



Market Position Statement

Foreword by Mayor Lutfur Rahman



This Market Position Statement is one of two documents that are being published together by the Council to assist current and potential providers and suppliers of the wide range of adult social care services in working with the Council. The other document is our Commissioning Plan for the three years from 2012 to 2015.

This document tells providers about future demand for services compared to the current supply, about our expectations regarding quality of services, funding of services and how we see the market for services developing.

There are a number of key themes that run through the Market Position Statement as well as the Commissioning Plan to which I would draw the reader's attention.

- All services must be culturally sensitive
- We wish to limit use of block contracts, moving to more flexible contracting arrangements
- We will seek to work with our providers to achieve a balance of value for money and risk that is sustainable for the provider as well as the Council
- We will seek to use our purchasing power to stimulate the local economy and maximise employment opportunities for local people. It is the borough's highest priority to promote the employment of local residents and we will take that into consideration as permitted under the Public Services Social Value Act 2012.
- We intend to increase the range of services available, encouraging local, smaller providers
- We would always ask that unless there are good market reasons not to do so, all contractors should pay the London Living Wage. Unless an exception is made contracts will be let with this stipulation.
- We will fund independent support for providers in complex procurements
- We wish to promote the take up of cash budgets by service users.

We would welcome feedback on the usefulness of this document. Comments should be sent to Deborah Cohen, Service Head Commissioning and Strategy, AHWB by email deborah.cohen@towerhamlets.gov.uk.

Contents

Foreword by Mayor Lutfur Rahman	1
Contents	2
Who this document is for.....	3
Summary	4
Section 1 - Introduction and strategic context.....	5
Section 2 - Commissioned Services.....	11
Section 3 - Quality	35
Section 4 - Finance and Funding.....	38
Reviewing the Evidence – Delivering Change.....	42
Facilitating the market	46
Summary of Market Opportunities.....	47
Significant Policies and Initiatives; Further Information	50



Who this document is for

This document and accompanying Market Analysis is aimed at existing and potential providers of adult social care and support. It represents the start of a dialogue, amongst the Council, people who use services, carers, providers and others about the vision for the future of local social care markets. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. This document is about working with providers to maximise value for money in a climate of shrinking resources. This is not about new money but about finding the best way to spend available resources.

Providers of adult social care and housing related support services can learn about the Council's intentions as a purchaser of services, and its vision for how services might respond to the personalisation of adult social care and support.

Voluntary and community organisations can learn about future opportunities and what would enable you to build on your knowledge of local needs to develop new activities and services.

People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help you to come into social care markets and offer innovative services.

Using this document

In this document you will find boxes labelled 'Market Opportunity' and 'Look out for...'. These highlight possible market opportunities for providers, and information on how we will communicate these opportunities. Please note that the Council has a statutory duty of best value in procuring contracts.

The Appendix provides further statistical detail.

Further information for providers can be found on the Council's Adult Social Care Provider webpage at www.towerhamlets.gov.uk/providers.

Summary

The Council's vision for Adult Social Care can be summarised as:

"We will enable people who need support to live their lives their way by working in partnership with individuals & communities and spending wisely & fairly."

Over the last few years the Council has been working to personalise the way adult social care services are accessed and delivered. Our aim is to enable better outcomes for people through maximising independence and minimising long term dependence.

The newly established Health and Wellbeing Board, which became a statutory body in 2013, will steer and influence the commissioning of health and social care services. This makes it ever more important for parties to be clear about their commissioning strategies and intentions. This document seeks to provide that clarity.

Key Themes that run through our commissioning intentions

- All services must be culturally sensitive
- We wish to limit use of block contracts, moving to more flexible contracting arrangements
- We will seek to work with our providers to achieve a balance of value for money and risk that is sustainable for the provider as well as the Council
- We will seek to use our purchasing power to stimulate the local economy and maximise employment opportunities for local people. It is the borough's highest priority to promote the employment of local residents and we will take that into consideration as permitted under the Public Services Social Value Act 2012.
- We intend to increase the range of services available, encouraging local, smaller providers
- We would always ask that unless there are good market reasons not to do so, all contractors should pay the London Living Wage. Unless an exception is made contracts will be let with this stipulation.
- We will fund independent support for providers in complex procurements
- We wish to promote the take up of cash budgets by service users.

Section 1 - Introduction and strategic context

Future Demand

Key messages

- Demand for care and support services will rise but will not be matched by a similar commitment to public spending
- There is a renewed emphasis on meeting the needs of carers
- There is a continued emphasis on prevention
- The market for advice, information and advocacy for users and carers will play a strong role in giving people choice and control over how their support needs are met; providers will need to offer more of these services to demonstrate confidence to customers and generate interest and business
- Personal budgets will increasingly allow people to choose from a wider menu of activities, options and demand is expected to decrease for traditional models such as day care. People will be able to choose to use a mix of traditional and mainstream services.
- The forthcoming eMarketplace – similar to Amazon or EBay, with customers able to rate and comment on providers and with prices listed in a transparent manner – will provide more information and choice to service users.
- The Department of Health is rolling out personal health budgets for anyone receiving NHS continuing healthcare by April 2014. This means that service users will be able to combine their budgets to commission for both their health and social care needs.
- The emphasis on personalisation means that consideration needs to be given to new models of care provision designed to meet individual need, including high quality accommodation with flexible support services and customer choice about support worker, timings and resource allocations.
- Life expectancy is increasing and entry into services is likely to be later in people's lives; the increased prevalence of people living with long-term conditions for longer means increasing need for self-care initiatives
- Demand for residential and nursing care is expected to decrease as a proportion of overall spending on older people. This means that there will be a greater demand for responsive and accessible mainstream services that support our older residents to stay well and independent for as long as possible. For providers of care accommodation there will be an increased expectation to maximise the health and wellbeing of their clients with a range of services to support this.
- Alternative models of housing that offer integrated care and support services will need to enter the marketplace; for example a new housing model for people with learning disabilities. There is under-provision of supported housing for people with LD in the borough. LBTH with its partners will be working with its partners over the next 3 years to develop specialised housing. Another model is where a support worker goes in to help people to remain living independent.
- Dementia and Mental Health needs are predicted to increase, with a corresponding need for more specialist supported and extra care housing to meet these needs.
- The partnership amongst housing, support and care will be strengthened; with assistive technology enabling people to continue living at home.

Section 1 - Introduction and strategic context

- Housing options for our clients will be considered across all sectors including the private rented sector.
- A wider range of home based services will be needed to maintain people staying healthy and with a sense of wellbeing at home for longer.
- Focus will shift more onto shorter term intensive social care packages focused on reablement, rehabilitation, and a return home.
- Services to meet the needs of people with learning disabilities will need to diversify and offer a broad range of stimulating and rewarding experiences for the service user and carer.
- Entry into work will be seen as the norm rather than the exception.

How Providers can adapt to change

- **Prevention and empowerment.** Providers may want to consider in what ways their services are preventative, and how they empower customers to stay well and be independent.
- **Localism empowering communities.** The Government's Localism agenda is about taking power away from central government and towards empowering communities, neighbourhoods and individuals. This includes new provisions for a Community Right to Challenge. There will be more information on this in future editions of the Market Position Statement.
- **Recognising the diversity of purchasers.** Providers will need to increasingly respond not just to the Council and its partners but to individuals and small groups who may want to commission bespoke packages through personal budgets. This increasing range and diversity of customers will require providers to market their service and improve access.
- **Involving service users and carers.** Providers will increasingly need to look at new ways in which their services can be designed, working with service users and carers, both individually through personal plans and reviews and through overarching service design and general ways of working.
- **An expectation of improved outcomes for all users.** The focus should be on recovery and independence. People who are very frail or who have other complex needs or long-term disabilities may need a higher level of sustained support. Even so, providers should be seeking to maximise independence.
- **Focusing on quality and outcomes.** Providers will be expected to work with the Council in developing their abilities to record, evidence, analyse and report on outcomes. Quality and reliability will differentiate providers, especially where markets are more mature and price differences are narrow. Providers who demonstrate an evidenced outcome focus are likely to secure more business.
- **Engaging with universal services and opportunities.** Delivering a high quality service is clearly important, but, in order to pursue the reablement ethos, providers will need to consider how to better engage with and link service users with other opportunities in the community.
- **Innovation.** Responding to personalisation by developing new approaches – either marketed to service users direct, or engaging with strategic commissioners. Assistive technology should be used wherever appropriate.

Section 1 - Introduction and strategic context

- **Working with other providers.** This will vary according to different markets but may include sharing expertise and resources and back office costs to increase impact and efficiency, working through a range of both formal and informal models.
- **Becoming increasingly proactive with commissioners.** The commissioning role is changing fast and commissioners will need to work in different ways to share market intelligence, develop new service models, and to look to long-term partnerships and co-production where possible.
- **Responsiveness to a more generic approach.** The general trend is towards more generic service design and commissioning – solutions that respond to individual need rather than models that are client, condition or care group based. This does not mean that there is no place for specialist provision or that providers should not develop expertise in particular fields but all parties will need to consider when specialist care is needed and what business models in different markets they will need to use.
- **Reducing health inequalities.** Providers should use health and social care data intelligence to target interventions and design services to best meet the needs of the local population. Tower Hamlets has very varied demographics within the borough and services should be flexible and adaptable to meeting the varied requirements. One example of flexibility is provider-to-provider training, e.g., a project in the borough which involves community trainers coming into residential care homes promoting healthy living with care staff.

Demographic Change

The future of adult social care is going to see significant demographic change. In Tower Hamlets, the number of people over the age of 65 is predicted to increase by 3% in 2015, by 13% in 2020 and by 50% in 2030¹.

Please refer to the Appendix for further detail on

- current population (data from the 2011 census)
- population trends from 2001
- projected population changes
- ethnicity, religion and language by age
- life expectancy

The demand for services to older people will increase as the shape of the local and national population changes as a result of advances in medical science meaning more people are living longer. This rise in demand will not be matched by Government funding meaning a new approach is needed to how social care and support is delivered. Higher eligibility thresholds for local authority funding have, in part, led to the increased number of people funding their own care. Regardless of funding, people want more choice and flexibility over how these needs are met.



¹ <http://data.london.gov.uk/datastore/applications/custom-age-range-creator-tool-gla-population-projections-borough>

Section 1 - Introduction and strategic context

Key message

The Care Bill is currently making its way through Parliament. When enacted, the Bill will have significant implications for adult social care in Tower Hamlets. There will also be implications for providers.

The support and guidance available from 'Think Local Act Personal' (a group of over 30 national partners that are committed to real change in adult social care) will help to drive the necessary change in practice and process.

There are key factors which may influence potential changes in demand for health and social services in people aged over 65 living in Tower Hamlets. The numbers of people aged 85 and over with a limiting long-term illness, living alone, is expected to grow by 26% in 2020. However, other key factors are expected to increase much more slowly, or even reduce in the future. For example, the number of people providing more than 50 hours of care per week is expected to decrease by 11%².

Numbers of people with a disability or mental health problem are expected to increase substantially, as seen in the table below.

Table1. Predicted population in Tower Hamlets of people age 18-64 with a disability or mental health problem.³ (Note – there is an under-recording of learning disabilities in Tower Hamlets and the predicted figures are estimated to be higher.)

	2013 current figure	2015 figures and % change	2020 figures and % change	2025 figures and % change	2030 figures and % change
People with a moderate or severe learning disability	1,054	1,149 9%	1,273 21%	1,380 31%	1,474 40%
People with moderate physical disability	11,460	12,489 9%	14,091 23%	15,498 35%	16,706 46%
People with a severe physical disability	2,792	3,062 10%	3,549 27%	4,028 44%	4,435 59%
People with a moderate or severe personal care disability	6,183	6,795 10%	7,823 27%	8,742 41%	9,500 54%
People with a mental health problem	30,576	32,980 8%	35,981 18%	38,221 25%	40,283 32%

² For more detail on these key factors, and the distribution of the older people's population and those living alone, please see the Appendix or www.poppi.org.uk.

³ Projecting Adults Needs and Service Information www.pansi.org.uk

Section 1 - Introduction and strategic context

The highest numbers of older people in Tower Hamlets live in the Mile End & Globe Town, St Dunstan's & Stepney Green, Limehouse, East India and Lansbury, and Weavers localities.⁴ These areas are thought to have a higher likely prevalence of dementia, mobility issues and functional impairment. Increased prevalence of unhealthy lifestyles and obesity also increase the risk of vascular dementia in Tower Hamlets.

Tower Hamlets has a smaller than national average proportion of older people but a higher than national average of co-morbidities in this population. This means there is a proportionally higher number of people with complex health conditions relative to the proportion of older people within the population with a commensurate **higher** usage of health and social care services. *Providers should therefore expect to see health conditions in younger people which would normally only be seen in older populations, from about age fifty onwards.* Data from the most recent census confirms this. People aged 65 and over are more likely to report a limiting illness or disability in Tower Hamlets (651 per 1,000) than London or England (53 per 1,000).⁵

Tower Hamlets has an estimated population churn (combined inflow and outflow) of 189 per 1000 residents equating to nearly 19% of the population. If movement within the borough is added, this equates to 24% of the population which is the 11th highest population movement of the 33 London boroughs. Tower Hamlets has by far the highest level of childhood poverty in England. In 2007 Tower Hamlets was ranked third most deprived local authority area in the country, and second most deprived in London next to Hackney. The borough has very high levels of social housing stock – over 50% of housing, compared to national average of 9% and East London average of 31%. There are 9,446 overcrowded households in socially rented homes and 1,798 of these are severely overcrowded.⁶

Changing attitudes, expectation and paying for care

Attitudes and expectations are also changing. The expectations of people who will reach older age in the next 10 to 20 years will be different to older people now. People are used to expressing far greater choice and control over their needs and aspirations. Currently, people are much more socially mobile than before and have generally experienced a wider exposure to different goods and services than ever before. People now and in the future will expect more from their local authority and care providers in terms of the range and quality of services on offer.

To meet these changes the social care market, providers will need to respond in different ways from previous approaches. Providers will need to consider what services should be offered that demonstrably maintain people at home, remaining healthy and with a sense of well-being for longer. This means considering how to help people maintain good physical, mental, social, emotional and spiritual wellbeing in order to remain healthy, active citizens now and in the future.

People will also fund their care in a greater number of ways, for example, insurance policies, savings, pensions and investments. Trends will become more predictable with the passing of the Care Bill. Significantly, service users' housing tenure will play a part in shaping the market as a growing number of older people in Tower Hamlets are homeowners. This will increase the numbers of people funding their own care. Other boroughs with significant numbers of self-funders commission information and advice services to support self-funders to make well informed choices. Therefore there are real

⁴ Please see Appendix for further detail on ward rankings by general population, ages over 65 and use of domiciliary care and day centres.

⁵ Please see Appendix for accompanying table.

⁶ Supporting People Commissioning Strategy 2011 - 2016

Section 1 - Introduction and strategic context

opportunities for providers to build the link between involving people in the design of services, offering people the information they need to make informed decisions and offering customers new and diversified products and services to help them remain well at home. Further work on trends on numbers of self-funders is planned for the forthcoming year as part of preparations for how the borough will respond to the Care Bill.

The importance of prevention and early intervention

Prevention and early intervention are well recognised to help people stay well, live independently and remain healthy for longer. It is important to ensure that a wide range of preventative services are available to support people across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This will ensure that people do not go without the support which could prevent critical needs developing in the future. The table below outlines the different types of preventative services that help older and vulnerable people.

Table 2. The three types of preventative services

	Primary	Secondary	Tertiary
Purpose	Involving older and vulnerable people in the planning and operating of services.	Services delivered to people in the community.	Specialist services delivered to people at home or in hospital to offer a seamless transition of care or to prevent an admission.
Suggestions	Consultation, membership of committees, boards and working groups. Offering autonomy to run activities, groups or services themselves.	Housing related support, telecare, support to carers, falls prevention and reablement services. Befriending schemes, sitting services, providing equipment and adaptations, lunch clubs and hot meal delivery service.	Facilitated discharge from hospital. Intensive support delivered at home or in extra care housing. Community virtual ward provides intensive health and social care support for people at risk of hospital admission.
Desired outcome	By being inclusive and involving people the aim is to prevent isolation and loneliness and encourage participation and a sense of belonging. Improves confidence and independence.	To maximise independence, prevent further deterioration and maintain a good level of health and wellbeing.	To prevent further deterioration, maintain health and wellbeing and support people in their own home where appropriate.

The percentage of residents 65 and over in the borough is 6% compared to London's 11%. Millwall has the lowest proportion of residents aged 65 and over (4%) and St. Dunstan's and Stepney the highest percentage, 9%.⁷

⁷ 2011 Census results Population and Household estimates for Tower Hamlets Wards – this is an internal document, please contact the LBTH Corporate Research Unit on cru@towerhamlets.gov.uk.

Section 2 - Commissioned Services

Carers

Future Intentions

The Carers Three Year Plan 2012 – 2015 sets out the Council's intention to move away from block contracting for carers' services to the introduction of personal budgets for carers. The Council will move away from fitting carers into a specific range of services on offer to a system in which carers will be given budgets to spend on breaks or items that support them to continue caring. The number of carers in Tower Hamlets is set to increase in the coming years.⁸

Small, one off direct payments for carers are likely to remain popular as aids to carrying out the role of carer. The demand for different types of respite service is to be reviewed over 2013 with a view to increasing the range of choices available including residential respite, shared lives services (accommodation and non-accommodation based) and carers breaks with home based support. To increase choice and control the Council is developing personal budgets for carers which will enable carers to stipulate and purchase the support they require directly. For example it is expected that many carers may choose to spend this money on having assistants come into the home of the cared-for person.

It is expected that with the widening of options for respite that the amount of residential respite provision required will reduce. The current arrangements and types of residential respite provision have been reviewed and are currently out to tender.

Alternatives to residential respite will be considered by looking at a Shared Lives Service whereby individuals and families in local communities provide respite and /or support for people who need some help to live the lives they choose.

The commissioning process for the culturally specific and specialist services have begun with replacement services expected to be in place by April 2014.

The tendering of the contracts for carers as detailed in the Carers Three Year Plan 2012 – 2015 has begun with the first tender for the Carers Hub Services now completed with more opportunities arising this year. For more information please contact maria.kaustrater@towerhamlets.gov.uk.

Market Opportunity

Look out for: Providers will be informed in the usual manner regarding tender processes etc. Please see http://www.towerhamlets.gov.uk/lgsi/801-850/828_tenders_and_contracts/tender_opportunities.aspx for further information.

⁸ Please refer to the Appendix which has further detail on the expected increase in the number of carers.

Section 2 - Commissioned Services

Currently commissioned services

Much of the funding available for carers is with community based services which are provided by the Third Sector to support different groups of carers. These services can be divided into three areas of provision:

General support services for carers:

These services include advocacy, welfare rights, carers assessments for one-off direct payments, leisure passes and carers forums for all carers. Contract re-let July 2013.

Non-residential respite and sitting services:

currently out to tender as part of the domiciliary care procurement.

Culturally specific and specialist services:

- Weekend breaks, day trips, carer relief at home and Saturday respite for Bangladeshi carers of people with Learning Disabilities –these services are now being retendered as part of a larger Domiciliary Care tender (please see Domiciliary Care section below for more information).
- Breaks for Bangladeshi carers of older people –these services are now being retendered as part of a larger Domiciliary Care tender (please see Domiciliary Care section below for more information).
- Advocacy and support for Somali carers –these services are due to go out to tender shortly.
- Support and breaks for older Jewish carers – these services are now being retendered as part of a larger Domiciliary Care tender.
- Residential breaks – this service is due to go out to tender shortly.
- Advocacy, group and individual support for carers of people with dementia – this service is due to go out to retender shortly.
- Support for Bangladeshi carers of children and adults with a learning disability – this service is currently out to tender.

Residential Respite for People with Learning Disabilities

The main service for carers of people with Learning Disabilities is a seven bed residential respite unit which provides overnight care services with users often continuing to access their on-going arrangements for day time activity and some spot contracts for out of the borough residential respite. However, in the last year, choice has increased with the arrival of new providers within the local market. We are currently out to the market for spot contractual arrangements.

Planned respite for carers of older people is usually provided by local residential care homes through block contractual arrangements. Emergency respite care for older people is also provided through the borough's existing residential care contracts and take up of this service is relatively small.

One off Direct Payments for Carers

One off direct payments are very popular with carers. So far in 2013/14, 120 carers have received One Off Direct Payments.

Universal and preventative support

Future Intentions

The council has streamlined the Information, Advice and Advocacy (IAA) services for adults with support needs including adults with sensory disabilities and people with HIV/AIDS. This process also provided an opportunity to address any identified gaps such as advocacy services for older people, and young people in transition. The model of service is that of a consortium which, as the focal point of joined-up community-based services, provides accessible and a diverse range of IAA Services including:

- Welfare, finances and benefits information and advice
- Housing information and advice
- Crisis, one to one, group, citizen and self-advocacy

This model also provides an accessible gateway to other services by signposting or referring to amongst others:

- Health and healthy living services
- Leisure and social activities
- Employment and volunteering information and advice

These services play an important role in maximising people's independence and help prevent reliance and dependency on more intensive care and support.

The Council has now concluded the tender process and the new service has commenced on 1st August 2013.

Current Situation

The council allocates just over £1.82 million to support voluntary and community sector (VCS) groups across the borough working with adults in a mixture of grants and contracts. This is allocated in 6 funding streams as shown below.

Section 2 - Commissioned Services

Table 3: Voluntary and community sector funding (Universal and Preventative Support)

	Description	£ per annum (2013-2014)
Information, Advice and Advocacy Service	Existing provision has been reviewed and a universal, consistent and integrated Information, Advice and Advocacy service is being set up	£485,000
Mainstream grants	Funding for three years for ten groups to provide a range of health and wellbeing services; currently range from £4,600 to £40,000	£220,122
Mainstream grants - Older People's lunch clubs*	Funding for three years for Lunch Clubs to provide a social meal and access to social activities and information services	£403,191
Small grants	Grants up to £500 a year to support small pensioners groups with rents, outings and social activities	£31,900
LinkAge Plus	Co-ordinated service network of five agencies that provides a full range of preventative services (social care and beyond)	£626,000
TOTAL		£1,061,091

* In addition, the Mayor's Lunch Club Development Fund aims to establish several Older People's Lunch Club services in wards with a high prevalence of overcrowded households. These are on short-term agreements with a view to lunch clubs becoming self-sufficient.

Disabilities

Future Intentions

The number of people with a learning disability in the Borough is expected to rise. Currently there are about 1,000 service users with learning disabilities in receipt of a care/support package within the Borough. The highest concentration of LD users are in East India and Lansbury, St Dunstan's and Stepney Green, and Whitechapel wards. Assuming prevalence rates remain constant, the number of people requiring support from CLDS is expected to increase to over 1,040 over the next five years, and to around 1,235 by 2030. The relatively high numbers of people with learning disabilities is linked to the concentration of people from BME backgrounds and the high levels of deprivation in the borough. Prevalence of learning disability is higher in the male, Asian and black populations. Stigma surrounding learning disabilities means that it is not often identified within the Bengali population with many families coping alone. The local situation will follow national trends of people with a learning disability living longer due to advances in medical treatment giving longer life expectancy.⁹

⁹ JSNA Learning Disabilities factsheet: www.towerhamlets.gov.uk/jsna

Section 2 - Commissioned Services

Tower Hamlets' has a higher percentage of low birth weight babies compared to London (9% compared to 7.5%). Low birth weight is linked to deprivation and is a key risk factor in healthy life expectancy. This may have an impact on Adult Services as the numbers of young people growing into adulthood with a physical and/or learning disability is expected to continue to increase by 40% to 1,535 in 2030¹⁰.

The number of people with physical disabilities and sensory impairments in the borough is expected to rise. This is because children with complex needs and recessive genetic conditions including cerebral palsy, physical defects, deafness and blindness are expected to live longer due to medical advances and greater survival rates.

The Adult Social Care Survey 2011-12¹¹ found that for people with learning disabilities, finding work and going on holiday were popular hopes for the future. Other activities that people want to start or continue include shopping, painting, dancing, watching TV, gardening and visiting galleries and museums. Other things that people want to do include getting married, making more friends, losing weight and going on a course.

People with physical disabilities and sensory needs often wish to access universal services and locations but find barriers including physical access and a lack of accessible information, some require one to one support to access this information and the services offered.

Market Opportunity

Day opportunities for people with learning disabilities are being remodelled across the borough. As part of the modernising learning disability services programme, Community Hubs have been developed from which service users are able to access more personalised and flexible services. A preferred provider list has been established as part of the procurement process to enable providers to get involved with delivering a community hub service which offers a range of support, training, clubs, employment opportunities and activities to individuals or groups of service users with personal budgets. For information please contact Shazia Ghani:
Shazia.ghani@towerhamlets.gov.uk

Employment support services for people with disabilities

Demand for meaningful employment opportunities for residents with learning disabilities is expected to increase but access to employment remains challenging for many with learning disabilities. Helping people with learning disabilities into work, by providing appropriate support, training, work placements, access to intermediate labour markets and by breaking down barriers to employment are vital steps towards greater independence and emotional and financial wellbeing.

The tender for the Supported Employment, Training and Social Enterprise Service was successfully retendered and awarded for a three year contract from July 2013.

¹⁰ Please see the Appendix for further detail on the projected increase of CLDS clients projected to 2030.

¹¹ Please contact Joanne Starkie, joanne.starkie@towerhamlets.gov.uk or 020 7364 0534 for further information on this survey. Key results are referenced in the borough's Local Account, available here: http://www.towerhamlets.gov.uk/lgs/101-150/147_how_we_are_doing_in_social.aspx.

Section 2 - Commissioned Services

Current situation

Currently there are several day opportunity services, including employment services, accessed by around 250 people with learning disabilities in Tower Hamlets. There is also a day service for adults with Autistic Spectrum Disorder.

The Council has conducted a review of the day opportunities for people with learning disabilities. As part of the Modernising Learning Disability Services Programme, the procurement process for the Complex and High Needs Service, Supported Employment, Training and Social Enterprise Service, and Community Hubs Preferred Provider List has been completed. The Community Hubs are envisaged to be an outreach support service, often described as a day service without walls. Learning disability day opportunities are to be transformed into a borough wide network of local resource centres to support community based activities. This will enable the move away from traditional resource centre based services to a more fluid model where people have access to leisure, sporting, educational, and training and work opportunities. Users will be able to use the hubs to meet and socialise, and also as a base from which to plan their daily activities using interactive technology. The hubs will also provide employment opportunities, for example at the on-site café. Information and advice focused around healthy living will be available to visitors at the hub. The number of service users with a personal budget is likely to rise substantially as all service users who access day services currently are having a review which will include looking into this option as appropriate.

There are currently two contracts around routes into employment for people with learning disabilities. One of these supports people with a disability with training and skills development to work towards employment or develop the skills to return to suitable paid employment through intensive vocational rehabilitation. Support is provided to young adults in schools, through day services and through referrals. This project also works with employers to remove barriers for people with disabilities to paid employment.

The second contract supports the development of social enterprise(s) as an intermediate labour market.

Adult Autism Services

The borough has a low identification rate for autism. Current estimates suggest there are 100 people with a LD and autism known to the Council. This compares to prevalence data (JSNA, 2011) indicating approximately 1,910 adults with autism in the borough, 765 of whom having autism and no other co-occurring condition. The lack of a diagnostic service for adults with autism would appear to be a key factor in this low identification rate.

In order to address this, the Council is currently progressing with a procurement process to secure a provider(s) to deliver a dedicated diagnostic and intervention service for adults with Autism Spectrum Disorder (ASD). This service is expected to be operational by April 2014 and ensures 'Local Authority' (i.e. LBTH/NHS) compliance with the 2009 Autism Act and the subsequent 2010 National Strategy (Fulfilling and Rewarding Lives). The service will deliver a clear and dedicated diagnostic pathway for adults with suspected ASD, and further support for those diagnosed with the condition, which is in line with NICE Clinical Guidelines 142.

Section 2 - Commissioned Services

Key components of the service are:

- A core diagnostic team to provide assessment of adults with suspected ASD in Tower Hamlets.
- A post diagnostic brief intervention programme to adults with ASD (including Asperger's Syndrome) utilising techniques to improve abilities to live independently.
- Service user support to enter employment and training (delivered via a local Third Sector organisation)

The intended service will operate an open referral system (including self-referral) and provide an interface with other services including local Mental Health Teams, the Community Learning Disability Service (CLDS) and Primary Care providers (i.e. GPs). The service will also be accessible to those with or without FACS eligibility, or with an existing diagnosis (i.e. SEN).

Current Services

The Council commissions a day service for adults with Autistic Spectrum Disorder.

Day Opportunities – Older People

The initial review of 'Older People Day Opportunities' which took place during 2012/13 and the future implementation of recommendations contained within the Care Bill, have identified the need for an in-depth review and extensive consultation of day services in the borough. The aim would be to develop an enhanced range of day opportunities, both within the traditional day centre setting which many older people may still wish to access, and also mainstream services within the wider community which older people may want to access using their personal budgets. For example, the ability to pay for a personal assistant to support attendance at a mainstream community activity such as swimming and going to a café with friends afterwards as opposed to attending a traditional day centre. For more information, please contact Barbara Disney, Barbara.disney@towerhamlets.

Look out for: Providers will be informed in the usual manner if a tender process is likely. Please see http://www.towerhamlets.gov.uk/lgsi/801-850/828_tenders_and_contracts/tender_opportunities.aspx for further information.

Current situation

Day centres for older people in Tower Hamlets provide a wide range of care, support and stimulation for older people, whether frail, physically disabled or experiencing isolation or emotional difficulties. Services are provided to meet the cultural needs of older people from all the diverse communities resident in the borough. Day centres aim to:

- Meet the individual needs of service users;
- Help people maintain their independence, whilst offering support to carers;
- Offer social interaction with others and provide an opportunity to make new friends (promoting social inclusion, and reducing isolation);
- Achieve a stimulating environment with a variety of activities; and
- Create a lively and friendly atmosphere - where all are made to feel welcome.

Section 2 - Commissioned Services

Day centres also offer a variety of services and activities. These can include a visiting chiropodist, optician and dentist and assistance with personal care i.e. assisting with washing and toileting. All the day centres in Tower Hamlets offer a further variety of interesting and stimulating activities that are designed to meet the needs of service users. Some of the activities include art and crafts, reminiscence, music and movement, darts, quizzes, crosswords, discussion groups and reflexology. A number of services also offer a hairdressing service and outings to places of interest are arranged, normally during summer months when the weather is good. There are regular 'User Group' meetings where all users are encouraged to make a contribution and suggest new activities for their day centre.

There are currently 152 spaces across the 5 largest day centres in the borough. All of these centres are transport assisted, and are open during weekdays except for one weekends-only service.

Reablement

The Reablement Service is made up of a multi-disciplinary staff team, including Social Workers and Occupational Therapists, and aims to provide independence building support for a period of up to 6 weeks in order to optimise a person's functioning in all aspects of daily living. Independence planning and service delivery may include the prescription or provision of assistive technology and/or minor environmental adaptations, advice and support on access to activities in the community and Reablement Officer input both in and outside the home environment.

Domiciliary Care, Home-based Care and Personal Assistants

Future Intentions

During 2012 we ran two tender exercises for the provision of Domiciliary Care Services addressing in turn both block contracts and a separate preferred provider framework from which services can be spot purchased. Contracts commenced in November 2012. The service specification for these services has at its core a change in the relationship between the provider and service user to a highly person-centred approach. In a move away from traditional commissioning with prescribed activities and timings, contracts will be increasingly monitored on outcomes. Our ambition is that the provider will determine the activities leading to desired outcomes in consultation with the service user. The contracts let in 2012 were for a generic service and required providers to demonstrate their ability to work with a range of needs including Dementia, Autism and End of Life Care. The preferred provider framework is being retendered during 2013.



Section 2 - Commissioned Services

The Council will next run a tender process for domiciliary and home based care in early 2015. This process will cover the activity currently delivered under the block contracts and preferred provider framework referred to above.

With the increasing use of personal budgets, demand for personal assistants is anticipated to rise. The Council is currently collaborating with other East London Boroughs to appraise the options for developing a local supply of appropriately skilled and qualified Personal Assistants. The options under consideration include partnering with a Personal Assistant finding organisation set up by a number of neighbouring Boroughs, developing our own local Personal Assistant finding system, or commissioning from another source. The preferred option will be determined during 2013-14, and new arrangements put in place towards the end of 2013-14. The Council's e-Marketplace, which will be online by February 2014, will include the functionality to maintain a PA register. Work is also in progress with neighbouring East London Boroughs to determine a baseline set of skills and training we would expect a competent PA to have, and to develop training materials and programmes that will give individuals the opportunity to acquire the necessary skills and competences.

Market Opportunity

- The Council will next run a tender process for domiciliary and home based care in early 2015. This process will cover the activity currently delivered under the block contracts and preferred provider framework referred to above. Please see http://www.towerhamlets.gov.uk/lgs/801-850/828_tenders_and_contracts/tender_opportunities.aspx or contact Keith Burns on keith.burns@towerhamlets.gov.uk for further information.
- **Home based services** – there is likely to be an increase in the market for ‘that bit of help around the edges of care which enables people to continue to live independently in their own home’.¹² You could consider setting up domestic help, gardening or shopping services, for example helping people to shop rather than doing it for them.
- **Cookery** – many people would like to access home-cooked meals. You could consider a service where carers cook culturally appropriate meals. For example, a three hour session of batch cooking might last several meals or could be frozen. Others may wish this type of service in order to enjoy home-cooked meals at few times per week.
- **Services for self-funders or people with direct payments** - you could consider setting up services not currently funded by social services, for example an on-call, ‘floating’ pop-in service (perhaps purchased by several service users living in proximity to each other). This could be used, for example, to assist someone with incontinence, or to assist relatives if a loved one leaves home unexpectedly. Other services could be short or longer-term escorts to lunch clubs, parks, walks, GP/hospital visits etc.; travel-training to assist with confidence-building.
- **Personal assistants** – you could consider offering a service which sources and vets personal assistants
- **Back office services** – if people are recruiting their own personal assistants they may need support with advertising, recruitment, payroll, Criminal Records Bureau checks or training.

¹² IPC Presentation - "Think Local, Act Personal": The role of market position statements in developing diversity in service provision. March 25, 2011

Section 2 - Commissioned Services

Current situation

There is a broad range of domiciliary care provision in Tower Hamlets including services commissioned by the Council, as well as a range of agencies offering services to individuals with Cash Personal Budgets or who are funding their care from their own means.

Older People's Residential Care

Future Intentions

We are putting increasing emphasis on extra care sheltered housing (for further details, please see Extra Care and Sheltered Housing section below); extra care is an exciting addition to the range of housing and services available to older people in the borough. However, there remains a high demand for care home beds in the borough, especially for specialist dementia beds including both residential and nursing. Where appropriate, we are working with care homes in the borough so that they can provide a continuity of care from Residential through to Nursing, including Residential Dementia and Nursing Dementia, so that residents are not forced to move home if their needs changed/increased. This is in line with good practice and allows for stability for residents. The Council's strategy is to increase the take up of Extra Care sheltered housing while reducing its need for general residential care. Most residential care is now either already specialised or targeted to be more specialised in the future.

Over the next 12-18 months a number of contracts for residential care will be coming up for tender. For information please contact Neil Langley, neil.langley@towerhamlets.gov.uk.

**Market
Opportunity**



Section 2 - Commissioned Services

Look out for: Providers will be informed in the usual manner regarding tender processes etc. Please see http://www.towerhamlets.gov.uk/lgs/801-850/828_tenders_and_contracts/tender_opportunities.aspx for further information.

A substantial proportion of older people choose care homes outside the borough, although figures have varied substantially over the two year time period this has been tracked. In 2012-13, about two thirds of people have chosen a residential or residential dementia placement outside the borough. This figure is lower for nursing homes, with 49% of people having chosen a nursing placement outside the borough and 31% choosing a nursing dementia placement.¹³

Currently Commissioned Services

There are six homes providing 339 beds registered for elderly care or elderly care with nursing. Most homes cater for a mix of needs, for example nursing and nursing dementia. During the 2012-13 financial year, around 50% of residents chose an out-of-borough placement to be close to their families living outside Tower Hamlets. This is an increase from 36% in 2011-12.

Younger Disabled Adults Residential Care (<65 years old)

Future Intentions

The majority of younger disabled adults under 65 needing residential placements (about 160 people) are living in homes outside of the borough. The Council is working with many of these service users to see if supported living might be a more appropriate option and whether individuals may wish to return to the Borough. It is anticipated that some people may wish to establish formal residence ("ordinary residence") in the boroughs where they have been living for several years.

A small number of residential facilities for younger adults in the borough are being de-registered and converted into supported living spaces.

Tower Hamlets has a very high proportion of service users with learning disabilities living with their families or friends – 75% as compared to 38%¹⁴ in England. There is an opportunity to look further at supporting individuals who are able to and aspire to move into more independent supported accommodation. Young people with learning disabilities who are moving towards adulthood may now be more likely to look for supporting living rather than residential care, so more places may be needed. The current emphasis on in-borough residential care is to de-register to Supported Housing, giving tenants more choice and control. Since 2010 the Council has de-registered six care homes which are now Supported Housing and are contracted through the Supporting People Team.

¹³ Please see Appendix for more detail. 100% NHS Continuing Health Care funded Nursing & Nursing dementia placements were procured by the NHS (formerly the PCT) and have not been included in Local Authority reporting for 2012-2013. Only Nursing & Nursing dementia placements funded by LBTH with a NHS Funded Nursing Care contribution have been reported on for 2012-2013.

¹⁴ Housing and learning disability – the facts <http://www.mencap.org.uk/sites/default/files/documents/Housing%20and%20learning%20disability.pdf> and Learning Disabilities Modernisation Cabinet Report - Feb 2011 <http://moderngov.towerhamlets.gov.uk/mgConvert2PDF.aspx?ID=20389>

Section 2 - Commissioned Services

A long-term Accommodation Commissioning Plan for People with Learning Disabilities will be developed to identify the accommodation needs and aspirations for all people with learning disabilities supported by Tower Hamlets. The first phase of delivering this plan is the production of a Needs and Capacity Analysis, which was completed in Spring 2013. This report confirms that this is a real priority area for the borough and identified a number of key pieces of work which need to be undertaken before a high quality strategic plan can be produced, this work will be led by a Learning Disabilities Accommodation Sub-Group of the Partnership Board.

Look out for: Providers who are successfully placed on to the Framework Agreement should look out for the call-off timetable and invitations to tender for mini-competitions via the e-tender portal.

Currently Commissioned Services

In 2010, there were six residential schemes with three providers. As of 1st April 2013, these schemes de-registered to supported living to provide more choice and control to service users. Please see the Supporting People section for further information.

Residential Respite for People with Learning Difficulties

Please see Carers section, above.

Extra Care Housing & Sheltered Housing

Future Intentions – Extra Care

Extra Care Sheltered Housing continues to be a key element of the Directorate's policy to reduce the number of care home places and to expand the opportunity for older people to maximize their independence by taking up a tenancy rather than a care home place, within a unit that is self-contained. The care element of four schemes is currently undergoing procurement through the Council's tendering process.

A report detailing future extra care housing need dating from December 2008 suggested that the borough should increase capacity to over 315 units. Since this time the ECSH units have increased to 214 which is still over 100 places below the capacity suggested by the report if the borough were to widen the selection criteria to include older people along with younger adults. The main group taking up these places, given the demography and demand, would remain older people.¹⁵



¹⁵ Please see Appendix for further detail on projected demand for Sheltered, Leasehold (retirement) and Extra Care housing units.

Section 2 - Commissioned Services

There are potential plans for future development of Extra Care schemes in Poplar, Mile End, and Whitechapel. The number of units in these developments, because of the refurbishment that would need to be done is difficult to estimate, but a conservative estimate may be around 60-70 in total.

Future Intentions - Sheltered Housing

- Demand for older people's housing is influenced by aspirations, and there is qualitative evidence that many older people in the borough are not looking to the traditional sheltered housing model as a priority choice (Needs Assessment, 2010). There is a need to update the type, scale and quality of existing sheltered stock in meeting today's housing standards and preferences. Actual demand will therefore depend upon whether sheltered housing can be 're-branded' and marketed effectively to older people.
- There is also a need to provide more flexible and accessible accommodation that can cater for the needs of the 85+ group. This accommodation is not the perceived traditional sheltered housing but something that can deliver the same benefits (e.g. through separate but linked communal/'hub' facilities). This type of accommodation can be expected to be in strong demand. An increase of this type of accommodation by at least 20% over existing levels should be planned for over the next 15 years.
- In addition, based on the assessment of standards in the existing stock at least a quarter of the available stock for older people needs to be replaced, resulting in total a need for the development of new units in the region of 45% of current stock numbers i.e. 475 units, to cover both replacement and new demand.¹⁶

We will also be considering the development of a new independent living model (joint-funded supported housing with care based on the extra care model) for mental health and learning disability client groups to reduce the number of residential placements taking place. This could include commissioning more health services provided within an extra care housing setting to help keep older people more independent.

There is an absence of sheltered housing schemes on offer in LAP 4 (St. Katherine's and Wapping) and Lap 6 (Mile End East and Bromley by Bow). Therefore, there may be a future opportunity to either develop a new model of sheltered housing (with a floating warden service) or extra care housing in LAPs 4 and 6. In addition, there is little provision of extra care housing in LAPs 1, 2 and 8 (Bethnal Green, Globe Town, Weavers, and the Isle of Dogs). This is particularly significant for LAPS 1 and 2 where there is a predicted concentration of older people and consequently expected rise in their needs in later life.

Sheltered Housing Services are commissioned and monitored by the Supporting People Team. In line with the competitive tender of all supported services from the established Framework Agreement, Sheltered Housing services will be procured during 2013-14. This tender will deliver the recommendations within the LBTH Older Persons Housing Statement that relate to supported accommodation. The statement has drawn from a wide range of evidence including a needs survey, assessment of future provision, and census data. It also includes work undertaken by Gateway Housing Associations Older Persons Housing Commission and will incorporate the outcome of the Tower Hamlets Homes inquiry into its service provision for older persons.

¹⁶ Older People's Housing Needs Assessment (2010).

Section 2 - Commissioned Services

The statement is strongly linked to the Supporting People Commissioning Strategy (2011-16) and the Council's Community Plan (2011-20) and is based on two aims which are to:

1. Provide a range of good quality accommodation and access to home adaptations and improvements that offers older people housing that meets their needs – **Property** based actions
2. Help older people to continue to remain active, independent and healthy in their homes supported by flexible inclusive and affordable services – **People** based actions

Current situation

There are currently six Extra Care schemes in Tower Hamlets, which provide 214 flats for rent. One of the schemes targets people with dementia.

There are currently 744 units of sheltered housing (26 schemes) spread across the borough, the average size of scheme is 26 units with a range from 6 to 41 units.

Housing Related Support (Supporting People Programme)

Future Intentions

Housing related support is defined as support services which are provided to any person for the purpose of developing that person's capacity to live independently or sustaining capacity to do so. The support is provided in two main forms: accommodation based – supported housing scheme with staff on site; and floating support – staff visiting service users in their own homes.

The four overarching aims of our Supporting People Programme are:

- Supporting individuals to live as independently as possible;
- Rebalancing services towards prevention and early intervention away from high cost less empowering longer term services;
- Expanding our commitment to personalised services; and
- Driving up efficiency and effectiveness in the use of resources.



Section 2 - Commissioned Services

A broad spectrum of vulnerable groups is covered by the Supporting People programme. Services are provided for the homeless and rough sleepers, young people leaving care or at risk (including teenage parents), older people, people with mental health needs, physical disabilities, learning disabilities, HIV/AIDS, people with substance misuse issues, ex-offenders and women fleeing domestic violence. The Supporting People programme is no longer ring-fenced. However the Borough remains fully committed to commissioning these types of services due to their importance in meeting the borough's key agenda around prevention.

The five year London Borough of Tower Hamlets Supporting People Commissioning Strategy 2011 - 2016 describes how the borough will be seeking to reshape the current housing and support options. This includes the decommissioning of some schemes and the reshaping and commissioning of others. For example, there will be more supported housing for: people with a learning disability; older people (frail elderly); people with a mental health issue; and young people. The number of hostels was reduced with the closure of the Aldgate Hostel.

Future services will be procured through the established Supporting People Framework Agreement. A series of "mini-competitions" are underway, with the aim that all services will be contracted during 2013-14. Although the Authority retains the right to contract services outside of the Framework Agreement, it is the intention to procure the significant majority of services from the Framework. Providers who were selected for inclusion onto the framework will be invited to tender for mini-competitions in each "lot" as these arise.

A timetable has been developed to determine the order in which existing services will be re-let and future services procured. The timetable is informed by the following strategic priorities:

- The five year London Borough of Tower Hamlets Supporting People Commissioning Strategy 2011 - 2016 describes how the borough will reshape the current housing and support options across all client groups.
- The Hostels Commissioning Plan was agreed by Cabinet in May 2013 this year and details the future design of the hostel sector in preparation for competitive tendering of all new and existing services.
- The Commissioning Strategy for Accommodation of Working Age Adults with a Mental Health Problem was agreed in 2012. It presents a full redesign of existing in-borough supported accommodation and the plan to increase in-borough capacity in high support schemes.
- The Young Peoples Supported Accommodation Commissioning Plan for 2013-2016 which was agreed at the 6th November 2013 Cabinet. This plan sets out the specific commissioning intentions for the 14 supported housing schemes for young people in the borough that will be tendered immediately following agreement of this plan after a short period of consultation.
- A long-term Accommodation Commissioning Plan for People with Learning Disabilities will be developed to identify the accommodation needs and aspirations for all people with learning disabilities supported by Tower Hamlets. The first phase of delivering this plan is the production of a Needs and Capacity Analysis, which was complete in Spring 2013. This report confirms that this is a real priority area for the borough and identified a number of key pieces of work which need to be undertaken before a high quality strategic plan can be produced, this work will be led by a Learning Disabilities Accommodation Sub-Group of the Learning Disability Partnership Board.

Section 2 - Commissioned Services

Look out for: Providers who are successfully placed on to the Framework Agreement should look out for the call-off timetable and invitations to tender for mini-competitions via the e-tender portal.

Currently commissioned services (not sheltered housing)

Please refer to the Appendix for a summary of services by client group.

Mental Health

Tower Hamlets has amongst the highest levels of mental health need in the country. One in four people will experience a mental health problem at some point in their lifetime and one in six adults have a mental health problem at any one time. Among people under 65, nearly half of all ill health is mental illness. In other words, nearly as much ill health is mental illness as all physical illnesses put together. Mental health problems can have a wide ranging impact for individuals in a number of areas of their lives including housing, education, training, employment, physical health and relationships with family and friends. It affects people of all ages and all cultural backgrounds. For example, over 45% of people claiming incapacity benefit in Tower Hamlets do so due to a mental health problem. People with a serious mental illness die on average 20 years earlier than the general population: you are more than three times as likely to be obese in Tower Hamlets if you have a serious mental illness.

Tower Hamlets has a young population with a larger than average proportion of the population aged between 20 and 39 years. It is also ethnically diverse; 32% of the population are Bangladeshi, and 31% White British, with smaller but significant Somali, eastern European, and Chinese and Vietnamese communities also in the borough. There is some variability in take up of mental health services by our different communities.

Future Intentions

Led by the London Borough of Tower Hamlets and the NHS Tower Hamlets Clinical Commissioning Group, the Tower Hamlets Mental Health Partnership Group has recently been formed to influence the strategic development of mental health services in the borough. During 2012/13 the Group oversaw the development of a Tower Hamlets Mental Health Strategy which details the partnerships strategic intent for the future. The Partnership and the Health and Wellbeing Board have undertaken a consultation on the strategy (to close on 10 October 2013) and the final strategy will then be put forward for approval with an action plan.

Section 2 - Commissioned Services

Market Opportunity

A commissioning plan will be published alongside the Strategy, which will identify the key areas of work that the commissioning partnership will be focusing on over the next three years. This plan will identify areas where commissioners will be changing and developing services, and may lead to market opportunities in some areas. Providers will be informed in the usual manner regarding tender processes etc. Please see http://www.towerhamlets.gov.uk/lgs/801-850/828_tenders_and_contracts/tender_opportunities.aspx for further information. Mental Health contact: Richard Fradgley, Richard.Fradgley@towerhamletsccg.nhs.uk,

During 2013/14, the Partnership will continue to implement its Commissioning Strategy for the accommodation of people with mental health problems¹⁷. This strategy aims to increase the quality and capacity of in-borough supported accommodation, so that it provides a genuine alternative to residential care. Commissioners will review specialist mental health rehabilitation services and over the next 12-18 months several contracts for mental health supported accommodation will be coming up for tender. Please note these opportunities will only be open to providers who were successfully awarded on to the Framework Agreement (please see Housing Related Support, above). These providers should look out for the call-off timetable and invitations to tender for mini-competitions.

Look out for: Over the next 12-18 months several contracts for mental health supported accommodation will be coming up for tender. Please note these opportunities will only be open to providers who were successfully awarded on to the Framework Agreement (please see Housing Related Support, above). These providers should look out for the call-off timetable and invitations to tender for mini-competitions.

Current services

The London Borough of Tower Hamlets and the NHS Tower Hamlets Clinical Commissioning Group are the main commissioners of mental health services in Tower Hamlets, which spent approximately £65 million on mental health services during 2011-12. The Tower Hamlets Partnership has a long-standing commitment to funding non-statutory community mental health services, spending approximately £14.5 million on day opportunities and support services, supported accommodation and residential care during 2011/12.

There are a range of day opportunities and support services for people with mental health problems in Tower Hamlets including those detailed below.

¹⁷ Please see <http://www.towerhamlets.gov.uk/strategies> and <http://moderngov.towerhamlets.gov.uk/ieListDocuments.aspx?CId=320&MId=3412> (Cabinet papers).

Section 2 - Commissioned Services

Day opportunities	Supported employment Tailored one-to-one support Social activities Therapeutic activities Complementary therapies
1:1 support	To access employment To access community services To access counselling
User-led groups	Social activities Therapeutic activities
Supported accommodation	Residential care Supported high, medium and low support where service user has his/her own tenancy Crisis and rehabilitation housing

Dementia

The Joint Strategic Needs Assessment noted that there are roughly 1500 people with dementia living in Tower Hamlets, with around 400 people with new dementia every year.

The CCG, working with the Council, East London NHS Foundation Trust, and the Alzheimers Society, has transformed pathways for people with dementia and their carers over the past two years. The work was initiated through a Joint Strategic Needs Assessment and a listening exercise to understand the needs and views of people with dementia and their carers. The Partnership then developed a Commissioning Strategy for People with Dementia and their Carers, which laid out NHS and Council commissioning commitments until 2013, and included approx. £900k new investment from the partnership (£750k NHS and £150k Council).

Services developed are:

- A dementia awareness raising programme, which has targeted in particular BME communities, and significantly improved information on dementia services (e.g. training 120 imams in dementia through the Faith in Health programme)
- A multi-disciplinary Memory Clinic to provide early assessment for people with memory problems. Referrals increased from 190 in 2010/11 to 335 in 2011/12 to 300 in 2012/13. The clinic has contributed to a significant increase in the number of people recorded as having dementia in primary care, a national indicator and key proxy for effective dementia pathways, from 464 in 2010/11 to 578 in 2011/12. According to the Spring 2013 Alzheimer's Society report, Tower Hamlets has achieved the biggest increase in diagnosis rates in the past year in the country (up by over 9.5%). The clinic provides a one stop shop for all medical, psychological and social care needs for people with dementia and their carers
- a new multi-disciplinary health and social care Community Dementia Team to support people with dementia with moderate to high levels of need
- a new Dementia Adviser Service, co-located with the Memory Clinic and Community Dementia Team, to provide support for people with low to moderate needs. Any person with dementia in Tower Hamlets will now always have the name and contact number of a dementia specialist for advice and support

Section 2 - Commissioned Services

- a new Dementia Liaison Service at the Royal London Hospital to provide specialist assessment for in-patients with dementia on general wards, to improve their experience and reduce length of stay and thereby generate savings to the health economy
- a new extra care supported accommodation scheme specifically for service users with dementia, with 13 units
- Dementia Cafés, including an English speaking café and a Bengali speaking café, to provide informal peer support for people with dementia and their carers

As a consequence of the redesign of community services, in-patient occupancy on dementia assessment wards reduced significantly. In partnership with City and Hackney and Newham CCG's, Tower Hamlets CCG managed a public consultation on proposals to close three wards in east London, and open up a new ward which was architect designed specifically for people with dementia in mind, at Mile End Hospital. The consultation was successful and the new ward opened in May 2012. It released £1.1m across the three CCG's back into the health economy, £500k of which was reinvested into community services for people with dementia. In 2013/14, the £166k Tower Hamlets CCG investment is targeted at developing a mental health presence within the new locality health and social care teams as part of the development of integrated care.

The new dementia pathway has received national attention. The partnership has won the LGC Health and Social Care Award, has been shortlisted for the MJ Innovation in Social Care Award, and was the first service to be visited by Jon Rouse, the new Department of Health Director General for Social Care, Local Government and Care Partnerships, who has commended the service in a parliamentary select committee and elsewhere. The particular strength of the pathway is seen to be as a consequence of its fully integrated end to end approach. For service users and carers, it provides completely streamlined health and social care assessment and care planning, with a co-located voluntary sector organisation providing case-finding at the front end, and post-diagnostic support at the other.

Public Health – Health Improvement

Tower Hamlets public health services were transferred to the Council on 1st April 2013. This includes responsibility for commissioning a range of public health services that focus on improving the health of local people and reducing health inequalities.

Future Intentions

Our vision for public health commissioning in Tower Hamlets is that we will work towards an **integrated, person-centred and life course based commissioning model**.

At the strategic level our commissioning is driven by the priorities set out in the borough's **Health and Wellbeing Strategy** and high level strategic plans and priorities. The priority outcomes are:

Maternity and Early Years

- Improved maternal health
- Low child mortality /good health in early years
- Early detection and treatment of child disability and illness
- Reduced levels of obese and overweight children

Section 2 - Commissioned Services

- Reduced dental decay in young children
- Continue the reduction in under 18 conceptions

Healthy Lives

- Reduced levels of child obesity and overweight
- Reduced prevalence of smoking, substance misuse, hazardous and harmful drinking
- Higher rates of physical activity
- Reduced prevalence of sexually transmitted infections

Long Term Conditions

- Reduced premature mortality from cardiovascular diseases, diabetes, hypertension, respiratory disease and cancer



Section 2 - Commissioned Services

Market Opportunity

The expectation is that a range of contracting opportunities will arise in each service area over the next period depending on local priority needs assessment, availability of funding and guidance on best practice.

Contracts that we expect to advertise between 1st October and 31st December 2013 are:

- Fit 4 Life Centre
- Fit 4 Life Groups
- Ft 4 Life Adult Weight Management
- Fit 4 Life Disability Programme
- Tobacco Cessation – Speciality
- Tobacco Cessation – BME
- Health Trainers
- Enhanced Sexual Promotion and HIV Prevention
- Integrated Sexual Health Service
- Living Well with HIV
- Health Promotion Undiagnosed HIV
- Health Promotion Sex Workers
- Active Play 5-13 years
- Early Years – Food & PA
- Buy Well
- Can Do Community
- Functional Health Literacy
- Increasing Public Awareness of Cancer

For further information please contact Paul Iggulden, paul.iggulden@towerhamlets.gov.uk or Chris Lovitt, chris.lovitt@towerhamlets.gov.uk.

Look out for: Providers will be informed in the usual manner regarding tender processes etc. Please see http://www.towerhamlets.gov.uk/lgs/801-850/828_tenders_and_contracts/tender_opportunities.aspx for further information.

Current Services

The main service areas that are supported by the public health grant from the Department of Health are:

- Health Promotion in Local Communities
- Child Health and Nutrition Services
- Healthy Food and Physical Activity
- Sexual Health Services
- Mental Health Promotion

Section 2 - Commissioned Services

- Long Term Conditions
- Oral Health
- Primary Care Public Health services (including local pharmacy services)

Community Meals

Future Intentions

Tower Hamlets currently provides about 500 lunchtime hot meals per day through an in-house food delivery service. A consultation exercise took place in summer 2012 and feedback sought from those who receive a community meal both at home and at day services. Customers were asked about the current service, how it could be improved and what they would like to see in the future. It is envisaged that the service could offer more culturally sensitive 'Community Meals' and be made more accessible to a wider range of client groups and a more flexible service. The service would also be part of a more holistic home service being provided by the council which would offer basic healthy lifestyles information and referral to other services where appropriate.

Current situation

Tower Hamlets currently provides about 500 lunchtime hot meals per day through an in-house food delivery service. This includes frozen meals, kosher, halal and meals to meet dietary requirements. An annual survey is now carried out to capture the feedback of a broader range of service users including those who receive their meal at day services. An opportunity for menu and taster sessions to take place at day services including carers and social workers is also planned to help those receiving a meal to make choices and be aware of the range on offer.

Transport

Future Intentions

Access to and travel options have been reviewed recently, and a clear pathway is being developed working across transitional services including young persons to adults to ensure the assessment of needs, ability and aspirations for individuals is what determines the travel options available for individuals. An independent travel assessment is carried out with each person by a Travel Trainer and a range of options offered based on need. Reviews can be carried out when individuals' needs change ensuring the support provided is responsive and person focused. These options include the more traditional minibus type of transport but also investing in transport trainers, assisted transport through support workers, use of local transport and working with the local community and Transport for London. The aim is to offer a range of options to increase people's independence and choice. A travel policy to support Adult services has also been written and is awaiting formal sign-off in December.

Current situation

There are currently a broad range of transport options and services offered to vulnerable service users in Tower Hamlets. These are offered to all age and support groups based on assessed needs carried out through the specialist teams from Children and Adults Services. The services range from the traditional

Section 2 - Commissioned Services

wheelchair accessible mini buses, taxis, and support staff supporting service users to access public transport from buses, mainline trains and the tube networks. The borough also has a dedicated travel trainer who is focused on supporting service users through active training to gain independence in being able to make use of community and local transport. A programme of support is also provided through the Reablement Team for older persons both in regards to support to re/gain confidence to travel independently and with any adaptations that would be required to support independence.

Equipment and Adaptations

Eligible residents may receive equipment to assist them with everyday tasks. This could include small items such as long handled combs and sponges, specialised cutlery or kettle tippers, to large items such as raised toilet seats, bath lifts and hoists. Residents may obtain this equipment through the new Transforming Community Equipment Services (TCES) project which has over 25 accredited TCES retailers. Tower Hamlets residents have a choice and flexibility to get equipment from a retailer of their choice. Retailers and pharmacists can apply to become accredited suppliers and there is an approval process which includes a requirement to meet national criteria.

Retailers and pharmacists may apply to become accredited suppliers. Please note there is an approval process which includes a requirement to meet national criteria. Contact: Bhagat Singh, Bhagat.singh@towerhamlets.gov.uk

Market Opportunity

The procurement and provision of more complex items of equipment is managed by the Council's in-house Community Equipment Store (CES) which also provides equipment on behalf of the NHS under a s75 arrangement. We have recently entered into a s101 agreement with Croydon Council to access their 'Integrated Procurement Hub' for procuring complex equipment. The Integrated Procurement Hub (IPH) was developed as a partnership between Croydon Council (on behalf of London Councils) and the Department of Health and will provide us with significantly better value for money with regards to the purchasing of complex equipment.

Providers can register themselves on the IPH website, (www.croydoncedps.com). For further information, please contact: London Borough of Croydon, Commissioning & Procurement Team, 02084071318.

Market Opportunity

Community Catalogue and eMarketplace

The Community Catalogue is our current online listing of local adult social care providers and services, both external and in-house, which increases people's awareness about services available so they can make an informed choice. The Catalogue is used by Council staff (e.g. social workers, support brokers), service users (including self-funders) and external brokers in arranging social care.

Section 2 - Commissioned Services

The Community Catalogue will be replaced by an 'eMarketplace' which is a more functional website with easy-to-search listings which will allow comments to be posted on services provided. Later phases of the website will allow users to purchase and pay for services. Our IT partner, Agilisys, is conducting a procurement process and implementation of this system is planned for spring 2014. For information contact Orenda O'Brien Davis, Orenda.obrien-davis@towerhamlets.gov.uk.

Look out for: During the implementation and roll-out phase, all appropriate providers will be contacted and encouraged to update their listings. In the meantime, to post a listing on the current Community Catalogue, please contact communitycatalogue@towerhamlets.gov.uk.



Section 3 - Quality

Section 3 - Quality

Key messages

- The demand for a range of high quality services will rise creating new opportunities for business change and development
- The Council will continue with its statutory duty to measure and assure quality for all its residents
- Quality assurance will remain a core area of business for the Council

Commissioned Providers - Transactional Commissioning

The team is responsible for supplier and contract management / monitoring of all commissioned providers of care and support services (excluding Supporting People services). This includes Universal and Early Intervention services, (The portfolio consists of the following: Lunch Clubs, Older People day services, Community organisations under MSG) Accommodation Based services (e.g. Nursing and residential, Extra Care Sheltered Schemes) and Community Based services (e.g. LD day services, and mixture of preventative services, Home care and carers). The team is responsible for comprehensive contract management as well as dealing with complaints and safeguarding issues relating to all commissioned providers.

Non-commissioned Providers

Ensuring Quality and Minimising Risk

As personalisation embeds itself within Tower Hamlets, people with support needs and their carers will increasingly choose their support to meet their needs. Over time this is likely to mean an increased use of cash personal budgets with providers with whom the Council has *no contractual relationship*.

- How can the Council support people to make informed decisions about their support to make sure they are receiving good quality services?
- How do we support service users and carers to manage any risks?
- What information is needed to make these informed decisions?

To respond to these complex issues, the borough is leading on a project with East London Solutions, a group of East London Boroughs, called 'Ensuring Quality'.

Ensuring Quality has consulted with Service Users and Carers across east London to discover what is important to them in relation to the quality and safety of an organisation. The project has also reviewed existing quality assurance schemes and applied relevant learning to this project. In the past 6 months the Ensuring Quality project has created a 'light touch' set of standards which can apply to any Service User group. These standards are meant to

- Manage risk of who is on LBTH sites without overly restricting the market
- Communicate information to smaller, newer, local Providers to support them to develop in a person centred, outcomes focused way
- Empower Service Users to choose and then monitor their services

Section 3 - Quality

The 7 quality strands run across all types of organisation but the evidence required to meet these 7 standards will be commensurate to the size etc. of the organisation. The 7 areas include

- Support that is right for me
- Being Safe (Health and Safety)
- Being Safe (Safeguarding from Abuse)
- Treating everyone fairly and equally
- Information
- People who work with me
- Management

To date, quality standard questionnaires have been created for micro-providers, day opportunities, floating support and supported accommodation (currently unregulated). To accompany this is a procedure for monitoring and managing how the quality assurance scheme will work in practice. These quality standard questionnaires are being final drafted with a Service User project reference board. The micro-provider and day opportunities quality standards are being piloted in partner boroughs to allow a wide variety of Providers to contribute to the content. They will be rolled out in Tower Hamlets in 2013/14.

Additional quality standards will be created for the following categories

- Residential and Nursing Home Care and Domiciliary Care (currently regulated by CQC);
- Personal Assistants (currently unregulated);
- Community Equipment (linked to national Transforming Community Equipment Services programme);
- Non-personal care services (currently unregulated)

The project will result in increased information about a more varied and quality sub-regional market place in east London which residents of Tower Hamlets will be supported to access.

Local Accounts

Under Government guidelines councils across England must publish this annual document to set out progress and outcomes achieved in adult social care. The report describes our performance over the last year and our priorities for the future so that everyone can find out where we are doing well and where we need to improve; and scrutinise, check and challenge our performance. The aim is to provide transparency for local people to better understand how social care is being delivered in Tower Hamlets, leading to greater involvement and challenge. To read the Tower Hamlets' Local Account, please go to http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html.

Mental Health

Quality assurance of mental health contracts is conducted through quarterly contract monitoring meetings. NHS contracts include an element of performance-related pay which is held back until evidence of outcomes and quality has been shown.

Section 3 - Quality

This is called a CQUIN¹⁸ and the NHS contract with Bart's Health for 2012-13 includes a CQUIN relating to the improved diagnosis of dementia.

Housing Related Support (Supporting People)

Areas of service which scored the highest levels of satisfaction were overall quality of life (88%) and satisfaction with cultural and religious needs being met (86%). The lowest scoring areas were satisfaction with support in dealing with finances and administration (70%), satisfaction in being supported to have a healthy life (76%) and satisfaction with access to skills development activities and hobbies (76%).¹⁹

Look out for: Consultation events around the monitoring framework.

Adult Social Care Outcomes

This website (<http://ascof.hscic.gov.uk/>) presents data on outcomes for adult users of local authority funded social care and support, including carers, for each local authority area. The website presents 'outcome measures' from the Adult Social Care Outcomes Framework (ASCOF) for 2012/13, published by the Health and Social Care Information Centre in November 2013.

The website allows you to compare data from different local authority areas. Comparable local authorities are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between authorities based upon a range of socio-economic indicators.

Healthwatch Tower Hamlets

The Council has commissioned Urban Inclusion Community to set up Healthwatch Tower Hamlets which replaced the Tower Hamlets Involvement Network from 1st April 2013. Healthwatch Tower Hamlets will have the following functions:

1. Provide information and signposting function to residents about access to health and social care
2. Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services
3. Obtain the views of local people about their needs and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services
4. Make reports and recommendations about how these services could or should be improved
5. Make people's views and concerns known to Healthwatch England

Healthwatch Tower Hamlets can be contacted on 020 8223 8750 or 0800 145 5343.

¹⁸ The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. Since the first year of the CQUIN framework (2009/10), many CQUIN schemes have been developed and agreed. Please see http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

¹⁹ Service User Advisory Panel questionnaire and workshop, Supporting People Strategy

Section 4 - Finance and Funding

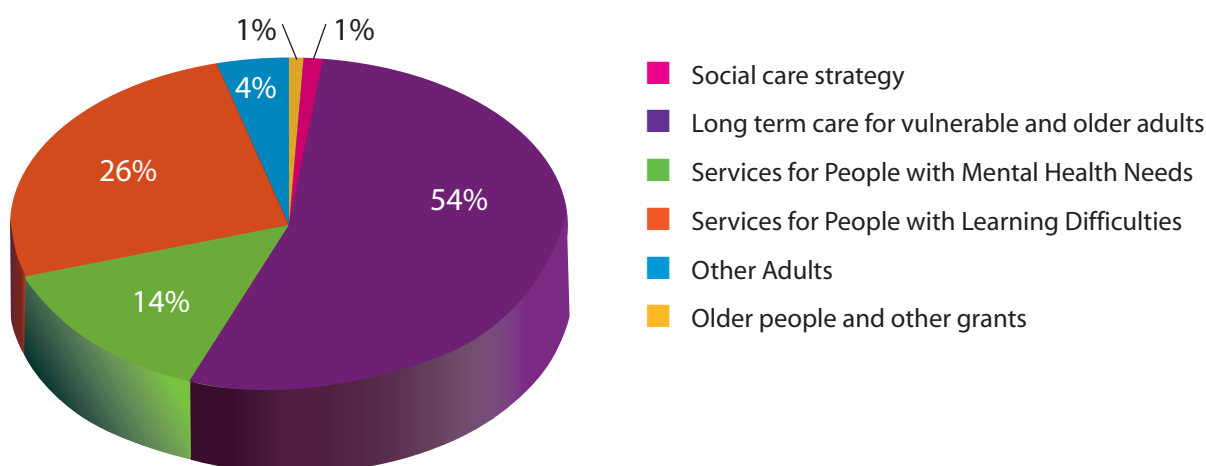
Section 4 - Finance and Funding

During the 2011/12 financial year we spent 88.9m (gross expenditure) on care and support. A breakdown of this gross expenditure is provided below. During 2012 -13, 25% of our overall spend for older people's care services on residential and nursing care representing a slight decrease from 44% the previous year; a significant share but a decreasing one. Public spending will start to be reduced and we will need to consider how we allocate funding to users and services. Our commissioning approach will be to seek out quality services that offer value for money and maintain high levels of user satisfaction.

Table 4. Net expenditure by social care including grants Year 2010/11 to Year 2012/13²⁰

Item	£ 2010-11	£ 2011-12	£ 2012-13
Social Care Strategy	1,260,000	1,112,000	£1,349,000
Long term care for vulnerable and older adults	50,642,000	45,569,000	£49,247,000
Services for People with Mental Health Needs	13,569,000	13,237,000	£12,754,000
Services for People with Learning Difficulties	23,213,000	23,844,000	£24,176,000
Other Adults	3,891,000	4,465,000	£3,325,000
Older people and other grants	681,000	672,000	£535,000
Total £ m	93,256,000	88,899,000	£91,386,000

Figure 1. Percentage of net expenditure spend by 2012/13²¹



²⁰ Adapted from figures found at <http://www.ic.nhs.uk>.

²¹ Ibid.

Section 4 - Finance and Funding

Table 5. Percentage Distribution of net expenditure on adult social services by client group 2010-11

	Tower Hamlets	Comparator Group	Hackney	Newham	England average
Older People (65+)	47%	48%	50%	48%	56%
Adults with a learning disability (aged 18-64)	24%	23%	22%	26%	24%
Adults with a physical disability (aged 18-64)	11%	11%	6%	10%	10%
Adults with mental health needs	14%	13%	13%	12%	7%
Other adults services (aged 18-64)	4%	3%	10%	3%	3%

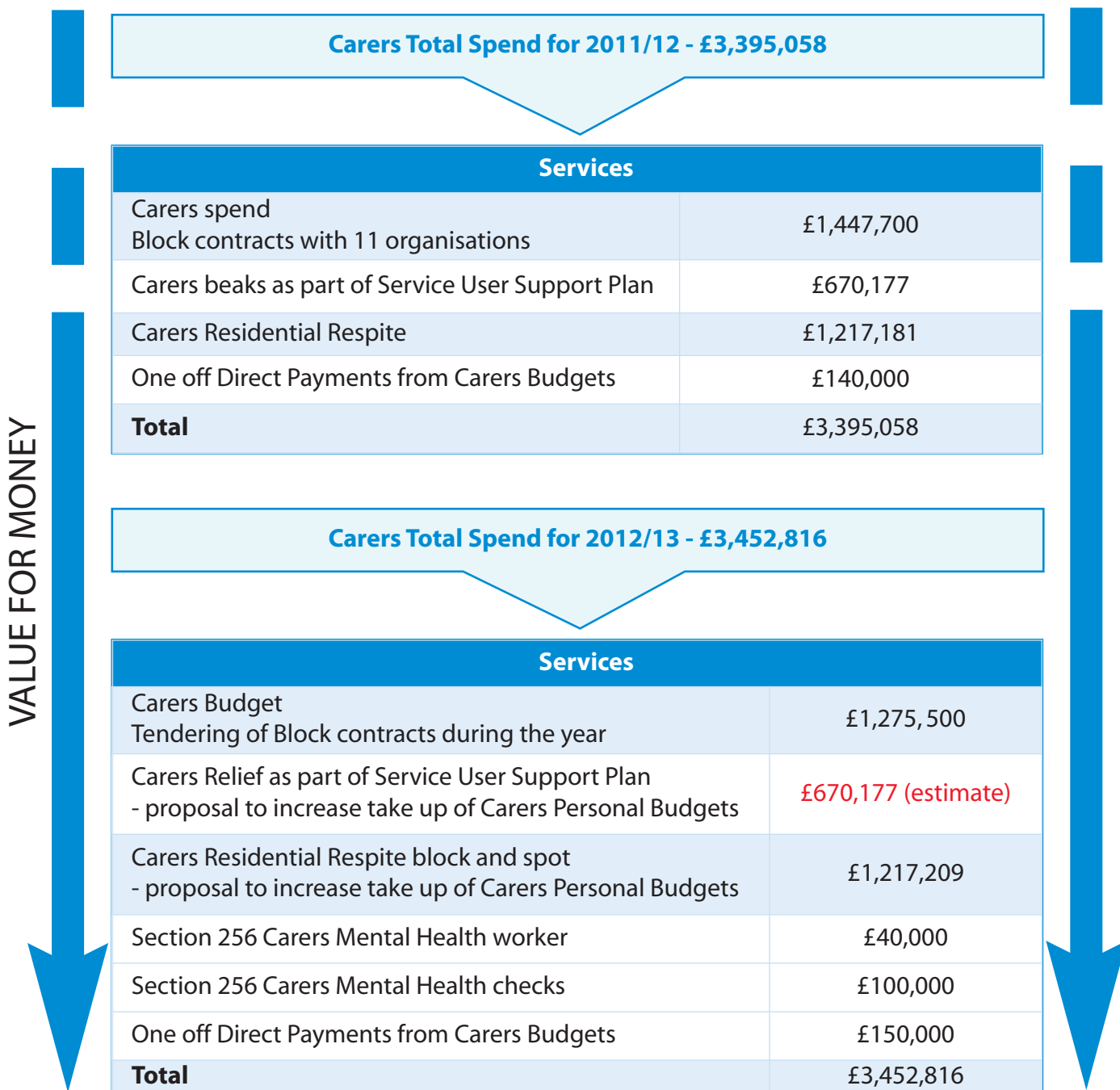


Section 4 - Finance and Funding

Carers

Funding arrangements for carers services are complex and come from several sources.

Table 6. Carers services total spend for 2011/12 and 2012/13



The spend on one off direct payments has increased each year for the last three years from £30,000 in 2008/09 to £140,000 in 2010/2011 due to demand. In 2010/11 95 carers out of a total of 426, used their One Off Direct Payment for a break. These annual payments provide the carer with a choice to purchase a break, a washing machine, a computer, driving lessons or furniture.

Section 4 - Finance and Funding

Housing Related Support (Supporting People)

Table 7. Distribution of expenditure on housing related support

	Spend in 2011/12	% of total expenditure (rounded)	Spend in 2012/13	% of total expenditure (rounded)
Substance Misuse Services	£1,249,682	9%	£1,162,284	10%
Domestic Violence	£449,100	3%	£459,561	4%
Frail/Elderly	£161,462	1%	£176,283	1%
Older People – Support Needs	£1,040,003	8%	£997,110	8%
Generic, Homeless Family Support Needs	£879,060	7%	£879,060	7%
Learning Disabilities	£555,158	4%	£637,142	5%
Mental Health	£2,539,315	19%	£2,734,632	21%
Others/Refugees	£11,732	0%	£0	0%
Physical / Sensory Disabilities and HIV/AIDS	£64,974	1%	£64,974	1%
Single homeless / Rough Sleepers / Ex-Offenders	£5,156,828	38%	£4,285,777	33%
Young People at Risk / Leaving Care, Teenage Parents	£1,363,062	10%	£1,439,503	11%
Total	£13,469,376	100%	£12,836,328	100%



Reviewing the Evidence – Delivering Change

Reviewing the Evidence – Delivering Change

Reviewing the evidence	Delivering change
<p>Demographic growth means that the current patterns of services and investment is unsustainable; a growth of 25-30%²² in older people over age 85 and younger adults with disabilities in the next 15 years will not be matched by growth in public funding.</p> <p>Funding, demand and capacity for traditional models of care provision will reduce i.e. residential and nursing homes. This will mean more people will want to stay at home receiving the care and support they need.</p>	<p>The market will need to be ready to respond to budgetary pressures that are being faced nationally. This may mean providers being able to offer sustainable value for money and quality services at a lower cost regardless of whether service users are spending their own or allocated funding.</p> <p>We will be keen to do business with providers that can demonstrate that their services are able to diversify into areas of provision to maintain people at home living healthy lives for longer. This will be the core customer base in the future and the area the represents the most opportunities for success and continued business.</p>
<p>The population in Tower Hamlets is diverse. The latest Greater London Authority (GLA) projections note a 22% population growth amongst white communities and a 25% increase in our BME groups between 2011 and 2012 with our Bangladeshi community predicted to increase by 21% during the same period.</p> <p>The Census 2011 indicates the gender ratio in Tower Hamlets as 106 male residents per 100 female residents, higher than the national and London averages which were both 97 males per 100 females.</p> <p>The Equality Act 2010 which came into force on 1st October 2010 and replaces previous discrimination and equalities legislation. It offers extended protection and strengthens aspects of equality law to cover all groups: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity.</p>	<p>We will require all providers to demonstrate cultural sensitivity and an awareness of equality issues more generally. Where required, we will carry out joint needs assessments and equality impact assessments to inform new purchasing decisions and Providers should have regard to the findings in these assessments of need.</p> <p>We will look for evidence through monitoring and review meetings, that providers are meeting local needs.</p>
<p>The current care and support market offers a range of providers that supply good quality services. There is sufficient capacity in the market as it stands and a good labour market to support the industry. The borough prioritises employment of local people. However, the current profile of service provision is unlikely to match the expected rise in demand in care and support services across the borough.</p>	<p>Additional capacity may be required to meet the expected rise in demand for care and support services however the Council does not wish to see an increase in the same type of provision. Its view is that investment and growth in prevention, early intervention and social capital is absolutely vital. This mean delivering a range of preventative services from lower level community planning and involvement to higher level housing related support needs such as telecare, falls prevention and working with carers.</p>

²² See Table 3

Reviewing the Evidence – Delivering Change

Reviewing the evidence	Delivering change
<p>Approximately 70% of our spending is through commissioning rather than direct service provision.</p>	<p>The Council will work closely with its NHS partners to deliver these types of services and reduce any duplication of services over the coming years.</p> <p>Being able to deliver a range of home and community based preventative and early intervention services will be a significant share of the social care and support market that will need to develop.</p>
<p>An increasing number of people (notwithstanding any Government proposals with regard to the future funding of social care) will be expected to fund their own care. Currently we estimate that approximately 26% of service users who receive support funding via the Council, also augment their care or purchase other services directly from the same provider.</p>	<p>People who do not require the local authority to fund their care, should still benefit greatly from improved health and social care information and expertise regarding e.g. the alternatives to care homes, in assessing needs, maximising independence, managing risks and supporting carers.</p> <p>More people will want to choose these types of services from a provider that they trust and that have a good reputation.</p>
<p>The Council currently commits over £1m per year for activities and support which older people can access directly without a formal assessment. This includes LinkAge Plus, handyperson help, information and 'signposting' (i.e. helping people find out about and access activities and clubs), day centres, drop-ins and lunch clubs, befriending schemes, activities such as using the internet, walking groups and arts & crafts. Most of this activity except for LinkAge Plus is grant funded via local community and faith groups, who contribute their own resources such as volunteers and some outside funding.</p>	<p>We will actively seek to do business with providers that can demonstrate commitment to either maintaining or developing preventative services as part of their core business or that are prepared to advise, support and guide people to these services as well as deliver more regular forms of social care and support.</p> <p>The evidence shows that these types of activities are valued by the people that use them. Maintaining health, wellbeing and independence will be vital in the lean years to come. We will want to work with providers that can show commitment and understanding to the prevention and early intervention agendas.</p>
<p>The number of people requiring home support is increasing however we see that this rising demand will be met by people being supported by short term intervention rather than relying on longer term support.</p>	<p>We will want to do business with providers that encourage people to become independent again or require less intensive methods of support and who put people in touch with local organisations to help them maintain that independence. Support planning and brokerage will take a new shape as both in house and independent organisations will take on this role for service users.</p> <p>The aim will be to broker short term packages of care and support with the focus on reablement rather than setting up longer term packages of care.</p>

Reviewing the Evidence – Delivering Change

Reviewing the evidence	Delivering change
	<p>Our commissioning approach will move towards a model of outcome based commissioning and performance management that can deliver greater flexibility rather than the former block contracting of services. We will work with GP commissioning colleagues to appropriately reward this type of approach.</p>
<p>We anticipate that the numbers of people requiring extra care housing to meet their longer term needs will increase. The Department of Health has recently reiterated the importance of extra-care housing in future plans for older people's accommodation and care. Housing providers are still keen to work in partnership with the Council to develop schemes and are still able to raise funds for development if required.</p>	<p>We will in the future continue to work with providers to develop new extra care schemes which can promote independence and wellbeing for people with housing and support needs and meet high levels of care needed, including overnight care. The extent of such development will depend on available land and investment, continued stimulus of the independent sector and the assessed and identified needs of local residents.</p>
<p>Over one million people in the UK live in housing provided specifically for the needs of older people and nearly two thirds of these live in sheltered housing.²³</p> <p>We anticipate that the numbers of older people requiring specialist housing and some form of support to live independently will increase.</p>	<p>We do not expect the demand for sheltered housing will increase, nor does we see that this area of provision will best meet the needs of the local population. We want to reduce the distinction between sheltered housing and extra care housing and see the model of provision we want to commission being a range of high quality health, social care and support based services that are equipped to be delivered into all type of specialist housing. We are keen to work with providers that can respond to the increased demand for these types of varied support.</p> <p>We will seek to do business with providers who want to develop their services to help keep older people at home and able to function safely and independently for as long as possible. This may involve floating support, particularly in the private housing market and offering a wider choice of supportive activities that relate to maintaining a good quality of life in one's own home.</p> <p>We also want to do business with providers that can demonstrate a more personalised and integrated approach to social care and housing delivery, recognising that a one size approach is no longer suitable.</p>

²³ The Essential Role of Sheltered Housing www.shelteredhousing.org

Reviewing the Evidence – Delivering Change

Reviewing the evidence	Delivering change
<p>People have higher expectations and want care provided flexibly in a way that supports their family and social life, rather than people having to organise their life around care services.</p> <p>We also know that satisfaction with good quality, skilled and appropriately trained staff as well as consistency of care/care worker wherever possible is more important than which agency is used.</p>	<p>We will seek to do business with providers who can demonstrate their ability to provide high quality care and support, underpinned by person-centred values and approaches whilst offering value for money.</p> <p>Service users often say that what matters most is the quality of the individual providing the care and support and their punctuality and flexibility to go the extra mile. We want to work collaboratively with providers to diversify the level of competency and range of duties that care/support workers can provide to meet the rising demand for home based services.</p>
<p>Carers make a huge contribution to the support of people with disabilities. We offer a relatively small annual cash sum directly to eligible carers. Small investments in gym memberships, laptops or short holidays make a real difference, yet cost only a fraction of what needs to be spent if their care breaks down or cannot be sustained.</p>	<p>We are developing personal budgets for carers. This will involve offering the budget for respite care (traditionally residential care) to carers. Some carers may choose to spend this money on having assistants come into the home of the cared-for person.</p>



Facilitating the market

New methods of developing and facilitating the social care market are required which can build on the Council's unique position. The Council can bring information it knows about population and demand of its service users and carers into a dialogue with providers about investment and risk. The aim is to encourage and support providers to shape their services towards personalisation, demonstrate good outcomes and improved models of practice and explore ways in which they can complement these approaches and be rewarded for doing so.

The Council recognises that to deliver change providers will require investment. This might include providing new types of service, training staff to improve quality or spending time with customers to plan and tailor services. If we wish to see small and medium-sized providers in the market we must consider their capacity to invest money and take risks. Larger providers should not be overlooked either, but generally have more capacity to take risks and to allow demand for services to build up over time.

It also recognises the need to foster a supportive environment of shared risk taking across the board from assessment and support planning, through to brokering services, frontline service delivery and reviews. Shared risk taking in terms of the packages of support that people are given will reduce dependency and promote independence. We want to work with service providers that can provide effective short term interventions and collaborate with us during the review process to reduce costs. In order to facilitate the growth of niche, 'hyperlocal' services, a recommendation in the Promoting Independence Strategy 2012 proposes the development of a mechanism to facilitate the seed funding of small, user-led groups. These micro organisations would be supported to "market" themselves to personal budget holders, creating personalised, tailored solutions responding directly to the needs of service users themselves. There would be potential for growth, depending on the ambition and capacity of the groups.

We want to support providers in creating new innovative ways of working together to make efficiencies without compromising 'front line' delivery. An example of this in the borough is the LinkAge Plus partnership which offers residents a range of social and health related activities to maximise their wellbeing and make the most of life. The Council commissions support for third sector providers from the Council for Voluntary Service (CVS) which provides information, promotion opportunities, networking, representation, and support with organisational development and fundraising.

The Council aims to continue to encourage local people to help influence local commissioning decisions and will always consult with its residents to shape the services they want and to do what is right for Tower Hamlets.

The Council welcomes dialogue about how we can best work together and offer support to focus on outcomes, avoiding performance management systems that inadvertently reward the wrong things. This market position statement is the start of a process. It is intended to serve as an introduction to the many discussions that need to be between the Council and providers but also as a starting point for providers within the Tower Hamlets borough to think about their current business models and how they may need to change for the future. It does not prevent providers seeking a competitive advantage through their own market research and other activities. The right kind of freely-shared and published intelligence could lower barriers to market entry and prevent providers from wasting

Facilitating the market

resources on poorly-targeted initiatives. As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently.

Summary of Market Opportunities

Throughout the Market Position Statement we have highlighted market opportunities. For your convenience these are summarised below. Please note that the Council has a statutory duty of best value in procuring contracts.

Providers are also encouraged to advertise their services on the Community Catalogue.

 Market Opportunity	Page (click to navigate)
Carers	Page No
<p>The tendering of the contracts for carers as detailed in the Carers Three Year Plan 2012 – 2015 has begun with the first tender for the Carers Hub Services now completed and more opportunities arising this year. For more information please contact maria.kaustrater@towerhamlets.gov.uk.</p>	<p style="text-align: center;">11</p>
Day Opportunities – Disabilities	
<p>Day opportunities for people with learning disabilities are being remodelled across the borough. As part of the modernising learning disability services programme, Community Hubs are being developed from which service users will be able to access more personalised and flexible services. A preferred provider list is being established as part of the procurement process to enable providers to get involved with delivering a community hub service which offers a range of support, training, clubs, employment opportunities and activities to individuals or groups of service users with personal budgets. For information please contact Shazia Ghani: shazia.ghani@towerhamlets.gov.uk.</p>	<p style="text-align: center;">15</p>
Personal Care and Home-based Services	
<p>The Council will next run a tender process for domiciliary and home based care in early 2015. This process will cover the activity currently delivered under the block contracts and preferred provider framework (see section Domiciliary Care, Home-based Care and Personal Assistants). Please see http://www.towerhamlets.gov.uk/lgsl/801-850/828_tenders_and_contracts/tender_opportunities.aspx or contact Keith Burns on keith.burns@towerhamlets.gov.uk for further information.</p>	<p style="text-align: center;">19</p>
<p>Preferred provider list for domiciliary care provision to be re-tendered during 2013. For information please contact Keith Burns on keith.burns@towerhamlets.gov.uk.</p>	<p style="text-align: center;">19</p>
<p>Home based services – there is likely to be an increase in the market for ‘that bit of help around the edges of care which enables people to continue to live independently in their own home’.²² You could consider setting up domestic help, gardening or shopping services, for example helping people to shop rather than doing it for them.</p>	<p style="text-align: center;">19</p>

²⁴ IPC Presentation - "Think Local, Act Personal": The role of market position statements in developing diversity in service provision. March 25, 2011

Facilitating the market

Market Opportunity continued	Page (click to navigate)
<p>Cookery – many people would like to access home-cooked meals. You could consider a service where carers cook culturally appropriate meals. For example, a three hour session of batch cooking might last several meals or could be frozen. Others may wish this type of service in order to enjoy home-cooked meals at few times per week.</p>	19
<p>Services for self-funders or people with direct payments - you could consider setting services not currently funded by social services, for example an on-call, 'floating' pop-in service (perhaps purchased by several service users living in proximity to each other). This could be used, for example, to assist someone with incontinence, or to assist relatives if a loved one leaves home unexpectedly. Other services could be short or longer-term escorts to lunch clubs, parks, on walks, GP/hospital visits etc.; travel-training to assist with confidence-building.</p>	19
Personal Assistants	
<p>Personal assistants – you could consider offering a service which sources and vets personal assistants.</p>	19
<p>Back office services – if people are recruiting their own personal assistants they may need support with advertising, recruitment, payroll, Criminal Records Bureau checks or training.</p>	19
Accommodation	
<p>Over the next 12 to 18 months a number of contracts for residential care will be coming up for tender. For information please contact neil.langley@towerhamlets.gov.uk.</p>	20
Mental Health	
<p>A commissioning plan will be published alongside the Strategy, which will identify the key areas of work that the commissioning partnership will be focusing on over the next three years. This plan will identify areas where commissioners will be changing and developing services, and may lead to market opportunities in some areas. Providers will be informed in the usual manner regarding tender processes etc. Please see http://www.towerhamlets.gov.uk/lgsl/801-850/828_tenders_and_contracts/tender_opportunities.aspx for further information. Mental Health contact: Richard Fradgley, richard.fradgley@towerhamletsccg.nhs.uk</p>	27
Public Health	
<p>The expectation is that a range of contracting opportunities will arise in each service area over the next period depending on local priority needs assessment, availability of funding and guidance on best practice. Contracts that we expect to advertise between 1st October and 31st December 2013 are:</p> <ul style="list-style-type: none"> Fit 4 Life Centre Fit 4 Life Groups Ft 4 Life Adult Weight Management Fit 4 Life Disability Programme Tobacco Cessation – Speciality Tobacco Cessation – BME Health Trainers Enhanced Sexual Promotion and HIV Prevention Integrated Sexual Health Service Living Well with HIV Health Promotion Undiagnosed HIV Health Promotion Sex Workers Active Play 5-13 years Early Years – Food & PA 	31

Facilitating the market

Market Opportunity continued	Page (click to navigate)
<p>Buy Well Can Do Community Functional Health Literacy Increasing Public Awareness of Cancer For further information please contact Paul Iggulden, paul.iggulden@towerhamlets.gov.uk or <i>Chris Lovitt, chris.lovitt@towerhamlets.gov.uk</i></p>	30
Equipment & Adaptations	
<p>Retailers and pharmacists may apply to become accredited suppliers. Please note there is an approval process which includes a requirement to meet national criteria. Contact: Bhagat Singh, Bhagat.singh@towerhamlets.gov.uk</p>	33
<p>For complex items of equipment, providers can register themselves on the IPH website, www.croydoncedps.com . For further information, please contact: London Borough of Croydon, Commissioning & Procurement Team, 02084071318.</p>	



Significant Policies and Initiatives; Further Information

Significant Policies and Initiatives; Further Information

Care Bill

The Care Bill is currently making its way through Parliament. When enacted, the Bill will have significant implications for adult social care in Tower Hamlets. There will also be implications for providers. The first changes are due to be implemented in April 2015, although there may be a number of changes to the Bill as it passes through the stages of Parliament. It is currently unclear when the associated Regulations and Guidance will be released.

Over the past 60 years a patchwork of legislation has evolved with around 30 different Acts of Parliament which relate to adult care and support, the base of which is still the 1948 National Assistance Act.

The 3-year Law Commission review involved extensive consultation culminating in a final report published in May 2011. AHWB Directorate analysed the impact of this and produced a report: *The Law Commission Review and the potential impacts on Tower Hamlets (Aug 2011)*. The Law Commission report contained 76 recommendations for wholesale reform of the law. The Government used this as a basis of wider reform as set out in the White Paper *Caring for our future*.

The Bill retains the concepts underpinning the legislation to be replaced: discretion, duty, rationing, appropriateness, suitability and necessity. The council will remain the gatekeeper of public money. In addition, the national debate about the future funding of social care and people's contributions to this, known as the Dilnott Inquiry* features in the Care Bill. This report made recommendations about the cap on care costs, who should be expected to contribute to their care costs, and how this may be supported through insurance.

What is it aiming to achieve?

The Care Bill aims to modernise the law to put people's wellbeing at the heart of the care and support system. It is based on the premise that the person is the best judge of their own well-being, and support is based on the individual's wishes and feelings. The bill aims to provide protection and support to the people who need it most and take forward elements of the government's initial response to the Francis Inquiry. Key features include:

- greater emphasis on promoting prevention
- more focus on supporting people who are not eligible for state-funded support
- details about implementing the cap on care costs
- new responsibilities for local authorities and the Care Quality Commission (CQC) on provider failures
- a new Safeguarding Adults Framework, and Safeguarding Adults Boards will become statutory. Relevant organisations will have a duty to supply information to Safeguarding Adults Boards on request

Further information on the Care Bill will be made available as the Bill progresses through Parliament and implementation begins.

Significant Policies and Initiatives; Further Information

Welfare Reforms

On 8th March 2012 the Welfare Reform Act received Royal Assent, following the November 2010 White paper, 'Universal Credit: welfare that works', which set out the Coalition Government's proposals for reforming welfare. The Act legislates for the biggest change to the welfare system for over 60 years. It introduces a wide range of reforms in an attempt to deliver a fairer and simpler benefits and tax credits system through creating the right incentives to get more people into work and protecting the most vulnerable in society. However these changes are significant and will adversely affect the lives of Tower Hamlets residents as they adapt to the severe financial impact changes to their benefits will bring. As a result the impact of these changes locally is likely to mean many households are unable to remain in or to afford housing. At the very least, this will mean household incomes are increasingly constrained and levels of poverty, already high in the borough, are worsened. We expect to see an increase in rent arrears, evictions and debt. These changes will undoubtedly have a greater impact on the most vulnerable residents in the borough. We fear this will have a knock on effect in areas such as social care, mental health, child protection, domestic violence, school attendance and attainment – as family stress and anxiety, overcrowding and potential re-location, all take their toll.

As of April 2013, key changes include:

- **Housing Benefits Cap:** No household is entitled to more than £500 per week in housing benefits. Recent research for the Local Government Association indicates that Tower Hamlets is in the top 10% of local authority areas hit by Housing Benefit related changes. Latest data from the LBTH Benefits Service reveals Tower Hamlets is one of the most severely affected boroughs in the country with around 900 households now having had their benefits reduced as a result of the benefits cap. This is around 500 lower households than originally estimated by the DWP; however this still represents a significant number of households and is far above the London average. The average weekly loss in these households is £64 a week.
- **Under Occupation Penalty (Bedroom Tax):** The size eligibility criteria has been extended to social housing. One bedroom is allowed per couple, adult or young person (16 years and over), two children of the same gender, or two children of a different gender if under 10 years old, and per resident carer. The rent reduction impact is 14% if under-occupying by one bedroom and 25% if under-occupying by two bedrooms or more. Pensioners, foster Carers, and Disabled tenants or partners who need a non-resident overnight carer are exempt from this 'under occupation' penalty (Bedroom Tax) however Disabled adults, including people living in adapted or specially designed properties are not.
- **Personal Independence Payment: Disability Living Allowance (DLA)** was replaced by Personal Independence Payments (PIP) for all new claimants as of June 2013. Existing claimants in receipt of DLA will not be transferred to PIP until 2015. The budget for PIP will be 20% less than DLA. Government impact assessments with regard to current claimants of DLA estimate that 30% of these will not receive an award, 28% will receive a reduced award and 41% will remain either unaffected or will receive an increased award.

For further information please visit:

http://www.towerhamlets.gov.uk/lgs/51-100/70_welfare_reforms.aspx#practitioner

<https://www.gov.uk/government/policies/simplifying-the-welfare-system-and-making-sure-work-pays>

<https://www.gov.uk/government/publications/welfare-reform-communications-toolkit>

Significant Policies and Initiatives; Further Information

New Adult Community Health Teams

During October 2013 Barts Health NHS Trust introduced a new approach to delivering responsive community health care to the residents of Tower Hamlets.

Integrated community teams comprising nurses, physiotherapists, occupational therapists, care coordinators, health support workers and administrative staff will work together to achieve flexible, proactive and patient-focused care.

Teams will work closely with GP's and other health professionals and will access specialist support if this is needed. They will also link with other statutory and voluntary agencies to ensure care needs identified are met by the most appropriate service.

Instead of making separate referrals to district nurses or physiotherapists, a single referral can now be made to access a locality based, integrated multidisciplinary team.

The teams aim to enhance existing care, avoid unscheduled hospital admission, help patients manage their own conditions and facilitate discharge from hospital.

To make a referral, please telephone 020 7377 7151. For further information, please contact Paul Larrisey, paul.larrisey@bartshealth.nhs.uk.

Procurement

The London Borough of Tower Hamlets spends £400m annually with suppliers and providers of all sizes to help deliver essential services to more than 240,000 residents. At the Tenders and Contracts page of the Procurement website, you can find current contract opportunities and details of where we advertise contracts depending on the contract type and value. If you're a local supplier, based within Tower Hamlets, you can find out how to place your organisation on the East London Business Place list as part of an initiative to boost the local economy.

The procurement team provide guidance and support to council officers and challenges procurement operations across the council to promote fair and open procurement procedures and reflect the Council's strategic objectives. Procedures are in place to ensure the council achieves value for money in all its purchases and that they reflect the Council's strategic aims. There is also a Procurement Advice Centre for businesses.

For further information please email: procurement@towerhamlets.gov.uk or call 020 7364 4099.

Third Sector Team

The Council's Third Sector Team works with and supports local voluntary and community sector providers. The team co-ordinates and administers funding opportunities from around the Council which are targeted at the third sector, for example Main Stream Grants, Mayor's Community Events and

Significant Policies and Initiatives; Further Information

Community Faith Buildings Support Scheme. The team also publishes a quarterly Funding Information Bulletin for third sector providers and has a series of webpages outlining resources such as Grantfinder, to which local organisations can have free access. Other initiatives, services and opportunities available for third sector providers are also uploaded to these webpages on a regular basis.

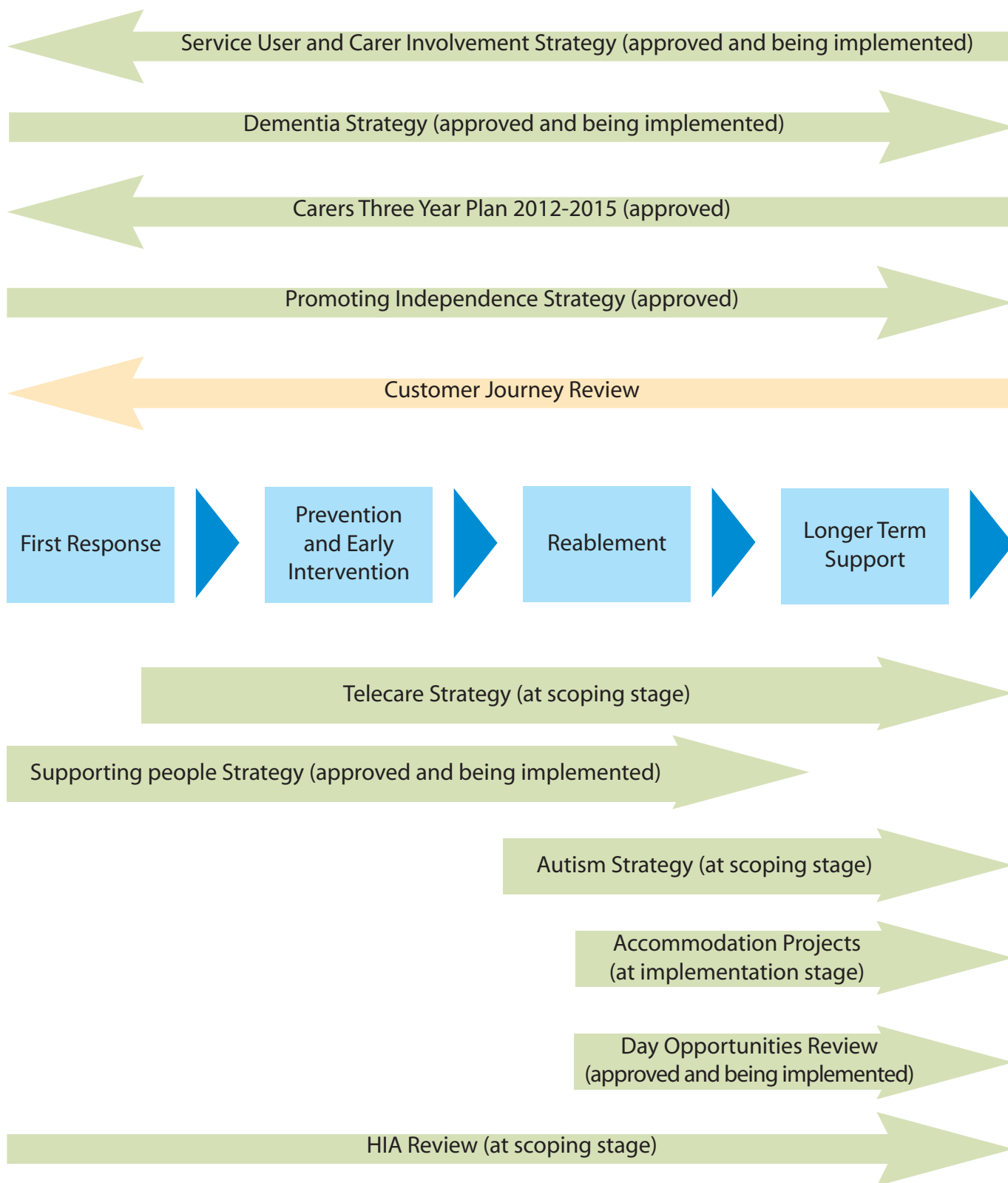
Strategies and Statistics

The Adult's Health and Well-being Commissioning Plan, published autumn 2012, explains how we will approach the commissioning and market development task over the next three years.

The key strategies and delivery plans explain what our commissioning and market development priorities and activities are over the next three years, and as far as possible, when these will occur. Current approved Council strategies can be found at: www.towerhamlets.gov.uk/strategies.



Significant Policies and Initiatives; Further Information



Significant Policies and Initiatives; Further Information

Statistics

Further in-depth information and statistics can be found through the Joint Strategic Needs Assessment (JSNA) fact sheet webpage, www.towerhamlets.gov.uk/jsna. The JSNA is a process through which council services work together with public health services to assess the needs of the Tower Hamlets population and determine priorities for commissioning services. The JSNA core dataset draws together data on population demographics, disease patterns, the wider determinants of health (such as housing, education, employment, benefits, etc.), use of social care, use of primary care (i.e. GPs, pharmacists, dentists, etc.), planned and unplanned secondary care (i.e. hospitals, clinics, etc.), performance trends, spend, public perspectives and the views of professionals.

For more information about the Market Position Statement
please contact **Orenda O'Brien Davis** on 020 7364 0277
or email orenda.obrien-davis@towerhamlets.gov.uk