

Adults' care and support commissioning: Shaping the care market



Market position
statement
2018-2020

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We want a market of providers of various shapes and sizes, who are keen and ready to collaborate with other agencies and with each other.



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Market position statement

The Care Act introduced duties for local authorities to facilitate and shape a diverse, sustainable and quality market, emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just for those whom have care and support needs. This is known as market shaping.

The purpose of the adults' market position statement is to provide the market with insight into our current care and support provision within the borough and our direction of travel. It is aimed at a wide range of care providers, summarising supply and demand in Barking and Dagenham and signalling business opportunities within the adult care market.

Adult Commissioning intend this to be used by providers to plan for the future, informing business choices.

The market we want to see

We want a local market of providers of various shapes and sizes, who are keen and ready to collaborate with other agencies and with each other. The market needs to be flexible and responsive and have a good understanding of adults and their families in need of care and support. We'd like to see a market that is proactive in identifying needs and contributing to our local knowledge of the population.

In Barking and Dagenham, we are increasing our efforts to stimulate, develop, support, and manage a market that is:



This market position statement forms only part of our approach to achieving this. To deliver a market that is fit for purpose, we must work to encourage and incentivise innovation across the market, commission outcomes-based services that focus on improving the lives of our local population.

We intend to refresh our market position statement annually and would appreciate your feedback as part of that process. Please contact adultcommissioning@lbbd.gov.uk if you have any feedback or suggestions you would like to raise.

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Our population

Population size

A large ageing adult population

The number of middle aged adults in the borough is increasing and by 2025 we can expect:

- 12% increase in people aged 45 to 55
- 23% rise in those aged 55 to 64 years

18-64	130,100	144,700	↑	11%
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All adults	2018 150,200	▶	2025 167,800	↑	12%
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65 and over	20,100	23,100	↑	15%
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Projections to 2025 show an increasing older population:

- The 'oldest old', the 90+ age group, to increase by 8%
- 26% rise amongst 75 to 79 year olds
- 24% increase in the 65-69 age group

Age 18-64

Age Group	2018	2025	% Change
18-24	~18,000	~20,000	+9%
25-34	~32,000	~33,000	+3%
35-44	~32,000	~37,000	+14%
45-44	~28,000	~31,000	+12%
55-54	~18,000	~22,000	+23%

Age 65 and over

Age Group	2018	2025	% Change
65-69	~5,000	~6,200	+24%
70-74	~4,000	~4,500	+13%
75-79	~3,000	~3,800	+26%
80-84	~2,000	~2,000	0%
85-89	~1,000	~1,000	0%
90+	~1,000	~1,080	+8%

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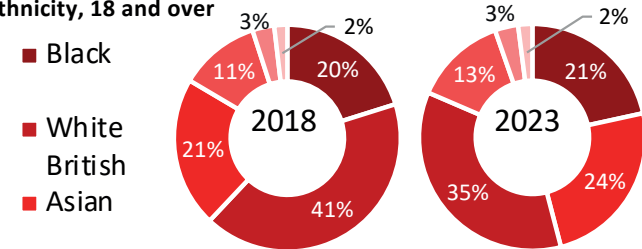
Our population

Ethnicity

A diverse population

- i** 46% of people aged 18 and over are BME compared with 52% in Barking and Dagenham as a whole.
- i** White British population decreasing since 2011, but the White Other population has grown and this is expected to continue.

Ethnicity, 18 and over



Deprivation

High levels of deprivation

- 🇬🇧** Barking and Dagenham is one of the most deprived areas in the country. In the Index of Multiple Deprivation the borough is the 11th most deprived local authority in the England and 3rd in London.
- 🪙** 16th highest in England and 9th in London for income deprivation affecting older people.
- 👤** 6.4% of people aged 16 and over are unemployed in the borough, compared with 5% in London and 4.3% nationally.
- 👤** 5,482 people claiming personal independent payments for help with everyday life because of an illness, disability or mental health condition, 4% of the adult population. This is the highest in London, alongside Hackney.
- 👤** Approximately 3,250 people aged 65 receive Attendance Allowance for help with personal care, 16% of that age group (2nd highest in London).

% housing benefit claimants in population

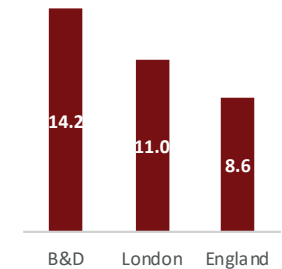


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Our population

Life expectancy



Life expectancy at birth in Barking and Dagenham is 77.5 years for males and 81.8 for females (2013–15). For men this is unchanged compared with 2012-14, but has decreased by 0.2 years for women.



Healthy life expectancy (the years lived in good health) in Barking and Dagenham is 59.8 years for males and 58.5 years for females

Long term conditions

11,484 People aged 17 and over with diabetes, 7.6% of that age group compared with 6.5% for England.



Premature mortality from cancer is falling nationally, but Barking and Dagenham’s rate continues to be significantly worse than the national average, with 169.6 deaths per 100,000 residents compared to 138.8 nationally.



Lung cancer is the most common cause of death in our Barking and Dagenham residents with smoking causing 9 out of every 10 lung cancer deaths. The borough has the highest rate of mortality from lung cancer in London, with 85.1 people dying per 100,000 residents from the disease in 2013–15.



It is estimated that only 64% of people living with dementia have a formal diagnosis. This would mean around 500 people are living with undiagnosed dementia.



The borough has the 3rd highest prevalence of chronic obstructive pulmonary disease (COPD) amongst London boroughs, with 1.7% of residents diagnosed with the disease in 2015-16.

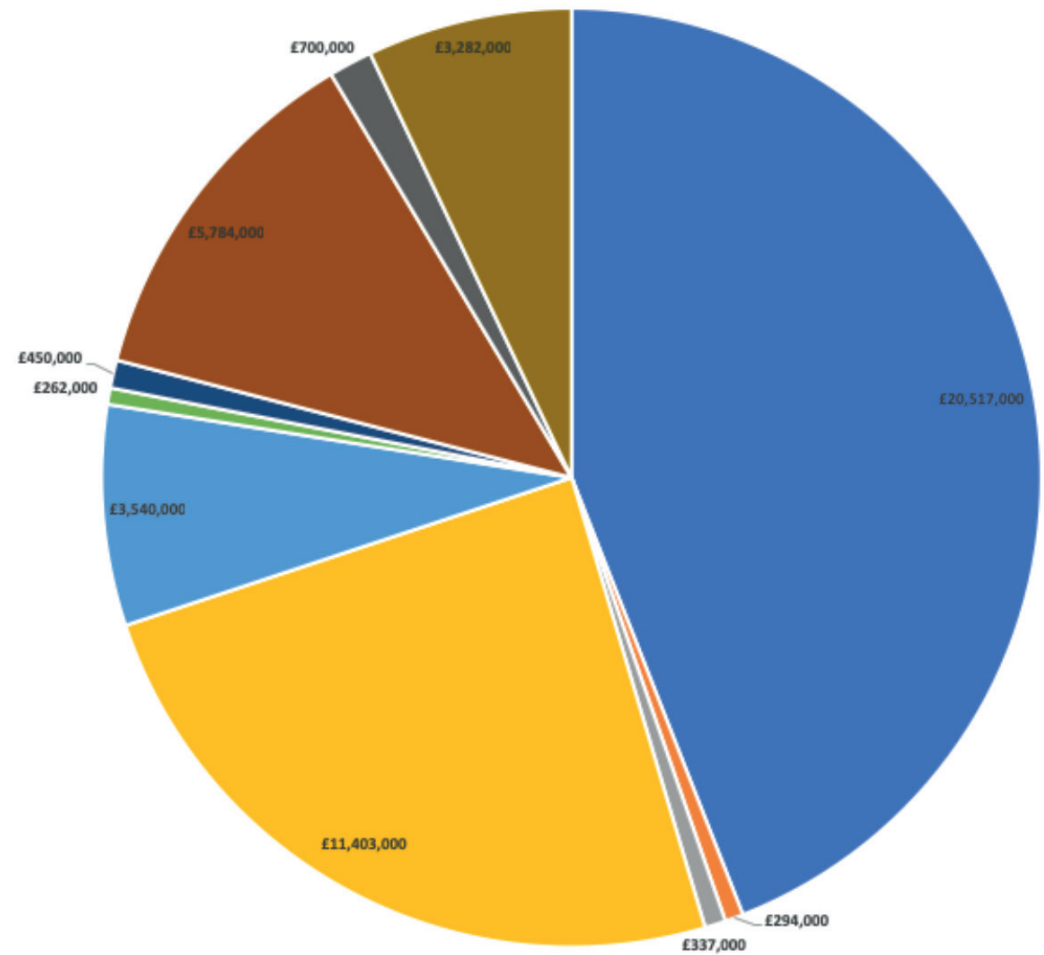


Prevalence of stroke was 0.9% in the borough in 2015-16 although this is low compared with the national rate it was the 7th highest rate of mortality from stroke in under 75s in London in 2013-15.

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What we spent on adult social care 2018/19

- Physical Support
- Sensory Support
- Support with Memory and Cognition
- Learning Disability Support
- Mental Health Support
- Social Support including Carers
- Assistive Equipment and Technology
- Assessment, Review, Care Management and Safeguarding
- Information and Early Intervention
- Commissioning and Service Delivery



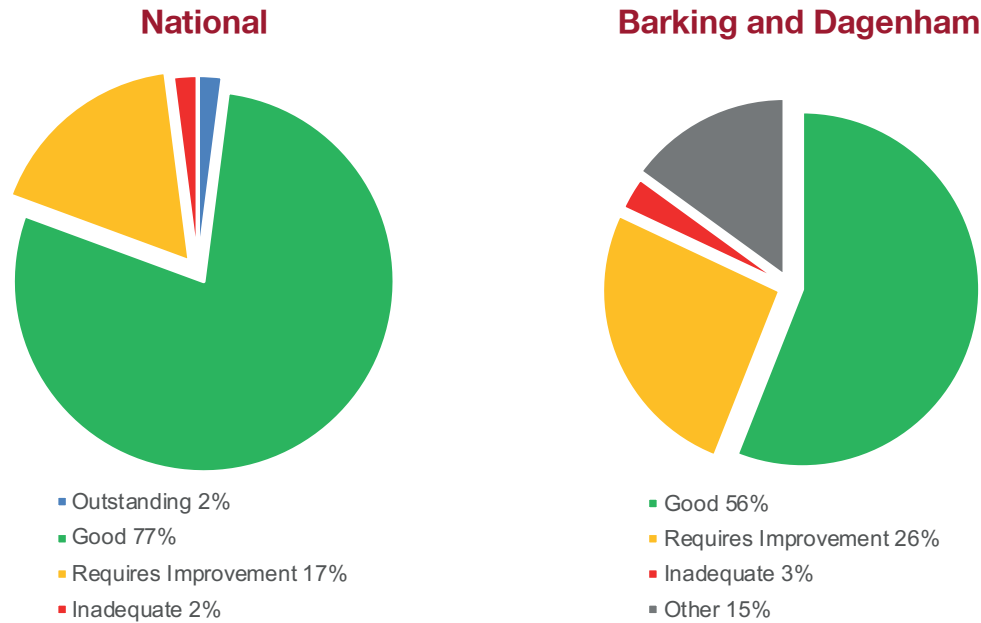
Total Spend £46,569,000

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Quality assurance & safeguarding adults

We place great importance on quality. Our aim is to ensure all residents receive high quality services in Barking and Dagenham which meet their outcomes, regardless of how they are funded or provided. As the number of people with a personal budget and the number of people funding their own care increases, it is likely more people will purchase services from organisations who have not been through a formal contracted process through the council.

Comparing national and local: CQC inspections across all market sectors

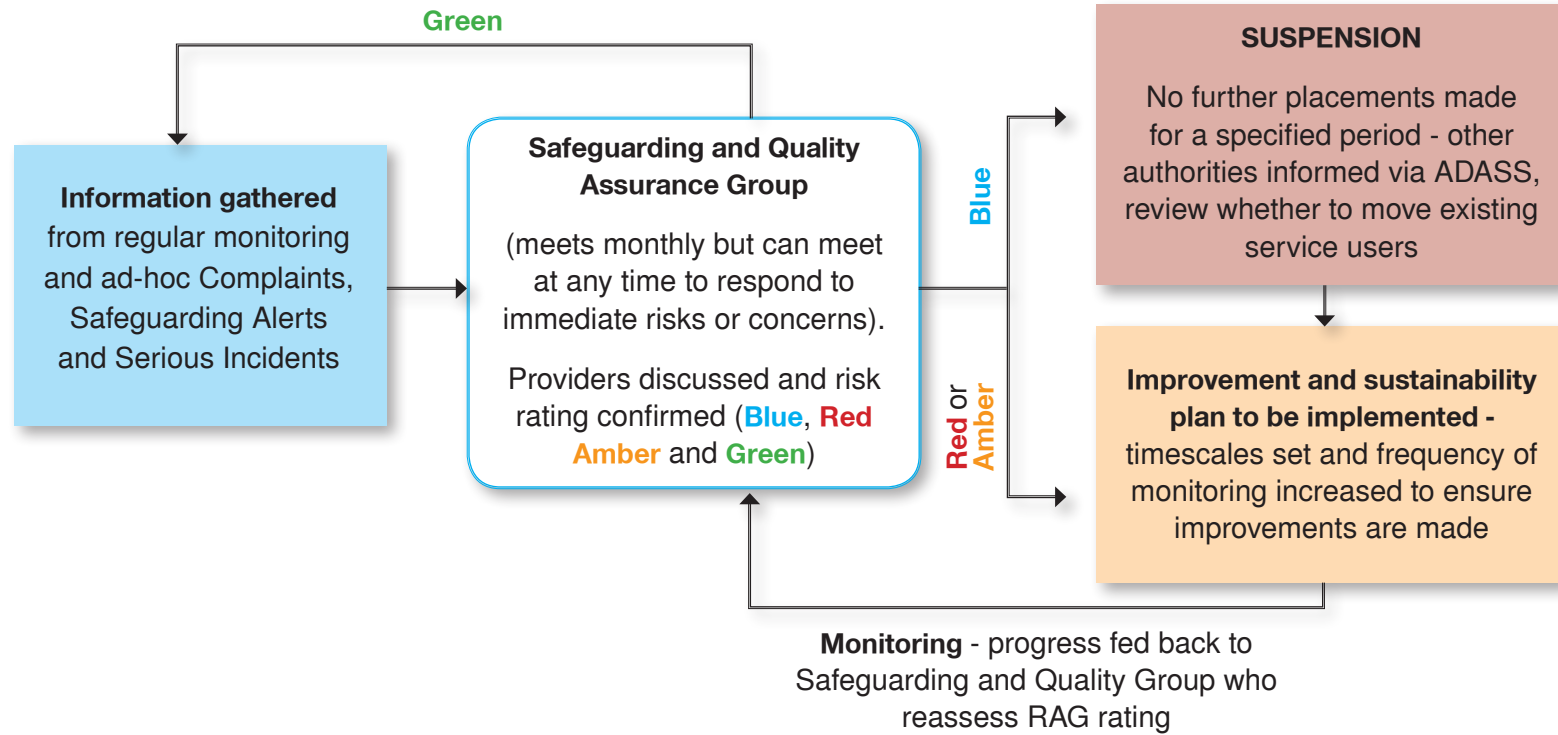


Comparison CQC inspections (May 2017) and local data (December 2017)

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Quality assuring all providers

Quality assurance provides the council with information on the quality, performance and effectiveness of services. Barking and Dagenham adopts a proactive approach to quality assurance working with providers to improve and maintain high quality services. In addition to services contracted by the council, we quality assure all care and support services which are based within the borough. This includes unregulated services. We take a proactive approach towards assuring the quality of services. Firstly, through collecting data, speaking to frontline staff and listening to people who use services and their families. During our thorough quality assurance monitoring process, we can assess the risk and rate services accordingly, using our BRAG rating, **Green**- good, **Amber**-some minor improvements required, **Red**-major improvements and **Blue**-significant improvements are required, and a temporary suspension of placements will be imposed until improvements are demonstrated.



We define high quality services as those that provide excellent care, tailored to the needs of everyone they serve. We are committed to making sure that residents receive the level of service that they deserve and need.

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Providers exiting the market

We work closely with providers to support their sustainability and quality standards. As a local authority we believe in investing in the care and support market, we continue to take seriously the duty upon us to support a sustainable market in care services and have committed to the Unison ethical care charter.

We do however recognise that some providers choose to exit the market. All providers are required to develop exit strategies in the event of planning to leave the care and support market place, given the local authority the notice periods as outlined in their terms and conditions. This is to ensure there is a safe and appropriate transition of service users to new services, if needed. The council will work with provider to identify possible risks, define potential losses and ensure continuity of services until an appropriate transition can be made.

As general contingency planning, where possible, the local authority maintains knowledge across the local market sector on the volume of capacity across care and support services, through sharing information across local networks across BHR (Barking and Dagenham, Havering and Redbridge), through provider forums and provider engagement events and information held by the internal brokerage service.

Safeguarding adults

Safeguarding means protecting vulnerable adults or children from abuse or neglect and enabling them to live free from harm. It means making sure people's health, wellbeing and human rights are supported. Protecting adults at risk is everyone's business in Barking and Dagenham. The Barking and Dagenham Safeguarding Adults Board brings together a variety of local statutory and voluntary organisations to lead and coordinate the local strategy to safeguard adults. This work is vital in driving through improvements in protecting vulnerable adults who are at risk of abuse and neglect. All partners have signed up to the London multi agency safeguarding policy and procedures, so there is a consistent approach to the way in which adults are safeguarded and it is expected that all providers align to these.

You can report a safeguarding alert by clicking here:

[Online safeguarding alert form](#)



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Promoting independence: Our vision for social care

Supporting people to be independent, enabled and well

Promoting Independence is our approach to adult social care in Barking and Dagenham. It sees social care needs in the context of people’s lives within their families and communities. The council’s response to social care needs will be firmly rooted in maintaining and restoring people’s ability to live independently.

People in communities

We want to ensure people are supported to stay healthy and active in their communities for as long as possible. We will do this by providing information, advice and access to services that improve health and wellbeing. We believe in making every effort to support people to reach their full potential for independent living throughout their lives, and we will do this by working with people in their communities with informal and formal care services to develop local solutions.

As part of council wide changes, we launched a new service called **Community Solutions**. Community Solutions is a fundamentally different way of delivering services for LBBB, bringing together over 400 people from 11 service areas across the organisation, including employment and skills, libraries, housing options, adult social care intake and community safety. Community Solutions promotes a joined-up approach to understanding the needs of residents, and to finding the best solutions to enable residents to gain access to the support that they need, becoming as self-sufficient as they can be.

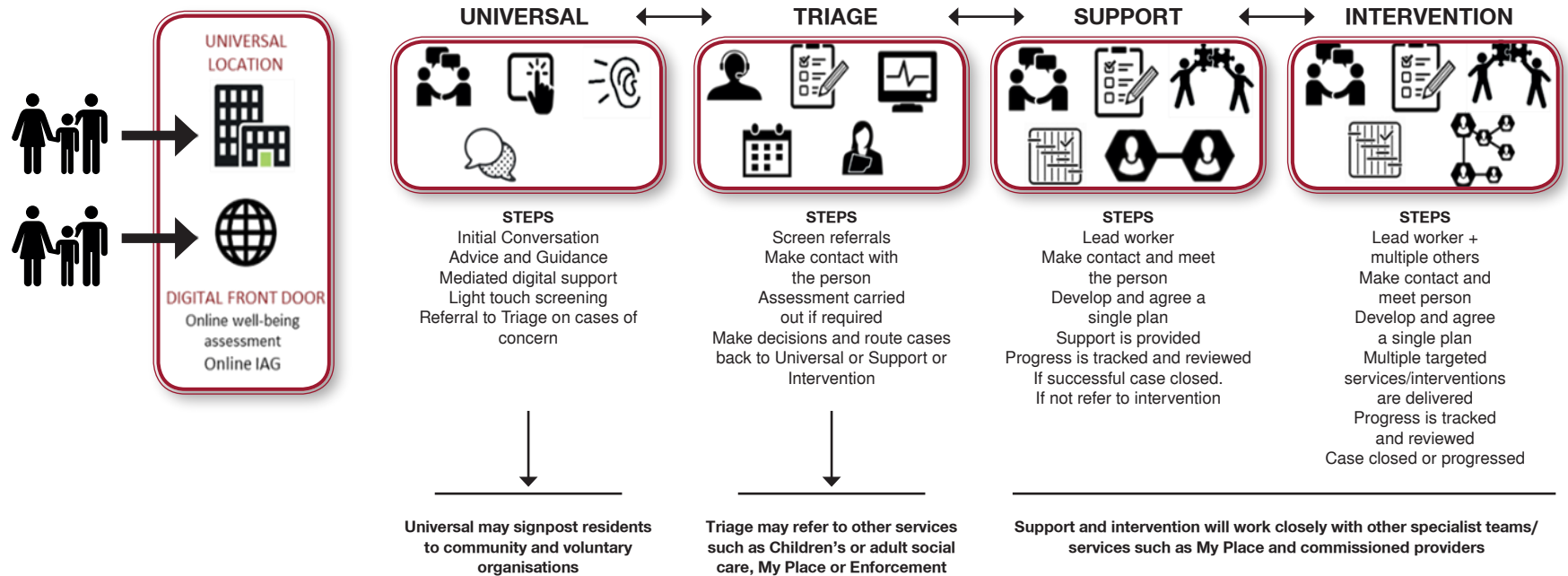
Preventative services are critical to the long-term sustainability of the local health and social care market. Prevention is only effective when individuals, communities and public services work together. This promotes the strengths-based approach to assessing needs and supporting people. Our prevention approach aims to stimulate this market, increase community capacity and collaboration between providers, as well as ensuring that statutory service provision gives an appropriate emphasis to prevention.

This approach is informed by and seeks to develop the council’s priority of enabling social responsibility. This means that individuals, with support where necessary from communities and local networks, will be primarily responsible for making their own decisions about their own life choices and for seeking the advice and information they need to achieve the outcomes they desire.

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Community Solutions is preventative in its approach and aims to equip residents with the tools to help themselves become an empowered member of the community. The service is made up of a number of key strands:

- **Information, advice and guidance**
- **Universal services** – access to services such as housing advice and employment
- **Assessment** – undertaking integrated assessments
- **Support** – specific interventions to support an individual or a family
- **Intervention** – a package of services to resolve complex issues



Social care front door: Intake team



We want to encourage and incentivise innovation across the market and commission outcomes-based services that focus on improving the lives of our local population.

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Information, advice and guidance

From April 2015 the Care Act placed a statutory duty on councils to provide information and advice to the whole population that is both accessible and proportionate. The main priorities for these services are the provision of information and advice to enable people to:

- Access a comprehensive range of information and advice about care and support available locally
- Obtain tailored information and advice about care and support (in a variety of formats) whenever possible to help individuals understand their range of options
- Find key information and advice providers from all sectors to enable them to have more choice and control over their care
- Improve knowledge and skills to prevent problems occurring or reoccurring and be aware of the good quality, up to date web-based information available to them for self-help
- Manage household finances, reduce and manage personal debt
- Increase household income by securing employment or claiming benefit entitlement
- Prevent homelessness and/or address other housing problems
- Understand and enforce their employment rights
- Understand their immigration rights
- Understand their rights and the support available in respect of personal and family issues (such as relationship break down, domestic abuse or the local arrangements around social care assessment).

We need to enable people to understand how the care and support system works, what services are available locally and how to access those services including those aimed at preventing need and improving wellbeing. Residents need access to tailored advice and guidance online and face to face in order for them to self-help. The Barking and Dagenham website provides residents with information, advice, support on care and support within the borough of Barking and Dagenham. It also hosts a list of providers and a personal assistant finder: <https://www.lbbd.gov.uk/adult-health-and-social-care>

We currently commission the following information and advice solutions in Barking and Dagenham to meet our statutory duty:

- Generic Advice and Enhanced Welfare Rights Service at Citizens Advice Bureau: www.bdcab.org.uk

We know there are opportunities to improve on our current information and advice offer and we will be reviewing these opportunities over 2018/19.

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Personalised care

Direct payments

We want to support even more use of direct payments wherever appropriate, not only because this in itself supports independence, but also because it enables customers to shape the market they want by empowering them as care consumers.

We will support this process through the provision of high quality advice and information about what the market can offer to enable providers to respond to demand for more flexible person-centred services. Additionally, we will be tendering for a Direct Payment Support Service in 2019 to support residents to use their direct payment to most effectively meet their needs and to understand their responsibilities as an employer if they decide to employ a Personal Assistant.

Personal assistants

Through using personal assistants (PA's) more people are being supported to gain choice and control over their everyday living. The current PA market is high within Barking and Dagenham and currently over 10% of which are male. PAs wishing to be on our website are accredited by the London Borough of Barking and Dagenham and go through a number of checks, including a Disclosure and Barring Service (DBS) check. PAs also voluntarily sign up to a code of conduct to ensure that they meet the required standard of care including promotion of rights and independence, confidentiality, safeguarding and risk. This does not mean that the council are endorsing the PA's, it means that we have carried out certain checks.

In Barking and Dagenham, it is estimated that:

- 1829 residents receive a long-term service and of this there is 1116 on direct payments.
- There are 3,100 care workers within Barking and Dagenham
- We have around 800 personal assistants within the borough

The market currently has a lack of specialist trained PAs to cover specific impairments such as behaviours which challenge, autism, dementia and mental health.

There is also a greater need for a robust support system whereby personal budget recipients can be reassured that the care needs are being met by the people they wish to employ.

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Our commitment to co-production

We recognise that people using services, their carers and communities are experts in their own lives and are therefore essential partners in the design and development of services. We will continue to create meaningful opportunities for leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of services locally.

We expect all our providers to co-produce. At an individual level, for example, through planning person-centred care and innovating to get it right for individual needs. Plus co-producing at service level, for example, by providers designing how their service works with the individuals who use it. Going forward we will expect to see evidence of co-production impacting on outcomes.

To support our commitment to co-production, Barking and Dagenham works with a range of social care customer led organisations. Local groups that we have regular engagement with are, Healthwatch, Carers forum and the Learning Disability Forum, all of which aim to give people who use services and carers a voice in the shaping of support services.

Adults’ Care and Support Website

For residents to make informed choices they need good quality information and advice about services, support and opportunities available in the borough. Our website enables residents to make decisions about their care by providing information and advice, and access to independent advice to support their choices. As well as managing demand on statutory services and adhering to the duty on the council to provide information and advice to the whole population that is both accessible and proportionate. The provision of this service promotes the Council’s vision in two ways:

- Empowering people, a key priority for the London Borough of Barking and Dagenham, encouraging residents to do as much as they can for themselves, their homes and their community, and protect the most vulnerable, keeping adults and children healthy and safe.
- The council’s digital by design programme which sets out the commitment to deliver more public services online and make online options easier and more accessible for residents to use.

The Council’s website provides an accessible, interactive and engaging way to find out about care and support. This is an essential resource for residents and anyone looking to or already providing services locally.


careandsupport.lbbd.gov.uk 

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Voluntary Sector providers

The voluntary sector plays an important role in providing services in the community.

Barking and Dagenham Council for Voluntary Services (BDCVS) operate in the borough and support voluntary and community sector organisations to become more strategic and sustainable. The BDCVS offer a range of support such as governance, strategic planning, setting up a social enterprise, project development, fundraising, recruitment and management of staff and volunteers, and financial management.

bdcvs.org.uk 

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Supporting carers

Carers

The local picture

1 in 10 Adults help or support to a person with a long term disability, mental health problem or problems relating to old age

84% Of carers are of working age

1 in 4 care **50 hours+** per week

The Carers' Survey is a biennial survey that took place in 2016-17. In the local survey carers told us:

Health needs of cared for	%
M	22.0
V	22.5
A	32.6
S	33.9
D	37.9
✓	41.0
✓	54.2

Help provided to cared for person:

- 91% Practical help
- 84% Keeping them company
- 84% Help with financial matters
- 75% Emotional support

Our services

1,556 Carers were supported by adult social care during 2017-18:

No of carers	136	774	646
Support provided	Direct payment or personal budget	Information and advice	Support to cared for person

30 People received respite (temporary care) to give their family carer a break

55 Average age of carers supported by adult social care

In the 2016-17 Carers' Survey our carers told us they used the following services:

Service	%
Information & Advice	37%
Support from carers groups	25%
Training for carers	4%
Support to keep them in employment	2%

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Supporting carers

Carers in Barking and Dagenham

The Carers' Hub is an information and advice service, including peer support, and is currently commissioned by Adults' Care and Support.

With 1 in 11 people identifying as carers there is sizeable market to deliver services to carers in Barking and Dagenham.

For current support available to Carers, please see link:

carerscentre.org.uk 

Data and trends

- In 2001 9.7% of the population reported themselves as unpaid carers, this has dropped slightly to 8.7% in the 2011 census
- 523 young people under 16 years of age identified as carers in Barking and Dagenham, of these 66 were providing 50 or more hours of care each week, and another 66 providing 20-49 hours of care per week. Many of these will now be adults and may not have access to appropriate support
- 10.7% of the White population were unpaid carers, compared with 7% of the Asian/Asian British population and 5% of the Black/African/Caribbean/Black British population. This could potentially show that carers from the BME community are not accessing support for carers. Across the board it is evident that there are significant number of carers that are not accessing support.

There is potential for new providers in this market. We will be carrying out workshops in 2019 to co-produce services that carers would like to see locally. This will inform how the carer market is shaped. We are looking for innovative solutions to address the needs of carers in the borough.

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Gaps to explore with the market

Through engagement with carers, the individuals they care for and carer support providers, we know that we need to provide a range of services to meet the support needs for carers such as:

- Good quality access to information and advice to carers regarding their personal support needs, and ensuring they receive this support
- Temporary respite accommodation
- Services that carers can purchase with their personal budgets

In 2019 we will be strengthening our carers' strategy group, ensuring carers services are focused on maintaining physical and mental health as well as independence. We are working closely with operational services to ensure we increase the number of carers assessments undertaken, and that carers receive the support they need.

We are currently developing a joint carers strategy and working closely with our specialist carers' provider to ensure carers feel better supported in their caring role with access to right training and support, such as the delivery of mental health resilience training for carers, a particular priority identified by our joint carers strategy group.

We believe carers receiving individual budgets will increase and we would like to see the carers market developed to enable carers to be able to purchase from a range of different services that can meet their needs as carers.

We are working with our stakeholders and partners, including the Clinical Commissioning Group (CCG) to improve commissioning intelligence which will help to ensure market gaps can be addressed, services improved and that a shared vision is promoted across pathways and services.

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Older people and vulnerable working age

Older people (aged 65 years and over)

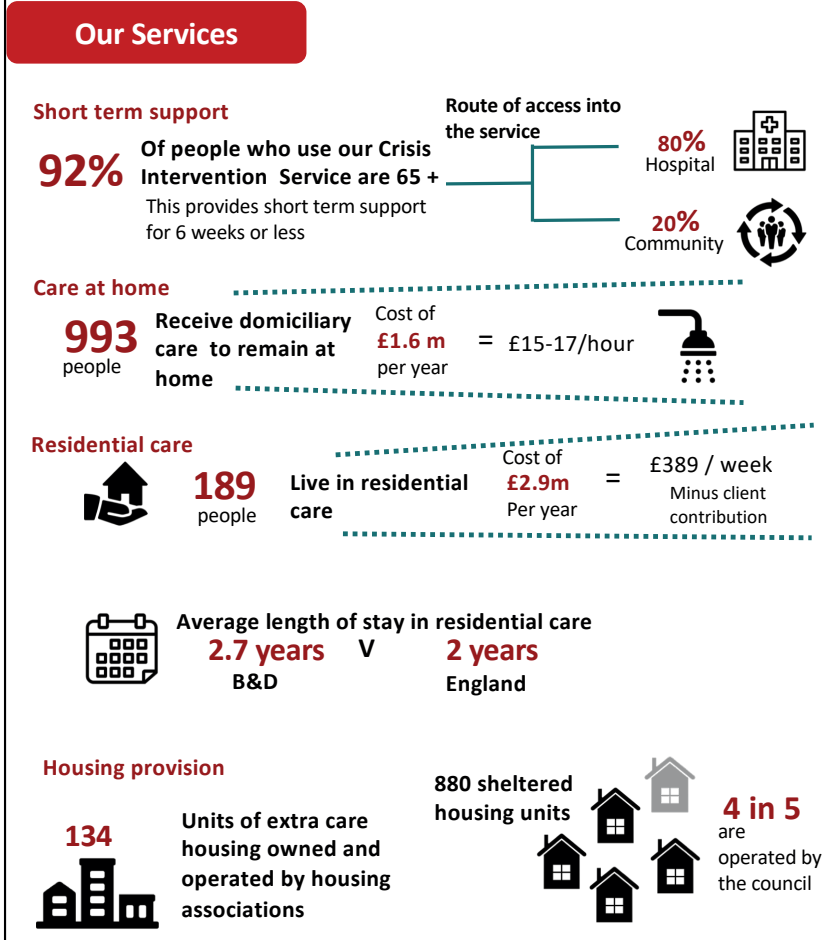
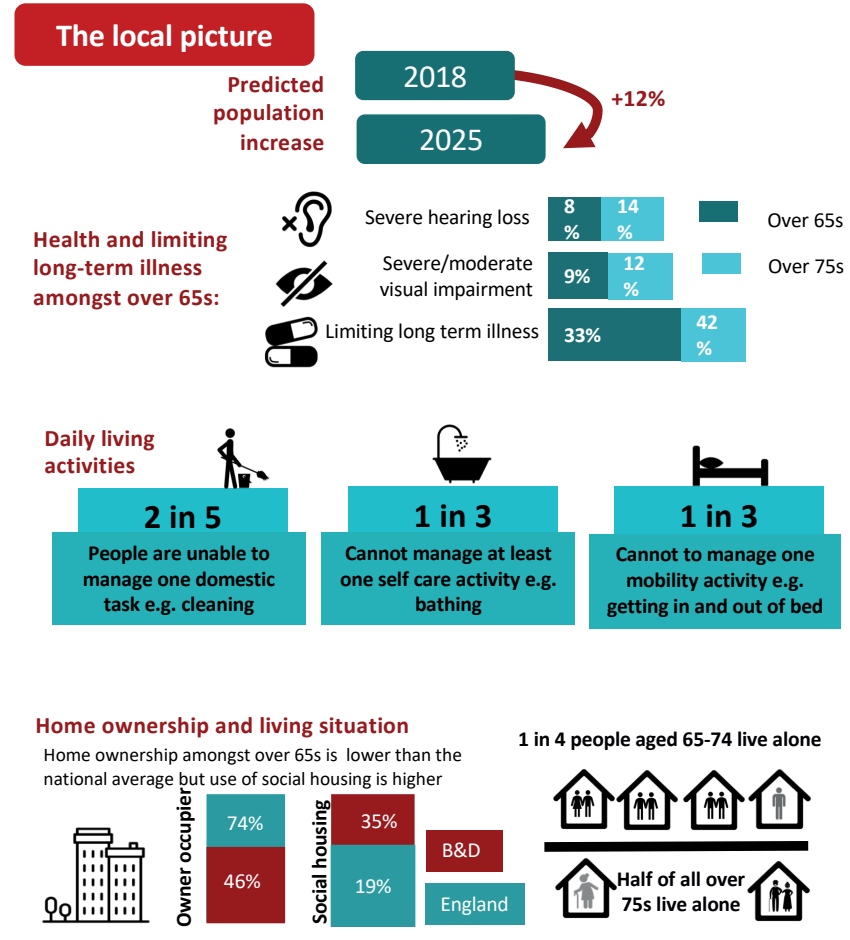


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Older people and vulnerable working age

The council will support individuals to remain in their own home independently for as long as possible using a wide range of care and support options such as, telecare, careline and digital solutions to enable them, therefore reducing the demand for a residential placement.

Barking and Dagenham are committed to delivering personalised care and support which enables individuals to make decisions and be the driving force behind their packages of care.

In light of this the number of individuals who are receiving their care via a direct payment and choosing to employ a personal assistant over a traditional domiciliary care provider has increased significantly over recent years.

Quality of care

- The Care Quality Commission (CQC) is the independent regulator of health and social care services for England. In October 2014, they introduced its new inspection framework for adult social care and, for the first time, rated services as outstanding, good, requires improvement or inadequate.
- The below diagram shows the ratings of services in Barking and Dagenham compared to our comparator group and the England average, this information is taken from the CQC from July 2017:

	Residential & Nursing Homes				
	Inadequate	Requires Improvement	Good	Outstanding	Unrated
Barking and Dagenham	0%	19%	63%	0%	19%
Comparators	1%	11%	80%	1%	7%
England	1%	15%	75%	2%	6%
	Domiciliary Care				
	Inadequate	Requires Improvement	Good	Outstanding	Unrated
Barking and Dagenham	3%	6%	23%	0%	68%
Comparators	2%	12%	50%	0%	36%
England	1%	11%	59%	2%	28%

- As can be seen above Barking and Dagenham a lower proportion of care providers rated as good across all three care categories, there is also a higher proportion of providers rated as requires improvements (except for nursing homes).

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- It should be noted that Barking and Dagenham have a significantly higher proportion of providers who are showing as being unrated. For residential and nursing providers this is due to changes in their registration details with CQC while for domiciliary care it is due to the high number of agencies being set up in the borough who have yet to be inspected.
- The local authority also continually monitors the quality of care delivered in the borough which includes looking at CQC inspection reports together with our own intelligence about how services perform, through quality assurance reviews, complaints, serious incident report, and safeguarding alerts. If there are concerns regarding the quality of care being delivered by a provider, the local authority will work closely with them to ensure the required improvements are made.

Sustainability duties

The introduction of the Care Act 2014 placed new responsibilities on local authorities in terms of market sustainability and development. We work closely with providers to support their sustainability and quality standards and believe in investing in the care and support market.

Following a review to increase the council’s usual rate for residential and nursing care homes for in-borough placements in 2016, the usual rates were increased by 20% in 2016/17 and 2017/18 to support market stability across the sector. This action took the usual rates paid by the council higher than the usual rates set by neighbouring boroughs. For the fiscal year 2018/19, a further uplift of 3% was agreed for in borough nursing and residential care.

For domiciliary care providers, the council undertook a tender exercise to establish a framework of approved providers for all home care and crisis intervention services. There are 14 providers on the approved list and this framework will be in place up until 2020.

As part of the tender process to establish the list of providers for home care and crisis intervention services, providers were asked to submit their rates for the life of the contract on the understanding that no uplifts would be given for the life of the contract. However, we have recognised more recent costs pressures on providers, such as increases in the National Living Wage, pension contributions, the cost of training staff and agreed a 3% uplift from 2018/19 until the new tender process is completed by January 2020.

We recognise the demanding cost pressures in the market, from changes in national legislation and government grant announcements and the impact this has had locally. Nonetheless, the council’s MTFS (medium term financial strategy) goals must be met, as a substantial efficiency challenge remains for the council to tackle.



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Residential and nursing care market

Throughout 2017/18 the local authority had 513 older people placed in residential and nursing placements, 139 of these were new placements within the year.

Currently approximately 65% of all older people placed in care homes by Barking and Dagenham are residing in borough with the majority of the other placements being in neighbouring boroughs.

There are currently 9 privately run residential and nursing homes in the borough with a combined total of 582 beds. In addition to this there is one local authority run home, Kallar Lodge, which offers 39 residential care beds.

The numbers of residential and nursing placements are meeting current demand and we do not expect this to change in the near future.

Home care market

In our ongoing drive to support people to be independent, resilient and well we need to provide services that are not traditionally perceived as ‘social care’ services, but effectively meet the needs of individuals giving them greater choice and control.

The council believes that the primary purpose of social care is to maintain and where possible improve, quality of life when circumstances such as illness or disability would otherwise limit or reduce it. Home care services have a key role in delivering support in a manner that enables residents to continue to improve the skills they need to maintain their independence in their own homes.

There are two types of care and support in the home provided in the borough: Homecare, which is provided via a managed personal budget and crisis intervention

Crisis intervention is a short-term service, for which the council cannot charge the customers. It is intended to stabilise their situation so that a full social care assessment can form a reasonable view of their future care needs. Crisis intervention is intended to last for no more than 6 weeks but can take any period up to then dependent on the customer’s recovery.

The majority of people beginning a crisis intervention service will have had their package of care put in place by the boroughs hospital discharge service, the Joint Assessment and Discharge Team (JAD).

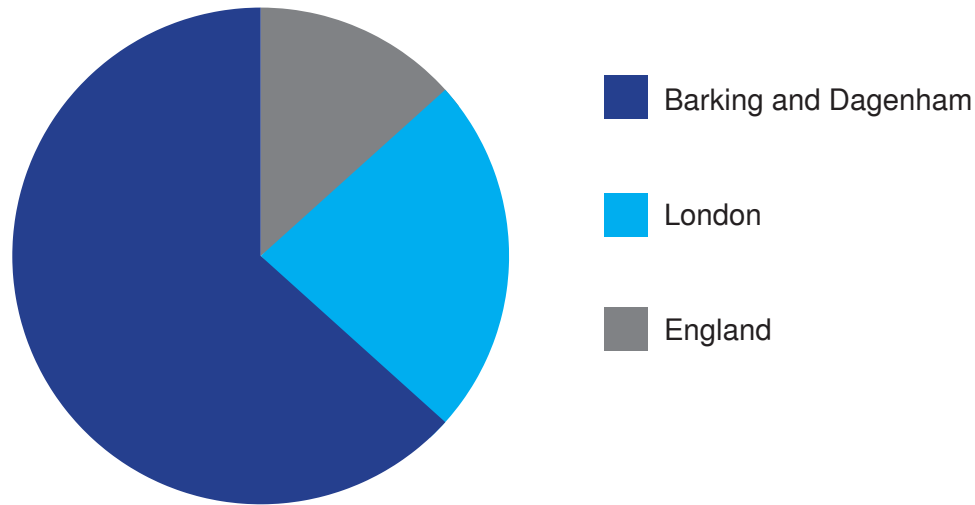
An effective crisis intervention service will help to reduce the dependency on long term community-based services and also help to minimise the number of adults being placed into permanent residential and nursing placements.

We have also commissioned a tier 1 prevention service for those whom crisis intervention packages are coming to an end. This service is aimed at supporting people needing further low-level support to remain independent and enabled.

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Barking and Dagenham undertook a tender exercise to establish a list of approved providers for all home care and crisis intervention services. There are 14 providers the approved lists for each service, which provide the local authority with enough capacity to meet its demand. This framework will be in place up until 2020.

There are a large number of domiciliary care providers located in Barking and Dagenham which means that the supply of services far outweighs the demand. The figure below shows how many domiciliary care agencies are registered with the CQC per 10,000 65+ population in comparison to London and England averages:



Extra care market

There are four extra care schemes in Barking and Dagenham. Extra care is an important part of our offer to older people in the borough, enabling them to live as independently as possible in the community, with care and support provided on site and tailored to individual’s needs and preferences. The commissioned service brings the extra care schemes at the heart of an engaging and lively Barking and Dagenham community and places a strong emphasis on the wellbeing and wellness of the residents, with prevention at its heart. The schemes focus on working with residents to prevent, reduce and delay care needs in an innovative way, harnessing opportunities provided by technology, information and advice and through an inclusive wellness programme which includes a continuous, proactive programme of activities that meets the diverse needs of the residents and includes the local community.

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Gaps to explore with the market

We are keen to explore the use of innovative technical and digital solutions which can be used in conjunction with traditional care services to help prevent, reduce and delay people’s care needs.

Following a review of dementia services, it has been identified that providers need to further develop staff to ensure they have the skills and capabilities to provide support for those with dementia in a way that suits them. Rather than commissioning ‘specialist’ services, it would be preferable if providers of generic services can become more accessible for individuals with dementia. We also need providers with a specialism in supporting people with a Learning Disability, who have developed dementia. We would be keen to work in partnership with generic providers (LD and /or nursing / residential care) to develop this service so that we can meet the emerging needs of service users in the borough, close to family and services.

There is a need for affordable and accessible transport solutions for older people in the borough. With the majority of older people choosing to access their care via a direct payment a more flexible and responsive transport solutions in the future.





The market needs to be flexible and responsive and have a good understanding of adults and their families in need of care and support.

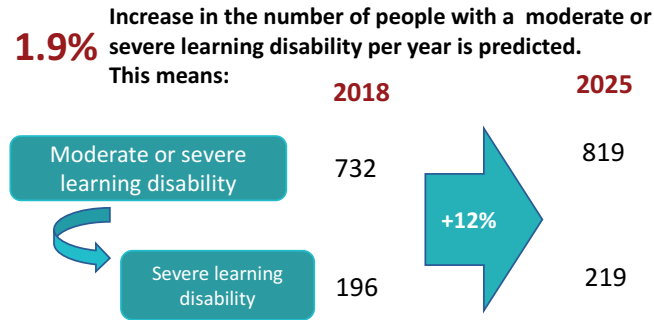
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Learning disabilities

The local picture

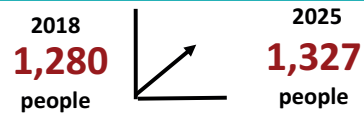
An estimated **3,192** People aged 18-64 years have a learning disability. That's over 2 in 100 people.

Moderate and severe learning disability



Autism spectrum disorder

The number of people aged 18-64 estimated to have an autism spectrum disorder is set to increase by 2025



Our services

159 children aged 12 to 18 with disabilities have a range of care packages.

26 live in residential care due to their complex needs and will need to be accommodated as adults in the next few years

419 Adults with a learning disability access adult social care services:

Community services	Direct payment	Managed Budget	Supported Living
	 Average cost per week	65% £575	10% £343

Care home	Residential care	Nursing care
	 Average cost per week	11% £1,424

Supported housing provision

	In borough	Out of borough
Residential care home	10	38
Nursing care	8	-
Supported housing	7	47

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Disability Service (learning disability and physical disability)

Physical disabilities and sensory impairments (18-64 years)

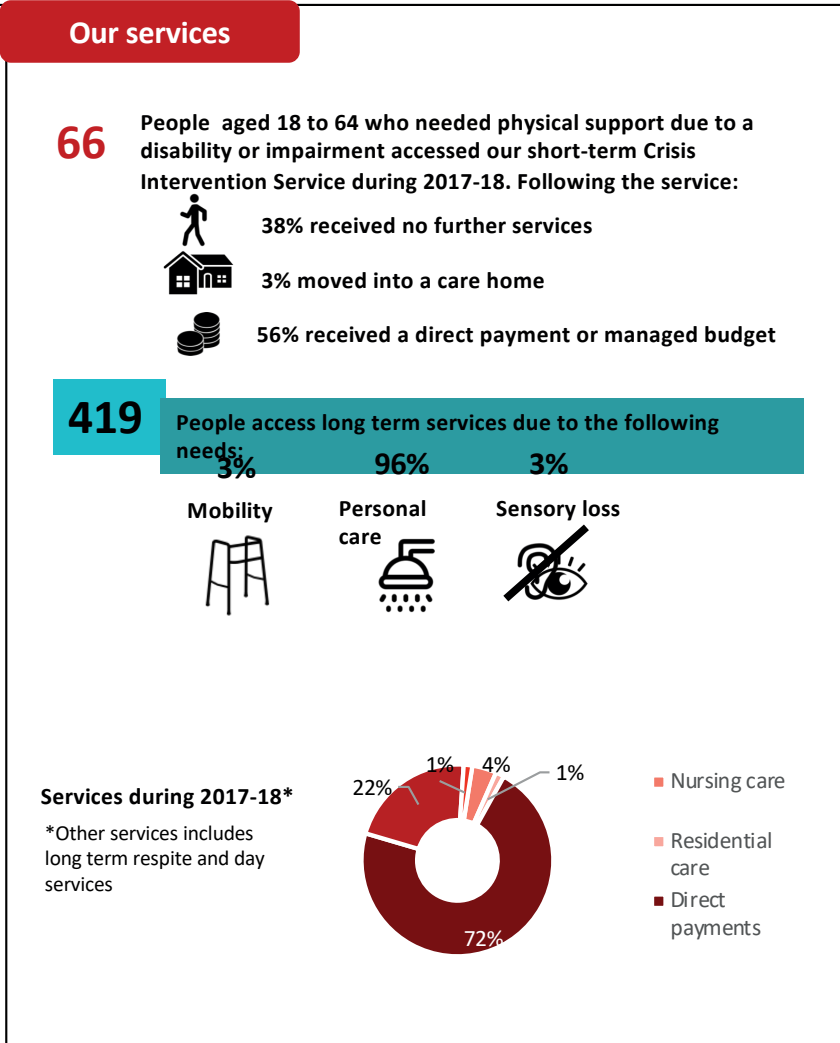
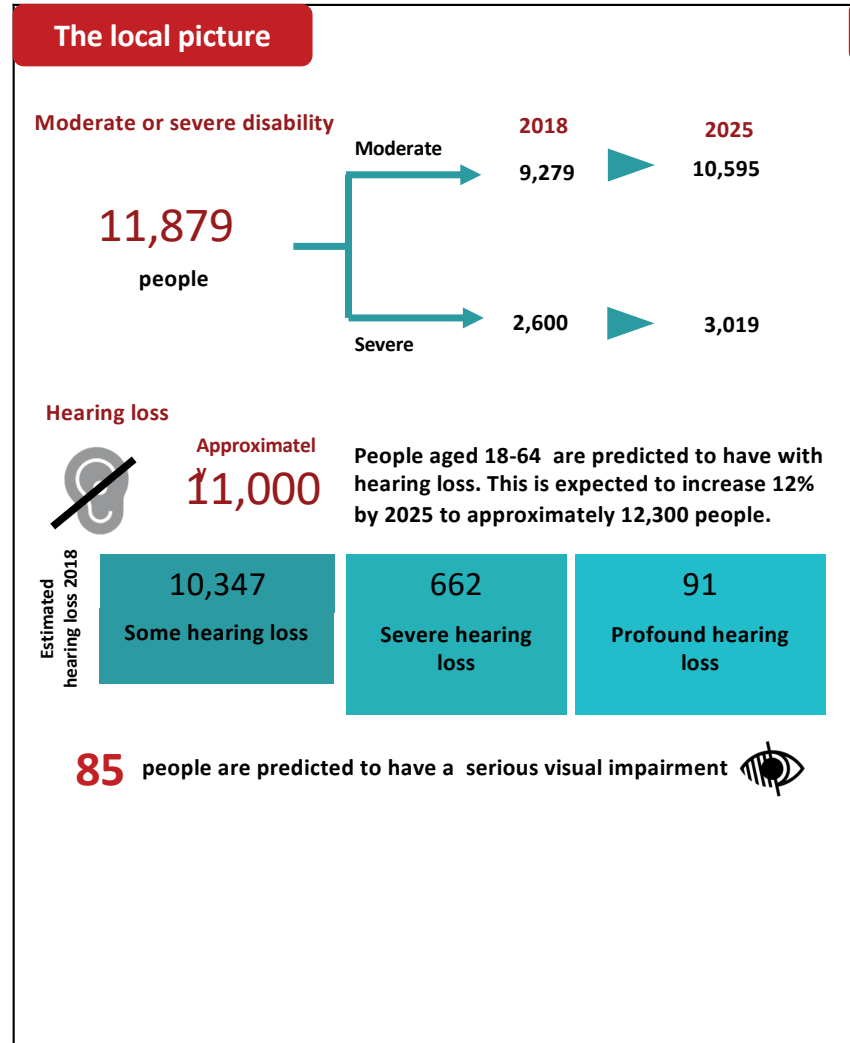


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Disability Service (learning disability and physical disability)

Disability Service

The Disability Service was launched in July 2017 to facilitate life planning for people with disabilities.

The Disability Service in Barking and Dagenham supports many of the boroughs most vulnerable and complex individuals in need of care and support. It also remains one of the highest areas of adult social care spend. The borough is focused on ensuring disability services are safe, offer good outcomes and offer value for money to people throughout their lives.

The borough aims to strengthen the roles and relationship of carers, schools and employers to ensure people with a disability are offered equitable and meaningful opportunities within our community. The borough is also seeking to develop its local market of services to reduce the need for commissioning out of borough placements.

In total the Disability Service will oversee services to over 2000 children, young people and adults with disabilities. Of these there are currently:

- 376 children with a disability
- 1236 children with an EHC plan
- 367 adults with a learning disability, of which:
 - 20% are in supported living
 - 54% receive direct payments
 - 22% have managed personal budgets and
 - 15% have a residential or nursing placement
- 390 adults with a physical disability, aged under 65 years, of which:
 - 90% have direct payments
 - 12% have managed personal budgets
 - 5% have a residential or nursing placement



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Adults with learning disabilities

There are 367 service users with learning disabilities in the disability service, with the following ages:

Age band	Number of service users with learning disability support
Age 18 - 64	329
Age 65+	38
Total	367

We currently offer a range of residential, supported living, nursing, dual mental health, learning, physical and sensory disability services.

Barking and Dagenham has a range of supported housing options (which are detailed below), that can be considered by social workers, service users and their families.

There is one in-borough, council funded learning disability registered residential care home for 12 people.

The borough currently has three supported living block contracts that provide an accommodation-based service in the borough for residents with learning disabilities:

- Contract 1 - 23 placements
- Contract 2 - 25 placements
- Contracts 3 - 16 placements

The borough also has a range of spot contracts for residential and supported living placements. These are both within the borough and outside of the borough. In recent years out of borough placements have been to meet complex care needs.

There are low numbers of residential placements being commissioned. Those that are commissioned are on spot basis and usually for customers with high/complex support needs. Where possible the council will always seek local provisions first.

Our offer to meet both physical and sensory disabilities currently include the following services:

- A dedicated Sensory Impairment Team who help people maintain independence offering emotional support and a range of health and social advice.
- A Disabled Adaptations Direct Payment Scheme.

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- Bridge to Vision project which was set up by the council, developed to resolve the problem of people with a learning disability having a sight loss ignored due to not being able to communicate the problem. The project follows the entire eye-care process, from how to best gather information from a client before the appointment, to what tools and techniques can be used to diagnose sight problems.
- Hear to Meet in partnership with Action on Hearing Loss. The aim of the project is to help reduce isolation from those with a hearing impairment, increase the take up of hearing aids and improve access to advice and information on assistive equipment and services that support people with hearing loss.

Recent years have seen an increase in new supported living service providers entering the market offering services to people with mild to moderate support needs. This type of provision exceeds current demand.

Quality of care

Due to the level of need both residential and supported living services are registered with Care Quality Commission (CQC). This will provide services with a regulatory framework of standard. The council also has its own quality assurance team that carries out contract monitoring visits. There is many examples of good practice and quality provision within the borough. Where there are areas of concerns the council works closely with CQC and providers to improve services. There is an expectation that safeguarding and whistleblowing polices are implemented and monitored.

The borough needs a local market of providers that can evidence:

- A track record of providing similar needs
- A commitment to investing in its workforce
- Providers that interact with other providers where needed
- Providers that bring innovative solutions

Due to the level of vulnerability and mental health capacity, providers are expected to work closely with family carers, advocates and healthcare professionals.

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Gaps to explore with the market

The emerging needs for high and complex care provision often for younger adults are increasing. The council is targeting local provision wherever possible and appropriate. Therefore, providers need to be aware of:

- Financial implications of London Living Wage
- Cost of sleep in provision
- Cost of training staff of in Positive Behaviour Support training.

Barking has a varied demographics of need. Therefore, providers should consider how they meet services that meet

- Cultural needs
- Communication and language
- Single gender services

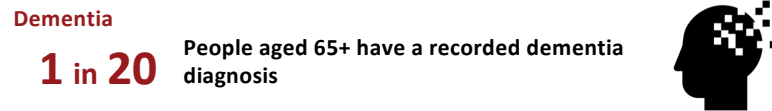
The specialist skills required to support people with sensory needs is quite distinct. The current market sees providers specialising usually in single sensory needs. Although this meets a number of customer needs. There are a number of younger customers with profound sensory needs.

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Mental Health

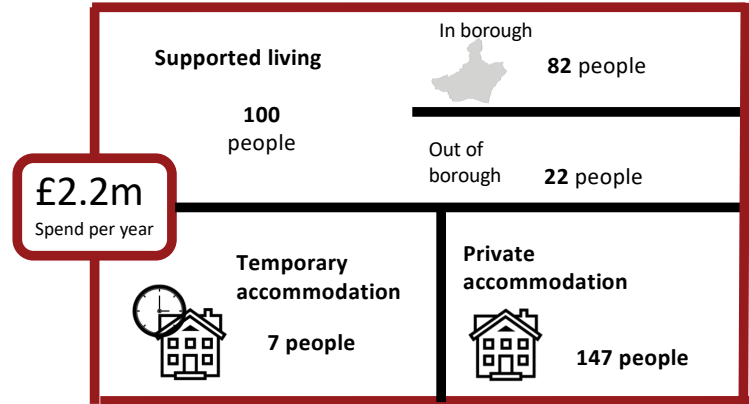
Mental health

The local picture



Our services

254 People access adult social care because they need support with mental health



Future cost of service

Increase in the demand for mental health social care (+4%) is projected to cost £400,000 per year

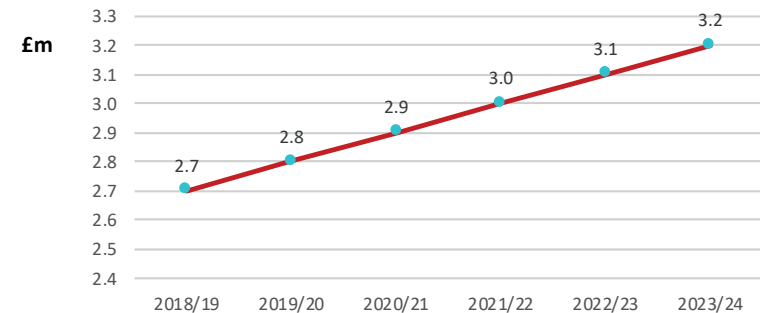


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Mental health

The main mental health care and accommodation service types in the borough are:

- Mental Health Residential / Nursing Care
- Mental Health Supported Living
- Mental Health Floating Support

Barking and Dagenham’s vision is to minimise dependency on social care when outcomes can be achieved in an independent or semi-independent environment through support services. We need to ensure that residents who are struggling to manage at home are always offered the least restrictive and most enabling support in their own home, before accommodation-based options are explored

Supported Living services can act as a flexible, individualised platform which will offer options for people on their way towards greater independence. As a result, there needs to be a greater focus on personal outcomes than is currently the case. It is essential that providers transition away from traditional social care packages to more innovative and personalised services that support individuals to meet their outcomes and enabling people to regain independence. We will seek to move financial capacity from care homes to Supported Living in the community.

Barking and Dagenham has a range of supported housing options that can be considered social workers and their clients when considering a placement, of which are primarily spot purchased. As of April 2018, there are 254 service users open to the Mental Health Team, all with bespoke packages of care that meet assessed need.

Projected need for Mental Health Services

The PANSI has modelled a projected rise in demand for MH social care service of 2% over the next 5 years, commissioners are cautious of this projection deeming it as conservative. Commissioner take this view in part due significant housing growth in the borough, the introduction of universal credit and the financial pressures that this has created, less affordable housing, rise in street homelessness, overcrowding which all takes a toll on a person’s MH.

The focus of commissioning will be on the prevention of crisis and/ or relapse by providing measured support that is responsive to need.

Quality of care

We are responding to the Care Act 2014 when looking at the quality of the Mental Health care market by service reviewing the Mental Health care market through our quality assurance framework processes

The Care Act 2014 requires local authorities and providers to:

- Promote wellbeing
- Prevent or delay the need for care and support
- Promote choice and control to help people plan their care and support

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- Ensure carers have an assessment in their own right
- Improve information and advice, including access to independent advocacy
- Shape the market to promote quality services, sustainability and choice
- Manage risks in provision, including financial, safeguarding and provider failure

Gaps to explore with the market

Gaps in intelligence

Though we cannot quantify the unmet need for preventative support, we know from the large numbers of customers using accommodation-based services that there could be a benefit to funding services that intervene early to prevent tenancy and family breakdowns from occurring in the first place. Given the forecasts of mental illness in Barking and Dagenham, floating care and support services will need to be able to work with customers along the entire spectrum of need; from a wide range of backgrounds; providing rapid and intensive support to some customers and short-term, stabilising interventions to others.

A recent report from the National Audit Office (NAO) highlights the slow progress that's been made across the country with introducing direct payments for customers with mental health needs. There are lots of reasons why this percentage isn't higher, but one possible reason is that the mental health care and accommodation market in Barking and Dagenham is not currently set up to facilitate the direct purchasing of services by residents. This means there may also be difficulties for individuals who would be required to purchase care and support services themselves to access the market (self-funders.)

One of the key gaps that has been identified was the gap in services for the transition to adulthood and this will be an area of focus for further market development work. Commissioners will be seeking providers that can creatively engage and support young people (under the age of 35) to enhance and maintain independent living.

Forensic mental health supported housing services

Recent analysis of the forensic mental health pathway reveals an over-reliance on residential care home services for individuals leaving secure hospital settings, even for those who are able to attend to their activities of daily living with minimal assistance. This practice appears to have evolved in response to the lack of specialist provision for this group in the supported living market. While some of the existing mental health supported housing services may be set up to effectively manage the risks associated with supporting residents with forensic histories, it is not currently a distinct category that is commissioned or monitored; and therefore there is insufficient assurance for clinicians that the supported living market can safely accommodate and support these individuals.

There is a lack of **specialist forensic and ASD support** for residents that wish to be supported to remain in their own homes. We will continue to seek partners that are able to deliver high quality and holistic services for this cohort of clients.

We expect the number of direct payments to increase over the next five years, empowering clients of MH services to determine their own care packages.

There is no specialist floating support for residents that have a dual diagnosis presentation, commissioners would be keen to work with providers to develop support packages for this cohort of people.

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Length of stay

Though the long lengths of stay in these services could partially reflect the difficult housing market conditions in the borough; it is possible that some customers may continue to remain in services beyond the point at which they are ready to move on to more independent settings. The current contracting arrangements mean that providers will lose money as soon as someone moves on to the next stage in the pathway, through the loss of rental and care package income, unless a new client is immediately lined up to take their place. Commissioners will therefore look at this as an area for development and try to find new ways of incentivising providers to promote recovery and timely move on from services.

Value for money

The majority of spend for adults with mental health needs is geared towards accommodation - based packages of care. These services are required for individuals who can no longer manage living independently and / or those who have lost their accommodation due to their mental health needs. Greater provision of preventative services that can intervene early to ensure that someone is able to successfully live in their own home is therefore required, to ensure that there is less demand for supported housing services in the future.

The long lengths of stay in accommodation-based services for many residents – particularly those in staffed schemes – hints that a proportion of residents are at risk of becoming dependent on services, rather than achieving greater levels of independence. Furthermore, the current pricing strategies of accommodation-based care providers make it difficult for commissioners to appreciate those providers that are delivering the best value for money. Commissioners require a separation of accommodation and care funding in the new Supported Living Strategy.

It is also the case that residents currently using mental health supported housing or other accommodation-based forms of care are not receiving their social care funding in the form of a direct payment. The majority of our current purchasing arrangements do not allow residents to exercise full choice and control in their care and support arrangements. This is something that our future commissioning intentions will seek to address.

Limitations

The government is planning changes to the funding of supported housing services that will take effect in 2019/20. These changes could have a destabilising effect on providers and customers and could result in some providers choosing to exit the accommodation-based care and support market. Details of the changes are accessible here: www.gov.uk/government/consultations/funding-for-supported-housing

There is increasing pressure on public services and the budgets available for care and support services.

There are well-documented shortages of affordable housing across London, and this could impact both on the council’s ability to commission supported housing services, and on customers being able to move successfully from accommodation-based services to their own home when they are ready to do so.

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Advocacy

Barking and Dagenham Council has a number of statutory duties to ensure the provision of advocacy. Advocacy enables people with a physical or learning disability, mental health needs, or older people to make informed choices and decisions about their own health and social care, or that when it is required that a decision be made on their behalf, that it is made their best interests.

The **Care Act 2014**, the **Mental Health Act** and the **Mental Capacity Act** outline the grounds in which an individual is entitled to an independent advocate. These services are mainly for adults although there are elements of this provision which apply to children and young people. The services include, Independent Health Complaints Advocacy (IHCAS), Independent Care Act Advocacy, Independent Mental Health Advocacy, Independent Mental Capacity Advocates.

Our advocacy provider market has historically been relatively small with only a limited range of large scale advocacy providers able to effectively manage large and varied volumes of referrals over a longer term. The council would like to develop a wider and more competitive market in terms of both quality and price.

We would be open to other possibilities of delivery partners enabling smaller providers to tender for contracts, or several organisations forming a consortium that can deliver larger contracts. As well as encourage a smaller scale local offer of informal, citizen, or peer led advocacy services as a prelude to supplement our statutory advocacy services.

Data and trends

During the 2017/18 financial year there were 512 statutory advocacy referrals. This was an increase of 119 referrals on the previous year.

The below table shows the number of Statutory Advocacy referrals 2017/18:

Statutory Service	New referral numbers
Independent Mental Capacity Act (IMCA)	206
Independent Mental Capacity Act (IMHA)	97
Care Act	172
Relevant Persons Representative (RPR)	37
Total	512

The Council would like to work with providers in developing the Relevant Persons Representative (RPR) offer as well as better engaging young carers. There is work to be done in the development of this area.

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Quality of care

Providers should have the appropriate accreditation standards and adhere to the relevant advocacy codes of practice. Advocates would be expected to possess or be in the process of obtaining the industry standard City & Guilds Level 3 Independent Advocacy qualification. Advocates would benefit in being multi-skilled across statute legislations.

Providers must be well governed and managed and financially sound. Organisations that wish to tender for contracts must understand the nature of the contractual commitment, be sure that they can deliver the service to the required volume, timescale and standard, and report on contract delivery to the commissioner.

Gaps to explore with the market

We want our advocacy services to enable people with a physical or learning disability, mental health needs, or older people to make informed choices and decisions about their own health and social care through an independent advocate. Ensure that decisions made around a person’s care are in their best interests.

Practitioners need to ensure that advocates are made available for safeguarding/adult protection meetings in a timely manner for the duration of the process, preferably, with the same advocate available where possible. Providers also need to be able to manage fluctuations in demand

We know that the population of our borough is growing and that statutory advocacy referrals are increasing. It is essential that providers are able to measure and demonstrate the outcome of their services, can manage supply and demand, and promote their services in the community and to stakeholders. Whilst ensuring people from vulnerable groups are empowered to speak up and that decisions made around a person’s care are in their best interests.

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Domestic abuse

Domestic abuse is a clear priority for the borough. We have a high prevalence rate for domestic abuse offences in Barking and Dagenham. The **Joint Health and Wellbeing Strategy 2019 -2023** highlights the correlatives of childhood adversity on negative health outcomes in adults, and the impacts of adverse childhood experiences on child development. It also highlights the high level of acceptance of abusive behaviours reported by our young people. As a result, the strategy names tackling domestic abuse as a key outcome.

The **Ending violence against women and girls (VAWG) 2018 -2022** strategy highlights that domestic abuse is rarely experienced in isolation and sets out the intent to work towards a gender-informed way of working, recognising that women and girls are affected more often by domestic and sexual violence and are more likely to experience high risk domestic and sexual violence. It also explores how a gender informed approach to service design and delivery can positively impact outcomes for men and boys too.

Quality of Care

Over the previous 5 years we have commissioned refuge accommodation provision and an Independent Domestic and Sexual Violence Advocacy (IDSVA) Service through two separate contracts. The former has 13 bed spaces across two sites with a 6 month move on policy and supports approximately 40 women and their children per year. The latter received 558 referrals in 12 rolling months to September 2018 and has an engagement rate around 65%.

We have brought both contracts in alignment to come to the end of their term together in September 2019, with the intent to appoint a single strategic delivery partner who will deliver a service that will include refuge accommodation, advocacy, therapeutic support and an approach to tackling perpetrators. We hope to work with a partner who can adapt to the changing needs in the borough, and who can work with us to create a more effective way of tackling repeat victimisation and repeat offending.

The purpose of the service will be to provide holistic wraparound support for residents and employees of Barking and Dagenham who are enduring, using or witnessing domestic and sexual violence, with the view to increase safety, support recovery, re-empower survivors, and to provide space for young people affected by domestic and sexual violence to contextualise and recover from their experiences.

The desired outcomes are to reduce the physical, emotional and psychological risks and impacts of domestic abuse, in an effort to improve wider social, health and economic factors in the borough.

Demand for services will continue to increase as the population changes and grows, and as the awareness of domestic abuse increases and the tolerance of it decreases. The Council are launching a Domestic Abuse Commission in 2019, which will look at the high acceptance levels of abuse locally, and the new service will be required to be responsive to the learning that the commission delivers.

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Drugs and alcohol

The Drug Strategy 2017 highlights, the social and economic cost of drug supply in England and Wales is estimated to be £10.7 billion a year and just over half of which (£6 billion) is attributed to drug-related acquisitive crime such as burglary, robbery, and shoplifting. The strategy further states that in 2015/16, there were 203,808 people who received drug treatment and fewer drug users are coming into treatment, the number of people aged under 25 entering treatment for the first time who use opiates, mainly heroin.

Data and trends

- In Barking and Dagenham, it is estimated that there are currently over 1,000 individuals who use opiates and/or cocaine and over 7,000 people using cannabis according to the National Crime Survey for England and Wales and 2011 census population figures.
- In addition, it is estimated that about one in five of the adult population of Barking and Dagenham are hazardous alcohol drinkers, with nearly 6,000 of them drinking sufficient amounts to be harmful to their health.

The current caseload in the adult substance misuse services in the borough is 1,103, the majority of which are engaged in structured interventions; the figures below are from the National Drug Treatment Monitoring System (NDTMS) for the period April 2017 to March 2018:

Substance use	Numbers
Alcohol and Non-Opiates	229
Alcohol Only	334
Non-Opiates	136
Opiates	404
Total	1,103

Subwize is the young people substances misuse service. There were 106 young people engaging in treatment with Subwize, 30 of them engaging with the Youth Offending Service (YOS) and 3 from Fusion NELFT.

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Quality of care

There are currently two contracts within Barking and Dagenham for substance misuse, adults and young people, both are integrated drug and alcohol services.

Both services have been re-designed to be trauma informed in their approach to working with service users. Recognising that many of the people who are using substances problematically have had at least one Adverse Childhood Experience (ACE) which has impacted negatively on their adulthood.

Both services are now more community focussed with the view that we bring the service to the residents rather than expecting people to walk through the doors of a drug and alcohol service. Treatment can be brought to service users at locations more convenient or even safer to them. It is anticipated that there will be more people that engage with the service and that successfully complete treatment.

Subwize is the young people’s substance misuse service that provides advice and information for young people aged up to 25. They also provide a hidden harm service working with children of people who use drugs or alcohol problematically.

Adult services were designed in collaboration with the service user representatives. They were also part of the commissioning process including the shortlisting panel. Their involvement in this procurement was essential in making sure the service user voice was heard.

The service continues to offer substitute prescribing, blood bourne virus screening and vaccinations, keywork sessions, group work sessions, needle exchange, advice and treatment of addiction to prescribed and over the counter medicines. There is also now the therapeutic offer of psychological interventions such as counselling to support those individuals who require this specialist treatment.

Gaps to explore with the market

The desired outcomes are to reduce harm and prevent crisis situations caused by substance misuse to individuals and communities within Barking and Dagenham.

Demand for services will continue to increase as the population changes and grows.

The new services work innovatively and flexibly to align themselves according to changing local need and to maximise individual outcomes.

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Digital inclusion and innovation

Digital inclusion and technological innovation can reduce isolation and caring costs for those who are unable to use everyday computers, such as the elderly and those who may have physical or learning disabilities. Developing robust digital and technological solutions which meet local needs will empower people to do more for themselves and be in control over the way their health and care is delivered through personalisation.

Data and trends

7.8% of adults in Barking and Dagenham have not been online within the last 3 months

75% of adults in Barking and Dagenham have all five Basic Digital Skills

33% of adults in Barking and Dagenham have used all five Basic Digital Skills in the last three months

9.6% of adults in Barking and Dagenham are over 65

The Office of National statistics are projecting that by the year 2030 the population of older people living in Barking and Dagenham will increase to 26,500, this equates to a 35% increase compared to the 19,700 in 2015.

There is a needed shift towards preventative approaches to care. In adult social care, technology can help to enable this and can also help to drive down costs by, for instance, reducing the need for home care or helping to monitor and limit instances of carer burnout. Technology can also help reduce feelings of social isolation and loneliness. In Barking and Dagenham this is particularly pronounced with only 39% of social care users feeling they have enough social contact.

Social isolation can lead to and exacerbate physical and mental health conditions leading to increased vulnerability and dependency.

Current digital innovations

We have technological innovations pilots to explore new models of digital inclusion to managing demand on statutory services and addressing social isolation. We have:


Breezie tablet device – with tailored content specifically designed for elderly individuals to connect with people and source information and things that interest them. It has personalised interface aimed to increase digital inclusion and reduce social isolation.

Canary Care provides information that helps carers and decision-makers provide better care for people who want to live independently.

In 2019 we will also be working on a CareTech Pathfinder Project with PA Consulting/Argenti to ensure that assistive technology becomes central to everything that we do in Adults' Care and Support in the future

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breezie.com/solution/for-seniors/ 

canarycare.co.uk 

Gaps to explore with the market

Barking and Dagenham is facing growing numbers of people with care and support needs, in a climate of significant and sustained reductions in funding.

In response to these pressures, and to deliver better outcomes, we are transforming the way services are delivered and information and technology is already playing an enabling role in that transformation. The opportunities are significant and the innovation and commitment to change in many local areas is making a real difference to people’s lives.

We would like the care and support market to explore the use of technology to improve outcomes and work with commissioning on how to integrate technology with services.

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Support for your business

If you need support to develop your offer there is a range of tailored support available in Barking and Dagenham.

Barking and Dagenham Chamber of Commerce

The chamber is a membership and not for profit business organisation, providing a breadth of business opportunities to help your business grow. With innovative training, business seminars, networking opportunities, and a broad range of other resources, the chamber is the first place businesses come to when they need reliable business services, advice and support. www.bdchamber.co.uk

Thinking of starting a new business?

Barking Enterprise Centre (BEC) – The centre is a one stop shop for start up businesses offering a comprehensive package of advice and training for aspiring entrepreneurs funded by the council. The centre also provides financial health checks and development advice for established businesses. The centre offers ‘easyin, easy-out’ accommodation for businesses in the newly built centre. www.barkingenterprisecentre.co.uk

Need money?

Business Loan Fund – Businesses based in the borough can raise start up and expansion capital of up to £10,000. The Barking Enterprise Centre offers financial health checks and facilitates the loan application process. Go to: www.smallbusinesscentre.org.uk or www.barkingenterprisecentre.co.uk

Are you a small organisation looking to fill a gap?

Community Catalysts provide business support to new or established ‘micro’ services who provide or are planning to provide a social care service. ‘Micro’ services are small organisations (five employees or less) who are very local and can offer people tailored support or provide services that fill small gaps in the market. Community Catalysts are experts in supporting providers to develop their idea, diversify their offer and promote their services. As well as business support Community Catalysts can link you with a network of other small providers. www.communitycatalysts.co.uk

Are you in the Voluntary Sector?

Barking and Dagenham Council for Voluntary Services (CVS) supports voluntary and community sector organisations to become more strategic and sustainable. The CVS offer a range of support such as governance, strategic planning, setting up a social enterprise, project development, fundraising, recruitment and management of staff and volunteers, and financial management. www.bdcvs.org.uk

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Are you a community or voluntary group looking for office space?

Starting Point offers a mix of office space for community groups and social enterprises. This includes work stations, IT equipment, and telephone and meeting facilities. Starting Point provide free business support by trained staff including business planning, writing a fundraising strategy, marketing and finance. The facilities are available for use on a flexible hotdesking basis but give a professional base from which to operate. www.starting-point.org.uk

The Ripple Centre offers modern desk space that can be rented out on a flexible basis to support new organisations and social entrepreneurs. The desk space includes a computer with all the latest software installed, a dedicated phone line, a secure locker for your files, photocopying and printing facilities. You can also access their dedicated business support team that can help you develop your skills, expand your networks and tap into funding opportunities. The Ripple Centre also has meeting areas that you can use. www.bdcvs.org.uk

Barking Enterprise Centre (BEC) Offers low cost, high quality office space, virtual offices and flexible meeting space, in the heart of Barking Town Centre. www.barkingenterprisecentre.co.uk The council’s Business Relationship Manager also has access to a property database for people looking for larger premises. www.boldanddynamic.co.uk/business

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Commissioning for outcomes

We face unprecedented challenges including government budget cuts not seen since the second world war and rapidly growing demand for services from our changing population. Unchecked, these threaten to overwhelm our attempts to support our residents, whose lives are often blighted by a range of entrenched problems, such as low life expectancy, poor educational attainment, high unemployment and poor health.

So, instead of cutting services bit by bit until they're no longer viable, we're investing in the future of our borough. We are going to modernise our services so that they are more efficient and maximise impact and value for money. We are re-focussing on tackling the root cause of need and on building resilience so that people are better able to help themselves.

We'll also be more commercially minded and will invest to generate community benefits and revenue to bridge the budget gap. We will take advantage of the prize of economic growth in this borough and – rather than spectate as inequalities increase and the weakest are driven out – we will shape the future so that the whole community benefits and prospers.

We are moving away from traditional departmental services to 'service delivery blocks', requiring the implementation of commissioning structures which support this new way of working.

Barking and Dagenham has defined commissioning as 'the process by which the council and our partners plan the services that are needed by the people who live in the local area, so that services are accessible, high quality and appropriate'.

The council is focusing delivery of its services on outcomes that are important to residents with an emphasis on consumer-centred design. Accordingly, the council is reflecting this focus by moving to adopt an outcomes-based commissioning model.

The commissioning model will be realised through a five-step commissioning cycle. This involves assessing needs (Analyse); deciding what services are required (Review); designing a strategy to deliver those services (Plan); ensuring they are in place (Do); and evaluating how they are working and making any changes as needed (Monitor).

Commissioning will sit primarily in the council's 'Core' function. The council's 'Core' function designs and articulates the overall outcomes and priorities in the corporate plan. These are based on the aspirations within the Borough Manifesto, existing statutory duties and other key partnership strategies.

Sitting underneath the Corporate Plan will be a suite of strategies that form a more detailed strategic framework for the council. From these, the commissioning plans will flow: where necessary these will be co-produced.

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Tendering opportunities

Tenders	Date of tender	Date for contract to start
Direct Payment Support Service A service to support individuals to understand how they can use their direct payment, how they can find a Personal Assistant (PA) and their duties as an employer if they decide to employ a PA	Spring 2019	Autumn 2019
Home care Services New homecare framework	Summer 2019	Proposed February 2020
Generic Advice Contract The Generic Advice contract enables residents to access information and advice in the current austere environment. In addition, this contract enables the authority, in part, to meet its statutory duty around the provision of information and advice within the Care Act 2014	Summer 2019	Proposed February 2020
Carers Hub Service Provision of the borough's carers hub support service	Summer 2019	Proposed February 2020
Refuge accommodation service Provision for vulnerable women and their children fleeing domestic abuse that require safe accommodation	TBC	Proposed 1st Oct 2020
Independent Domestic & Sexual Violence Advocacy (IDSVA) Service	TBC	Proposed 1st July 2020

This is not an exhaustive list, for further information please contact adultcommissioning@lbbd.gov.uk to get in touch with commissioners.

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Tendering process

Tendering is a competitive bidding process where service providers (suppliers) compete under strict rules for contracts. It is utilised to ensure that there is Competition, Openness, Fairness and Accountability. Barking and Dagenham Council tendering opportunities are advertised on the council website in addition to Contracts finder.

Please visit: www.lbbd.gov.uk/business/tenders-and-procurement

To participate in tendering, please request an application form for the advertised opportunity and thereafter detailed information relating to the specific tendering opportunity will be provided.

Standard Selection Questionnaire (SQ)

The Standard Selection Questionnaire or 'SQ' is used to ascertain the key credentials of an organisation. This includes capturing information about the financial credentials and understanding whether an organisation/group has had any involvement in corruption. Part 1 covers the basic details including company name, contact details, trade status. Part 2 covers self-declaration whether any of the exclusion grounds apply. Part 3 covers a self-declaration regarding whether or not the company meets the financial and technical capacity. The SQ replaces the previous Pre-Qualification Questionnaire.

Invitation to Tender (ITT)

The Invitation to Tender (ITT) document is where you explain how you would deliver the contract, including technical solutions and pricing proposals. You should provide a high-quality narrative and responses to demonstrate why you are best suited to deliver the contract. Please remember for some of you whilst, your organisation may have operated in the borough for a long time and you have vast experience in delivering services to children and young people, only the information that is in your ITT can be evaluated.

The tender submitted does not guarantee that it will be put forward for selection. The awarding of tenders is subject to rigorous evaluation and the council is not obliged to make an award of tender. Once you have submitted your tender, we will review your financial and quality elements against the marking criteria, and alongside the submissions of your competitors. The contract will be awarded to the Most Economically Advantageous Tender (MEAT).

