London Borough of
Redbridge

Market Position Statement

2024-25

January 2024

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Review Date: **July 2024**

DATA & LEGISLATION DISCLAIMERS

- **All data was correct at the time of collation and publication of sources and is to be used for illustrative purposes only.**

- **Please note that due to the variety of sources available and published at different times, there may also be some variations in this data.**

- **Data sets from the 2021 Census are still being released. All ONS data sets are publicly available.**

- **POPPI and PANSI data is primarily based on the 2011 census with numerous data set updates until 2018. Their data sets will be update over the next 18 months to reflect 2021 data.**

- **The data based in this document is used to make assumptions.**

- **Social care client data is based on a snapshot taken at a specific time.**

- **All legislation was correct at the time of publication, and any changes will be updated and our MPS re-issued.**

Section 1.
Market Position Statement & Commissioning

Redbridge is a thriving London borough. Our population is increasing rapidly and with this growth comes both new opportunities and new challenges.

We want to make sure that fairness sits at the core of our services so that we can ensure our limited resources are used to support those least able to support themselves. Underpinning all of our ambitions for Redbridge is a commitment to achieving excellence in all that we do.

Redbridge is a rapidly changing London borough with big ambitions for the future. We have already introduced an integrated health and social care model, one of the most advanced in the country, we have high performing schools and great children's social services, but we still have ambition to be better yet. In the People Directorate we are reshaping our adult social care, public health, and children's services to deliver better outcomes to support people where they need it and live the lives that they want to live.

This strategic plan sets out where we are as a commissioning body - our current and predicted future demand for adult social services and how providers can work with the Council to shape the market for future services. This underpinned by the Care Act 2014, requires local authorities and providers to shape the market to promote quality services, sustainability and choice and manage the risks of risk provision, including financial, safeguarding, and provider failure. Responsibilities under the Care Act 2014 & Statutory Guidance

- [Adult social care market shaping - GOV.UK (www.gov.uk)](www.gov.uk)
- [Care and support statutory guidance - GOV.UK (www.gov.uk)](www.gov.uk)

1. What is a Market position Statement?

A Market Position Statement should contain information on: the local authority's direction of travel and policy intent, key information and statistics on needs, demand and trends, (including for specialised services, personalisation, integration, housing, community services, information services and advocacy, and carers' services), information from consumer research and other sources about people's needs and wants, information to put the authority's needs in a national context, an indication of current and future authority resourcing and financial forecasts, a summary of supply and demand, the authority's ambitions for quality improvements and new types of services and innovations, and details of, or cross-references to the local authority's own commissioning intentions, strategies and practices

The steps which local authorities should take to develop and implement local approaches to market-shaping and commissioning:

- Designing strategies that meet local needs.
- Engaging with providers and local communities.
- Understanding the market.
- Facilitating the development of the market.
- Integrating their approach with local partners.
- Securing supply in the market and assuring its quality and performance through contracting.

Providers will have the opportunity to:

- Learn about and understand the Councils future care planning to meet needs and demand of our diverse population.
- Understand market costs and sector pay to plan financial for their business.
- Understand the quality and regulation that governs and supports the Social Care sector.
- Tender opportunities and where to find information on the Councils procurement process.
- Business expansion into the care market; the borough or invest in new services.

- Inward investment by providers who currently don't operate in Redbridge but are seeking to do so and bring their expertise to our care market.
- Learn about future opportunities and work together to support business development and opportunities for innovation.
- Build on their knowledge of local needs to develop new activities and services.
- Which market areas we want to Maintain, Grow, Balance and Develop including service areas where we want to see adaptions to improve quality of services for example to feed into our commissioning intentions.

2. How can Providers help?

To ensure our Market Position Statement can be as informative as possible we need to understand the characteristics of our providers' businesses - business models, market concentration and investment plans. This information provides a basis from which to work together with existing and new providers to develop, support and grow our care market.

We will undertake an **Annual Market Position Provider Survey** to develop our care market by identifying gaps in services and shaping future demands.

We will use this information to update our Market Position Statement and work with our provider market. This will aid new and existing providers to better plan and be aware of any upcoming future tender opportunities.

The survey will only take around **10 mins**.

We hope that this Market Position Statement along with other key strategies mentioned are useful tools for providers to understand the Council's commissioning intentions and challenges ahead.

We would **appreciate feedback** to ensure that this document is valuable for care providers and contains the information you need to develop services.

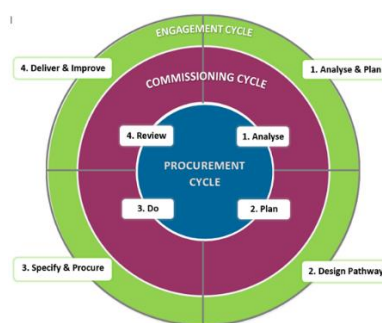## 3. The Redbridge Commissioning Cycle

The Commissioning Cycle was developed by the by the Institute of Public Care (IPC) and identifies that the functions below contribute to the Commissioning Cycle.

- **Commissioning** is the process of identifying needs within the population and developing policy directions, service models and the market, alongside engagement to meet those needs in the most appropriate and cost-effective way.
- **Procurement** is the process of acquiring goods, works or services from (usually) external providers or suppliers and managing these through to the end of the contract.
- **Contracting** is the process of negotiating and agreeing the terms of a contract e.g., for services, and on-going management of the contract including payment and monitoring.

Commissioning Cycle Stages

Engagement, Procurement & Commissioning Cycles

In Redbridge, like many other public sector organisations we use the Commissioning and Procurement cycle to plan, develop and tender our services.

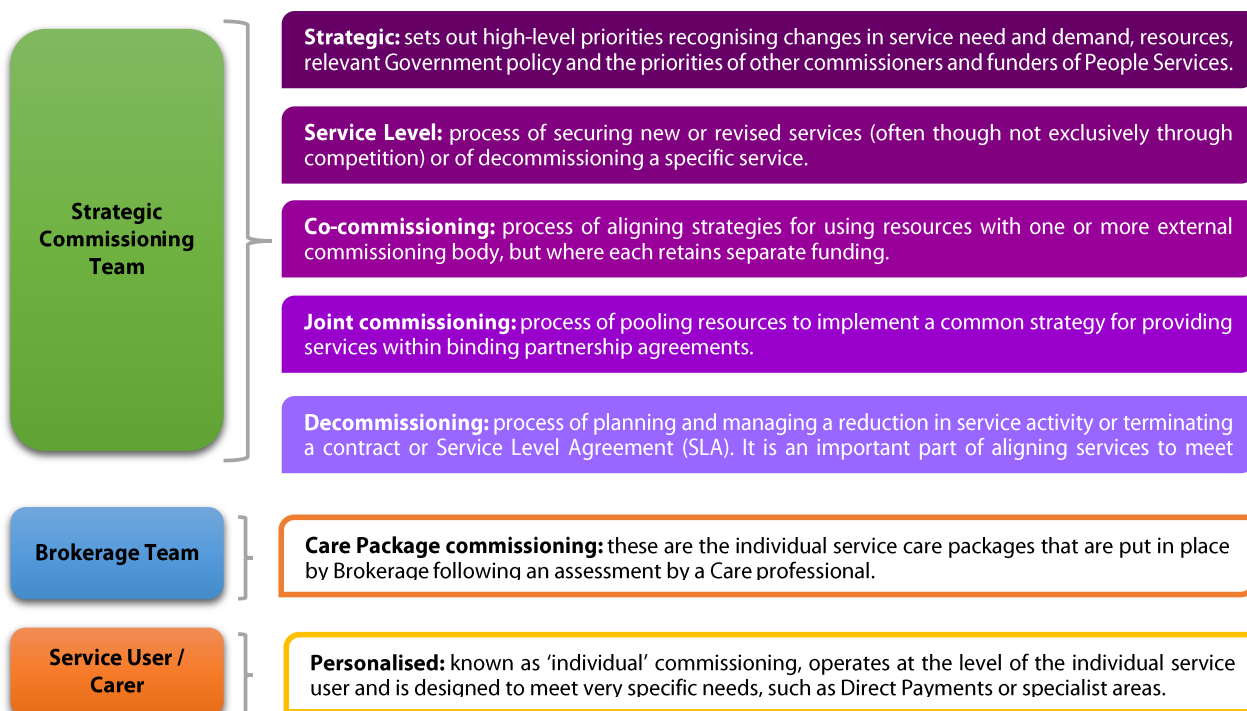| COMMISSIONING CYCLE SUMMARY OVERVIEW			
ANALYSE	**PLAN**	**DO**	**REVIEW**
• Legislation & guidance • Assess population demand needs assessment • Review current service provision • Analyse providers	• Develop service specification & contract • Develop procurement plan • Undertake gap analysis • Business case • Options appraisal • Service design & engagement	• Market development • Capacity building • Provider relationship management • Tender for service • Contract & performance management	• Evaluation of services • Review of market performance • Assessment against outcomes • Contract monitoring • Review outcome

4. Commissioning Cycle Responsibilities

Strategic Commissioning	Procurement	Contracts
Lead on all activities associated with Strategic Commissioning design, tender and implementation	Lead on the Procurement process for all Tenders over Public Contract Regulations (PCR) procurement thresholds	Lead on activities associated with contract monitoring and management
• Business cases • Commissiong Cycle projects • Demand and needs analysis and modelling • Developing Annual Procurement Plan • Developing Commissioning Strategies • Engagement and co-production • Market Position Statement • Preparing Method Statements • Service design	• Award letters • Governance • Lead on advertising tenders • Liaising with Legal and Finance teams in evaluations • Market testing • Produce Procurement Plan • Produce tender timescales and actions • Producing ITT documents	• Day to day management of the contract • Ensuring contract and service specification compliance • Contract monitoring and provider relationships • Contract performance and meetings • Service reviews • Provider failure action • Provider forums • Operational market management

Strategic Commissioning	Procurement	Contracts
Lead on all activities associated with Strategic Commissioning design, tender and implementation	Lead on the Procurement process for all Tenders over Public Contract Regulations (PCR) procurement thresholds	Lead on activities associated with contract monitoring and management
• Service Specifications - service aim, purpose, function, KPIs, outcomes • Strategic market development and management		• Undertake procurement activity for under PCR threshold values

5. Types of Commissioning Activity

There are range of different levels of commissioning activity, undertaken by different people. These are:

Strategic Commissioning Team

Strategic: sets out high-level priorities recognising changes in service need and demand, resources, relevant Government policy and the priorities of other commissioners and funders of People Services.

Service Level: process of securing new or revised services (often though not exclusively through competition) or of decommissioning a specific service.

Co-commissioning: process of aligning strategies for using resources with one or more external commissioning body, but where each retains separate funding.

Joint commissioning: process of pooling resources to implement a common strategy for providing services within binding partnership agreements.

Decommissioning: process of planning and managing a reduction in service activity or terminating a contract or Service Level Agreement (SLA). It is an important part of aligning services to meet

Brokerage Team

Care Package commissioning: these are the individual service care packages that are put in place by Brokerage following an assessment by a Care professional.

Service User / Carer

Personalised: known as 'individual' commissioning, operates at the level of the individual service user and is designed to meet very specific needs, such as Direct Payments or specialist areas.

Section 2.
Redbridge Adult Social Care Market
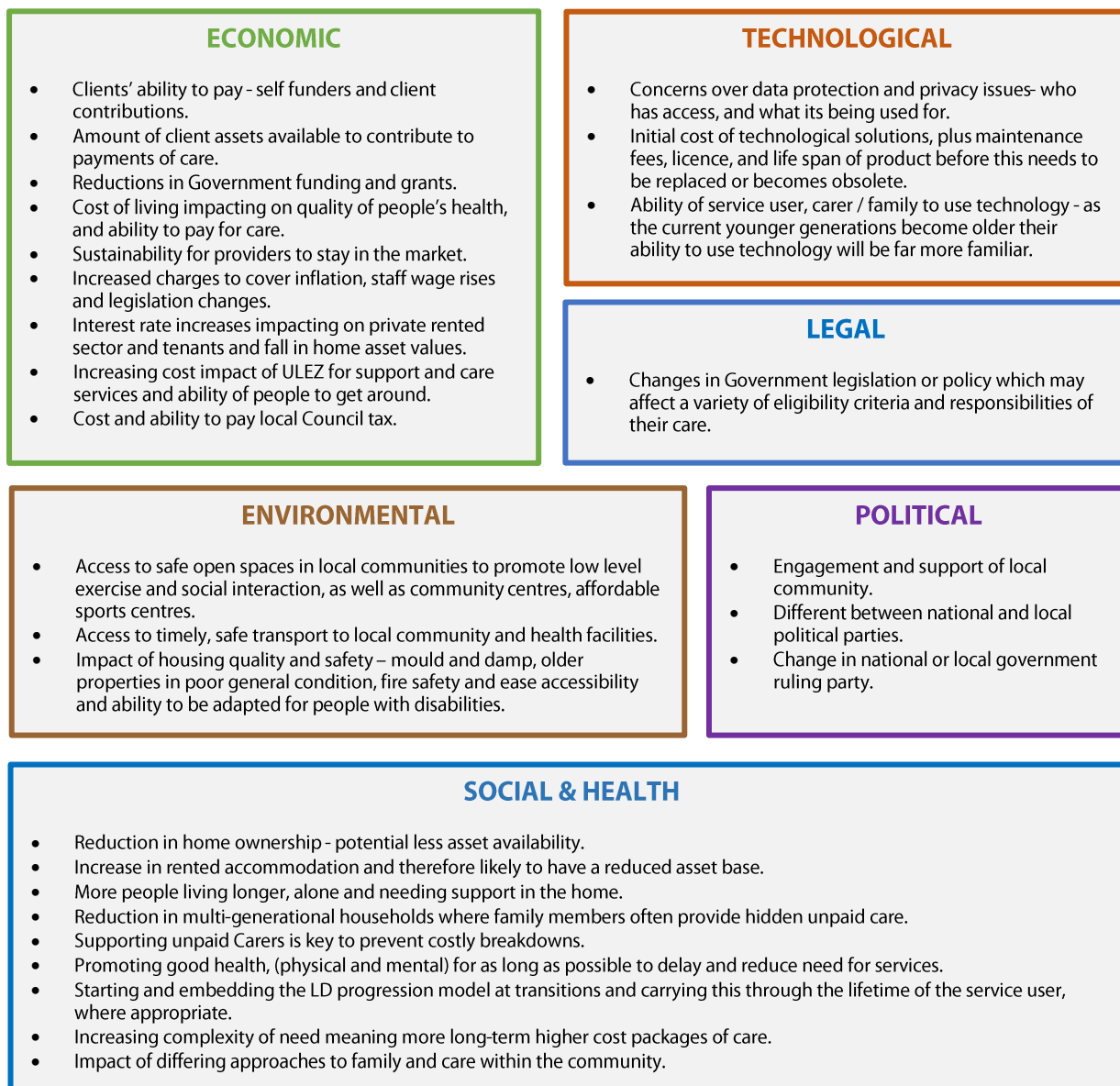
1. The Redbridge Context

Adult social care services are operating in a climate of reduced financial resources, with increasing complexity of needs and population this is leading to a combined increased pressure on services - and as a result the Council needs to manage demand, balance budgets, and mange increasing costs.

Key Points

- **Demand for Care & Support**: Requests for Adult Social Care support is increasing and is predicted to see over 21,000 requests for support by 2027-28, a rise of around 3,400 more requests per year than in 2019-20.

- **Model of Care:** Redbridge operates a more traditional model of care through externally commissioned contracted services – although there are some services which are in-house.

- **Outer London Borough:** We have a higher number of Care Homes than many London Boroughs and a consequence, Redbridge is used by inner London Boroughs for placements, and overtime (if the placement is long enough) leads to the cost transferring to Council for that placement.

- **Property Prices:** The borough also attracts providers setting up Supported Living accommodation, as property prices are cheaper than those of inner London and creates similar long-term placements costs as those with care homes.

- **Benchmarked Rates:** Historically benchmarked rates have been lower than neighbouring boroughs, and although this now more in-line, if services users exercise their choice to not use a benchmarked rate care home, this incurs a service user top-up. In making placements this has at times created meant that we are dependent on what the market is willing to provide at our price.

- **Choice & Control:** Areas such as the use of Direct payments or Personal budgets will increasingly allow people to choose how they purchase and receive services and activities to meet their requirements.

- **Suitable Housing & Support:** Strengthening support for people to stay in the community longer will mean increase in demand for suitable housing with support - such as homecare, befriending and shopping services, assistive technology, and equipment to enable people to continue living at home safely.

- **Shifting Focus:** The Council is exploring a reduction in spending on residential and nursing care over time, to shift the focus on prevention to support people's wellbeing and independence for longer, so that entry into assessed services is likely to be later in people's lives, as they live longer. A stronger emphasis on maximising people's community support networks, and other local community assets will also be key to this such through community networking and Social Prescribing.

- **Development of new opportunities:** We need to widen and vary the care and support options available for people to meet their needs including access to universal information and advice, with earlier interventions that promote health, independence, and wellbeing to prevent or delay the need for more costly intensive services.

2. What issues can impact on the social care market?

A wide number of factors can impact on social care and its market, which can include:

ECONOMIC

- Clients' ability to pay - self funders and client contributions.
- Amount of client assets available to contribute to payments of care.
- Reductions in Government funding and grants.
- Cost of living impacting on quality of people's health, and ability to pay for care.
- Sustainability for providers to stay in the market.
- Increased charges to cover inflation, staff wage rises and legislation changes.
- Interest rate increases impacting on private rented sector and tenants and fall in home asset values.
- Increasing cost impact of ULEZ for support and care services and ability of people to get around.
- Cost and ability to pay local Council tax.

TECHNOLOGICAL

- Concerns over data protection and privacy issues- who has access, and what its being used for.
- Initial cost of technological solutions, plus maintenance fees, licence, and life span of product before this needs to be replaced or becomes obsolete.
- Ability of service user, carer / family to use technology - as the current younger generations become older their ability to use technology will be far more familiar.

LEGAL

- Changes in Government legislation or policy which may affect a variety of eligibility criteria and responsibilities of their care.

ENVIRONMENTAL

- Access to safe open spaces in local communities to promote low level exercise and social interaction, as well as community centres, affordable sports centres.
- Access to timely, safe transport to local community and health facilities.
- Impact of housing quality and safety – mould and damp, older properties in poor general condition, fire safety and ease accessibility and ability to be adapted for people with disabilities.

POLITICAL

- Engagement and support of local community.
- Different between national and local political parties.
- Change in national or local government ruling party.

SOCIAL & HEALTH

- Reduction in home ownership - potential less asset availability.
- Increase in rented accommodation and therefore likely to have a reduced asset base.
- More people living longer, alone and needing support in the home.
- Reduction in multi-generational households where family members often provide hidden unpaid care.
- Supporting unpaid Carers is key to prevent costly breakdowns.
- Promoting good health, (physical and mental) for as long as possible to delay and reduce need for services.
- Starting and embedding the LD progression model at transitions and carrying this through the lifetime of the service user, where appropriate.
- Increasing complexity of need meaning more long-term higher cost packages of care.
- Impact of differing approaches to family and care within the community.

3. Market Considerations

PLANNING	PROCUREMENT
- Local, regional, and national governance influences. - Improve our analysis of the current market and its future needs. - Improved planning and understanding of our future market needs. - Demand and supply modelling. - Accommodation Sufficiency Plans for Children & Adults to plan for demand. - Evidence-based approach to reduce need for reactive commissioning.	- Consider Joint commissioning approaches where there is a clear benefit to all. - Business models and viability of options. - Promote partnerships with providers to facilitate new market capacity. - Value for money and good quality provision. - Better use of 'Social Value'.

MARKET CAPACITY	AFFORDABILITY
• Plan for future need; market capacity, availability, and experience of providers. • Identify need and gaps in provision where new services are required. • Development of a vibrant market.	• Understand affordability - business model growth, contraction and financial sustainability. • Balance supply and demand with available finances and what we can afford. • Managing increasing demand as budgets reduce.

MARKET STABILISATION
• Flexibility of market provision. • Market and rate stabilisation approach. • Support VCS to support prevention and intervention services to help to manage demand.

4. Key Stakeholders

There are a number of key stakeholders essential to the whole commissioning, procurement and processes and market development and sustainability as a whole.

As outlined in the Commissiong Cycle, the various stakeholders will be involved at different times of these processes from strategi through to operation and delivery of services.

5. Strategic Approach to Care Market Planning

To implement an effective strategic approach, we need to understand where we are now, improve planning for the future, through using a range of evidence-based data and information to model future demand projection of our services, based on a range of scenarios to reflect fluctuating demand and supply, gaps in provision and the market response. Through:

• **Enhanced regular reporting** to monitor demand, unit costs and trends in markets allows a more accurate understanding of market positions and trends and adapt work with the market and providers in the planning where and when necessary to supports future operations.

• **Access to market intelligence data** across the care home market through the of web based allows us to benchmark, monitor factors around: bed capacity; spend and placements; provider financial credit viability; CQC ratings and an overall risk profile for the home. These are essential in providing a more up-to date live system in relation to provider capacity, which support Brokerage teams and Commissioners with historical and more real-time data in relation to planning and demand pressures.

- **Planning for peak demand periods such as** Winter pressures, and lessons from COVID have demonstrated that planning ahead and anticipating the pressures becomes crucial to ensure that supply is able to meet demand. As such demand and supply modelling becomes crucial in being able to effectively (as far as we can) plan for future need; ensure market capacity and the availability and experience of existing and new providers in the market.

- **Balancing supply and demand** with available finances and what we can afford to ensure both commissioners and providers are better resourced and placed to anticipate demand, mitigate and avoid provider failures.

- **Joint working across our local health and social care** footprint with neighbouring boroughs is essential in supporting market management and sustainability activities.

- **Commission for Better Outcomes** by ensuring our services focus on outcomes, both for the individual, carer that promote prevention, wellbeing, independence, progression, personalisation and choice.

6. Market Outcomes

We want to:

- Have a better understanding of the local market will enable to have improved evidence-based commissioning through targeting gaps and developing a diverse market to respond to these gaps.
- Encourage care providers from all sectors to develop innovative proposals that address the demands highlighted in this document.
- Have diverse range of service provision that help us to achieve our commissioning principles and overarching vision for social care.
- Responsive and sustainable market, able to adapt, meet and deliver to meet the challenge of changing demand and needs.
- Skilled and experienced workforce - enabling better recruitment and retention by providers and commissioners.
- High quality services that strengthen care in community settings and in the home to promote independence; meet service user choice and keep people out of acute settings.
- Integrated and coordinated pathways of care supporting fair access and equality of service.

Section 3.
Population

1. Redbridge Population Profile

The population of Redbridge has grown significantly and has become increasingly diverse over the last decade.

Population changes in Redbridge compared to England 2011-21
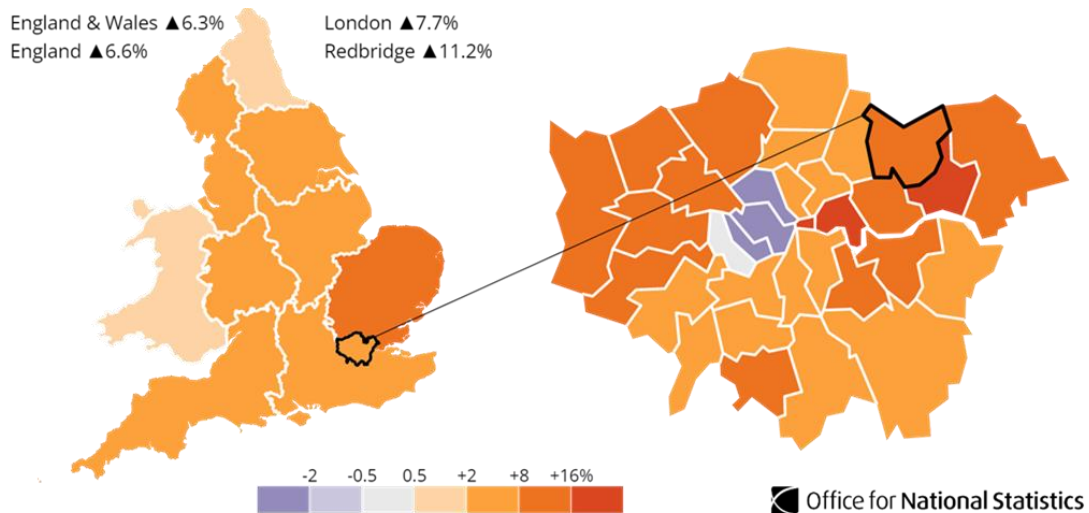
Source: ONS

Between the last two censuses (held in 2011 and 2021), the population of Redbridge increased by 11.2%, from around 279,000 in 2011 to around 310,300 in 2021. At 11.2%, Redbridge's population increase is higher than the increase for London (7.7%).

Population % change of local authority areas in London between 2011-21
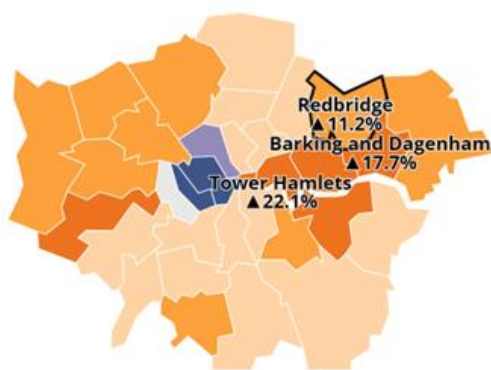
Population Density - Redbridge has around 39 people living on each football pitch-sized of land

Source: ONS

The population here increased by a greater percentage than the overall population of London (7.7%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census). There has been an increase of 13.5% in people aged 65 years and over, an increase of 11.5% in people aged 15 to 64 years, and an increase of 8.7% in children aged under 15 years. In 2021, Redbridge was home to around 39.3 people per football pitch-sized piece of land, compared with 35.3 in 2011. This area was among the top 10% most densely populated English local authority areas at the last census.

Percentage of usual residents by age group 2011-21

2011 **2021**

Age group	2011	2021
85 years and over	1.8%	**1.7%**
75 to 84 years	4.1%	**3.8%**
65 to 74 years	6.0%	**6.7%**
50 to 64 years	15.4%	**16.4%**
35 to 49 years	21.1%	**23.2%**
25 to 34 years	17.1%	**15.0%**
20 to 24 years	6.8%	**6.1%**
16 to 19 years	5.1%	**5.0%**
10 to 15 years	8.0%	**8.2%**
5 to 9 years	6.8%	**7.0%**
4 years and under	7.8%	**6.8%**
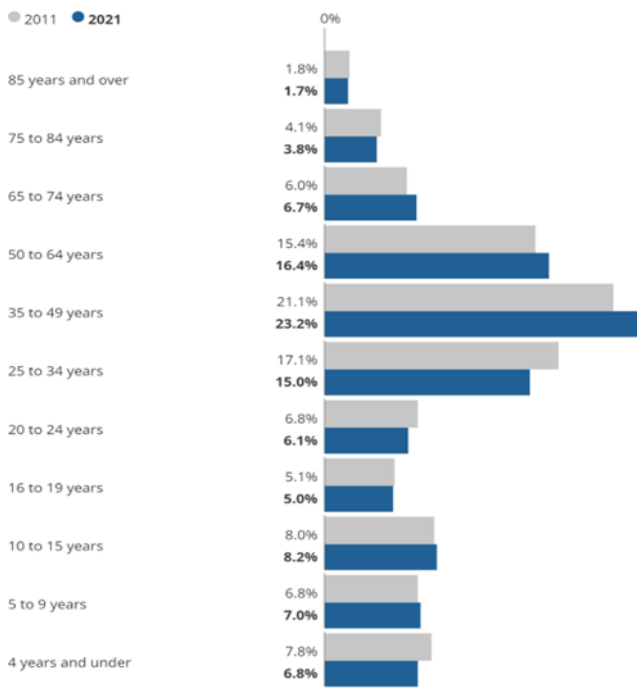
Source: ONS

Population % change by age group 2011-21

fall	rise	
	90 +	6%
	85 to 89	2%
	80 to 84	2%
	75 to 79	2%
	70 to 74	25%
	65 to 69	23%
	60 to 64	15%
	55 to 59	22%
	50 to 54	18%
	45 to 49	14%
	40 to 44	26%
	35 to 39	27%
	30 to 34	4%
-9%	25 to 29	
	20 to 24	1%
	15 to 19	8%
	10 to 14	15%
	5 to 9	15%
-2%	0 to 4	
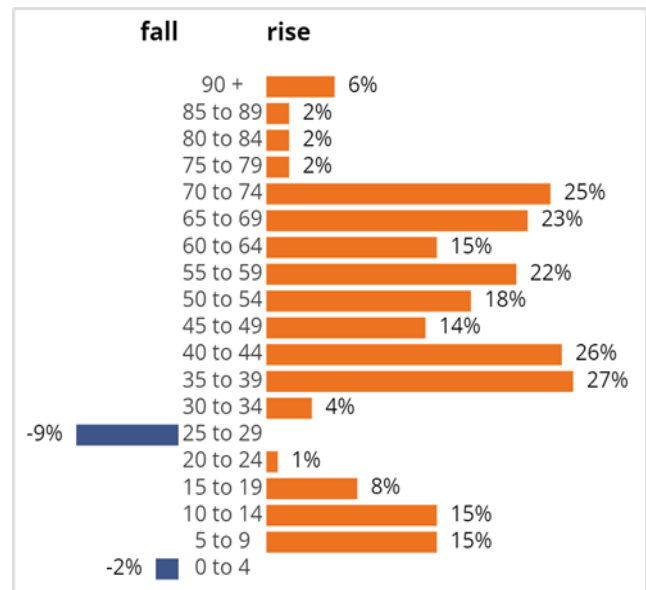
Population Projections: All Ages

Year	Population
2023	307,864
2028	310,191
2033	313,498
2038	317,895
2043	322,915
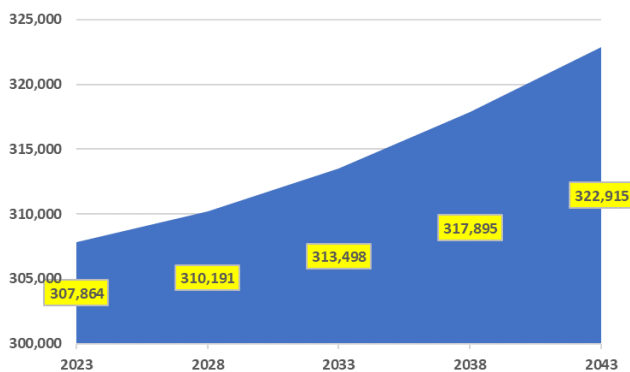
Sources: POPPI & PANSI

Population Projections: Age Brackets

2023 2028 2033 2038 2043

Age brackets: Age 0-9, Age 10-19, Age 20-39, Age 40-64, Age 65-84, Age 85+
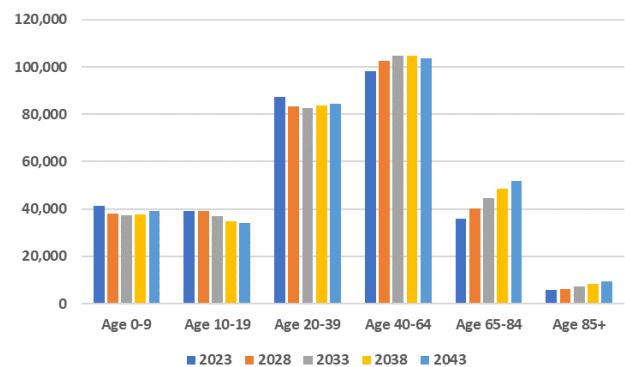
Percentage of Population by Age Range in 2023 and by 2043

2023:
- Age 0-9: 13%
- Age 10-19: 13%
- Age 20-39: 28%
- Age 40-64: 32%
- Age 65-84: 12%
- Age 85+: 2%

2043:
- Age 0-9: 12%
- Age 10-19: 11%
- Age 20-39: 26%
- Age 40-64: 32%
- Age 65-84: 16%
- Age 85+: 3%
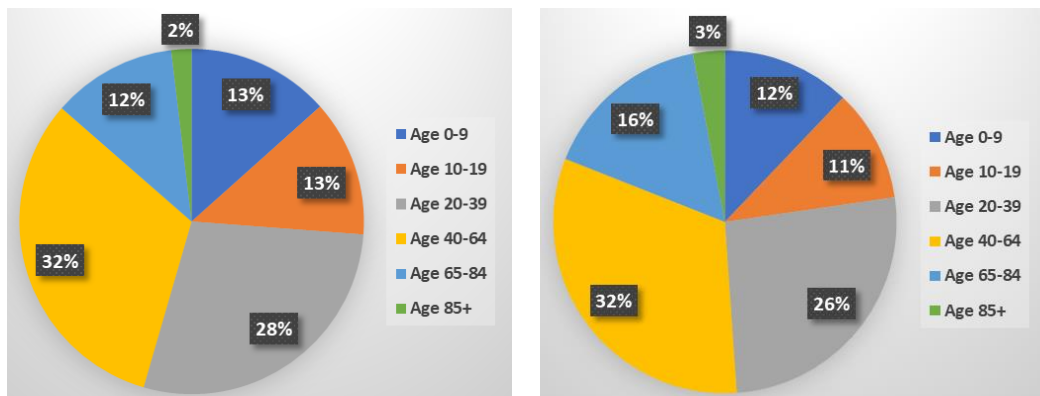
Source: POPPI & PANSI

As well as the overall population growth, the age profile of the population is also projected to change with proportionally greater growth amongst older age groups (aged 65 and above), with the over 85 age group are most likely to require social care support. Looking at client data from March 2023, Redbridge supports over 1,800 service users aged 65 and over on a long-term basis.

Older people disproportionally require health and social care that their younger counterparts and therefore we need to ensure that our population ages as healthily as possible in order to minimise and reduce the impact on individuals, families and local services.

Understanding the population projection is essential for the planning of local services and is used to inform evidence-based commissioning activities. Our projections for Redbridge indicate there will be an increased demand for health and social care, housing, education, and other services and therefore we need to begin the planning and design now for what our residents will need in the future.

2. Ethnicity & Diversity

Redbridge remains more diverse in comparison to both England and London.

Percentage of ethnic group of usual residents in 2011 and 2021
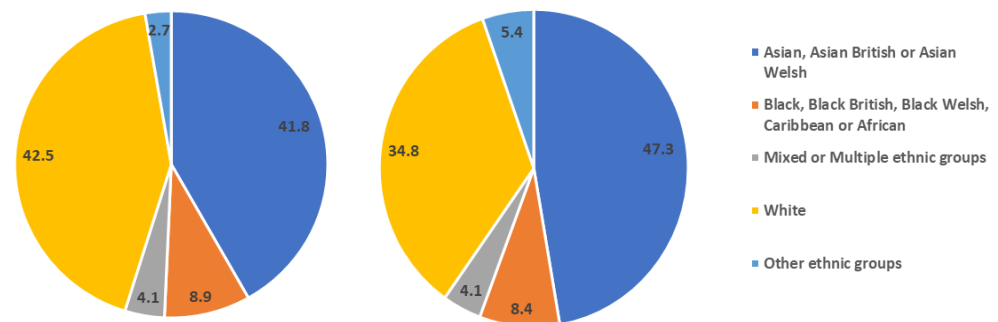
Source: Redbridge change in ethnic populations, 2011-2021

In 2021, 47.3% of Redbridge residents identified their ethnic group within the Asian, Asian British or Asian Welsh category, up from 41.8% in 2011. This change was the largest increase among high-level ethnic groups in this area. Across London, the percentage of people from the 'Asian, Asian British or Asian Welsh' ethnic group increased from 18.5% to 20.7%, while across England the percentage increased from 7.8% to 9.6%. The largest projection increase was from Asian, Asian British or Asian Welsh communities at a 5.5% increase. The white ethnicity group decreased by 7.7% respectively.

Religion by usual residents 2021

Religion	Responses
No religion	38,999
Christian	94,473
Buddhist	1,611
Hindu	34,372
Jewish	6,412
Muslim	97,068
Sikh	17,622
Other religion	2,028
Not answered	17,675
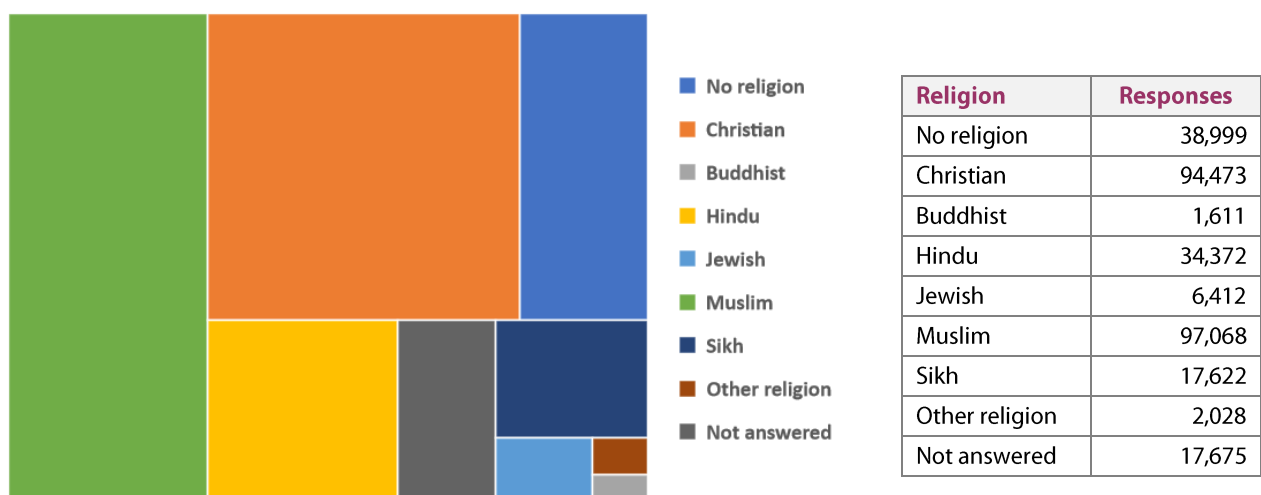
Source: ONS

3. Migration & Country of Birth

The 2021 Census showed that 172,300 Redbridge residents said they were born in England, which represents just over half the population at 55.5% of residents, which is a decline from the 2011 Census when 61.8% were born in England. A further 2,700 residents were born in the rest of the UK, while 43.6% of residents were born outside the UK.

India was the second most represented, having 23,700 residents as their country of birth (7.6%). This was an increase from 21,100 in 2011, although it was the same proportion as now at 7.6% of the population of Redbridge. The number of residents born in Pakistan also rose from 14,900 in 2011 (5.3% of residents) to just under 18,500 in 2021 (6%).

Residents by county of birth outside UK (Top 10)
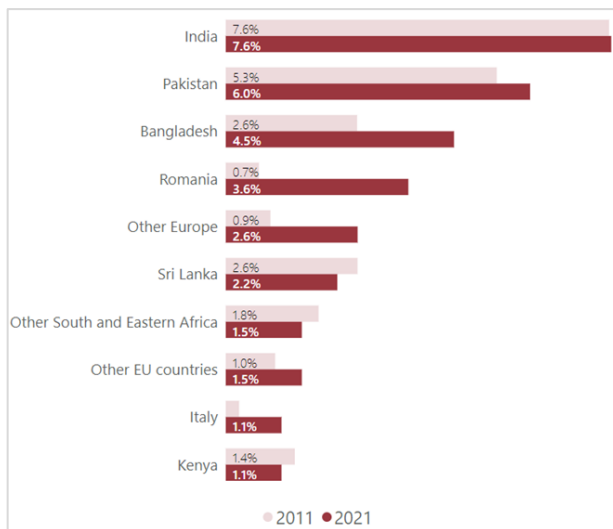
Country of birth 2021
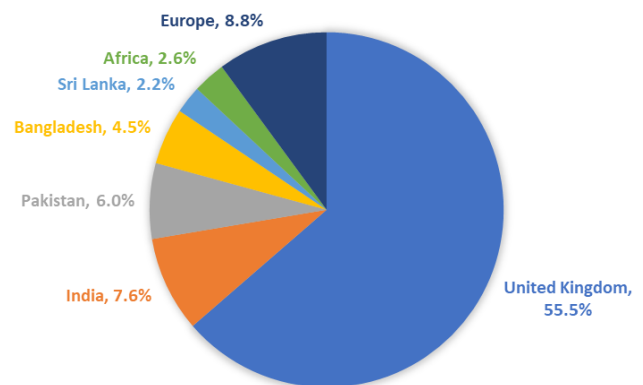
Source: ONS

Number of residents by country of birth 2011 and 2021

	United Kingdom	India	Pakistan	Bangladesh	Sri Lanka	Africa	Europe
2011	172,349	21,082	14,906	7,225	7,248	8,905	7,736
2021	172,324	23,651	18,479	14,099	6,866	8,194	27,164
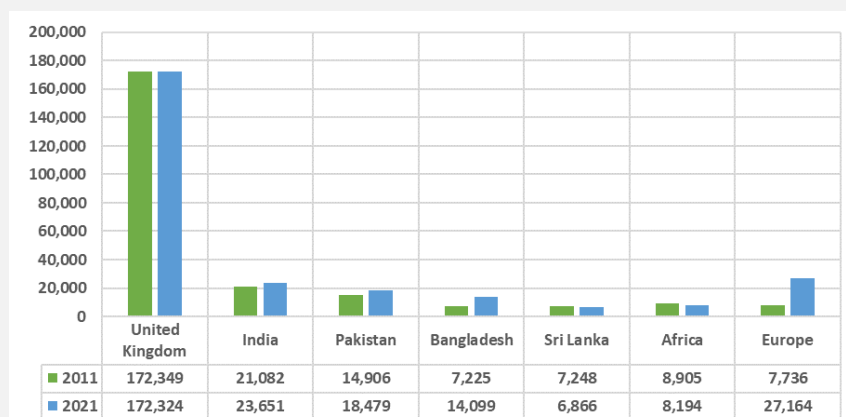
Source: ONS

Migration percentage differences 2011 and 2021
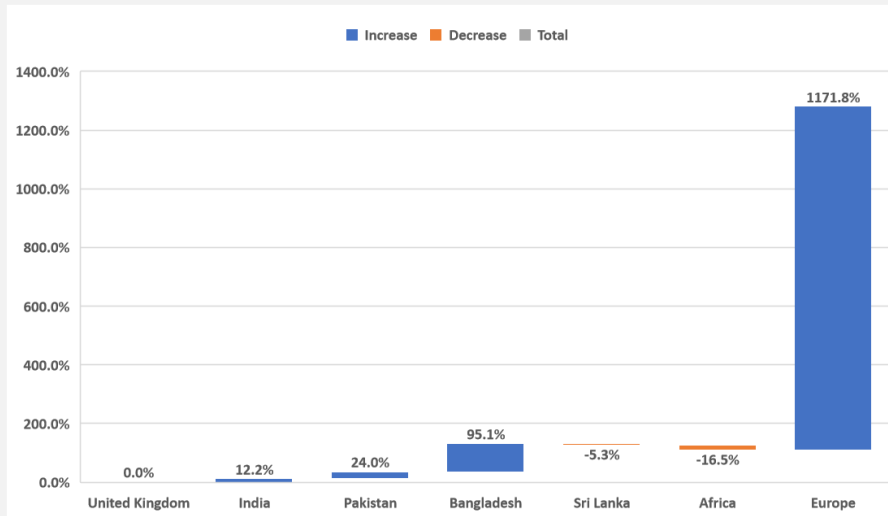
Source: ONS

4. Languages Spoken

There has been an increase in the number of people whose main language is non-English, with an increase of 20% (13,340) to 78,711 in 2021, likely resulting from an increase in population growth between 2011 and 2021. The largest group whose main language in non-English are amongst the South Asian which saw an increase of 2.4%. In 2011, Urdu was the most spoken main language within the south Asian group. Bengali is the most spoken main language within the south Asian group with a total increase of 48% from 2011-21.

Top 7 - Main Language Groups
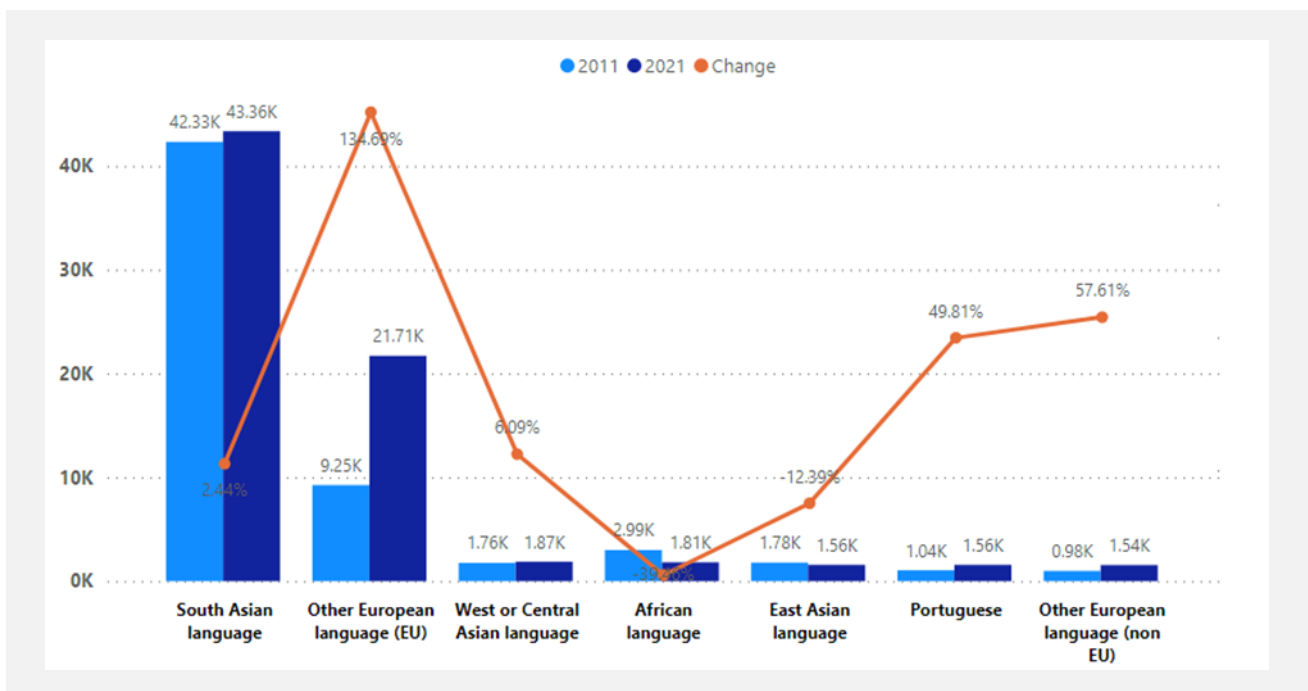
Source: ONS

The other European Language group that saw one of the highest increases between censuses with a 135% jump was Romanian – increasing from 1,783 to 12,828 which is an increase of 619% making it most increase spoken language in the main language groups.

Increases and decreases in top main languages 2011-21
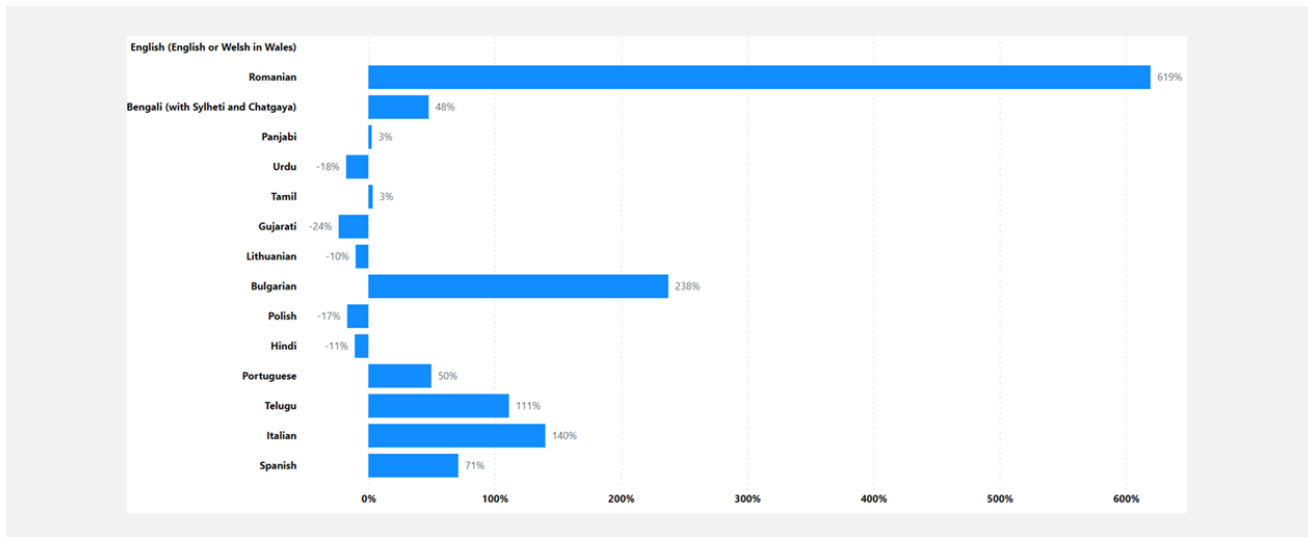
Source: ONS

5. Disability & Country of Birth

In 2021, 23% of those who responded as being disabled in Redbridge were born in Southern Asia a total of 8,821 residents. 13% of the South Asian population reported as being disabled, slightly higher than those born in the UK (12.1%). Europe (excluding UK) had the second higher number at 2,256 residents or 6% of those reporting as disabled. As a proportion of those in other Europe category only 5.7% reported as being disabled, significantly lower than for the South Asian or UK born categories.

6. LGBTQIA+ Community

As part of the borough's diversity and inclusion, we must also take into consideration of the needs of the LGBTQIA+ (lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies) in relation to service provision, to ensure that residents feel safe in that they will not be discriminated against, especially in multiple and mixed accommodation settings.

Percentage of usual residents by sexual orientation 2021
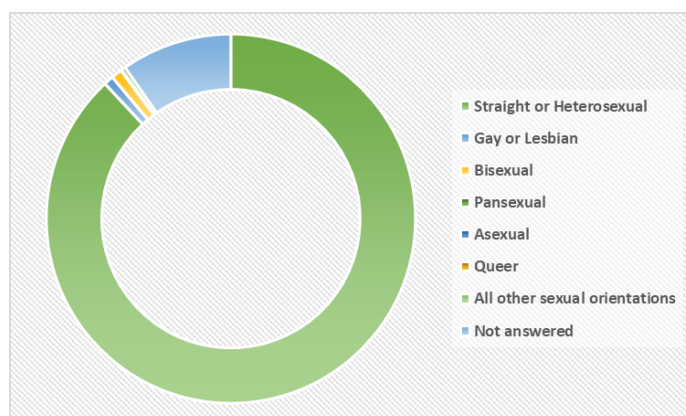
Category	%
Straight or Heterosexual	88.05
Gay or Lesbian	0.85
Bisexual	0.94
Pansexual	0.04
Asexual	0.03
Queer	0.01
All other sexual orientations	0.36
Not answered	9.72

Source: ONS

Gender identity by usual residents 2021
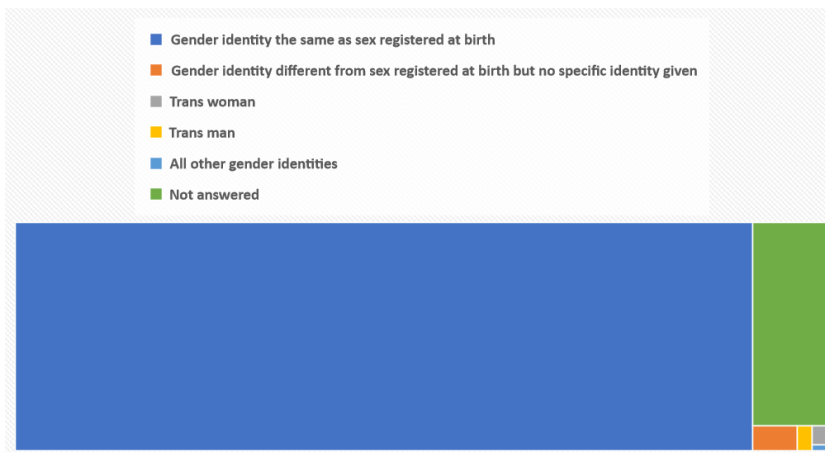
Gender Identity	Responses
Gender identity the same as sex registered at birth	21,9231
Gender identity different from sex registered at birth but no specific identity given	1,443
Trans woman	401
Trans man	465
All other gender identities	131
Not answered	20,346

Source: ONS

7. Equalities, Diversity & Disability

We ensure that all our providers clearly demonstrate knowledge and awareness of the diversity of the population of Redbridge, and that this understood, reflected and considered in service delivery at all times and that the service shall be responsive to these changing needs. This is defined in both our Service Specifications, Conditions of Contract and through Contract Monitoring arrangements.

Providers must ensure that the Service shall be non-discriminatory and meet the requirements of the Equality Act 2010 by:

- Delivering the service ensuring **all nine protected characteristics** are adhered to in accordance with the Equality Act 2010.
- Ensuring the service shall be accessible to the wide diversity of communities within the borough, such that no individual shall be excluded from accessing the service on the grounds of disability, pregnancy and maternity, race (including ethnic or national origins, colour and nationality), religion or belief, gender, sexual orientation, marriage and Civil Partnership, age or gender reassignment.
- In addition, we have our **Redbridge Disability Charter** (see Appendix 1) which means that Providers need to adhere to the Principles of the Charter, which establishes a local commitment to support the provision of an improved quality of life for residents with a disability or mental ill-health.
- This is in addition to and does not replace any statutory requirements under the Equalities Act, Care Act, Children & Families Act and any other relevant legislation.

8. Population Health & Life Expectancy

Life expectancy in Redbridge for both women and men is higher than for England as a whole and around the London average. However, within the borough both overall life expectancy and healthy life expectancy vary between different areas in the borough with the most deprived areas having poorer health and therefore may need greater health and social care services.

Life Expectancy

AREA COMPARISONS		REDBRIDGE	LONDON		ENGLAND	
Population Growth (Census 2021 vs 2011)		+ 11.2%	+ 7.7%	⬆	+ 6.3%	⬆
Female Life Expectancy		83.3yrs	83.5	⬇	82.6	⬆
Female Healthy Life Expectancy		64yrs	No. of years between healthy and life expectancy is **19.3 years**			
Males Life Expectancy		78.7yrs	79.0	⬇	78.7	↔
Male Healthy Life Expectancy		60.6yrs	No. of years between healthy and life expectancy is **18.1 years**			

Economic Health

AREA COMPARISONS		REDBRIDGE	LONDON		ENGLAND	
Child Poverty		38.0%	35.0%	⬆	29.3%	⬆
Employment (active)		73.3%	79.4%	⬇	78.4%	⬇
Proportion of unpaid Carers (19 hours or less)		3.9%	3.8%	⬆	4.4%	⬇
Homelessness		74.0%	51.9%	⬆	49.3%	⬆

AREA COMPARISONS		REDBRIDGE	LONDON		ENGLAND	
Dementia		**4.2%**	4.2%	⟷	4.0%	⬇
Learning Disability prevalence		**0.5%**	0.43%	⬆	0.5%	⟷
Mental Health prevalence		**17.7%**	1.1% (QOF)	-	16.9%	⬆
All Cancers		**2.1%**	2.3%	⬇	3.3%	⬇
Asthma prevalence		**5.0%**	4.7%	⬆	6.5%	⬇
Coronary Heart disease prevalence		**2.3%**	1.9%	⬆	3.0%	⬇
Diabetes prevalence		**9.2%**	6.8%	⬆	7.3%	⬆

Diabetes, cardio-vascular disease and dementia are important preventable conditions locally, with direct impacts on the need for care and support and therefore prevent greater strain on health and social care services.

9. **Promoting Pillars for Good Health & Care**

1. Prevention & Early Intervention
• Preventing poor health and disability
• Identify problems early
• Access to timely treatment, care or support

2. Caring Roles	3. Causes of Poor Health	4. Supporting Good Health
• Contribution of all Carers • Supporting Carers stay physically and mentally well to continue their caring role	• Poverty and low income • Maltreatment and abuse • Unhealthy homes • Poor educational attainment • Worklessness and low pay • Social isolation	• Physically active • Healthy balanced diet • Protect mental health and wellbeing

5. Community Benefits	6. Health Protection	7. Recovery & Self-care
• Use of social prescribing • Use of resources in local communities - volunteering, open spaces, community centres, leisure facilities	• Communicable diseases • Poor air quality • Impact of extreme cold and hot weather	• Information and support to manage own health or disability • Use of technology and equipment Initiatives to maintain independence for as long as possible

The following section provides a short summary on the following population cohorts, in relation to population. It is important to remember that Service users may fall under a number of these cohorts at the same time.

10. Living Alone & Needing Support

Redbridge has an estimated 12,682 residents over 65 who currently live alone, a high number notwithstanding the relatively large over 65 populations. By 2040, this is likely to increase to 18,441 and there is the potential for growing isolation amongst the older population.

People aged 65 and over living alone, projected to 2040
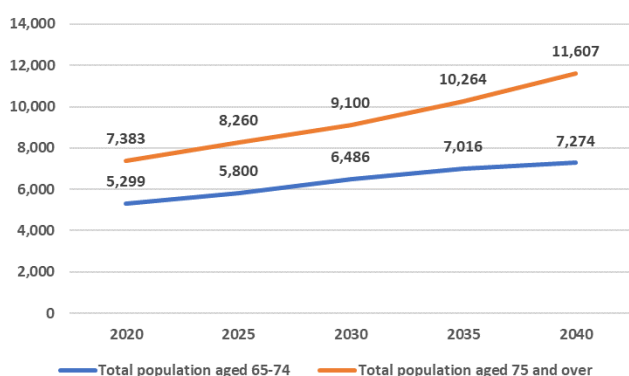
People aged 65 and over who need help with at least one domestic task
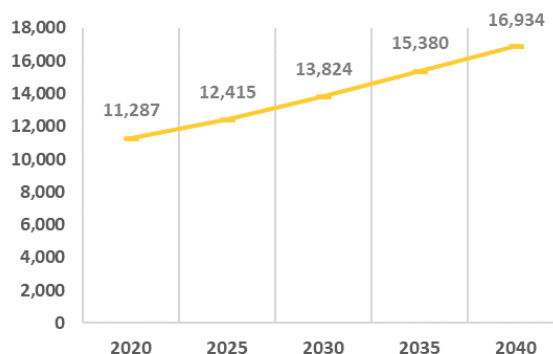
Source: POPPI & PANSI

People aged 80 and over who need help with at least one domestic task
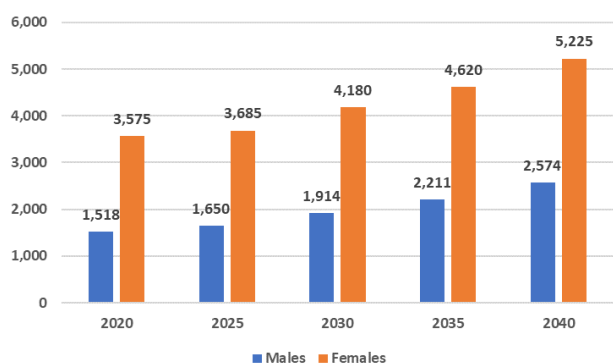
Supporting people in their own homes is an important part of ensuring that people retain their independence. The retention of links to family and community, in places where they are familiar, results in better health and wellbeing outcomes, as well as reducing the need for costly residential care.

Source: POPPI & PANSI

11. Joint Strategic Needs Assessment (JSNA)

Our Redbridge Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of our local population and is a statutory requirement of the Health and Social Care Act 2012. Developed by the Council in conjunction with our integrated our health partners it reflects the priorities and needs of the borough linking to our Health & Wellbeing Strategy and our strategic commissioning framework.

Section 4.
Working with Redbridge

If you are seeking to work with Redbridge, or already with us there are a number of areas to provide you with support including:

1. Market Development, Engagement & Support

Increasing demographic and financial pressures on both current and future services means that we need to ensure sustainably in the longer term to develop and implement new models of care which enable us to meet the needs of our residents. By being proactive and responsive in developing our care market, we can develop and sustain the market to provide the necessary services for our residents through improved outcome-based commissioning. By moving towards an outcome-based commissioning we expect service providers to be able to demonstrate their contribution to prevention and demand management, diverting people to alternative care and support where appropriate, and maximising people's independence, wellbeing, and their value in terms of cost, quality and outcomes.

2. Business Start-up, Advice, Development & Support

Our **Regeneration Strategy 2017-27** sets out how the Council is seeking to create the right environment for enterprise, by exploring the development of affordable workspace for start-ups and small businesses, and other support to help businesses start, stay and grow in the borough. Further information can be found at https://www.redbridge.gov.uk/business/business-advice-and-support/

The **Work Redbridge** service provides business start-up advice and information and currently delivered from Redbridge Central Library in Ilford. Appointments can be made through Work Redbridge by emailing workredbridge@redbridge.gov.uk

3. Provider Engagement & Support

Provider Forums: Throughout the year the People Directorate hosts several themed Provider Forums for providers of care services. It enables both providers and commissioners to work together to engage and discuss a range of operational and strategic issues; support the develop our market development and the involve service providers in the design and delivery of our current and future services.

For further information, please contact the **Contracts team** (details at the end of this document).

Tender Training: Prior to the Tendering of services for training is provider to potential bidders to understand the tender process for Redbridge.

Care Providers Voice: All Providers can join up to receive information and support from **CPV**, by visiting Care Providers Voice - By Providers, for Providers (cpvnel.co.uk)

Continuous Learning: Implementing engagement and feedback through the Commissioning Cycle and procurement activities liking at what worked well, what could have worked better into future work. Contract management by working with Providers around service delivery, meeting service users' outcomes, and service performance and feedback.

4. London Living Wage Employer

Redbridge Council is an officially accredited London Living Wage (LLW) employer. The Living Wage is an independently calculated figure which is updated annually to reflect the basic cost of living in the UK. The Council already pays directly employed staff the living wage and we have pledged to ensure that our contractors also pay the LLW. This means that Service Specifications will include the requirement for contractors to pay the LLW. Further information can be found here: https://www.livingwage.org.uk/

5. Workforce: Skills, Staffing & Volunteers

Increasing demand for services is likely to require an increase in the workforce. In order to reconcile this to the reducing level of funding it is clear that different skill sets and attributes will be required in the future. Recruitment is increasingly difficult in some professional areas which has historically led to an over reliance on agency-based staff.

Integrated health and social care services require different skill sets and there will be challenges such as merging health and social care cultures, ensuring there are clear channels of communication and the opportunity to engage the workforce across the statutory, voluntary and community sectors.

This includes a review of the current workforce development offer to ensure that training and development opportunities are aligned with need and are attractive and relevant to those seeking opportunities to progress their career as well as providing a good base line for professional development. The People Directorate will work collaboratively with its providers to support them to recruit and retain staff.

6. Public Contracts Regulations

The UK Public Contracts Regulations 2015 must be followed for all procurements where the value is equal to and above the relevant threshold. At Redbridge there is also the requirement for the advertising of opportunities and the advertising of awards on Contracts Finder for contracts over £25,000.

The Council's Contract Standing Orders (CSOs) set out the rules of engagement that officers must follow in the procurement of goods, services and works. The CSOs apply to all Contracts entered into or proposed to be entered into by the Council. CSOs also apply where the Council is acting on behalf of a partnership, other joint organisations, or as the lead Authority procuring a Framework Contract. The CSOs are designed to promote efficient and effective procurement within the statutory framework whilst maintaining safeguards of probity and good governance.

7. Procurement Process & Contract Types

The Council has contractual arrangements for the range of services it purchases on behalf of residents, regardless of the level of contribution they make towards the costs. The Council has 'usual rates' that it pays for care, which vary depending on the level of need of the person requiring support. In some case individual contracts (spots) are required for specialist placements or care packages, but the Council is limiting these to ensure appropriate management of cost, quality and outcomes for those individuals.

We are looking at the delivery of outcomes, quality and value for money and continue to work with providers to develop capacity diversity and sustainability to create a thriving local provider market particularly in relation to areas where demographic pressures suggest increases in demand. We will take a proactive approach in the procurement of services:

- Promoting efficient and effective methods to support individuals to buy care and support services for themselves.
- Service specifications will be outcomes focused, and providers will be monitored against their performance outcomes, and commissioned packages will be developed to support the delivery of improved outcomes for users and carers.
- Developing a collaborative environment in which we share information and work through challenges in order to improve outcomes and ensure market sustainability.
- Ensuring our procurement strategies align with corporate strategies and are compliant with legal processes and standing orders while minimising unnecessary bureaucracy and burdens for providers.
- Robust and proportionate quality assurance processes across all services.

8. Annual Procurement Plan

The Council's published **Annual Procurement Plan (APP)** allows our provider market to see the potential or planned procurement activity over the coming year. It enables potential suppliers to plan and prepare in advance, for when the Council goes out to tender for a variety of contracts. This is normally approved by Cabinet around march each year. You can find out more about Cabinet meeting dates here: Redbridge - Public meetings

9. Tender Process & Contractual Arrangements

The Council uses the **London Procurement Tenders Portal** for the advertising and tendering of its contracts. Further information on how to access this and view our **Procurement Strategy and Policy** can be found at www.redbridge.gov.uk/business/contracts-and-procurement/ Providers are **encouraged to register for free on the Tender Portal** to receive updates around upcoming Tenders.

10. Contract Values

The total value of the Contract determines which Tender process is used.

Up to £10,000	A minimum **one** written quotation required.
From £10,001 - £177,898*	Obtain at least **three** written quotations.
From £177,898 - £4,447,448*	**All** contracts must be exposed to a formal competitive tendering process and advertised accordingly.

PCR threshold for goods / services are correct as of November 2023. However, these are subject to changes. Revised Legislation is expected in early 2024 to replace previous EU legislation.

11. Types of Contracts used in Social Care

We use a number of different types of contractual arrangements for services for social care services and often have a number of different types of contracts in place for similar services. This can be due to the required need or specialism, market supply, cost management and levels of demand.

TYPE	SUMMARY
Block Contract	**Single Contract Provider** Depending on the value of the contract this can either be quotes or a full tender process. Up to a total maximum of 5 years - including any extensions option.
Framework Agreement	**Multiple Providers** List of providers that have been approved, accredited and been through a tender process that we call-off or buy from. Depending upon the farmwork it may re-open on a stated term where it is agreed for providers to submit bds to join the framework or it can be closed until the framework end. Maximum contract of 4 years only - no extensions allowed.
Dynamic Purchasing System (DPS)	**Multiple Providers** Fully electronic process for providers to be part of a marketplace. It is a mini competitive process which is always open and is a therefore providers compete every time for business.
Dynamic Purchasing Vehicle (DPV)	**Multiple Providers** Similar to a DPS, but Providers can only be joined at specific times when the DPV is opened. Maximum contract of 4 years only - no extensions allowed.
Approved Provider List (APL)	**Multiple Providers** Set of approved providers approved for use by the Council or self-funders.
Spot Purchase	**Single Contract Provider** Used as and when required, or for specialist services not available able under other contract options.
Section 75 Arrangements	In Redbridge, the Reablement Service and Adult Emergency Duty Team Service are under S75 arrangements with the NHS. These are partnership agreements, legally provided by the NHS Act 2006 and allow budgets to be pooled between local health and social care organisations and authorities. Section 75 of the National Health Service Act 2006: National Health Service Act 2006 (legislation.gov.uk)

> - As and where it is appropriate to do to ensure best value and quality control, we are reducing and shifting away from spot contracting arrangements. For example, these are used where there are high demand services - such as Homecare, External Day Opportunities and Supported Living.
> - Instead, we are looking to utilise other arrangements, such as Frameworks and DPVs, where Providers will need to tender to be on these frameworks in order to receive work and referrals.
> - This supports both us and providers in terms of maintaining quality, demand and package cost and placement.

12. Transfer of Undertakings (Protection of Employment) (TUPE)

TUPE applies to when a business is transferred from one organisation to another. TUPE regulations protect employees' rights when they transfer to a new employer. A TUPE transfer happens when: (i) An organisation, or part of it, is transferred from one employer to another; (b) A service is transferred to a new provider, for example when another company takes over the contract for office cleaning.

As part of the Tender process, we are required to collect Employee Employment information on those employees who would be eligible for TUPE if the service is transferred to a new provider. The links below provider further information on TUPE legislation and procedure.

- https://www.gov.uk/transfers-takeovers
- https://www.cipd.co.uk/knowledge/fundamentals/emp-law/tupe/factsheet#gref
- https://www.acas.org.uk/tupe

13. Social Value

Since the introduction of the **Public Services (Social Value) Act 2012**, public bodies must consider how commissioned and procured services improve the economic, social and environmental well-being of the local area. Social value is the additional benefit that a contract can deliver to the local community over and above the benefit of the goods and services themselves. It covers the following areas: Social, Economic & Environment. In line with best practice nationally, social value should be considered in all contracts including goods, services above threshold.

The approach for contracts that fall below the threshold should be to maximise social value outcomes where possible. Current Redbridge Council policy is for social value to be weighted at a minimum of 10% of the overall criteria, for all contracts over £100,000. Tenderers are required to propose credible targets against which performance (for the successful tenderer) will be monitored. However, it is important for staff commissioning or buying goods or services to consider what social value they can generate through all of their contracts regardless of the value.

14. Our Contracts Register

As part of the **Local Government (Transparency Requirements) (England) Regulations 2015**, Redbridge holds a Contracts Register which is available to the public. Our Contracts Register is used to:

- Support businesses both voluntary and charitable, inc. local business and large and small, to view the opportunities that may be upcoming and incumbent suppliers for which they may become part of the supply chain linked to our contract.
- Forward planning of upcoming contracts to support Tendering opportunities.

Where a contract has been awarded, and the value exceeds £25,000, the Contract details are published on the Council's Contract Register, via the Electronic Procurement System.

15. Regulation - Care Quality Commission

The **Care Quality Commission (CQC)** is the independent regulator of health and adult social care in England. They ensure care services provided to people are safe, effective and of high-quality care. It has a statutory responsibility to monitor and assess the financial sustainability of those care organisations that local authorities would find difficult to replace should they fail and become unable to carry on delivering a service, so they can work with local authorities with their responsibility to ensure continuity of care if services are likely to fail.

They have market oversight and regulation of adult social care organisations - care homes with / without nursing, as well care that is provided in your home and supported living accommodation. And they provide regulation of other health and care services: Hospitals, GPs, Dentists, Clinics, community and mental health services. For further information, contact the CQC on 03000 616161 or visit: www.cqc.org.uk

16. Quality Assurance

As a local authority we have a responsibility for ensuring that our services are of a high quality, and that we support them to improve where there are concerns. Our core principles aim to ensure we have a consistent and embedded approach to quality. These are:

CORE PRINCIPLE	AIM
Person-centred Care	Service users receive, have care or treatment that is tailored to them and meets their needs and preferences.
Positive Experience	Service users must receive services that treat them with compassion, dignity and respect at all times and services must respond to individuals' diverse needs and meet those needs in ways that the individual has chosen, with support from professionals.
Effective	Service users receive care that promotes a good quality of life and is based on best practice.
Safety	Service users must not be given unsafe care or treatment or be put at risk of harm that could be avoided.
Safeguarding from Abuse	Service users must not suffer any form of abuse or improper treatment while receiving care.

Through our Quality Assurance team this approach ensures that we meet our regulatory requirements under the Care Act 2014, (www.gov.uk - contains a range of factsheets covering the Care Act), Care Quality Commission (CQC) and National Institute for Health & Care Excellence (NICE - www.nice.org.uk) best practice. It will also ensure that service users and stakeholders' needs are met, and organisational performance and continuous improvement is supported.

17. Adult Social Care Performance

The **Adult Social Care Outcomes Framework (ASCOF)** measures how well care and support services achieve the outcomes that matter most to people. It is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability to improve services. It has four key areas under which the performance indicators are grouped, which are:

Domain 1	Domain 2
• Enhancing quality of life for people with care and support needs.	• Delaying and reducing the need for care and support.
Domain 3	**Domain 4**
• Ensuring that people have a positive experience of care and support.	• Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

For further information visit: www.digital.nhs.uk

18. Provider Failure & Support

The Care Act 2014 gives local authorities clear legal responsibilities ensure that the needs of people continue to be met should their registered care provider become unable to continue to provide care because of business failure, no matter what type of care they are receiving. This applies to an adult's care and support needs and a carer's support needs.

Our **Provider Failure Policy** sets out what this duty means and the Council's approach to ensure that adults and carers are not left without the care or support needed if their care provider becomes unable to carry on providing it because of business failure. Local authorities have responsibilities to all people receiving care, regardless of whether they or the local authority pay for that care, or whether it is funded in any other way.

Should a care provider fail financially and services cease, the local authority must take steps to ensure that all people receiving care do not experience a gap in the services they need. For some people, that may only require the provision of information and advice on alternative services available locally, to help them choose a new provider. The policy sets out the Councils procedure to ensuring that adults and carers are not left without the care or support required if their care provider becomes unable to carry on providing it because of business failure.

Whilst this procedure largely focuses on the Council's approach when there is business failure, the Council's priority is to work with all registered care providers in the borough, to avoid the risk of business failure and to minimise the disruption and impact for service users of any such failure. The Council will proactively support providers and build relationships to ensure that the risk of business failure is identified and well understood and that steps are being taken in a planned way to mitigate this risk.

19. Our Values & Approach

If you are looking to work with us, Providers will need to consider the key aspects below as part of their service offer:

Affordability

Adopt and apply a fair cost that is affordable for the authority public purse, service users and provider sustainability.

Cross-provider Partnership Working

Be totally committed to working with other providers in the local market in supporting service users for their holistic benefit.

Promote Positive Risk Taking

Where appropriate, achieve a balanced approach to risk which gives service users control and the right to make mistakes without serious implications for their security and safety.

Embed Carer Support in all Services

That the service recognises the wider care and support needed by supporting or sign-posting carers to support services.

Deliver Person Centred & Outcome-based Services

Working with service users to achieve realistic and achievable goals and outcomes to make a difference that can be maintained and improve quality of life. Cares for the 'whole-self' of the service user by ensuring that mental health is embedded as core criteria alongside any physical or other care need.

Innovate & Respond Flexibly

To adapt and meet changes in a person's circumstances; the social care market needs; the wider-care, support needs at times of increased demand and need and be innovative in-service care and delivery - utilising new technology where possible.

Embed Equality & Diversity

Embed and promote equality of access to all and ensure that the service responds to the needs of a diverse community. Support the cultural needs of the diverse population where appropriate throughout all services.

Service Reviews

Undertake regular reviews of existing services and commission on the basis of both current and future need. Providers need to be aware that this can mean changes to existing services, but that providers are key stakeholders within the commissioning process.

Embed & Implement Progression

Embed and promote the service user's progression model with all service users and Carers, family members. Enable all people to move on when they are able and reduce where appropriate reliance on services. Support services users with stepping up and down through services to meet their current and changing needs.

Supporting the Service User Journey

Understand that this is part of their care and support journey and not the just the 'destination'. Allowing people to try new experiences with other services - building social networks and reducing isolation - supporting them to feel part of the community by connecting people together.

Promote Independence & Participation

Focus on assisting service users to realise their potential and aspirations in the context of maintaining their independence, wellbeing and participation in the community, to reduce social isolation, promote social inclusion and integration. Treating service users as individuals and promote their dignity, independence, self-determination, and entitlements associated with citizenship.

Redbridge Disability Charter

Embed the aim and key principles in the 'Redbridge Disability Charter', which is a set of principles that inform commissioning processes to improve the quality of life for residents with a disability or mental ill-health. It will ensure that services are person centred, designed with people who use them and promote independence, choice and control by working in partnership, understanding disability and monitoring impact.

Our Learning Disability Progression Model

This is *'A person-centred approach which allows people, to be given a free choice will choose to be more independent than dependent, with most people with a Learning Disability being capable of learning, albeit at their own pace'*. The purpose of care and support interventions are to help people achieve their aspirations and by implementing this approach, it means that practice is based on:

- ✓ Focussing on strengths, rather than a deficit based, assessment and support planning.
- ✓ With an emphasis on improving and sustaining independence living abilities.
- ✓ Recognising the difference between maintenance and development needs.
- ✓ Use goal directed support planning.
- ✓ Undertake outcome focused reviews.
- ✓ Take a positive risk management.

20. Strategic Links

This document links to a number of other Redbridge strategic documents, including:

- Health & Wellbeing Strategy
- Carers Strategy
- Peoples Commissioning Strategy
- Redbridge Plan
- Housing Strategy
- SEND Strategy

- Local Plan
- Substance Misuse Strategy
- Suicide Prevention Strategy
- CQC Inspection requirements
- Other thematic strategies that can be found at www.redbridge.gov.uk

Section 5.
Market Areas

1. Redbridge Services

Redbridge's Adult Social Care Service has a vision to ensure our services promote individual wellbeing, keep people safe, support people to do as much as they can for themselves and allow them to live as independently as possible in their own home and communities.

Adult Social Care commissions several services through external procurement, but also has a small number of in-house services. These are:

AT HOME	ACCOMMODATION	CARERS
• Homecare • Telecare & Lifeline	• Dementia Care Beds • Extra Care (in-house) • Residential & Nursing Care • Respite Beds • Shared Lives • Supported Living	• Carers Advice, Wellbeing & Support • Carers MH support • Dementia day respite • Early Dementia Support
MENTAL HEALTH	PHYSICAL & SENSORY SUPPORT	BME
• Hoarding clearing service • MH Befriending • MH One-Stop Shop • MH User Led Organisation • Hoarding clearing service	• Disabled Women's service • Equipment service • Falls Prevention • MS Support • Sensory Support service	• BME day centres & support

LEARNING DISABLITY	PERSONALISATION	OLDER PEOPLE
• LD Befriending • LD & MH Day opportunities (in-house & external)	• Direct Payments & Personal Budgets	• Older people's day centre • Older people's advice and information service
HOSPITAL DISCHARGE	OTHER	
• Home, Settle & Support • Reablement • Emergency Duty Team	• Advocacy • Appointeeship (in-house) • Public Health Funerals	

This list was correct at the time of publication.

2. Market Life Cycle Stages

Business markets and products and services often go through a number of life cycle stages. These can be outlined and summarised below. This helps understand some of the key factors in ration to the current market maturity, focus of the business, and what the local authority needs to do to stimulate market growth.

POSITION IN MARKET	Development & Emergence	Growth	Maturity & Saturation	Decline or Rebirth	
COMPETITION LEVEL	Minimal - new market share	Fragmented - new entrants increasing	Strong - saturated market	Extreme - leading to market exits	Fragmented / Strong
COST FOCUS	Cost recovery	Breakeven recovery	Cost maintenance	Essential spending	Re-building finance
COST LEVEL	High	Medium	Low	Restricted	Medium / High
MARKET BARRIERS	Low	Increasing	High	High	Medium / High
MARKET GROWTH	High	Growing	Lower	Very Low or None	Growing
PRODUCT / SERVICE DIFFERENTATION	High	High	Standardisation	Very Low / Exit Market	Medium / High
PROFIT LEVEL	Low	High	Sustained	Very Low	Low
STRATEGY FOCUS	Innovation	Ability to grow market share	Maintaining market share	Ramp down & disengage	Re-growing market share

3. Types of Provider Markets

This strategic plan is aimed at the following provider markets:

PROVIDER MARKET	MARKET POSITION RELATING TO REDBRIDGE
In-house Council Provision	Service provision which is owned and provided directly by the Council or as part of Section 75 arrangements.
Currently Commissioned	Those providers who we currently commission either through block or spot arrangements.
New Business Start-ups	New businesses who are looking to set-up service provision on the borough and work with the Council.
Existing & New Third Sector	Not-for-profit companies such as registered charities, community, voluntary organisations, and community interest companies (CIC).
Business Service Expansion	Providers who are looking to expand their operations into the borough whether existing or new.

4. Benefits of Provision Management: In-house, Shared Services and External Providers

In-house Service benefits, can provide:
- A more flexible approach (instead of being held in a rigid contract), as long-term contractual arrangements can be costly to change.   - Deliver and manage financial efficiencies and improve service quality, where quality has been poor.   - More long-term financial stability through service continuity as not subject to tendering process and provider change and in addition private and third sector providers can be more vulnerable to mergers and acquisitions.   - More accountability for service delivery to the community through Council governance.   - Improved pay, pensions, employment stability and career opportunities and can be more attractive to potential workforce.   - Retain control over services, offer local training and employment opportunities and help local funding stay within the borough, rather than from profits to shareholders.

Shared Service benefits, can provide:
- Integration with health through section 75 partnership arrangements, which can reduce duplication of provision and provide a more holistic service approach in service for service users.   - Bring resource and financial efficiencies across partners through joint management arrangements and use of shared accommodation and joint approaches.

Shared Service benefits, can provide:

- Flexibility across partners if there are limited providers in the market and can provide clearer and reduced pathways and referral efficiencies, meaning fewer multiple agencies to work with especially for hospitals trusts in discharge pathways.
- Increased employment and staffing career opportunities through shared staff learning, experience and skills development in relation to both social care and health.

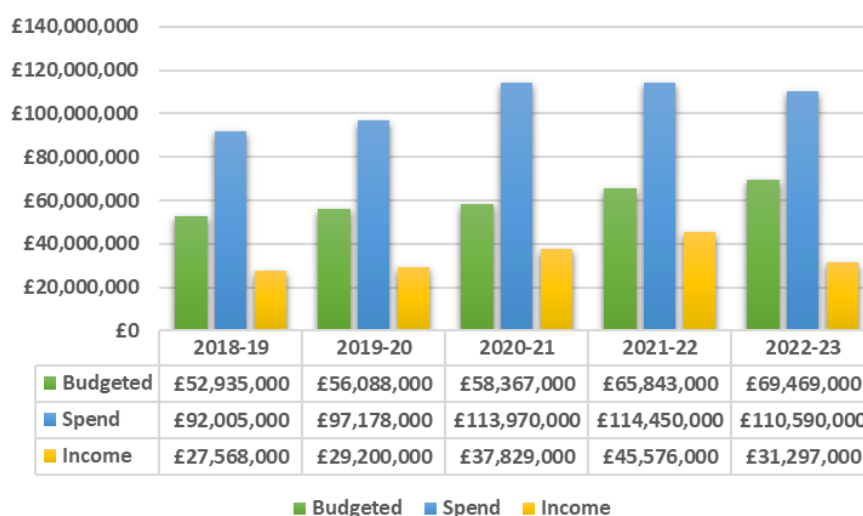| External Providers benefits, can provide: |
|---|

- Experience of working and delivering in their particular fields and bring in expertise and delivery more quickly.
- Greater access to technology, willing to invest in new technologies and innovation in this field.
- Tendering out to the external market can bring efficiencies in relation to expenses such as salaries, infrastructure, technology, equipment costs and only pay for the actual work that is delivered.
- Choice for both commissioners and service users using a number of different providers through framework type arrangements.

5. Adult Social Care Finance

This section outlines and highlights key areas of spend for Adult Social Care services.

Adult Social Care: Budget vs Spend

|	2018-19	2019-20	2020-21	2021-22	2022-23
Budgeted	£52,935,000	£56,088,000	£58,367,000	£65,843,000	£69,469,000
Spend	£92,005,000	£97,178,000	£113,970,000	£114,450,000	£110,590,000
Income	£27,568,000	£29,200,000	£37,829,000	£45,576,000	£31,297,000

This table shows the Adult Social Care spend against budget over the last 5 years.

Adding in the income received the yearly gap is outlined below, demonstrating the funding gaps in Council spend of adult social care services.

Yearly Gap Difference
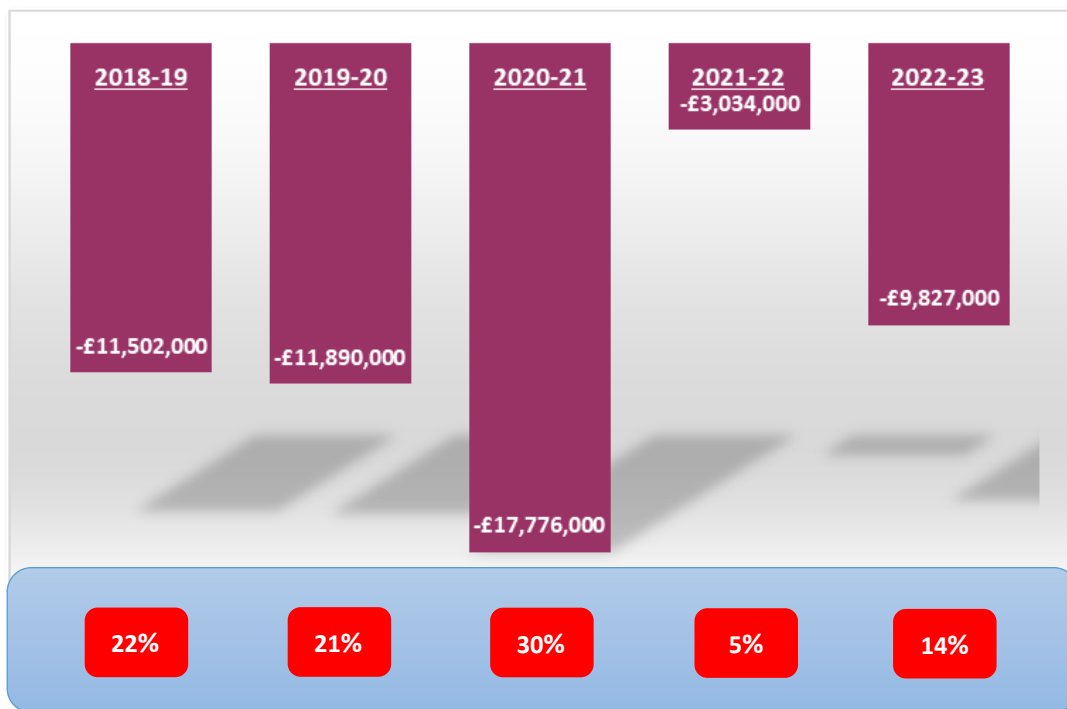
Here you can see the difference between the budget and spend (taking into account income) over the last five years. This difference due to a number of significant factors:

- Reduction in central government funding.
- Increase in demand and complexity of need.
- Inflation increases.
- More people falling into ill health and poverty and less able to pay for care.
- People living longer requiring a longer period of care / or higher cost care.

Annual Area Spend
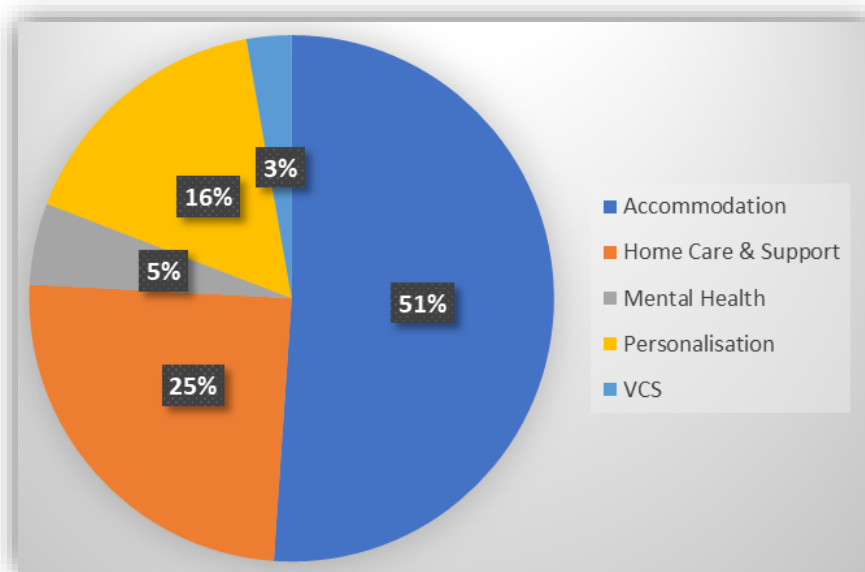
Accommodation (Residential, nursing, supported living and extra care) generates highest area of spend for adult social care, followed by homecare support as these are generated by an assessment of need, which is seeing an increase in demand.

Voluntary and community sector spend is generally blocked based contracts providing lower level, prevention and advice and support services.

Annual Accommodation Spend (Gross)
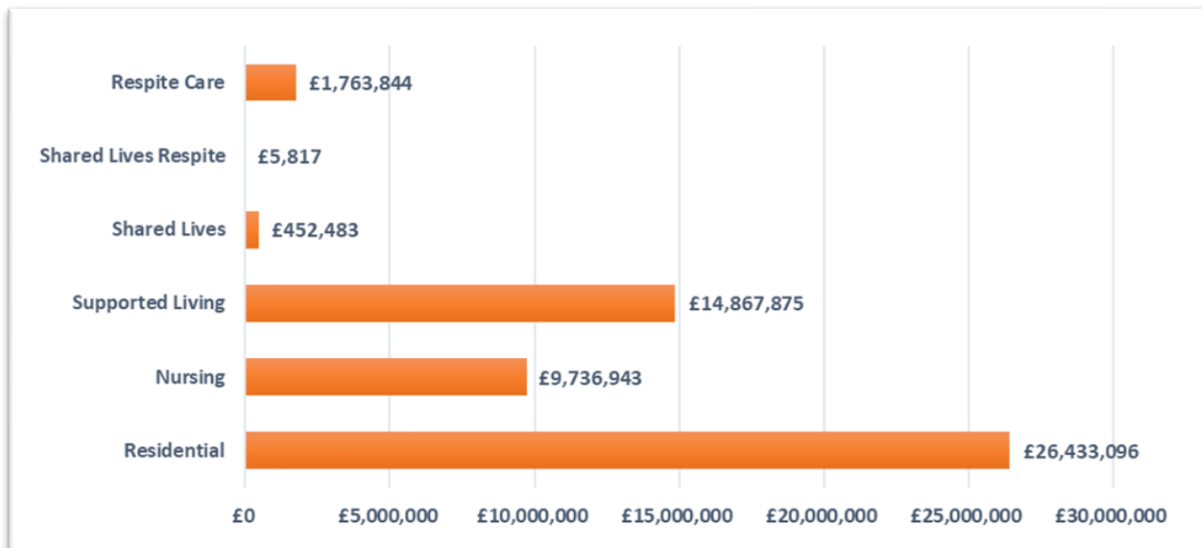
Supported Living is the second highest area of spend in relation to accomodation based care and support. Going forward we want re-profile these spend area to see a reduction in areas of residential and supported living by seeking to increase spend in areas such as our Shared Lives scheme, Homecare and Extra Care.

Weekly Spend - Accommodation (Gross)
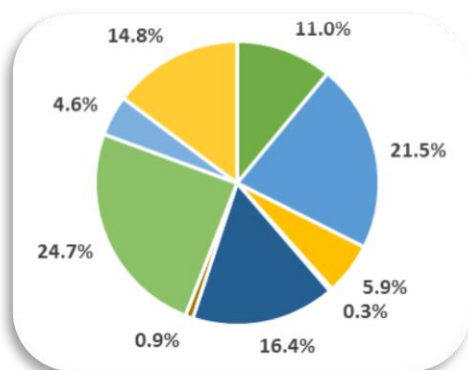
Weekly Spend - Accommodation (Net)
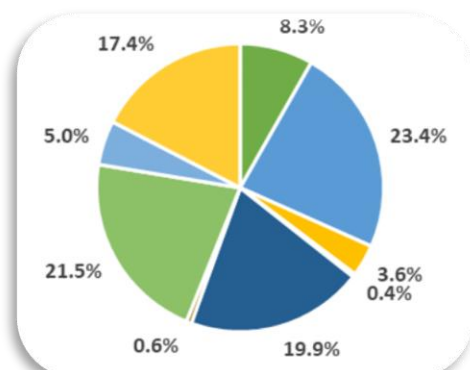
- Nursing
- Residential
- Residential - Sanctuary
- Shared Lives
- Supported Living
- Extracare
- Homecare
- Daycare
- Direct Payment

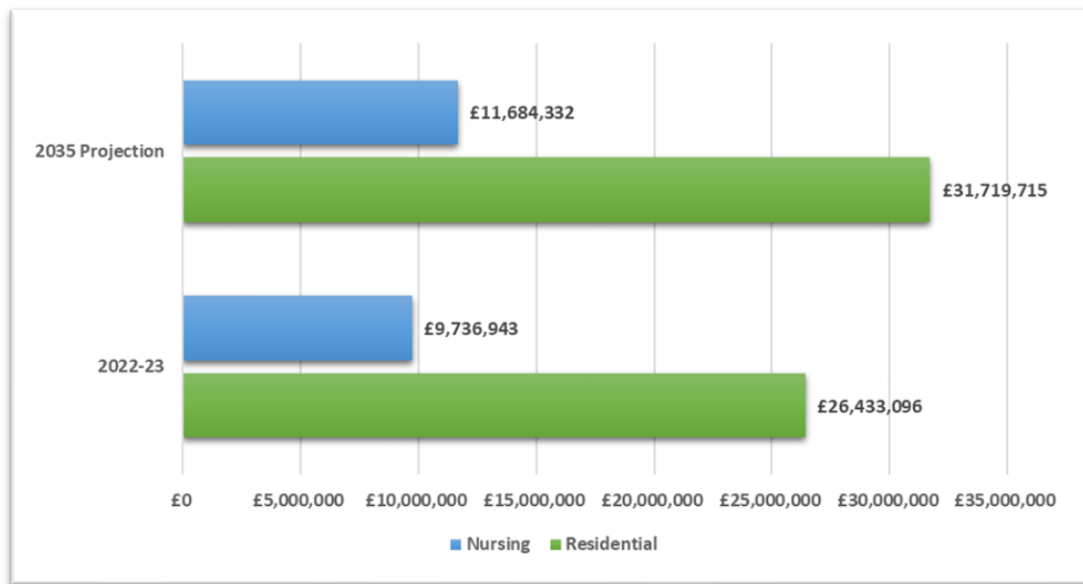## Residential & Nursing Care Future Projected Spend

The cost for residential and nursing care is projected to increase due to a number of factors:

- An increasing and ageing population, with people living longer.
- People entering residential and care at an older age and when their needs are higher.
- Increasing complexity of need across older people and those with learning disabilities.
- People's ability to pay for care.

5. Service User Cohorts

Carers

Data from the 2021 Census shows that approximately more than one in 20 people (21,395 residents) were providing unpaid care as of 2021 (Census data). Around 2,900 of our Carers are registered with our Carers Support Service, which is significantly fewer than the overall amount and approximately 3,000 young adult Carers, with only 191 registered, with 50% providing care for over 50 hours weekly. Research from Carers UK indicates unpaid carers contribute £626m to the Redbridge economy, around £29,259 per head.

Like all authorities the borough benefits from Carers providing direct support to family and friends. ASC does directly support those carers whose circumstances qualify them for assistance. This is invariably more cost effective than if the support was supplied directly by the authority. The life expectancy of clients especially for those with a learning disability has improved dramatically over the last 30 years. While this is to be clearly welcomed, it also means that there are an increasing number of older parents, relatives and friends who with their own advancing age will not be able to continue to give support therefore in the long-term increasing the responsibility and cost to the authority.

Percentage of people providing unpaid care 2021
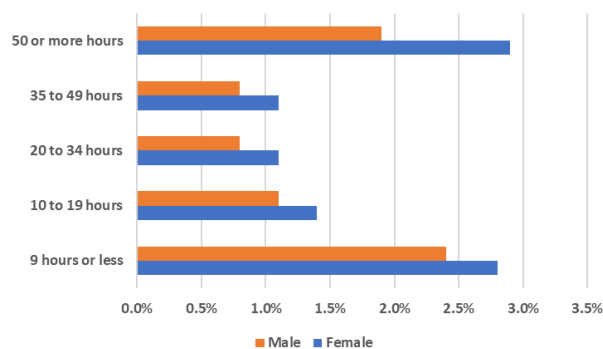
Source: ONS 2021*

People aged 65 and over providing unpaid care to a partner, family member or other person
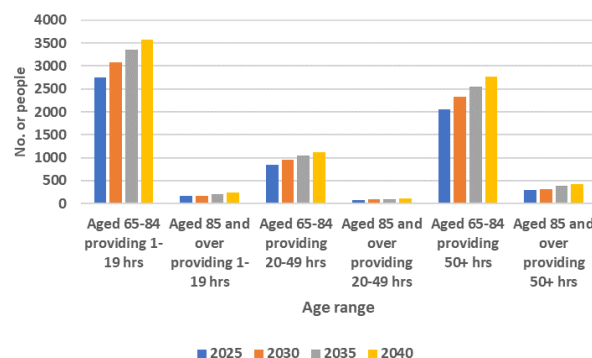
Source POPPI**

Nationally, 2021 saw a slight decrease in those aged 5 years and over providing unpaid care in 2021 (9.0%), down from 11.4% in 2011. Potential contributing factors for this change could include:

- *COVID-19 guidance on reducing travel and limiting visits to people from other households.*
- *Unpaid carers who previously shared caring responsibilities may have taken on all aspects of unpaid care because of rules on household mixing during the pandemic.*
- *An increase in the % of people reporting very good health and a decrease in the % of people that were disabled in 2021 compared with 2011, which could have led to a reduction in the need for unpaid care.*
- *Excess deaths were highest in the older population and peaked at the beginning of 2021, which could have led to a reduction in the need for unpaid care.*
- *Changes in the question wording between 2011 and 2021 may have had an impact on the number of people who self-reported as unpaid carers.*

**Census data is the updated data set while POPPI & PANSI is based upon Census 2011 and subsequent estimates and projections.

- There are over 21,395 people in Redbridge were looking after someone without being paid which equates to more than one in 20.
- In 2021, 10,956 people were providing more than 20 hours of unpaid care a week, including 5,853 people doing so for more than 50 hours a week.
- Redbridge ranked fifth highest of London Boroughs for proportion of residents who provided unpaid care.
- The 2021 Census identified 21,395 unpaid carers in Redbridge. Unpaid carers contribute £626 million per annum to the Redbridge economy, and £29,259 per head. 10,956 of Redbridge unpaid carers care for over 20 hours per week, with 5,853 caring for over 50 hours per week.

Dementia

As the population gets older, there will be an increase in the number of people who are affected by Dementia and in means that more unpaid Carers will need support to carry out their caring role, especially when the looked after persons behaviour becomes challenging, with two thirds of people with dementia living at home. This means that we also need to provide support to carers as well as those diagnosed with dementia to help prevent them falling into crisis and enable them to live well at home and in their local community.

People aged 30-64 predicted to have early onset Dementia

Sources: POPPI & PANSI
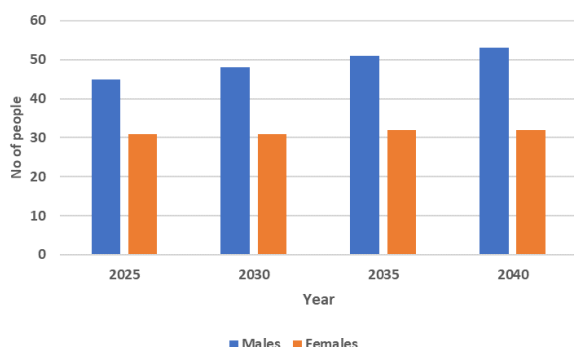
People aged 65 and over predicted to have Dementia
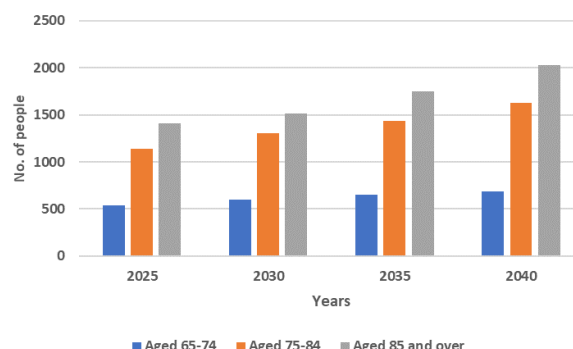
Figures from the NHS show 2,670 people aged 65 and older were estimated to have dementia in March 2023, of those 1,694 (63.4%) had a formal diagnosis. This represents an increase of 45% in formal diagnosis in the last 12 months and an increase of 45.6% in estimated figures.

As of 31 March 2023, of the 1,737 clients aged 65 and over in receipt of long-term support from Adult Social Care 469 or 27% had a recorded health condition of dementia. There were 204 clients recorded as being in specific dementia (EMI) nursing / residential placements. In Redbridge, social care accounts for the largest proportion of the cost of dementia, and this is expected to grow by nearly 70% from £66.6 million in 2019 to £113 million in 2030.

Learning Disability

The number of people with learning difficulties that are supported by parents who themselves are getting older. Over this period more will be unable to continue to support their child as either, they themselves need support, or die. This will inevitably lead to a greater role for the local authority in giving these individuals support and may lead to the need for greater specialist accommodation.

People aged 18-64 predicted to have moderate or severe LD and be living with a Parent

Sources: POPPI & PANSI
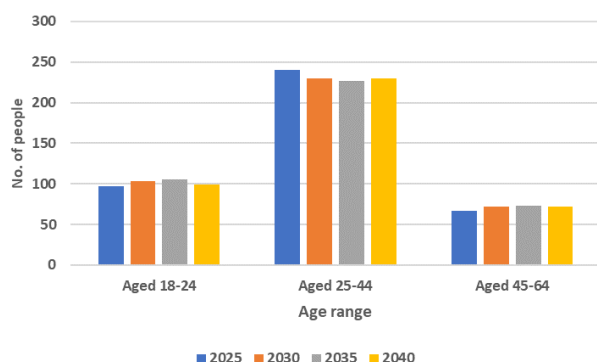
People aged 65 and over predicted to have a Learning Disability

Data from POPPI and PANSI has been used as a holding position data set. Results from the NEL system wide diagnostic work on Learning Disabilities, Autism and Mental Health should provide an updated more detailed understanding of these client groups.

Mental Health

It is currently estimated 35,748 adults aged 18-64 in Redbridge have a common mental disorder. This represents 18.7% of adults in this age group, compared to 18.9% for London as a whole. This figure is estimated to remain similar at 18.8% by 2035. Common mental disorders include depression and anxiety, they cause emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cost of common mental health disorders to society is great.

People aged 18-64 predicted to have a Mental Health problem*

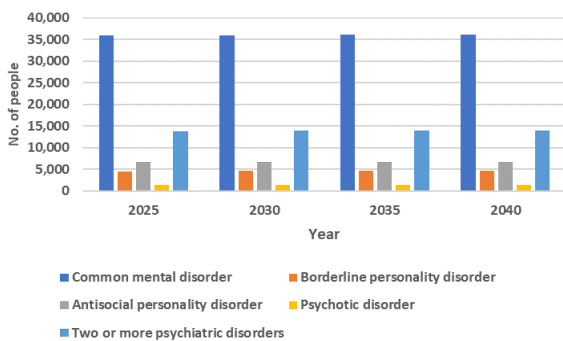### People aged 65 and over predicted to have Severe Depression*

Source: POPPI & PANSI*

Data from POPPI and PANSI has been used as a holding position data set. Results from the NEL system wide diagnostic work on Learning Disabilities, Autism and Mental Health should provide an updated more detailed understanding of these client groups.
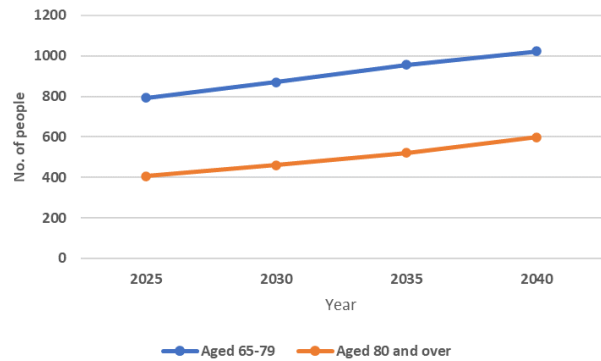
Older People

There is an increasing number of older people living longer and as they are ageing; they are more likely to develop multiple long-term conditions which will need managing - both physical and mental condition leading to an increased risk of falls. This rise is likely to mean an increased demand for social care services, especially in the over 85 years of age group.

Projected no. of people aged 65 and over to 2043
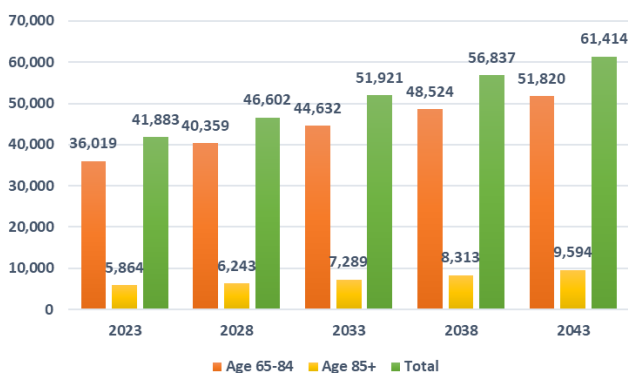
Source: POPPI

People aged 65 and over with a limiting long-term illness
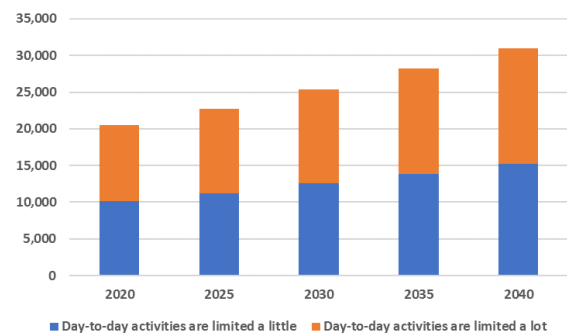
Source: POPPI

Transitions

The total expected number of service users moving over to adults broken down by age.

No. of CYP cases moving into Adult Care

Source: CWDT
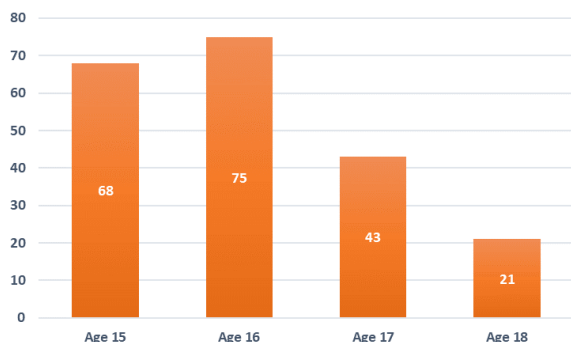
- 44 out of the 63 individuals who are 17+ suffer from learning disabilities. The remaining 19 individuals are evenly split between mental health and physical disability.

- Between 5 to 10 transition placements a year require full-time accommodation, subsequently highlighting the need for alternative provisions of care through respite care / homecare which may be a more cost-effective solution.

The data above refers to the total expected number of service users with a care package transitioning over to adults in the next three years. This cohort may put extra pressure onto services and therefore consideration must be taken when planning specialised accommodation long term. It is pivotal we grow LD Residential Care and Supported Living placements to match future projections and essential to provide young people stability and a place to meet their needs long-term to promote wellbeing.

- Data suggests within Redbridge, 9,530 residents aged 18-64 have impaired mobility.
- For those with a form of hearing loss or visual impairment, the population is estimated at 16,764.
- Data suggests just under 4,000 people aged 18-64 are thought to have a serious physical disability, with a further 14,000 having a moderate disability.
- For those with a serious visual impairment it estimates the population at 130.
- The number of people with a moderate or severe hearing loss stands at 22,300 and a further 500 with profound hearing impairment.
- Currently the council provides long-term support to over 2,300 clients.
- 7,530 residents in Redbridge live with sight loss. Only 475 people have registered as partially sighted or blind between the ages of 18-64.

People aged 18-64 predicted to have impaired mobility
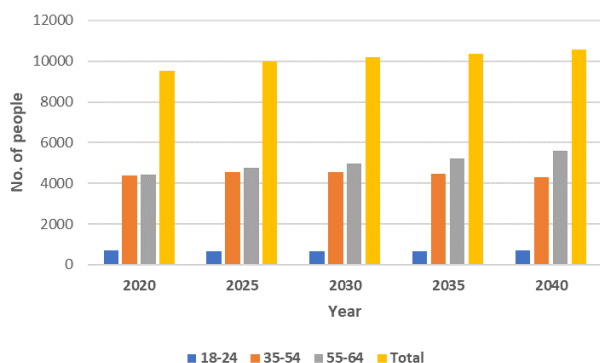
People aged 65 and over unable to manage at least one mobility activity on their own*
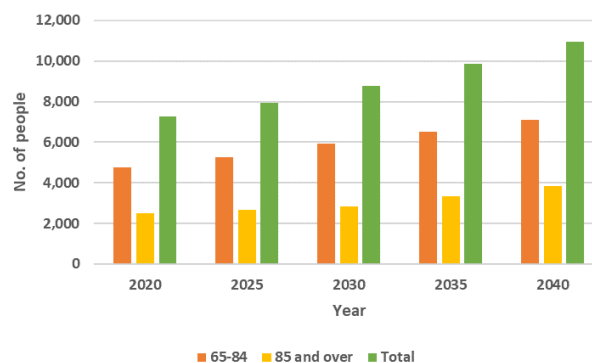
Sources: POPPI & PANSI
Activities include going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

People aged 65 and over predicted to have a moderate or severe, or profound, hearing impairment
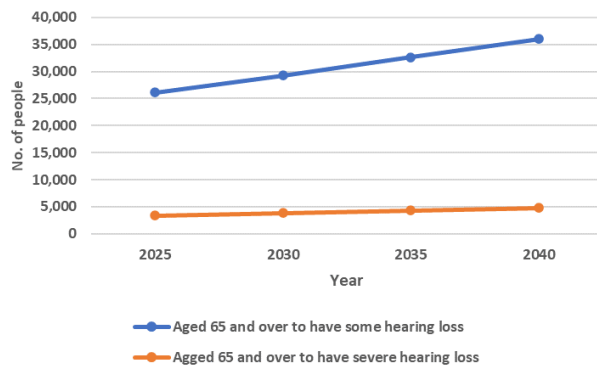
People aged 65 and over predicted to have a moderate or severe visual impairment
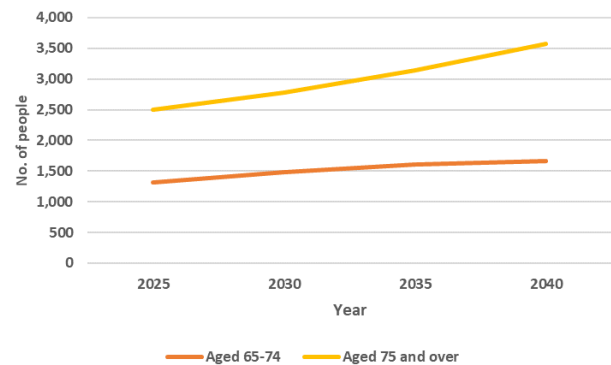
Sources: POPPI

6. Summary Overview of our Market picture

We can view our Redbridge market and future intentions in relation to the following areas:

1. MAINTAIN	2. GROW	3. BALANCE	4. DEVELOP
Areas we need to sustain.	**Areas that we need more off.**	**Areas where we have an oversupply.**	**Areas that we need to create.**

Future Market Area Summary

Please see actual detail for further understand for each service area, Detailed Market Areas & Future Intentions

MAINTAIN	• Homecare • Residential Care • External Day Opps • Internal Day Opps
GROW	• Intermediate care - D2A alternatives • Extra Care • Shared Lives • Alternative use of Supported Living - Respite, Intermediate Care, Extra Care

BALANCE	• Supported Living

DEVELOP	• Prevention & early intervention services • Further technology solutions for: o Sensory services o Carers and people with Dementia o Falls prevention

7. Summary of Redbridge Rates

Day Opportunities

Council (Internal) Day Opportunities

Care Need	Full-Day Rate*
Physical Disabilities	£60.76
Learning Disability	£65.18
Older Adult	£39.37
Dementia and High Dependency	£88.88

External Provider Day Opportunities (DPV)

Care Need	Lot 1: Full-Day Maximum Rate*	Lot 2: Full-Day Maximum Rate*	Lot 3: Full-Day Maximum Rate*
1 to 1 Support: High	£153.93	£154.77	£164.01
2 to 1 Support: Medium	£94.10	£94.90	£103.70
3 to 1 Support: Low	£76.60	£77.40	£86.20

Homecare

Framework

Care Need	Rate (per hour)
Homecare (all service user cohorts)	£20.95
Sleep-in	Negotiated

Residential & Nursing Care

Care Need	Rate (per week)
Residential	£664.79
Residential Dementia	£731.88
Nursing	£747.94
Nursing Dementia	£754.61

All rates correct at time of publication of this document.

8. Detailed Market Areas & Future Intentions

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Future Intentions & Market Messages for <u>all</u> Services

</div>

1. Ensuring cost transparency

- Ensuring a fair, transparent, and cost-efficient manner when awarding contracts, care packages and having clear breakdown of provider costs.

2. Delivering traditional core services well to maximise outcomes

- Deliver our basic core services such as homecare, residential care etc. well and efficiently, to prevent and reduce further escalation.

3. Encouraging innovation and technology

- Explore assistive technology solutions across all services to aid and support people to stay safe at their residence and assist care providers with understanding clients' needs allowing them to utilise resources more efficiently.

4. Reducing spot contract arrangements

- As and where it is appropriate to do so, ensure best value and quality control through reducing and shifting away from spot contracting arrangements to. Instead, we are looking to utilise other arrangements, such as Frameworks and DPVs, where Providers will need to tender to be on these frameworks in order to receive work and referrals. For example, these are used where there are high demand services - such as Homecare, External Day Opportunities and Supported Living. This supports both us and providers in terms of maintaining quality, demand and package cost and placement.

5. All services are inclusive for everyone

- As part of the borough's diversity and inclusion, we must also take into consideration of the needs of the LGBTQIA+ (lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies) in relation to service provision, to ensure that residents feel safe in that they will not be discriminated against, especially in multiple and mixed accommodation settings. Except where legislation allows i.e support services for victims of domestic violence.
- Services must support all sections of the community and the cultural diversity of residents by ensuring compliance with Equalities legislation and protected characteristics.

7. Implementing quality and workforce standards for unregulated markets

- Using Framework / Dynamic Purchasing Vehicle contract arrangements will ensure quality standards within the provider market are established and sustained, linking into Adult Social Care CQC inspection requirements such as as supported living.

8. Commissioned services supporting Personalisation and Self-funders

- Our purchasing approach will support choice, control and value for money for our commissioned services to be able to support those wishing to use Direct payments, Personal budgets and self-funding.

9. Ensuring service user throughput in services when appropriate

- All provision will need to ensure efficient throughput of service users (when appropriate and supported to do so) to ensure other service users can access the service and service users outcomes are achieved.

Future Intentions & Market Messages for Service Areas

1. Physical Disability & Sensory Support

What do we know?

Anyone may become disabled - this could be through an accident, or gradually through illness, while and some people are disabled from birth. A person is considered disabled if they have '*a self-reported long-standing illness, condition or impairment, which causes difficulty with day-to-day activities*.'

People with disabilities includes those with a physical, communication, general, sensory and / or neuro-disability including acquired brain injury. Whatever a person's disability, there are a range of different support options available that can help a person with disabilities to support with day-to-day activities, independence, inclusion and more specialised high need care. Social services also work closely with housing to utilise use to the Disabled Facilities Grant (DFG) to make suitable adaptations to residents' homes with the number of households likely to need wheelchair adapted housing projected to increase by 1,900 over a 22-year period. However, one of the key challenges is the length of time it takes from the initial application through to assessment and finally the adaptations taking place, as there is a significant workforce challenge with the lack occupational therapists available across the country.

Current Arrangements

Council service:
- Telecare & Lifeline

Commissioned Provider services:
- Sensory support service including CVI Register
- Residential and nursing care
- Homecare services
- Voluntary services for those with disabilities including MS
- Redbridge is the lead commissioner for the Integrated Community Equipment Service (ICES) between Redbridge, Havering, and local NHS.

Intentions

- Develop new opportunities to maximise independence for people with physical or sensory disabilities to live in the community, through helping people into employment, live independently in their own homes, be confident in their use of assistive technology and maintain and improve their health and wellbeing - both through a range of targeted and universal services.

2. Carers Support

What do we know?

Supporting all carers where identified is essential to help manage demand, support those being cared for and provide essential support for carers to minimise carer breakdown. The support which carers give is a vital part of the health and social care system. They are bridging the gap between health and care services and provide a vital lifeline to those they care for and are essential partners to health and care services, and as such the Council is committed to doing more for Carers.

A person is a provider of unpaid care if they *'look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability. '*

Carers find that they cannot access the support they need to make their caring role more manageable, they navigate through complex systems and pathways that are not always equitable, clear, flexible, and responsive, nor reflect the fact that carers can be at different stages in the caring journey. This can result in stress and isolation which can affect carers emotional and physical health. If left unchecked, this can be a pre-cursor to carer breakdown, in some circumstances requiring emergency mobilisation of statutory services.

Current Arrangements

Council service:
- Elderberries Day Centre (internal day service for those with Dementia)

Commissioned Provider services:
- Carers information, advice and wellbeing
- Short breaks
- Day centre and mental health support
- Carers mental health crisis support
- Residential respite provision
- All our Commissioned providers are expected to recognise and provide advice, support and signposting to services for Carers.

Intentions

- Support carers to have a break and pursue their personal goals (e.g., educational, employment, recreational) by examining opportunities to provide more respite services, such as short breaks, carers sitting service and those provided through Shared Lives arrangements.
- Increase awareness with all providers to support carers and increase awareness of carers assessments and what support they are eligible for and entitled to.
- Increases in dementia will mean an increase in demand for support to both those with dementia and their Carers.
- Services will need to be able to provide access to peer support and a range of flexible respite support solutions, especially to:
  - Older carers with poor health and frailty, who cannot access online or community services.
  - Isolated and home bound carers, due to challenging condition / behaviour of cared for.

Intentions	
	• Increase mental health support services for carers to reduce carer crisis and breakdown. • Develop alternative services for carer support - especially working carers, as well as carers who struggle to leave their loved ones and are unable to access physical services, though looking at online service options. • Implement our Carers Charter and Action Plan.

3. Hospital Discharge

What do we know?

Services that support the timely, effective and safe discharge from hospital are essential to keep the health and care system flowing effectively.

We have a number of services to support this process and get people home safely and settled while they are still recovering. This includes ensuring people are escorted home and necessities of food and heating are there and working, while our reablement service includes helping people to prepare meals, prepare beds, washing and other more particular individualistic needs.

Reablement is our default offer for those being discharged and supports between anything from 60 to 80 people per month increasing over the Winter period. Withing our sheltered housing (Extra Care) service there are also six transitional beds used by our hospital discharge teams to support reducing delayed discharges and giving an individual independent accommodation whilst they recover. It also supports a significant reduction in the duration of unplanned hospital stays, from an average of 8-14 days to 1-2 days and reduces packages of care and assists in the effectiveness of reablement. Performance for our Reablement service shows that just over 88% of older people (65 and over) were still at home 91 days after discharge from hospital into reablement services.

In addition, other services such as homecare, telecare support people in their home setting alongside and aid recovery and reduce relapse back into hospital or moving into a high need care setting such as residential care.

Current Arrangements

Council service:
• Telecare & Lifeline
• Transitional beds

Commissioned Provider services:
• Home, Settle & Support
• Homecare
• Residential & Nursing

Section 75 arrangements:
• Emergency Duty Team
• Reablement

Intentions	

	• Continue to support residents when discharged from hospital to maximise recovery, stay well and reduce hospital re-admissions by utilising services supporting people in their home through:
	    ○ Physical recovery
	    ○ Mental health recovery - befriending
	    ○ Resettlement support through, supporting with shopping, bills, home safety and telecare to reduce falls and keep warm.
	• Increase the use and role of reablement to ensure that all service users are offered a period of reablement prior to long-term care through community referral routes and when their condition is beginning to deteriorate, so as to support with the reduction in returning to hospital care.
	• Continue to work across the NEL ICB with health partners in delivering a holistic joined-up system to support effective safe discharge.

4. Day Opportunities

What do we know?

Day Opportunities can be described as a range of *'Day Centres, or Day Services, that provide support to adults and older people with Learning Disabilities (LD) and Mental Health (MH), Autism, Physical Disability (PD) and Dementia who have had a Care Act assessment.'*

The Council operates three Day Opportunities facilities across the borough and uses a number of commissioned providers to deliver a wide range of services for our residents. These services offer varied and engaging activities to all disability groups, not just learning disabilities, which includes offering bingo entertainment, cognitive simulation therapy, fresh meals, guest speakers and a support network. The services reduce social isolation, increase people's social interactions, improve people's quality of life and are outcome focused on life aspirations and goals. The services also offer respite for carers and families, saving on expensive home care packages.

A large number of people with LD are cared for by their friends, family and carers at home, with a high number of these carers approaching, or have already reached age 65. It is critical that we provide the right support for them to remain in their caring role for as long as they want to and is physically possible. Therefore, it is essential that we work to implement and support progression where possible and encourage service users to be independent and prepare them for the transition when their carers can no longer provide the support and reduce the number of service users falling into crisis and ending up in residential care.

Through our Day Opportunities services, we believe the concept that *'Day Opportunities is a part of a person's journey and not the destination'* and part of the provision across both Council and external providers, includes supporting people with LD to engage in employment, education, volunteering and training by developing their skills in to access these. In addition, supporting service users to access mainstream universal services and to integrate into their local community (sporting and leisure facilities, libraries, community activities) increase their confidence and independent living skills to enable them to step-up to use services such as Shared Lives and Supported Living.

Across our Council Day Opportunities services, we support approximately 160 service users, while our External Provider Day Opportunities services support around 125 service users.

Current Arrangements

Council services:
- Elderberries (for Dementia), Woodbine, and Link Place.
- Internal costs are shown below:

Council Package Need Level	Full-Day Rate*
Physical disabilities	£60.76
Learning disability	£65.18
Older adult	£39.37
Dementia and High dependency	£88.88

As of November 2023.

Commissioned Provider services:
- External Day Opportunities Dynamic Purchasing Vehicle (DPV) for Learning Disabilities, Mental Health & Autism 2023-27:
  - Lot 1: Progression & independence skills covering employment skills, life & personal care skills, transitions, progression.
  - Lot 2: Community based activities covering, social inclusion & overcoming barriers, active in the local community, service & activity flexibility.
  - Lot 3: Building based activities covering promoting inclusion, physical health, sensory & Communication Skills.
- External costs are set at fixed ceiling payment rates for Services under each of the areas. Half-day rates are half the amount of the full day rates shown below.

DPV Package Need Level	Lot 1: Full-Day Maximum Rate*	Lot 2: Full-Day Maximum Rate*	Lot 3: Full-Day Maximum Rate*
1 to 1 Support: High need	£153.93	£154.77	£164.01
2 to 1 Support: Medium need	£94.10	£94.90	£103.70
3 to 1 Support: Low need	£76.60	£77.40	£86.20

***Rates as at DPV Tender Novmber2023.*

Intentions

- Our Day Opportunities services will need to be person-centred and outcome focused as the primary objectives when working with service users and their families.
- Services must be well-led, with safeguarding being of utmost importance.
- We want to create more diverse opportunities for those with LD to have more fulfilment for meaningful outcomes through education and employment opportunities.
- Embed 'Progression' to develop life skills, and resilience for better whole-life outcomes.
- Explore the use of technology and innovative models of care.

5. Home Based Services

Homecare (Domiclliary care)

What do we know?
Our Homecare services provide a paid carer to visit people at home to help with daily routines, such as washing, dressing, using the toilet, preparing meals, taking medicines, doing shopping, or getting out and about. This care can be temporary or long term and can vary from an hour a week to several hours a day. We know that demand for our homecare services has increased by 430 residents in the last five years for those aged over 18, and as more people are living longer, and alone they will and need support in the home. Our ambition is to help people to remain in their own homes. Therefore, homecare is essential to support this. We have spent £30.6m in the last three years, with around 2,237 individuals receiving homecare and our new framework has emphasised a shift away from 'time and task' based approaches to individual packages of care, and towards a more person centred and flexible approach to supporting individuals to achieve their desired outcomes. Working collaboratively with health, we are developing our homecare services to gain more from the point of contact care with an enhanced homecare model. This will focus on early intervention and prevention. It aims to support people to stay in their own home by spotting signs of early deterioration and strengthen the partnership between adult social care, community care, homecare and primary care. It will look to alleviate pressure from health and care systems through prevention and reduced conveyance and hospitalisation.

Current Arrangements	
	Commissioned Provider services: • Four-year Framework agreement for provision of Homecare for adult and children's service – covering older adults, younger adults with physical disability, sensory needs with learning disabilities and mental health needs and Locality wide specialist provision for children's services. • The Homecare hourly rate is £20.95 (as of November 2023) inclusive of LLW across all cohorts of service users. • Sleep-in rates are negotiated.

Intensions	
	• Explore the application of an 'Ethical Charter' for homecare and we will seek to work with providers who prioritise and invest in staff pay levels, retention and training and can demonstrate social value by their organisation. • Work with organisations to use technology to streamline processes for an outcome focus delivery, reduce care packages, and deliver personalised care to get people back into the community. • Explore a 'Trusted Assessor' model of homecare to give some control and flexibility to providers within an agreed framework where it meets people's needs appropriately and safely. • The Council will commission its own Electronic Call Monitoring (ECM) system to improve understanding of care and payments.

Equipment

What do we know?
Redbridge is the lead commissioner for the Integrated Community Equipment Service (ICES) between Redbridge, Havering, and local NHS. Equipment can support a wide range of daily activities such as using the toilet, bathroom sitting, a chair, stairs and walking and support people independence, recovery, and falls prevention. Our service also now recycles equipment which is pooled and utilised across partners which help support the high demand for community equipment items. In addition, there are many companies advertising and offering many different types of equipment, which people and their families /

What do we know?

carers can access and purchase if self-funding or not wishing to come through social care and to provide support in the home and getting around.

The use of technology to support peoples care has grown from the pendant alarm for older people living alone, to more sophisticated technology that enables family, carers or call centres to monitor a person's movements within the home. This can be effective in enabling to those with memory issues, and who are prone to falls to live alone and maintain a degree of independence. The suitability of equipment will depend on the individuals as part of their whole care package and type of accommodation and home circumstances. However, the advancement of technology is often changing rapidly and requires investment - such as the move to digital platforms for call handling replacing the current analogue system, while trialling systems helps to understand the benefits and limitations of different systems for people with varying needs and allow care staff to better understand capability and patterns of behaviour.

Current Arrangements

Council service:
- Telecare & Lifeline

Commissioned Provider services:
- Redbridge is the lead commissioner for the Integrated Community Equipment Service (ICES) between Redbridge, Havering, and local NHS.

Private sector market:
- Residents are able to privately purchase community aids from many organisations including major high street and online retailers.

Intentions

- Developing assistive technology solutions to:
  - Prevent crisis and hospital admissions - including falls prevention.
  - Support more people to stay safe at home and live in their own home for longer.
- Utilise more assistive technology arriving in the market and develop further opportunities with providers.

6. Residential & Nursing Care

Residential & Nursing Care

What do we know?

Our residential and nursing care supports people with a range of needs which includes mental health, people with a learning or physical disability, people with a sensory impairment and older people. We fund approximately 350 - 400 individuals in long-term residential and nursing care and there are approximately 829 available beds within the borough. Analysis of placements suggests that around half of the placements were made out-of-borough at the service user's choice, usually to be closer to family. However, there are several out-of-area placements that have been selected as homes in-borough were unable to meet the needs of those users. Overall, we paid out for 1,403 beds for residential and nursing.

What do we know?

Nationally:
- There were an estimated 372,035 care home residents (Feb 2023), a 3% increase from 2022, (360,792).
- Care home occupancy was 80% (CQC registered beds), an increase from last year (78%).
- The number of CQC registered care home beds (461,958) has decreased since last year (463,765).

London:
- Across London smaller care homes were found to have higher prices. This might indicate returns to scale in the care home sector.
- Mental health (Primary Support Reason - PSR) have the highest cost with respite placements more expensive.
- Better quality homes (as indicated by CQC ratings) were found to be more expensive.

Redbridge:
- The number of new admissions to care homes for younger adults is relatively high: 17.0 compared with 12.8 England average (per 100,000 population).
- As well as showing overall population growth, Redbridge will see greater growth amongst older age groups (the number of people aged 85 and above) by an increase of 1,700 (29%) from 5,800 in 2020 to 7,500 by 2030, compared to 12% in all other age groups.
- Redbridge's current supply of care homes is nearly high enough to meet future demand.
- Greater use of residential and nursing placements as a percentage of all placements compared to both NEL and London averages.
- Redbridge paying considerably more for an LD placement than anybody else.
- Level of client contributions toward the cost of residential placements is far higher than elsewhere.
- Standardised spend on young adults per 10,000 population is second highest in London.

Older people are the largest client group as they are more likely to be frail and have complex needs and also projected to have the largest increase. he over 85 age group are most likely to require residential and nursing support and therefore we need to ensure provision is keeping up to pace with the demand. We have achieved a considerable reduction in the number of people moving into care. Work to reduce admissions to residential and nursing homes has been ongoing through using Home First, and Reablement schemes instead where possible. Although demand for bedded care was high the effectiveness of our improved Reablement service to take on more challenging cases has enabled to support the reduction in residential admissions and high-cost care packages.

Therefore, as admissions for older people have improved, we need to maintain a sufficient supply of the right sort of supported housing to be an alternative to a care home needs to be available, alongside the right type and availability of services which enable an individual to remain in their own home.

Redbridge Care Home Base Rates as of April 2023

Care Need	Rate
Residential	£664.79
Residential Dementia	£731.88
Nursing	£747.94
Nursing Dementia	£754.61

Residential Sanctuary Contract

The borough has a long-term (35 year) contract with Sanctuary for the provision of residential care homes, which are on a long lease from the borough and ends in 2033. It comprises 196 beds, spread over four residential and nursing care, with one fully dementia - 60 beds. Since the close of one home four years ago, this has significantly reduced the amount Redbridge is paying for voids - at present this is around only two short term voids per home. Of the 196 beds there are 11 for private use leaving out of block 185 local authority use. These four homes were mortgaged at the start of the contract to pay for improvements

What do we know?
within the homes and CQC ratings for all homes are good. The authority considers placing into Sanctuary first as much as possible, however the level of need is becoming much higher, with respite reducing and a shortage of dementia beds.

Current Arrangements
Commissioned Provider services: • Long-term contract across four homes with one home dedicated to dementia. • Spot purchasing for residential and nursing care.

Intentions
• Move away from spot purchasing to explore a combination of block contracts and Dynamic Purchasing Vehicle arrangements. • Focus on a person-centred service using digitalisation and innovation to improve care which supports both residents and staff. • Encourage use of alternative first-hand interventions which would help prevent the need for hospital admissions and reduce strain on care homes. • Ensure there are enough beds for growing specialised needs including dementia. • Suitable provision needs to be available to support those with Dementia, especially when this reaches challenging behaviour. • Placements made under a 'level of needs' categorisation to stabilise pricing.

7. Independent Living

Supported Living

What do we know?
Supported living provides people with their own tenancies and support packages. It ensures people can be independent and stay safe, as most people want to live in their own home; be independent and socially active in their community and working if possible. We know that there just over 530 people with LD who are at risk of falling into housing need and who may require supported accommodation or accommodation with support. The number of service users in supported living with LD is around 157, and those with mental health is around 110. Supporting more service users to live independently either on their own or with friends means securing more locally based, high quality socially inclusive housing and developing more sustainable person-centred supported living schemes. There are over 105 supported living services in the borough (19 designated to those with mental health) with over some bedroom tenancies available with a range of registered social landlords and support providers, and often receiving referrals from neighbouring boroughs, not just Redbridge. The provision is well developed and has helped to reduce the demand for nursing and residential care. However, aspects of provision are unregulated and support for vulnerable adults means that quality of provision varies greatly.

What do we know?

The hospital providing care for patients experiencing serious mental health issues is located in the borough and covers a wide area of north-east London, which can place additional requirements on local services, while people with serious mental health conditions including S117 can require accommodation, but their ability to sustain accommodation, plus moving in and out of hospital and those with dual diagnosis MH conditions, LD and substance misuse) can be challenging. Supporting service users to maintain their accommodation is essential and will inevitably lead to a greater role for the local authority in giving these individuals support and the need for greater specialist accommodation.

Current Arrangements

Commissioned Provider services:
- A number of block contracts
- Spot purchasing
- Advocacy support

Intentions

- Develop a Supported Living Dynamic Purchasing Vehicle (DPV) for Learning Disabilities, Mental Health and Autism 2024-28.
- Spot purchasing unless for particular needs will be reduced and ceased.
- Define in the DPV specification what we mean by high, medium and low need and what we would expect from providers for each of these levels - around skills, training and qualifications, to meeting quality and safeguarding standards.
- Due to the relative ease at which Supported Living provision can be set-up, there are many more providers operating in the borough, that we are not necessarily aware of.
- Supported Living currently has an oversupply of properties in the market.
- Take a more flexible approach around the use Supported Living provision in the market:
  - Exploring more regulated provision such as Extra Care. This could be achieved through changing the status of supported living to regulated Extra Care as this would increase the options available for choice and introduce a level of consistency in terms of quality standards.
  - Increasing the options to support respite provision. This could be done by utilising some of the supported living provision for sheltered housing and support other vulnerable groups.
- Be aware of the challenges and concerns around safety in shared living accommodation from certain sections of the community such as females – LGBTQIA+ (lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies) in relation to service provision, to ensure that residents will not be discriminated against, especially in multiple and mixed accommodation settings.
- Offer a more bespoke level of support and style of living especially for those with a physical disability which is limited right now, despite demand for specialist support likely to grow.
- Aim for provision of self-contained accommodation for those with a supported living disability with a clear pathway to focus on recovery and people moving into their own accommodation - with the aim to step down general needs housing and progress through the system and live independently and improve wellness.
- Ensure step-down transition support to avoid placement breakdown.
- More suitable specialised accommodation and support for people with serious mental health conditions and those under S117 arrangements.

Extra Care Sheltered Housing

What do we know?
We also know that not enough people live in independent accommodation with occasional support when they need it and we need to support providers to develop more provision that is in or near the borough, with a mix of provision, with differing levels of support so people have choice and can have the right level of support to meet their needs. There currently three sheltered housing accommodation facilities with around 154 bed units, with approximately 300 service users. They provide 24-hour care, with the presence of staff all year around or alternatively have self-contained plans with the occasional presence of a social worker to support increase independence. This provision supports: personal care, caring for adults over 65, dementia, mental health conditions, physical disabilities and sensory impairments and can be used as an alternative to supported living and more costly residential and is suitable for those who want to retain their independence for as long as possible with some support. However, an individual has mild level of dementia, incorporating them within a general scheme is often successful and helps them to continue to maximise their independence. However, for higher levels then this can be progressively more difficult especially if their behaviour negatively effects their neighbours.

Current Arrangements	
	Council services: • Fernways, Ilford: 10 flats - Studio & 1 bedroom • Oakfield Lodge, Ilford: 40 flats - 1 & 2 bedrooms **Council & Housing Association partnership:** • George Davis Lodge, Barkingside: 73 flats & bungalows - Studio, 1 & 2 bedrooms

Intentions	
	• Focus on partnership working with housing and referrals from social workers to reduce the time people move from different accommodation types. • Expand and facilitate better use of Extra Care facilities to reduce burden on care homes and provide more specialised early support for those with mild dementia. • Exploring more regulated provision such as Extra Care by changing the status of supported living to regulated Extra Care, as this would increase the options available for choice and introduce a level of consistency in terms of quality standards.

Shared Lives

What do we know?
Shared Lives carers open their homes and family lives, to include an adult who needs extra support to live well and is suitable for those who want to stay in a family setting rather than taking their own tenancy. It can be an important steppingstone to independence or offer long-term support where needed and we know that it achieves good outcomes for service users and for not ready to move into their own independent living. However, our carers capacity to take on more service users is limited and the carer recruiting, and assessment process is lengthy and takes around six months with many carers approaching or are over the age of 60. Therefore, we need to actively recruit new and younger carers to the service and also explore ways of utilising the service for shorter-term support, such as day respite or step up into independent living. Shared Lives can be a cost-effective option in both the short and long-term support and quality of outcomes for service users, carers and families. In addition, the visibility of the service is low in Redbridge, and active awareness and benefits of the service across care services, potential carers and service users is a priority.

Current Arrangements

Partnership agreement:
- With London Borough of Waltham Forest to manage and deliver our Shared Lives service.

Intentions

- Moving forward we can look to utilise Shared Lives as a stepping stone to independence (shorter-term) or offer long-term support where needed.
- Increase awareness and promotion of the Shared Lives service with care teams, potential service users and carers with regards to encouraging social workers to make more referrals to the service.
- Carer move-on and retirement is leaving a gap in Shared Lives provision. Therefore, we need to attract new and young carers to participate and be able to maintain and expand Shared Lives, to ensure individuals have a wide range of choice with a more personalised service when being welcomed to a new family home.
- Explore longer-term options for our Shared Lives services.

8. Prevention & Early Intervention Services

What do we know?

Prevention in social care is about encouraging people to be more proactive about their health and wellbeing. The Care Act 2014 highlights prevention as a key area for local authorities, and to fundamentally promote the wellbeing by increasing independence and reduce or delay the need for care and support services. This means intervening early to support individuals, helping people retain their skills and confidence, and preventing need or delaying deterioration wherever possible.

We can look at our prevention and early intervention offer through the diagram below. People will move through these levels a number of times throughout their lifetime and depending on age and types of conditions and services requires.

PREVENTION & INTERMEDIATE SHORT-TERM CARE				
		IMPROVING & SUSTAINING LONGER-TERM CARE		
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Prevention & Early Intervention	Short-Term Intervention	Day Opportunities & Community Activities	Longer-Term Home based	Longer-Term Accommodation Based

People may and can move between these levels at various times

In addition to our commissioned services, we use a number of other approaches to support prevention and early intervention. Our population is increasing and getting older, the number of people aged 35 to 49 years rose by 22.5%, meaning that this age group will gradually move into the older age groups the

next 10 years. Adult social care receives a high number of enquires each year for help and support with care - many residents can be signposted and referred to our prevention and early intervention services to help with care.

In addition, work with GPs, and Primary Care Networks through social prescribing service is a means of enabling primary care GP services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector to improve health and wellbeing through schemes such as exercise-on-prescription and utilising assets within our communities such as leisure centres, community centres, parks and open green spaces to reduce.

In relation to falls prevention, over 6,930 people aged over 65 are estimated to have a fall where around 830 are estimated to have a major fall resulting in hospital admission, which costs between £4k - £7k per individual.

Current Arrangements

Commissioned Provider services:

Carers
- Carers information, advice and wellbeing
- Carers mental health crisis support

Carers and dementia
- Dementia short breaks
- Dementia day centre and mental health support
- Early dementia support

Older people
- Falls prevention
- Home settle and support
- Older people day centre
- Information and advice for older people

Learning disabilities
- Advocacy support
- Learning disability befriending

Physical and sensory
- Multiple sclerosis support
- Sensory support service including CVI Register

Mental health
- Anxiety support
- Mental health one stop shop
- Mental health befriending
- Mental health day opportunities
- Mental health user lead support

BME
- Care and support for Asian women
- Support service for disabled Asian women
- Support and care to Jewish communities
- Mental health support for Asian women
- Support and activities for the Gujarati community

Current Arrangements	
	Other • Public health funerals All our Commissioned providers are expected to recognise and provide information, advice, support and signposting for service users and Carers.

Intentions	
	• Review our prevention and early invention offer to ensure this meets the needs of the increasing and changing needs of our population and reach as many people as possible who need support. • We need to ensure our services are more universal and open to all sections of the community - only providing specialist support based upon evidence and a clear identified need. • Future provision will need to ensure efficient throughput of service users (when appropriate and supported to do so) to ensure other service users can access the service. • Given increasing pressure on occupational therapists, there is a need for more community trained pathways to reduce falls prevention in the borough which is costly to the health system. • Develop a focussed Prevention & Early Intervention strategy to support our approach.

9. Personalisation & Self Funders

Direct Payments & Personal Budgets

What do we know?
Redbridge Council has two ways in which a person can hold their budget - either through a Direct Payment (DP) or a managed account (though services commissioned directly by the Council), where people can choose to take either full control or very limited control of their Personal Budget (PB). They can take on all the responsibility of doing this through an umbrella agreement commissioned via four managed account Providers who manage the payroll and hold the funds for a small charge. Personal Budget holders are given clear information about the range of support available to manage their personal budget, including any risks, safeguards, and auditing requirements. With DPs people can choose for themselves what type of care they get, when they get it and which provider delivers it. There are around 400 people within Redbridge who choose to source and purchase their own support using a Direct Payment. As a result, the Council's role in directly purchasing care and support for people is reducing, through people choosing to use of PBs and DPs, and allowing people more choice in and control over the care and support they receive through directly purchasing services from the market. This means that Providers will need to be able to tailor services to more personalisation, diversity and flexibility from care providers, to support individual's needs and care planning.

Current Arrangements

- There are four organisations who provide management services for users of Direct Payments.

Intentions

- Our commissioned provision should also offer a personalised approach, ensuring that providers have the systems in place to offer people support that meets their ambitions and needs. And by working with current and future providers to develop creative support options to help people meet their care and support needs through using direct payments.
- Encourage future people we support to use direct payments to purchase care and support options which are beyond traditional provision.
- Explore options for people who wish to use personal assistants to support them with managing direct payments.
- Introduce more flexible arrangements for people using direct payments to allow them greater control over their care arrangements and promote the use of community resources, so communities can become more resilient.
- Work to increase the uptake of direct payments and Carers assessments.

Self-Funders

What do we know?

Self-funders are defined as people who have care or support needs that do not meet the eligibility criteria and therefore do not receive financial support. Self-funders may choose to purchase their services directly from the care market, either with or without a Council needs assessment.

Nationally we know that:

- Approximately, 137,480 (37%) of care home residents were classified as self-funders, compared with around 234,555 (63%) state-funded residents.
- This is an 9% increase in self-funders from last year (125,954), and the proportion of self-funding residents from last year (35%).
- Care homes providing care for older people remained the care homes with the highest proportion of self-funders (49%), which was higher than all other care home types; care homes for younger adults remained the lowest (2%).
- Smaller care homes, with 1 to 19 beds, remained the care homes with the lowest proportion of self-funders (12%), which is lower than all other care home sizes.
- Of care homes with ratings, care homes rated outstanding remained the care homes with the highest proportion of self-funders (51%), which was statistically significantly higher than care homes rated inadequate, which remained the lowest (24%).

In Redbridge, the proportion of self-funded and state-funded care home residents overall is 16% and for older people and/or providing dementia care it is 21%, as of February 2023.

Following the changes in the Care Act we estimate that an additional potential self-funding clients (irrespective of eligibility and need) with both non-residential and residential care needs will be eligible to approach the Council. They could potentially have a substantial impact on the local provision of support and care services, and we need to consider this impact with future services.

Estimated number of Self Funders who will receive Council support under the new capital thresholds.

What do we know?

	Self-Funders			Informal Care	
	Number of People	Coming Forward for Assessment	Number Meeting Eligibility Criteria	Coming Forward for Assessment	Number Meeting Eligibility Criteria
In Residential Care	125	100	84	0	0
Receiving Home Care	807	646	543	873	733
Total	**932**	**746**	**627**	**873**	**733**

In addition, for residents who self-fund care, the cost is relatively high and can result in the level of available funds to reduce quickly and fall below the savings threshold resulting in the Council having to meet the cost of that person's care. The Council will likely not be able to meet the same level of funding, which could result in the need to move the person to an alternative service provider whose costs the council are able to meet but may not be suitable for the resident. Therefore, we must consider the following:

- Clients' ability to pay - self funders and client contributions collected.
- Amount of client assets available to contribute to payments of care.
- Cost of living impacting on quality of people's health, longer periods of ill health and ability to pay for care.

Current Arrangements

- Under the current system, people who fund their own care often pay more than people who are funded through their Local Authority for equivalent care.
- Under the 2014 Care Act (from October 2025), self-funders are able to ask their Local Authority to arrange their care for them so that they can find better value care.

Intentions

- Work with our Providers to better understand the needs of this cohort to inform our market intelligence and future shaping.
- We also want to improve the provision of information and advice for self-funders, with a focus on prevention, to enable them to better understand the care system and the options appropriate for them.

Section 6.
Contact Us

If you would like to contact the People Directorate, please use the relevant email addresses below for your query.

Who to contact?

Peoples Strategic Commissioning Team

peoples.commissioning@redbridge.gov.uk

Peoples Contracts Team

peoplecontractteam@redbridge.gov.uk

APPENDIX 1

The Redbridge Disability Charter

The Charter based on three areas:

Co-production
- Embedded as a core function in our engagement and co-production activities - from service design through to service implementation.
- Providers can continue to use these principles within their own engagement of services users/carers while under contract with the Authority

Commissioned Services
- Built into all Service Specifications, so that providers will be signed up to the Charter Principles as part of their service delivery and contract monitoring process, from day one.

Contract Monitoring
- Monitored through the Contract Management process to understand how it is making a difference to improving quality of life for service users and carers.

The Charter Principles

AREA 1: WORKING IN PARTNERSHIP

1. We will work in partnership with people who are disabled, have sensory impairments, and those people outside of the accepted definition of disability who experience barriers, their carers and families, disabled people organisations and other relevant parties to support people using services to get the best outcomes which meet their individual needs.

2. We will work in partnership throughout the whole commissioning cycle to ensure the effectiveness of commissioned services. We will work with people to identify and understand needs, design services, evaluate procurement bids and monitor performance of providers.

3. We will recognise that people and their carers/families are the experts in their life experiences. We will recognise that people with support needs are confident, equal partners in the design and delivery of support services who can be supported to manage their conditions and self-care.

AREA 2: UNDERSTANDING DISABILITY

4. We will proactively promote the social model of disability by removing barriers and ensuring we are an inclusive and accessible organisation. We will ensure that all those involved in commissioning services are disability equality trained and are champions of the social model of disability.

5. We will ensure that all of our commissioned services implement the Accessible Information Standard and staff have the skills to engage with people with different communication needs.

AREA 3: IMPROVING OUTCOMES

6. Within the limited funds available to the Council and NHS, we will look for ways of achieving improved outcomes for local people through innovation and new strength-based approaches. We will ask people how they wish to be involved in decision making and who, within their community, can support them.

7. We will improve outcomes and experiences through the provision of personalised care and support for individuals who experience the poorest health outcomes and inequalities.

8. We will promote self-care, healthy living and seek to reduce the range of factors that negatively impact on these areas to improve quality of life and independence at an individual, family and community level. We will promote independence, choice and control in everything we do.

9. We will commission outcome-based services, which will focus on accessibility, responsiveness, quality and cost effectiveness.

10. We will engage with organisations working with disabled people when starting the commissioning process.

11. We will ensure all our processes have firmly embedded person-centred approaches to make sure that services are planned with the individual and their carers/families.

AREA 4: MONITORING IMPACT

12. We will develop a mechanism to review the local implementation of the Charter and review progress being made towards involving disabled people and their carers/families in a transparent way in the commissioning process.

13. We will work in partnership with key local organisations and people with support needs and their carers to check on the effectiveness of commissioned services.