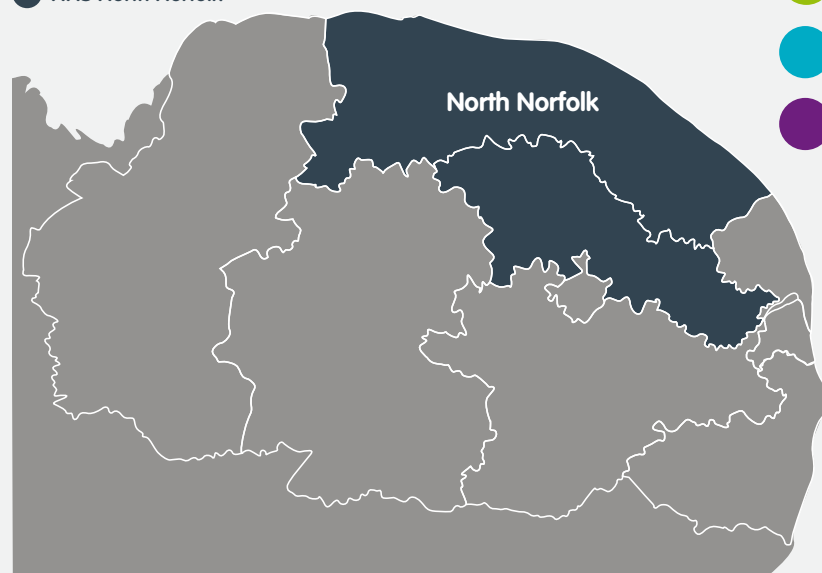
- Aligning our 19 GP practices to 4 cluster groups
- Uses risk stratification tools to identify people 'at risk' or who would benefit from

early preventative support and discussed these patients in MDTs

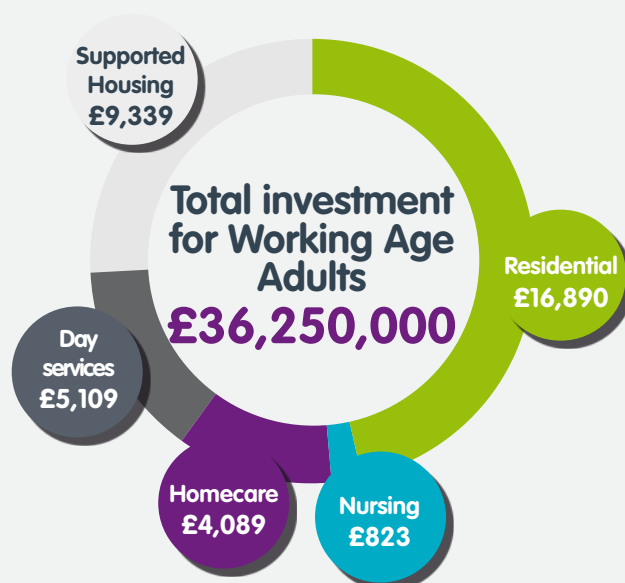
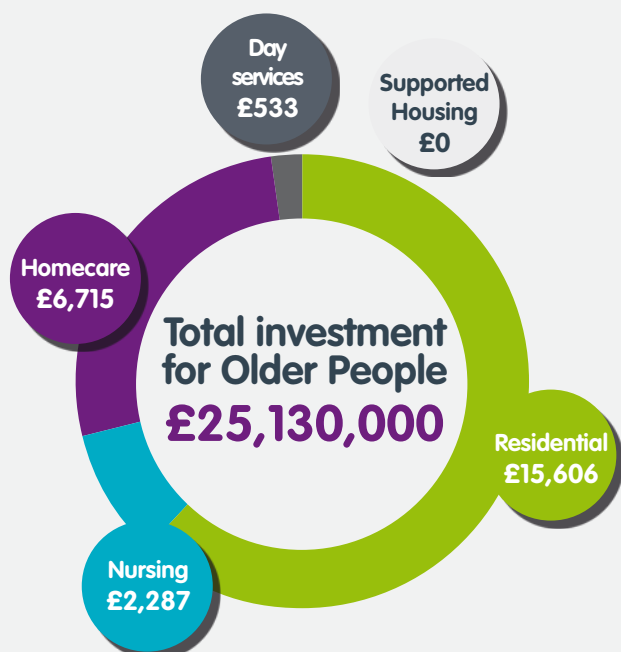
- Appointing Integrated Care Co-ordinators (ICCs) to support holistic review of a person's needs and identify support within the local community
- Aligning voluntary sector services around GP practices to better support people particularly the frail and elderly at home.

## Clinical Commissioning Groups

● NHS North Norfolk



## Norfolk County Council Investment in North Norfolk



## North Norfolk Locality



Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

North priorities for 2016/17	
Crisis Response Service	Provide a consistent integrated crisis response to all adult patients in North Norfolk, with a focus on those frail and elderly people with multiple long term conditions
Integrated Care Programme	This builds on the foundation of integrated care created in 2015-16:and will continue to embed this with a focus on: <ul style="list-style-type: none"> <li>• End of life</li> <li>• Complex case management</li> <li>• Prevention</li> </ul>
Targeted Support to Promote Independence	To increase effectiveness of reablement and improve patient experience
Reductions in the Occurrence of Acute Admissions from Residential Care	This scheme will seek to identify the main causes for acute admission from residential care and on a home by home basis work with care homes to deliver targeted education programmes
Integrated Discharge Hub	A Central Norfolk scheme to create a Discharge Hub which will: <ul style="list-style-type: none"> <li>• Identify complex discharges or discharges needing support</li> <li>• Identify where the complex discharges and delays are</li> <li>• Create standards and escalations</li> </ul>

# South Norfolk Locality Commissioning

**Contact - Head of Integrated Commissioning South - 01603 257042**

An example of integrated commissioning in South Norfolk.

Commissioners, GP practices and providers have collaborated across the South Norfolk Clinical Commissioning Group to join services together around GP practices and localities for patients and people who need support.

GP practices have been supported to use the best practices in working with multi-disciplinary teams to meet care needs.

Dementia nurses have been provided to support GP

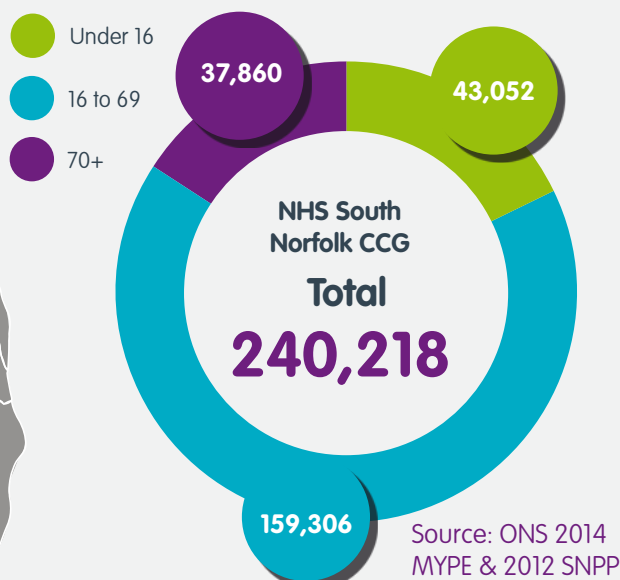
staff in managing the needs of patients with dementia and their carers.

Age UK Norfolk has led an initiative with other voluntary agencies and the two local district councils to provide a direct link for patients and GPs to advice and a range of support to help people manage to live independently with long term conditions.

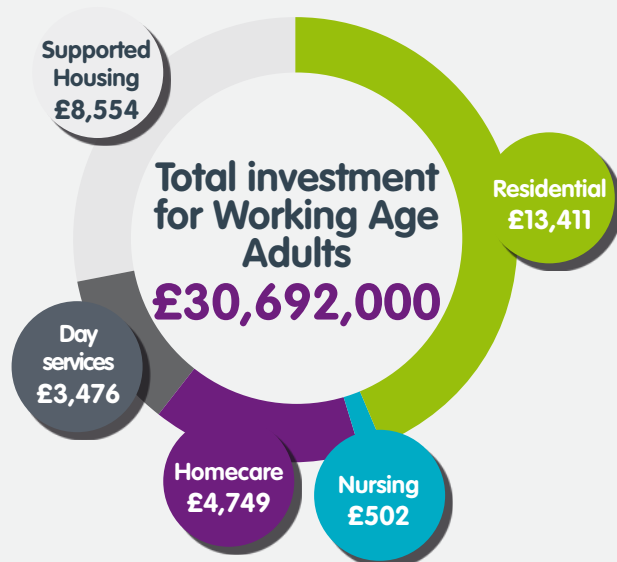
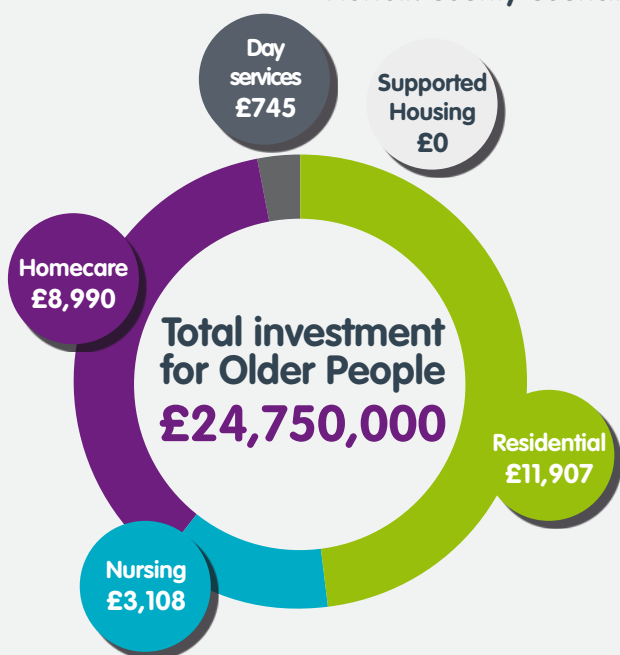
Norfolk County Council and South Norfolk District Council have established a system of 'Forget Me Not' grants that can be used by people with dementia and their families to make small changes at home which can improve their health and wellbeing.

## Clinical Commissioning Groups

**NHS South Norfolk**



## Norfolk County Council Investment in North Norfolk



## South Norfolk Locality



Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

South priorities for 2016/17	
<b>Redesigning community based care for older people and for other people with long term conditions</b>	The intention is to support more people at home through locality based effective community help which has the GP practice at the centre of planning care. This would include redesigning bed based care, community nursing, reablement, rehabilitation and home care.
<b>Reducing admissions from care homes</b>	Build on the work this year to implement a model which delivers training and support to care homes staff accompanied by out of hours response which is focussed on areas in which preventable admissions are made to acute hospital.
<b>Improved End of Life care</b>	Improve end of life care through dedicated co-ordination for families and implementation of the South End of Life Strategy to offer an integrated response for people who are at end of life. The aim would be to develop an effective and cost effective end of life pathway from the services commissioned and provided through the CCG.

# East Norfolk Locality Commissioning

**Contact - Head of Integrated Commissioning East - 01502 719533**

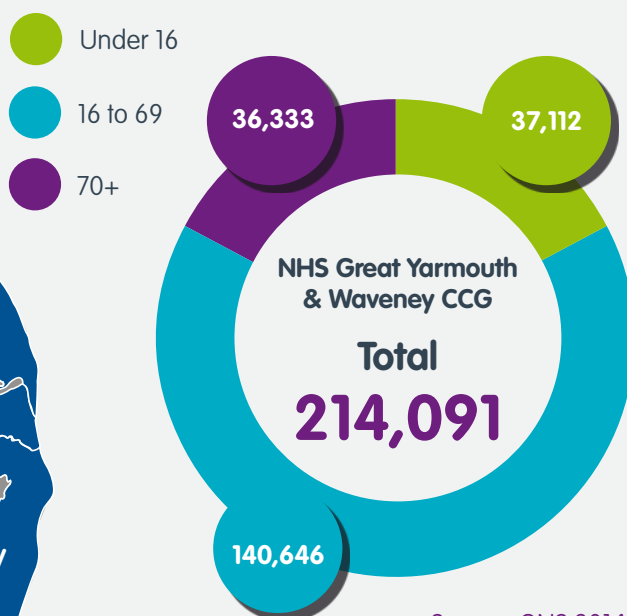
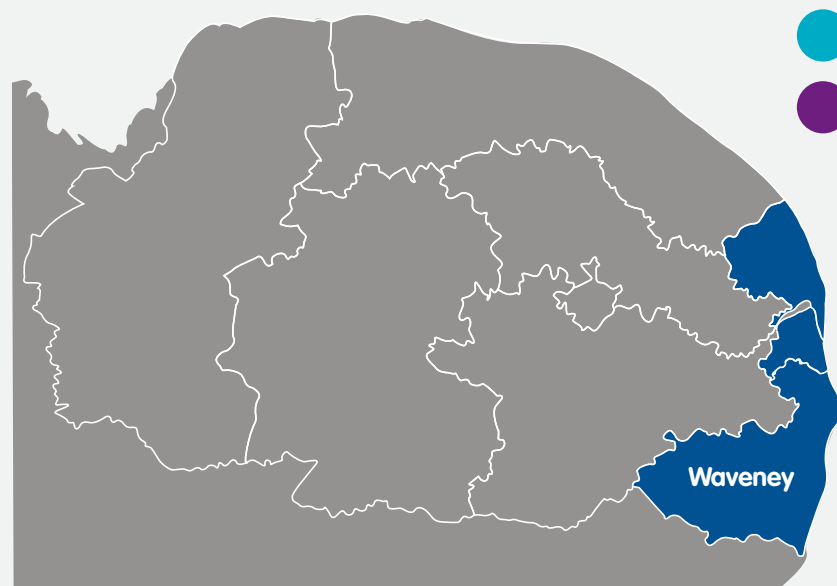
An example of integrated commissioning in East Norfolk

Three partner organisations (CCG, NCC and GYBC) are working together to develop an offer for the Voluntary and Community Links Sector that supports this valuable sector. This includes pulling together a variety of resources (including funding) from across the organisations to ensure it is well co-ordinated offer and supports the sustainability of this sector.

It is recognised that this is a crucial element of delivering Promoting Independence and the newly formed Community Links. Awarded new contracts to providers within the Great Yarmouth area to deliver Home Support, a new model of Home Care. This has been developed to empower clients through activities that promote wellbeing and independence. This model and framework was developed in partnership with the Clinical Commissioning Group to support the client/patient pathway of care between both organisations.

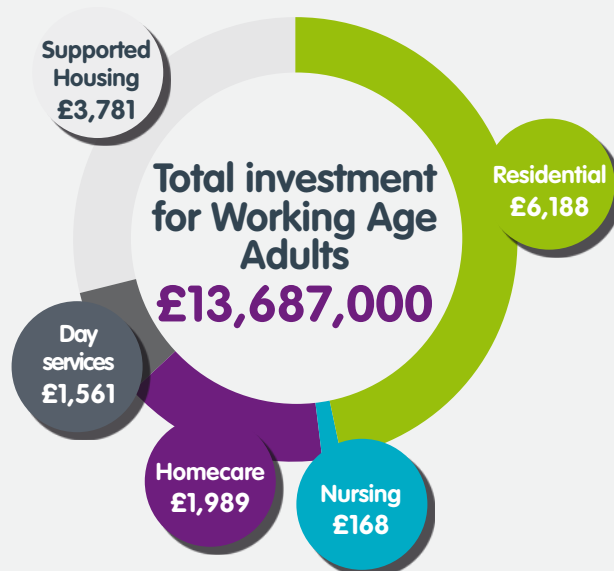
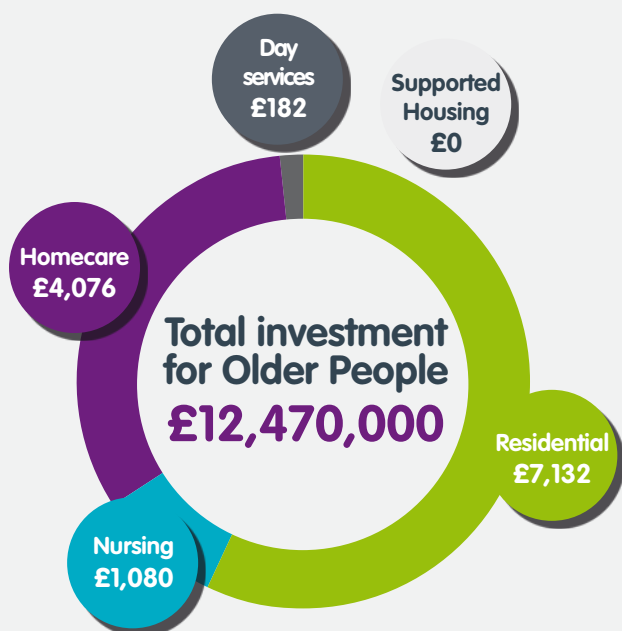
## Clinical Commissioning Groups

**NHS Great Yarmouth & Waveney**

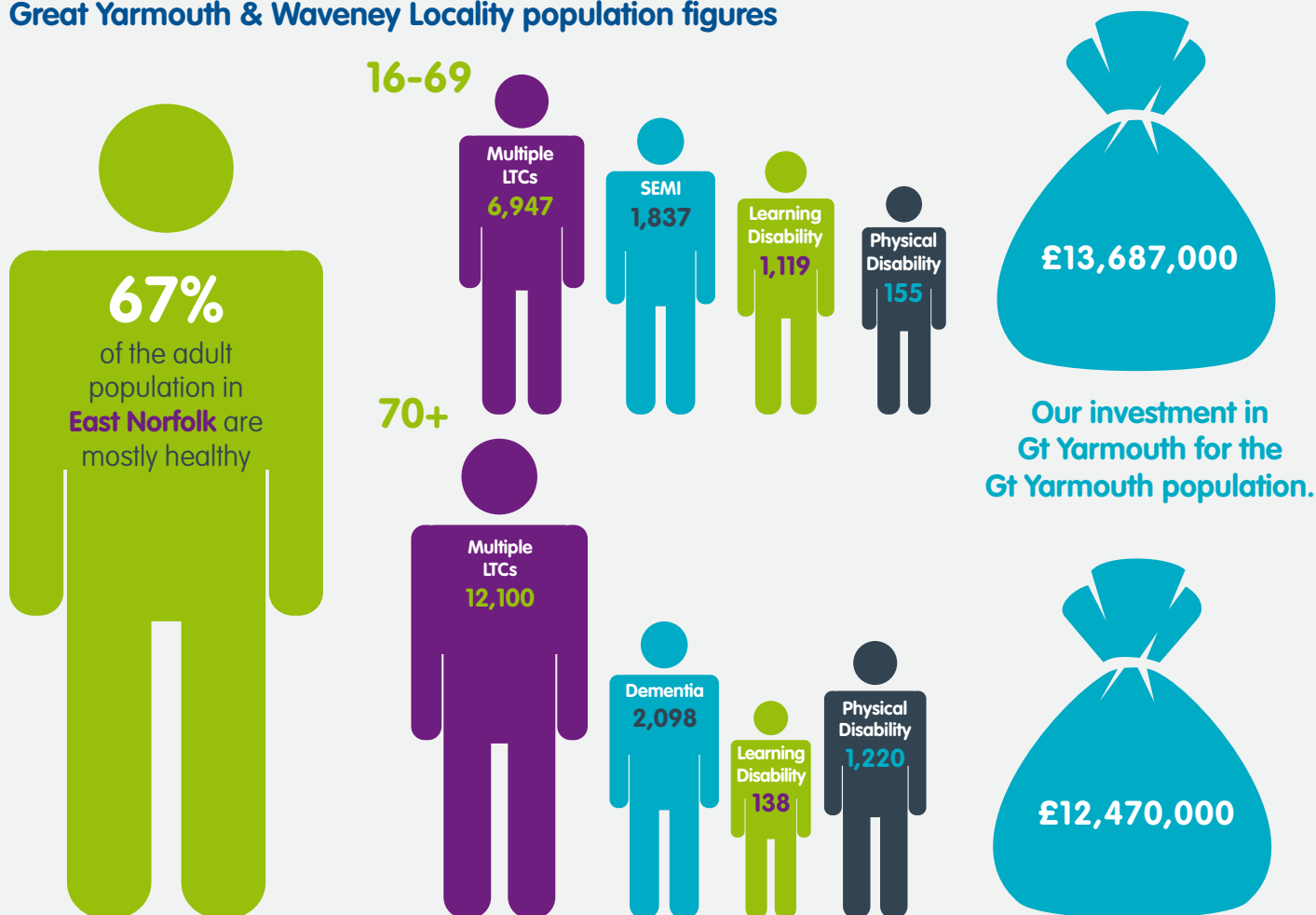


Source: ONS 2014 MYPE & 2012 SNPP

## Norfolk County Council Investment in East Norfolk



## Great Yarmouth & Waveney Locality population figures



East priorities for 2016/17	Activity that will support delivery.
Supporting Independence by Community based interventions	<p>Supporting clients to access and use community resource through interventions such as Social Prescribing and/ or community based services which effectively sign post to community resources.</p> <p>Support the development of Voluntary and Community sector to develop resilience and resources (including support for carers) within the community.</p>
Integrated Community and Out of Hospital Teams	To continue to develop integrated community health services and the Out of Hospital teams, to contribute towards the delivery of joined up and quality care.
Care at Home	<p>Activity that will support the delivery of this objective includes;</p> <p>Delivery of the new model of Home Support Provision of Equipment, adaptations and assistive technology to help people to manage at home and live independently.</p> <p>Develop and design the most effective integrated reablement and rehabilitation model that aids the discharge of adults from hospital into the community and supports their longer term well being and independence.</p>
Dementia and Mental Health	To deliver specialist support to people with dementia/ mental health needs and their carers to help people manage their long term conditions.

