

# Public Document Pack

## Executive Member Decisions

Friday, 31st March, 2023  
10.00 am

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### AGENDA

1. **Replacement Door Access System**  
**EMD Replacement Door Access System** **2 - 4**
  
2. **Market Position Statement**  
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**Appendix A Market Position Statement September 2022**

Date Published: Friday, 31st March, 2023  
Denise Park, Chief Executive

## EXECUTIVE MEMBER DECISION



<b>REPORT OF:</b>	Executive Member for Digital and Customer Services, Executive Member for Environment & Operations
<b>LEAD OFFICERS:</b>	Assistant Director CE, Strategic Director of Environment & Operations
<b>DATE:</b>	31 March 2023

**PORTFOLIO/S AFFECTED:** Departments

**WARD/S AFFECTED:** (All Wards);

**SUBJECT: Replacement Door Access System**

### 1. EXECUTIVE SUMMARY

This report seeks approval to replace the current door access system used across the Council with the associated capital funding.

### 2. RECOMMENDATIONS

That the Executive Member:

In consultation with Executive Member for Finance and Governance and the Director of Finance approves the procurement of a new door access system and agrees a capital estimate for the works of up to £120k to be funded through the capital programme budget allocation for Office Accommodation.

### 3. BACKGROUND

The current building access management solution has been in place for approximately 20 years; apart from routine upgrades it has never been considered for replacement. The current access tags that are used by Council staff are no longer manufactured meaning that new staff may shortly no longer be able to be issued with these.

It is proposed that the tender will be an open process through the Chest portal and advertised through Contracts Finder which will be split 50% price and 50% quality.

The tender will look to replace the access system on the following equipment;

- 13 External doors
- 55 Internal doors
- 4 gates (One gate includes underfloor sensor to detect tags on the underside of fleet vehicles (approx. 150))
- 2 Intercoms
- Replacement of circa 2,000 existing access fobs

The new solution will also be required to integrate and interact with the Council's CCTV control room software system which will be able to alert operators of any forced doors. A site survey will be carried out by prospective bidders in order to ascertain whether any of the existing equipment can be reused. An option to replace the maglocks on external facing doors will be included for more secure options such as grab locks and solenoid locks with a decision being made once final pricing is known.

The new solution will provide increased building security, help us retain PSN compliance, allow better remote management and provide better management information.

The implementation of this solution will coincide with the broader review of the Council's Office Accommodation Strategy hence the proposal to fund it from the capital budget set aside for Office Accommodation.

#### 4. KEY ISSUES & RISKS

- The Council is required to have secure buildings both for the safety of its staff and also as part of its insurance arrangements.
- There is a risk the Council will not meet the standard required for PSN security.
- Replacement equipment is unavailable, or delayed, leaving our buildings less secure.
- We are unable to add any new access points to the existing solution or procure access tags.

#### 5. POLICY IMPLICATIONS

None with this report.

#### 6. FINANCIAL IMPLICATIONS

From market research it is estimated that there will be a requirement for capital funding of up to £120k depending on what equipment will need to be replaced.

There will be an annual revenue cost for the new solution however this is expected to be low and in line with current expenditure of £3,300 per annum.

#### 7. LEGAL IMPLICATIONS

The procurement process complies with the regulations of the Council's Contract and Procurement rules and the Public Contract Regulations 2015. All contracts and contract variations will be in a form approved by legal officers in the Commissioning and Procurement team.

#### 8. RESOURCE IMPLICATIONS

There will be a resource implication for putting the new solution place and the replacement of all existing access cards across the sites including setting them up on the system which will be factored into existing work plans.

#### 9. EQUALITY AND HEALTH IMPLICATIONS

**Please select one of the options below. Where appropriate please include the hyperlink to the EIA.**

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. (*insert EIA link here*)

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. (*insert EIA attachment*)

**10. CONSULTATIONS**

Consultations have taken place with various stakeholders in the Council including facilities, customer services, fleet, building services and the CCTV hub.

**11. STATEMENT OF COMPLIANCE**

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

**12. DECLARATION OF INTEREST**

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded and published if applicable.

<b>VERSION:</b>	<b>1</b>
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<b>CONTACT OFFICER:</b>	<b>Peter Hughes</b>
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<b>DATE:</b>	24/01/2023
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<b>BACKGROUND PAPER:</b>	None
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## EXECUTIVE MEMBER DECISION



<b>REPORT OF:</b>	Executive Member for Adults Social Care & Health
<b>LEAD OFFICERS:</b>	Strategic Director of Adults and Health
<b>DATE:</b>	31 March 2023

<b>PORTFOLIO/S AFFECTED:</b>	Adults & Health
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<b>WARD/S AFFECTED:</b>	All Wards
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<b>SUBJECT: EMD - Market Position Statement</b>
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### 1. EXECUTIVE SUMMARY

All local authorities have a responsibility to meet the needs of people eligible for care, to support them and their carers and to fund care for those people with needs who meet financial eligibility criteria.

Part of this responsibility includes undertaking local market shaping to encourage quality, choice and sufficiency of care provision in their area.

As such, Blackburn with Darwen have refreshed their Market Position Statement (MPS) for 2022-2024.

### 2. RECOMMENDATIONS

That the Executive member approves the Market Position Statement (attached as appendix) for publishing on the BwDBC website.

### 3. BACKGROUND

Blackburn with Darwen Borough Council's MPS provides information about the adult social care market in the borough. It is designed to help current and prospective providers of adult social care; understand our local context, what's likely to change, and where opportunities might arise in the market in future. It sets out the key considerations for adult social care providers and the vision of the council of the future of adult social care in BwD. The MPS is for existing and potential providers and will help them to shape their business plans to support the council's vision for the future.

The MPS details key messages for all of the different areas of adults social care; for example day services and home care. The MPS also shares some critical key messages for providers of all types of care in BwD;

- The Council will work with all providers to ensure that provision is of good quality, therapeutic, maximises independence and achieves individual outcomes.
- We want to work with providers who can clearly demonstrate their ability to connect people to their local communities, including employers and natural support.
- We are committed to working with providers to understand a fair cost for care.

- We are keen to explore innovative models of provision as part of a new health and integrated care system where new workforce opportunities will develop.
- Speculative developments are not supported by the Council. Any new builds should be developed in partnership with the local authority.
- The Council will always seek to maximise the use of existing provision where this is suitable

The Market Position Statement is an important part of BwD's work on "Fair Cost of Care", which requires us to;

- Complete and publish a fair cost of care exercise
- Complete and publish a market sustainability plan

Although in line with other social care reforms, work on the Fair Cost of Care has been paused, there is still an expectation that local authorities will work towards paying a fair cost for care in their borough.

The MPS sits alongside these documents giving BwD context.

#### 4. KEY ISSUES & RISKS

There is a risk of market failure if BwD do not publish an up to date MPS giving present and future providers a clear steer on forecasted care needs in the borough.

#### 5. POLICY IMPLICATIONS

#### 6. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from the recommendations in this report.

However, the MPS will help to inform present and future care and support providers in the borough about forecasted needs, in turn endeavouring to keep the market for care and support in the borough sustainable

#### 7. LEGAL IMPLICATIONS

Sections 5 and 48-52 of the Care Act 2014 places specific legal duties on local authorities in respect of local market shaping and commissioning for adult social care, and in cases of provider failure in their areas. As noted in the Care and Support Statutory Guidance, working with providers and stakeholders to develop and publish our Market Position Statement should greatly assist the council to be able to fulfil those statutory duties.

#### 8. RESOURCE IMPLICATIONS

#### 9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1  Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2  In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision ([insert EIA link here](#))

Option 3  In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

## 10. CONSULTATIONS

## 11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

## 12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded and published if applicable.

<b>VERSION:</b>	<b>1</b>
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<b>CONTACT OFFICER:</b>	<b>Rebecca Ramsay</b>
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<b>DATE:</b>	18 <sup>th</sup> January 2023
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<b>BACKGROUND PAPER:</b>	
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# Blackburn with Darwen Adult Social Care

Market Position Statement 2022-2024





# Welcome

Blackburn with Darwen Borough Council's Market Position Statement (MPS) provides information about the adult social care market in our Borough. The MPS will help current and prospective providers of adult social care; understand our local context, what's likely to change, and where opportunities might arise in the market in future.

Our MPS sets out key considerations for adult social care providers and our vision for the future of adult social care in the borough. The MPS is for both existing and potential providers with the purpose of helping them to shape their business plans and to support our vision for the future.

We believe that a co-production approach is the best way to work with our stakeholders in developing new and innovative solutions and improving outcomes for our residents.

The MPS will be updated on an ongoing basis as new policies, strategies or any other relevant information becomes available.

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# Introduction

We are pleased to present Blackburn with Darwen's Market Position Statement (MPS) for 2022.

In our statement, we have set out our understanding of the demand for care within the borough and how that demand may change over time. We have outlined current issues with the supply of care services and some of the challenges we face within the Borough. We acknowledge that there are some gaps and areas where we need to work closely with our partners and providers to develop a better understanding of future demand and need. As such within each area of the MPS we have highlighted the key messages for providers.

This is Blackburn with Darwen Borough Council's first Adult Social Care Market Position Statement following the Covid pandemic. During the last two years the Covid-19 pandemic has presented unprecedented challenges to our Health and Social care system. During the pandemic, the Council, the NHS, care and support providers and all our partners have worked closely to respond quickly and effectively to keep people as safe and well as possible. We have shared information, rapidly changed and re-designed processes, re-modelled services and delivered solutions to manage and mitigate the risks that the pandemic presented. In normal times this would have taken much longer to implement and some aspects of these solutions will be beneficial to the sector in the future. BwD would like to take this opportunity to thank providers who work in the Borough, and all our partners and colleagues, for their commitment, hard work and outstanding support in responding to the pandemic. Your continued support is greatly valued and appreciated.

As the Council refreshes its own plan for 2019 – 2023 and updated vision for the Borough post-2023, we will need to continue to work with our providers to update the MPS in the near future. However, we feel it is important to review the current position and highlight some of the key issues and opportunities that we think will emerge over the next few years.

We want to continue to build on the strong relationships we have built together during the pandemic, through a programme of engagement that will allow us to develop and shape the care market together, to deliver flexible and responsive services that meet the needs of our citizens.



*Mr. Warren*  
Strategic Director  
Mark Warren



*Mustafa Desai*  
Executive Member for Adult Services and Prevention  
Cllr Mustafa Desai

# Section 1: Purpose

Our Market Position Statement provides information about the Adult Social Care market in Blackburn with Darwen. It outlines what we hope to achieve, and shares information about current Adult Social Care provision and the anticipated need for different kinds of social care provision in the future. We hope this helps current and future partners to meet the changing and growing demands we face.

## **This document is for:**

- **Providers of adult social care (those already operating within the borough and those who aspire to operate in the borough)**
- **Independent sector, voluntary, community and faith sector organisations**
- **Providers interested in local business development and social enterprise**

This Market Position Statement is just the start of engagement with the care sector and residents of the borough, as we understand that the market is constantly changing. We want to continue our dialogue with people who use Adult Social Care services, carers, providers and all our partners as we respond to the pressures, demands and opportunities that the market faces.

## **Our Vision and Strategic Priorities**

In Blackburn with Darwen we commission social care and support services for adults from many different organisations, some in-house, or through partnerships with health. We need to ensure that the services provided by all these organisations meet the needs of our residents and are aligned with our strategic objectives.

Our vision for Adults Social Care is to enable people to be independent and in control of their life.

## **Our strategic priorities are:**

- **To keep the borough safe and protect the most vulnerable.**
- **To support people to stay healthy and independent at home for as long as possible.**
- **To respond to transformation and legislative reform.**
- **To ensure the services we provide and commission reflect identified needs, are of good quality, responsive to individual need and are good value for money.**
- **To support citizens to be part of and connected to our communities through work, education, leisure and housing models that are fit for purpose.**
- **To tackle inequality, oppression and enable people to maximise their potential.**

# Section 1: Working with the Market

During the next 12 months, we intend to build on our engagement with the sector to develop, reconfigure and expand the Market Position Statement.

We will work closely with providers during the year to understand how we might improve our engagement, particularly on how we will shape the market together.

## **We are committed to;**

- Keeping our Market Position Statement current so that providers can identify what services are needed in the borough.
- Providing advanced notice of upcoming tenders.
- Working in partnership with all providers to review current and future service models and commissioning arrangements to ensure that providers can deliver safe high-quality care.
- Ensuring that accommodation based services are designed to best meet the needs of clients being supported with the use of appropriate technology.
- Enabling people with complex needs to remain living in their family home.
- Ensuring that the person requiring support and their family/carers is central to all of our planning and that people with lived experience are key partners in developing our strategies and new models for delivery.
- Ensuring that providers and families receive timely support about social care placements.
- Working with providers to support them to grow a workforce with the right skills and competencies.

## **Our ask from providers is to;**

- Develop plans for new services in discussion with commissioners.
- Work with the Council and health partners to develop service models that deliver safe, high-quality provision.
- Help us to think differently about how services can be delivered using the right technological solutions to deliver efficient and effective care and support.
- Maintain a minimum of a “good” CQC rating.
- Ensure that staff access training and support to give them the skills, confidence, and competencies to support individual need appropriately.
- Invest in their workforce to support continuing professional development.

# Section 1: Key Messages for the Market

Throughout our Market Position Statement, we have highlighted some clear messages for the market, in distinct market areas.

But there are some key messages that apply across all of our areas of work. These should be taken on board by any current or future providers who wish to work with us in Blackburn with Darwen.

- **The Council will work with all providers to ensure that provision is of quality, therapeutic, maximises independence and achieves individual outcomes.**
- **We want to work with providers who can clearly demonstrate their ability to connect people to their local communities, including employers and natural support.**
- **We are committed to working with providers to understand a fair cost for care.**
- **We are keen to explore innovative models of provision as part of a new health and integrated care system where new workforce opportunities will develop.**
- **Speculative developments are not supported by the Council. Any new builds should be developed in partnership with the local authority.**
- **The Council will always seek to maximise the use of existing provision where this is suitable.**

## The Health and Social Care System

Blackburn with Darwen Council works alongside Lancashire County Council, Blackpool Council and Cumbria County Council as part of the Integrated Care System. Significant changes are taking place to Integrated Care Systems under the Health and Care Act. The Health and Care Act enshrines ICS's as statutory bodies and Clinical Commissioning Groups cease to exist under this new structure. An Integrated Care Board has now been established with responsibility for NHS services and funding. A single Integrated Care Partnership will sit alongside the ICB and will include wider partners such as Local Authorities. The ICP will cover broader issues such as public health and social care.

Place-Based Partnerships, which have now been agreed on a local authority footprint will continue to provide a focus on local concerns in recognition of the different needs, geographies and demographics of places within the ICS.

The Council has a pooled budget with Health for integrated working, this pooled budget is called the Better Care Fund and it brings together integrated budgets, services and includes Disabled Facilities Grants. This arrangement will continue on a Blackburn with Darwen footprint.

We will continue working together, developing joint working opportunities and exploring greater integration to improve the Health and Social Care System.

For providers, this will mean there will be more services commissioned jointly in the future to reduce duplication and support providers to work across the whole system.

# Section 1: About Blackburn with Darwen

Blackburn with Darwen is a relatively small Unitary Authority within the wider health and social care system for Lancashire and South Cumbria. Despite its size Blackburn with Darwen boasts an economically and culturally diverse community.

The population of Blackburn with Darwen has increased by 5.0%, from around 147,500 in 2011 to 154,800 in 2021 (census data 2021, Office of National Statistics) making Blackburn with Darwen the largest Borough in Lancashire. The majority of the Borough's residents (in the region of 140,000 people) live in the towns of Blackburn and Darwen, with the remaining residents living in the rural villages and hamlets (Hoddlesden, Edgworth, Belmont, Chapeltown, and Tockholes) which surround the two major urban centres.

The borough is home to people with many ethnic backgrounds and cultural identities. The proportion of Blackburn with Darwen residents who described themselves as Indian or Pakistani (2011 Census) is the 11th highest and the 6th highest respectively of any local authority in England. The main ethnic groups have markedly different age profiles from each other and are represented in varying concentrations across the Borough.

The Borough as a whole has a relatively young age profile. It has a higher than average proportion of young people 0-19 which account for 28% of the population (ONS 2019), compared to the national figure and conversely, a smaller proportion of older people (65 and over). The latest population estimates and projections can also be downloaded online:

**census 2021**  
[www.ons.gov.uk/census](http://www.ons.gov.uk/census)

The 65+ age group in Blackburn with Darwen is expected to rise by over 6,300 in the period to 2040 (an almost 30% increase). More people are living longer, borne out by the projections of people aged over 85 rising by over 60% in the next 20 years. The number of older people in the Asian community will increase over the coming years, with a significant increase in the over 50's from 2025.



## Section 1: About Blackburn with Darwen

Although the Market Position Statement covers a short period, we need to be mindful of future need and to plan for this today. Whilst we expect a rise in the older population, the re-ablement and recovery approach taken by the Council will look to continue to reduce demand for statutory services.

Forecast projections for the numbers of people with a disability or mental illness show a reduction or steady state over the next 20 years. The number of people with a learning disability in the Borough is expected to remain fairly static. The local situation is expected to follow the national trend with people with a learning disability living longer due to advances in medical treatment, giving longer life expectancy. Although many people with Learning Disabilities live independently with support in the community, those living at home are more likely to be living with an elderly parent as the main care provider. New types of social and practical support will increasingly be required to meet this need – further work is required to determine the scale of this issue.

National policy drivers to discharge people from hospital settings to community settings will have a small impact in terms of population, but in terms of their specific needs will require detailed commissioning activity as our experience would indicate that individuals have a greater acuity of need or more complex needs.

The number of people with physical disabilities and sensory impairments in the Borough is expected to rise. This is because children with complex needs and recessive genetic conditions including cerebral palsy, physical disability, deafness and blindness are expected to live longer. A growing older population will also increase the number of acquired sensory impairments in the Borough as well as older people who are frail and whose mobility is impaired by physical disability.

More detailed demographic information can be found on the JSNA page on the Council website at the following link:  
[www.blackburn.gov.uk/health/health-strategy-reports/joint-strategic-needs-assessment](http://www.blackburn.gov.uk/health/health-strategy-reports/joint-strategic-needs-assessment)

The information available enables providers to gain a better understanding of the borough and includes data on; levels of deprivation, attainment, skills, work, income, debt, barriers to employment, community safety, health and housing.

## Section 2: Population Projections

Population Projections for older people up to 2040 and percentage change from 2020 in BWD.

Older People over 65*	2020	2025	2030	2035	2040
People aged 65 and over	22,000	23,300	25,300	27,200	28,100
% Change from 2020	0%	6%	15%	24%	28%
People aged 85 and over	2,400	2,500	2,800	3,500	3,700
% change from 2020	0%	4%	17%	46%	55%

\*Institute of Public Care: Projecting Older People Population Information (POPPI) data. Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 24 March 2020, are full 2018-based and project forward the population from 2018 to 2040.

Key factors that may influence demand for health and social care in people aged 65 and over living in BWD

Older People over 65*	2020	2025	2030	2035	2040	% change to 2040
People living with dementia aged 65+	1,382	1,504	1,648	1,810	1,974	43%
People living with limiting long term illness	6,729	7,308	7,881	8,516	8,892	32%
People unable to manage at least one personal care task	6,091	6,476	7,107	7,577	8,027	32%
People unable to manage at least one domestic care task	6,103	6,509	7,140	7,606	8,088	33%

\*Institute of Public Care: Projecting Older People Population Information (POPPI) data. Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 24 March 2020, are full 2018-based and project forward the population from 2018 to 2040.



## Section 2: Population Projections

Projected populations in BWD of people aged 18-54 (including those with a disability or mental health conditions)

People aged 18-64*	2020	2025	2030	2035	2040	% change to 2040
<b>Total population Aged 18-64</b>	<b>88,700</b>	<b>88,400</b>	<b>88,100</b>	<b>87,400</b>	<b>86,800</b>	<b>-2%</b>
<b>People with a moderate or severe learning disability</b>	<b>495</b>	<b>495</b>	<b>496</b>	<b>494</b>	<b>491</b>	<b>-5%</b>
<b>People with autism spectrum disorder</b>	<b>899</b>	<b>894</b>	<b>888</b>	<b>882</b>	<b>879</b>	<b>-2%</b>
<b>People with a serious or moderate personal care disability</b>	<b>3,366</b>	<b>3,415</b>	<b>3,389</b>	<b>3,302</b>	<b>3,299</b>	<b>-2%</b>
<b>People with a common mental health problem</b>	<b>16,724</b>	<b>16,657</b>	<b>16,567</b>	<b>16,454</b>	<b>16,346</b>	<b>-2%</b>
<b>People predicted to have a borderline personality disorder</b>	<b>2,124</b>	<b>2,116</b>	<b>2,104</b>	<b>2,090</b>	<b>2,076</b>	<b>-2%</b>
<b>People predicted to have antisocial personality disorder</b>	<b>2,997</b>	<b>2,980</b>	<b>2,962</b>	<b>2,942</b>	<b>2,930</b>	<b>-2%</b>
<b>People predicted to have psychotic disorder</b>	<b>622</b>	<b>619</b>	<b>615</b>	<b>611</b>	<b>608</b>	<b>-2%</b>
<b>People predicted to have two or more psychiatric disorders</b>	<b>6,389</b>	<b>6,361</b>	<b>6,326</b>	<b>6,282</b>	<b>6,245</b>	<b>-2%</b>
<b>Total population aged 18-64 with a learning disability, predicted to display challenging behaviour</b>	<b>40</b>	<b>40</b>	<b>40</b>	<b>39</b>	<b>39</b>	<b>-3%</b>

\*Institute of Public Care – Projecting Adult Needs and Service Information (PANSI) - info and figures are taken from Office for National Statistics (ONS) subnational population projections published 24 March 2020, are full 2018-based and project forward the population from 2018.

# Section 2: Population Projections

The latest population projections from the Office of National Statistics are based on the population estimates for mid-2018 and look ahead to 2040. For Blackburn with Darwen overall, they predict a slow, almost imperceptible fall in population.

**census**  
2021

**Resident Population:**  
**154,800**

In 2021, Blackburn with Darwen ranked 133rd out of 309 local authority areas for population size in England, which is a fall of three places in a decade.

**Young population:**  
**43,900 (28.4%)**

The fifth highest % of 0-19 population in England.



**Growing population:**

**↑ 7,300 (5%) since 2011**

Population growth was lower than regionally (5.2%) and nationally (6.6%).

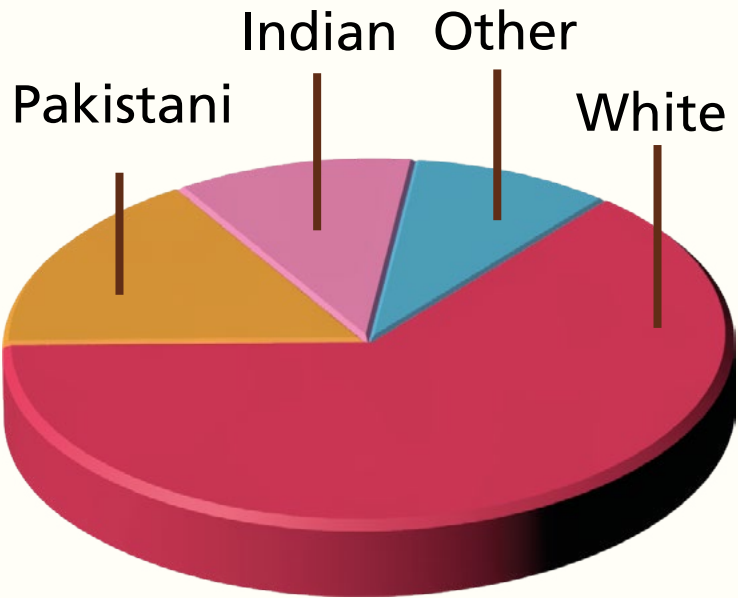
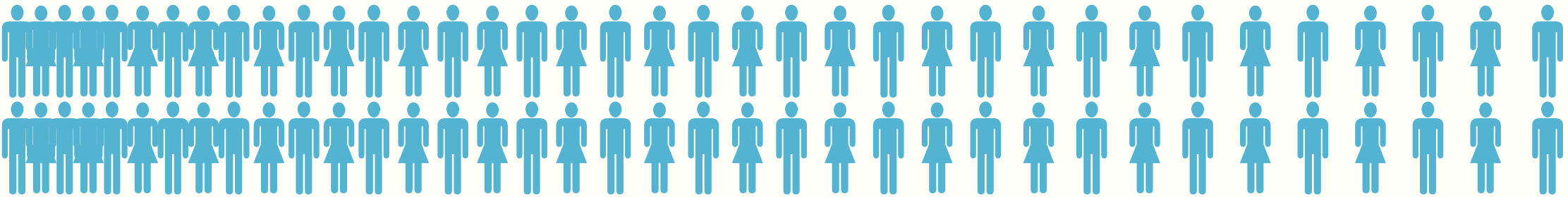
**Older population:**

**↑ 3,400 (18%) since 2011**

Population aged 65 plus grew by 18% compared to 18.4% regionally and 20.1% nationally.

**Population density:**

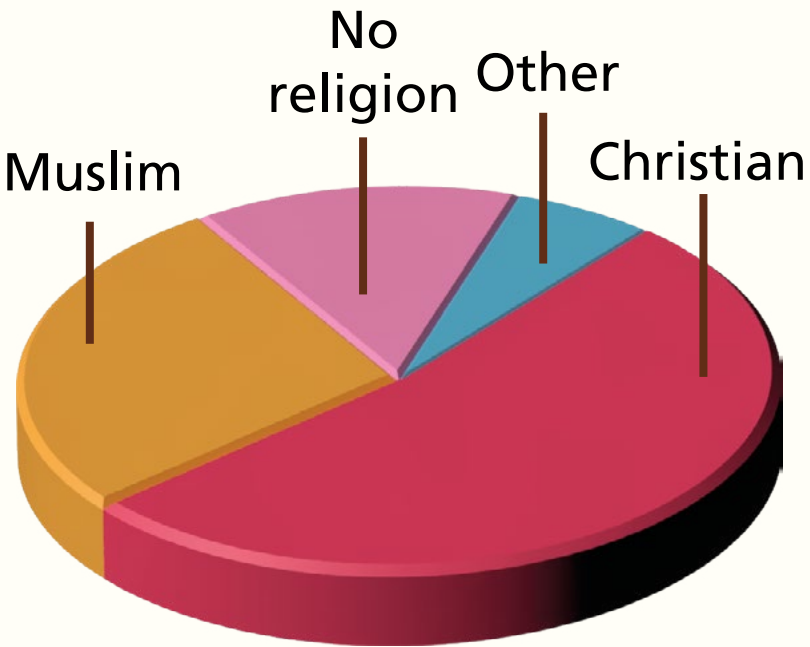
As of 2021, **Blackburn with Darwen** is the 19th most densely populated of the North West's 39 local authority areas, with around eight people living on each football pitch-sized area of land.



**Ethnic diversity:**

White (64%)  
Pakistani (16%)  
Indian (11%)  
Other (9%)

Indian and Pakistani communities in the borough have a distinctly younger age profile, compared to the White communities.



**Religion:**

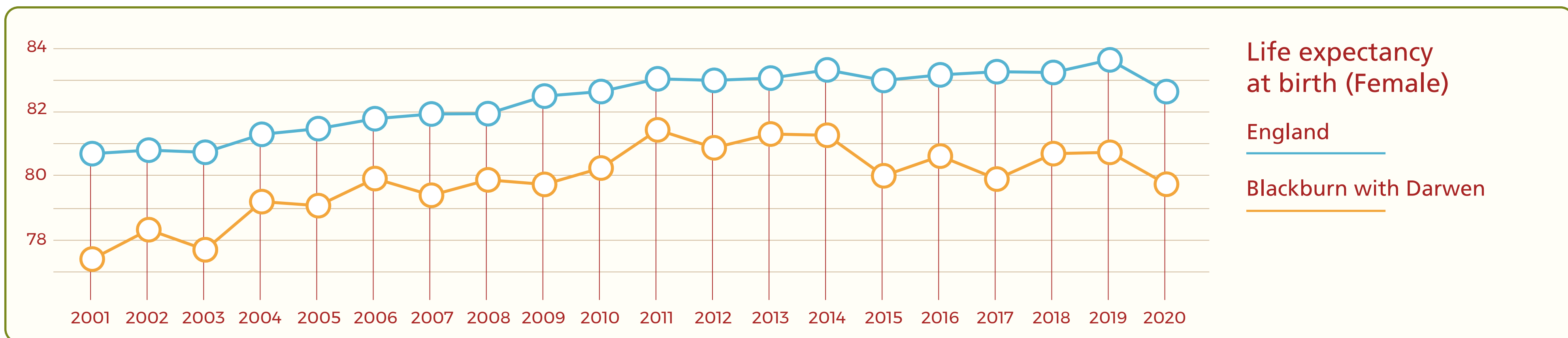
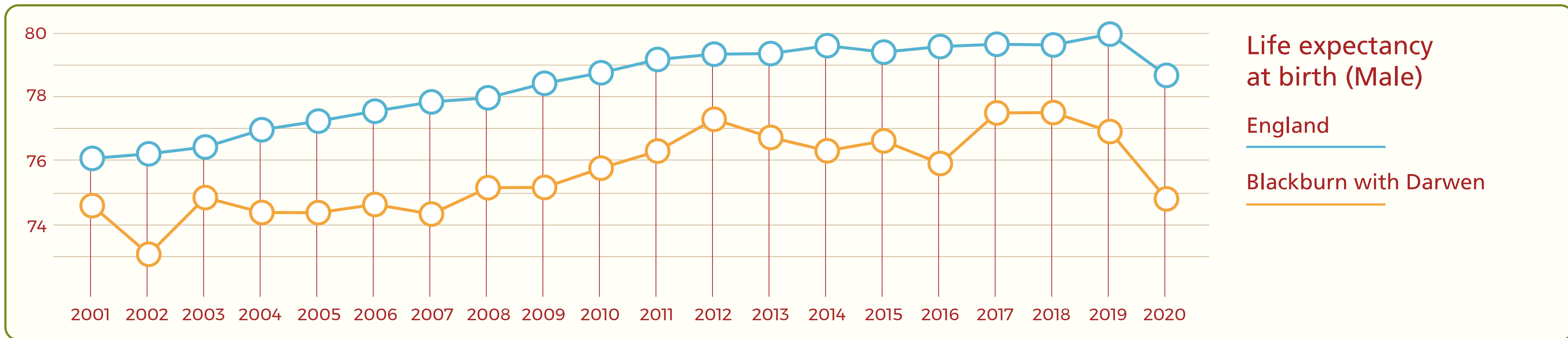
Christian (53%)  
Muslim (27%)  
No religion (14%)  
Other (6%)



## Section 2: Population Projections

National data shows that over the last 40 years, life expectancy has increased, primarily because of improvements in mortality at older ages driven by advances in health care. The last decade has seen slower increases or stalling. The most recent life expectancy data reflects the increase in mortality rates in 2020 due to the COVID-19 pandemic.

Life expectancy in the borough is below the national average and there are significant variations within the borough, as the most deprived areas experience life expectancy 11.4 years lower for men and 7.8 years lower for women compared to the least deprived. In 2020 life expectancy for males in the borough was 4 years below the national average and 2.9 years lower for females.



## Section 2: National Context

Our Market Position Statement is framed by the responsibilities under the Care Act 2014, and is set within the context of Social Care Reform (the Government's Build Back Better plan and the subsequent White Paper – People at the Heart of Care) expected to be implemented by October 2023. The Government's social care reforms are the most significant reform to face social care in the last decade and will fundamentally change how our processes and systems for social care will work. There are four key aspects of social care reform including:

- **Charging reforms – Care Cap.** From October 2023, the Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime.
- **Charging reforms – Means Testing.** In addition to the introduction of the Care Cap, the point at which people become eligible to receive some financial support from their Local Authority will rise to £100,000 from the current £23,000. As a result, people with less than £100,000 of chargeable assets will never contribute more than 20% of these assets per year. The lower capital limit is the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.
- **Fair Cost of Care.** In 2022, all Local Authorities in England have been required to conduct a cost of care exercise to determine sustainable rates for residential, nursing and domiciliary care. LA's are also required to set out in Market Sustainability Plans how they will move towards paying a fair cost for care in their area.
- **Care Brokerage responsibilities under the Care Act.** People who fund their care can ask for it to be to be arranged by the Council on their behalf.

# Section 2: Financial Pressures

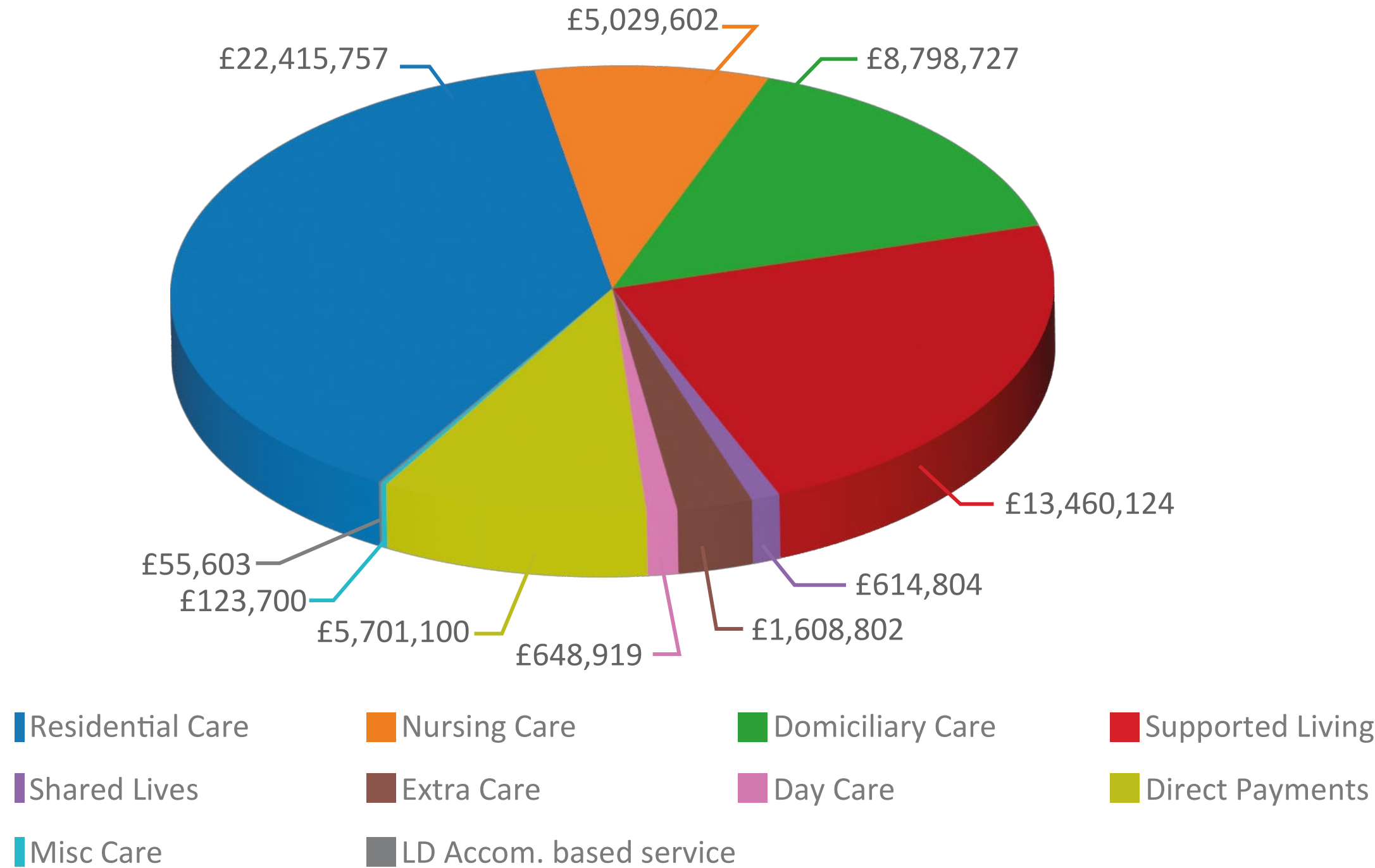
The combination of cuts in central government funding and an increased demand from an aging population means that, like many other local authorities, we are facing significant financial challenges.

We continue our strong focus on getting the best value and quality of care to the people who need it most with added Social Value. The ongoing challenge for the Council is to shift its spending from the 'acute/statutory' to the 'universal/preventative' end of the continuum. If financial pressures allow we will continue to invest in early intervention and prevention, to encourage self-care and develop community support.

There continues to be a continued rise in spending on Adult Social Care services, and the nature of our spending is changing. Whilst we continue to spend on older adults aged 65+, we now support greater numbers of younger adults with more complex needs. Also children coming through transitions and adults of working age presenting with challenging needs, often including mental health conditions. Spending on adults also escalated during the COVID pandemic as we saw an increase in the acuity of people's needs.

In the financial year of 2021/22 the Councils net budget for care and support in the independent sector was £56.5million.

### Budgeted Gross spend 2022/23



## Section 2: Financial Pressures

Demographic changes as well as inflation will continue to apply pressure on residents which is why we are redesigning and remodelling services to ensure every public pound spent is making as much difference as possible.

Providers play a key part in helping us to deliver personalised care to our residents. We are aware of how cuts in public sector finances, the increase in National Living wage, Real Living Wage and pension schemes have put additional pressure on providers of services, which may lead to threats to businesses and service closures. The Council will work with providers to support them through any such change.

Social Value in our procurement activity is also key for the Borough. This is about making sure that what you buy creates additional benefits for society. We are committed to delivering Social Value for Blackburn with Darwen and have reviewed our procurements strategy and Social Value policy in line with the Public Services (Social Value) Act (2012).

Our Social Value plan focuses on increasing the number of jobs in the region and actions that embed the organisation within the local community and maximises the benefits brought to its health and wellbeing over the lifetime of the contract.

We understand that our providers are in challenging positions, and we will work with providers to understand the Fair Cost of Care and develop our plans to support our providers financially through our fee rates and other schemes.

## Section 2: Key Challenges and Opportunities



**Social care reform will provide both opportunities and threats to the social care market, which we need to prepare for. Other challenges and opportunities include:**

- **Recovering from the impact of Covid-19 on the community and services, particularly around 24-hour care and caring for people with more complex needs such as Dementia and Mental Health related conditions.**
- **Shifting health and social care investment to models of earlier intervention that promote health, independence and well-being in order to prevent or delay the need for more expensive and intensive services. The emphasis being to help people to live well for longer, and to be happier and healthier in their own homes.**
- **Rising demand for care and support services which is unlikely to be matched by a similar commitment in public spending to manage the demand for services within the Borough, including being careful not to import “new demand” from neighbouring areas.**
- **Working in partnership with providers to understand reform, and support and manage change.**
- **Creating a wider range of options for people to meet their social care and support needs.**
- **Supporting people to live independently at home for as long as possible, within Housing and Care options e.g. Supported Living and Housing with Care with assistance from assistive technology, equipment and adaptations**

## Section 2: Key Challenges and Opportunities



- Place a priority on 'digital first' – maximising opportunities to exploit technological developments to allow people greater control over their health and care. This will not only apply to the delivery of care and support but procurement, capacity tracking, and quality monitoring and reporting on outcomes achieved by individuals.
- Bringing people who live in Health and Care settings who live outside the catchment of the borough, back into the borough and closer to family, wherever possible and in an individual's best interests.
- Ensuring co-production with people with lived experience and professionals working together will be integral to ensuring service design and delivery will deliver the right care at the right time.
- Increasing Asset-Based and Strength Based approaches to meet a range of needs from an expanded range of community-based opportunities in place of, or to complement, formal services.
- Creating a strong and transformational partnership between Adult Social Care and Health and supporting integrated delivery within the four primary care neighbourhood's teams. The expectation that service providers develop constructive and effective relationships with the integrated service model in line with the principles of "one workforce".
- Consider developing and commissioning resources on a shared basis for more specialised services, across Health and Social Care. From 1 July 2022, Blackburn with Darwen CCG no longer exists and has been replaced (along with the other six CCGs in Lancashire and South Cumbria) by the new NHS Lancashire and South Cumbria Integrated Care Board (ICB). Place-Based Partnerships will bring together organisations and groups that provide services and care to better support people and communities.



## Section 3: Market Opportunities

### **Voluntary, Community and Faith Sector (VCFS)**

The Borough has a rich and diverse Voluntary, Community and Faith Sector (VCFS) with over 1000 organisations, ranging from large national providers to small community-based groups. Funding is currently provided by the Council, Integrated Care, and Public Health as well as match and grant funding drawn down nationally.

The overall aim of all Voluntary, Community and Faith Sector commissioned services is to support the pathway to preventative services and self-care – to enable people to stay happy, safe and well in their own homes. Services include:

- **Coordinated Point of Access**  
The provision of information, advice and guidance for people of all ages to help them access social care services.
- **Support for Older People**  
Information, advice and guidance and befriending.
- **Support for the Work and Educational Aspirations of Vulnerable People**  
Reducing the number of people whose circumstances cause barriers to achieving their aspirations around work, training and education.
- **Support for Adult Carers**  
Information, advice and guidance and support for adult carers.
- **Support for Young Carers**  
Support for young carers includes depth support for young carers with more complex needs for example respite, and positive activities.
- **Collaborative Working**  
Providers are also required to develop their digital capacity and capabilities in response to changing service access needs, and they are required to work together in partnership to learn from each other and support each other.

In 2020, the Council recommissioned the Voluntary, Community and Faith Sector community support. The new contract aims were to promote the delivery and take up of preventative services in the Borough, funded by social care, the ICB and Public Health. This will relaunch delivery in more cohesive themes aligned to the funders' strategic priorities. The current contract runs until the end of October 2023, with an option to extend for a further year until October 2024.

### Voluntary, Community and Faith Sector (VCFS)

#### Key Messages for the Market

- It is expected that the Voluntary, Community and Faith sector offer will continue to be extended, including offers to people with higher level needs, to complement formal packages of care.
- Preventative services have become more important in preventing crisis and complex need.
- Historically provision has grown “organically” as priorities and funding has changed, the commission has now been streamlined, thereby strengthening the coordination and monitoring role held within the Council.
- Commissioning outcomes (as opposed to services) will enable innovative practice to promote prevention and meet the gaps between statutory service provisions. The council and its partners will ensure that the emerging social prescribing pathway is aligned to this commission and is robust and assured.
- Maximising use of the Voluntary, Community and Faith sector, and volunteer offer will be an expectation in all social care service specifications in the Borough.

## Section 3: Market Opportunities

### **Telecare, Equipment and Adaptions**

The Council provides equipment and adaptation to enable people with disabilities to live independently in their own homes. This includes telecare and ranges from smaller items of equipment such as toilet seats and handrails to major adaptations under the Disabled Facilities Grant (DFG).

### **Telecare & Equipment**

To support people to remain in their homes, increase independence and reduce the number of people needing ongoing social care support steps need to be taken. This also includes reducing the numbers of emergency and unplanned hospital admissions, which means the Council provides access to Telecare, and other assistive technology services such as Telemedicine. In March 2022 we had 3,280 people with a monitored emergency response service and 620 people with a stand-alone system within their home.

Telecare services can involve automatic and remote monitoring to manage the risks associated with independent living or equipment which stands alone from a monitoring service. Examples include sensors that can detect movement, falls, bed occupancy, medication dispensers and pendants.

This type of equipment and adaptation encourages self-care, keeps individuals mobile and provides an early warning if a fall has taken place. All of this helps to reduce unplanned admissions in to hospital services.

The Assistive Technology contract for product, installation and call monitoring runs from the 1st April 2021 to 31st March 2026 with an option to extend (1 year plus 1 year).

### Telecare and Equipment

#### Key Messages for the Market

- There is an opportunity to increase DFG funding for Children's and Adults as brought forward capital from 2020/2021, has resulted in the opportunity to improve our service by increased staff capacity, thus speeding up the grant process.
- We are also working collaboratively with third sector partners to facilitate awarding discretionary funded grants in the following ways:
- Supporting individuals with assessed needs to continue to live safe and well in their homes, by making vital repairs and installing minor adaptations.
- Allocated discretionary funding for DFG grant applicants whose homes cannot be adapted to meet their needs, by financially supporting them to move to more suitable accommodation and to provide a Housing Needs service to achieve this goal.
- Partnership work with the third sector will begin to gain traction within this financial year. This initiative will further develop into the next financial year, whereupon the positive impact for individuals will be fully realised.

## Section 3: Market Opportunities

### Adaptations

The Disability Facilities Grant (DFG) funds major adaptations, such as level access showers and stairlifts, to enable disabled people to lead more independent lives.

As a part of the Better Care Fund (BCF), DFGs can only be used for the purpose of providing adaptations for disabled people who are eligible, and for other wider social care projects subject to the agreement of BCF Health and Social Care Partners. The DFG has its own legislation - the Housing Grants, Construction and Regeneration Act 1996.

The Occupational Therapy Team, within the Independent Living Service (ILS), assess needs and supports to apply for a grant, if they deem it to be reasonable, practicable, necessary and appropriate.

The maximum grant is £30,000.00 and the ILS completes, on average, 220 adaptations per year:

- **70% of which is for building works, such as level access showers and ramps**
- **30% of which is for stairlifts, step lifts and platform lifts (for external access) and vertical lifts**

Individuals using equipment and adaptations frequently report increased independence particularly around personal care and an improvement to their personal well-being. Major Adaptations reduces risk and prevent hospital admissions. Grants are awarded for an individual adaptation, regardless of tenure. This means the applicant can be an Owner Occupier, a Social Landlord Tenant, or a Private Landlord Tenant. The grant is means tested for adults.

There has been a positive financial recovery from the disruption of the Covid-19 pandemic. As a consequence 'business as usual' grant spend will not be realised until the 22/23 Financial Year, and there has been a recent underspend. Recipients' postponed works due to concerns about their health & safety. These concerns have mainly been allayed since the lifting of restrictions but ground has been lost. Other factors have also slowed down building works, in that there is a shortage of materials, further hampered by the global transportation problems we have experienced. Although this factor has not compromised the building programme, it has meant that careful thought, planning and an acceptance of unscheduled price increases has resulted in a greater challenge.

### Adaptations

#### Key Messages for the Market

- The use of digital technology is likely to increase, as people understand, and utilise more technology in their everyday lives.
- We will continue to explore options with digital technology to increase people's independence and ability to live in their own home.
- The digital switch over will increase the need for capital spend as analogue will be obsolete post 2025
- The use of technology to include tablets, assistive technology for care and support needs should be explored by providers to improve services and outcomes for people.
- New developments will be explored particularly in the new housing and care schemes where there is an active interface between housing, health and care services.
- Opportunities with health colleagues to develop telehealth.
- Care network will be working in partnership with Health and Social care to provide technical solutions

# Section 3: Market Opportunities

## Day Services

Day Services provide stimulating person centred activities where individuals feel empowered and fulfilled to promote independence through participation.

The Objectives of the Day Care Service are to:

- Enable and encourage attendees to maximise their independence
- Ensure individuals wellbeing is the focus of all activities
- Promote good health
- Provide a variety of learning, educational and stimulating activities
- Reduce the need for people to access alternative care provision
- Provide an environment where people’s choices are considered
- Provide a setting where new friendships can be made and developed to increase social interactions.
- Provide a setting where individuals interests and skills are promoted
- Provide a setting where people are happy to attend and feel part of a caring community network

To ensure a person centred approach to Day Services we have introduced a Tier system, which provides guidance and support to Social Workers, when determining how best identified needs can be met. The tier tool supports decision -making and ensures we have a service that meets the wide-ranging needs of individuals, particularly in terms of complexity:

Tier	Location	Service	Provider
Tier 4	Hopwood Court	Dementia and Complex Needs Services	The Council in house
Tier 2 & 3	Derwent Hall, Accrington Road Community Centre, Greenfields Community Centre, Little Harwood Community Centre, Shared Lives Day Service	Older People and LD Services	External providers and carers
Tier 1	Community Connector Support	Integrated Neighbourhood Services	The Council/Health

## Key Messages for the Market

- Demand for services is likely to increase to Pre-Covid levels
- We are working closely with our Children’s Service and Adults LD Social Care colleagues, to make sure the transition to Adults is a smooth and successful one, taking into consideration each individual set of circumstances to make sure that needs are fully met, considering education focusing on life skills.
- Service models need to ensure access to community based support for people with a learning disability as well as older people.
- The community centres have been refurbished to provide increased access and onsite facilities for the neighbourhood.
- The outsourced Day Service offer is expected to be re-tendered in 2022/23 based on the options for people with differing levels of need rather than a “one size” approach to daytime support.

## Section 3: Market Opportunities

### Re-ablement and Intermediate Care

Reablement and Intermediate Care are focused on services which support people to be discharged from hospital, and/or prevent the need for more intensive services, or hospital admissions.

#### Home First Service- hospital discharge

This service aims to meet the needs of people with enhanced needs leaving hospital and returning home, based on home first discharge to assess principles. The Home First Service provides holistic and multi-disciplinary evidence based home assessment of need and support. The service seeks to promote independence and a strength based approach for people with greater levels of need, support and complexity.

#### Reablement & Assessed Night Service

Intervention and assessment take place within a person's own home or a care home. The service aims to prevent hospital admission, support faster recovery from illness, support timely discharge from hospital and maximise a person's independence and quality of life. This is a 24/7 service.

#### Intermediate Care at Albion Mill

This service is jointly commissioned by health and social care and is a partnership of integrated services providing a genuine alternative to hospital admission and supporting discharge from hospital. Albion Mill is a 35 bedded facility within a state-of-the-art supported living facility. This includes 31 beds and 4 rehabilitation flats, therapy rooms and assistive technology. The service is therapy led and will offer support to those with nursing and non-nursing needs for a period of up to 6 weeks to promote faster recovery from illness. Prevent unnecessary acute hospital admission and premature admission to short and long-term residential care, support timely discharge from hospital and maximise independent living.

#### Discharge to Assess beds

This service is a hospital discharge service aimed at people who are leaving hospital and requiring a short-term care in a an around-the-clock bed-care home based setting. The D2A bed pathway supports timely discharges from hospital, when an individual requires an extended period of assessment before returning home. The extended period of assessment (up to four weeks) provides a holistic and multi- disciplinary evidence based assessment of need.

### Key Messages for the Market

- Albion Mill Intermediate Care will continue to meet the demand for hospital discharge/ avoidance and it is unlikely this service will expand past 35 units.
- Intermediate care provision is currently met by a health and social care partnership. Commissioning opportunities may arise for Intermediate Care in the future.



## Section 3: Market Opportunities

### Homecare

The council commissions personal care support in people's own homes including personal care, help with meals and medication. There were 1374 service users in receipt of domiciliary care support on 31st March 2022, and 487 service users in receipt of direct payments.

#### **General Home Care (majority of older people)**

A new framework for general domiciliary care (with contract terms of 3 plus 2 years) is being commissioned in 2022, with successful providers being offered work from Autumn 2022, under a two-tier system. Tier 1-7 core providers will be allocated work on a rota basis; and Tier 2 will provide additional capacity should Tier 1 providers be unable to meet the requirements of the package.

To support providers and carers, time is commissioned with an agreed level of contact time and travel time i.e. an hour's care provides 50 minutes of contact and 10 minutes travel time. Those working identified hard to reach rural areas will be offered a 25% supplement to the hourly rate.

#### **Immediate Triage Assessment and Response (ITAR)**

Two additional services are commissioned on a block basis from the domiciliary general framework and are due for recommissioning once the main domiciliary framework is in place. These are the night time support service and the Immediate Triage, Assessment and Response (ITAR) for crisis domiciliary care.

The ITAR service provides day time emergency/crisis domiciliary care support. The service operates 12 hours a day (7am – 1.30 pm and 4.30 pm – 10pm) with two carers available at all times, 365 days per year.

#### **Specialist Learning Disability and Mental Health Home Care**

Specialist domiciliary care is the provision of domiciliary care which requires specific knowledge and skills around learning disabilities, autism and mental health. It differs from older people's domiciliary care in that it is often commissioned as a block number of hours rather than multiple pop-in type visits of between 15 minutes and 1 hour. For this reason specialist domiciliary care is also known as outreach.

There is a current Learning Disability and Mental Health framework in place. This framework covers domiciliary care to people living with families, or within their own homes. There are several providers on the framework with the majority of commissions undertaken by six main providers.

This framework is due to be recommissioned in 2023.

### Homecare

#### Key Messages for the Market

- Older People - demand for care at home is likely rise due to the ageing population, and the shift in services from Residential Care. However, the level of commissioned activity may reduce with the growth in use of community support and technology to meet assessed need.
- The council continues to work with its Integrated Care Board partners to predict future demand and is particularly focussed on developing Virtual Wards and 2 hour urgent response, primarily to avoid unnecessary hospital admissions.
- Demand for Specialist Services will be dependent on the number of people with specialist needs able to live independently. For those with care needs, this is likely to be static. However, there may be an increase in the need for support around mental health.
- There are potential opportunities for providers on the different frameworks with the ITAR service due to be recommissioned in 2023/24, a 'virtual ward' system due to be implemented in 2023 and the 2 hour Urgent Community Response Service scheduled for review in early 2023.

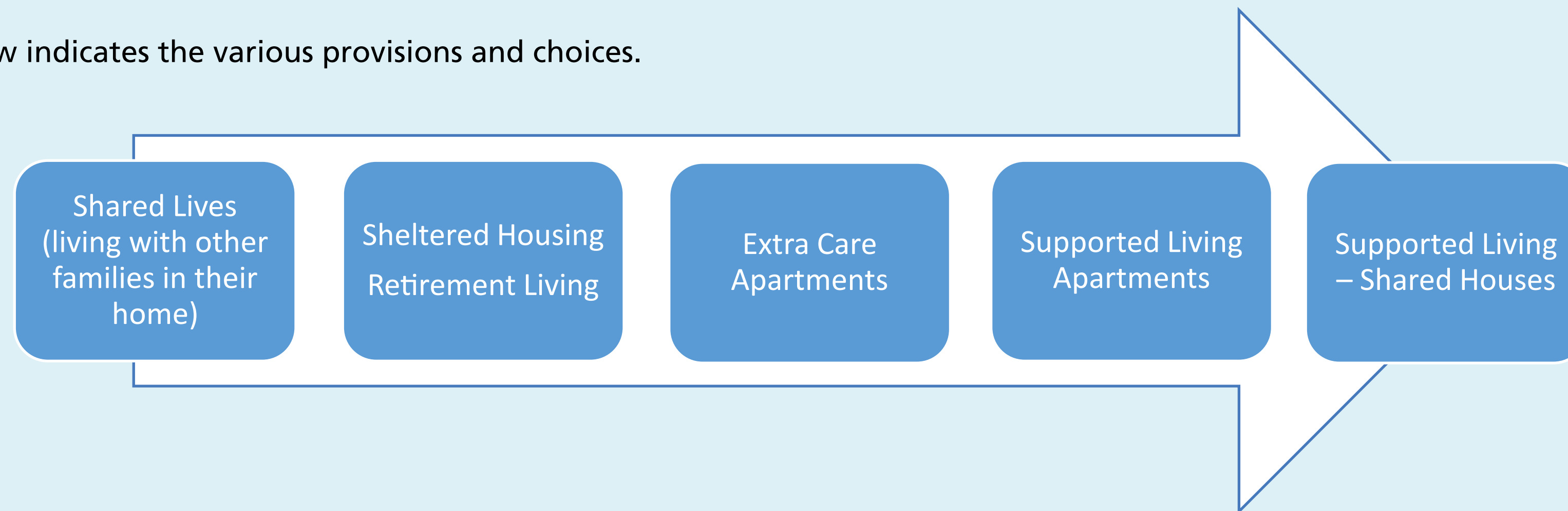
## Section 3: Market Opportunities

### Housing with Care and Support

Housing with Care and Support is purpose built or adapted housing with the availability of up to 24/7 care and support services allowing residents to live independently and safely with access to community-based care.

The development and growth of housing with care is a key component in managing demand for care services and reducing the number of people who currently rely on Residential Care options to meet their support needs.

The model below indicates the various provisions and choices.



In addition to residents over 65 with housing and care needs there are also individuals with specialist needs, generally between the ages of 18-64.

People receive care and support within either Supported Living, Extra Care Housing or Sheltered Housing. In addition there are also individuals living in Shared Lives provision.

# Section 3: Market Opportunities

## Shared Lives

Shared Lives is support provided to anyone with care and support needs, in the homes of skilled self-employed Shared Lives Carers. Shared Lives is a person centred, outcome focused service and is a sustainable offer for individuals. The service currently offers 25 long-term placements to individuals in Blackburn with Darwen. Carers are recruited, trained, monitored and supported by the Blackburn with Darwen scheme. The service is registered and inspected by the Care Quality Commission (CQC).

The current service offer includes long-term placements, personalised day support and respite provision. The scheme ensures that the support and accommodation provided to the people who use the service are of the highest quality. Carers have continuous access to support and receive regular monitoring visits and annual reviews.

## Sheltered Housing

Over the last 10 years there has been a steady decommissioning of bedsit accommodation and in contrast a growth of Extra Care provision. Newer sheltered schemes continue to be popular but older schemes have difficulty attracting new tenants. There are currently 585 units of sheltered accommodation in the Borough, the majority across 25 dedicated schemes.

Sheltered Housing is provided by five main Housing Associations or Registered Providers in Blackburn with Darwen.

Eligibility for sheltered housing is age based and application are via B-With-Us, the local letting system for Housing Association rental properties.

### Key Messages for the Market

- Placements are arranged following a Care Act Assessment, when Shared Lives has been identified as a long term solution to meet needs. An appropriate Shared Lives carer and individuals are then 'matched'. We are looking to expand the number of carers and placements within the borough.

### Key Messages for the Market

- Expectations of the quality and facilities provided by sheltered accommodation are increasing.
- There is an opportunity for the development of an owner occupation/shared ownership model and a small culturally appropriate scheme for the BME community.
- Future needs will likely be of increasing complexity, for example residents with alcohol and substance misuse issues.

## Section 3: Market Opportunities

### Supported Living

There are around 243 units of Supported Living accommodation in the borough. Traditionally these services have been provided in shared small group homes. The council's strategy has been to diversify the model of support and to offer apartment living options for people who can live a more independent lifestyle. The council has commissioned three Supported Living schemes in the last 5 years some of which are suitable for younger adults aged over 18.

The schemes are under continuous review to ensure that they are still meeting the needs and aspirations of those requiring specialist 24 hours care and support. The Council intends to retain the most flexible level access schemes, thereby meeting the needs of an ageing Supported Living population with increasing mobility issues and those who require more supervision than can be provided within a flat scheme with shared support.

Within the borough, we have 59 schemes providing 317 units of accommodation.

We will continue to work with our providers and partners to look for efficiencies and decommission unsuitable accommodation. 10 shared group house provisions have been decommissioned in the last 5 years. Other properties have been remodelled to ensure better accessibility.

The Council's focus is to develop a range of high quality housing that can better meet the care and support needs of Blackburn with Darwen residents, promote health and wellbeing and supports independence. Commissioners will take an informed view on any proposed developments, and support only those that meet local needs. See the link to the Councils Planning advice note for adults social care accommodation.

Current contracts are due to be re-tendered in the 2022/23 financial year.

### Key Messages for the Market

- The number of people with disabilities is relatively stable, however there are a small number of people transitioning from Children's services into Adult Services which brings with it an increase in complexity.
- There is an ageing population within shared houses, and the need is to ensure these properties are accessible and safe.
- Social Care works closely with Housing Benefit colleagues to ensure that proposed rents and service charges deliver value for money

## Section 3: Market Opportunities

### Extra Care

There are currently 442 units of Extra Care Housing/Enhanced sheltered in the borough, of which 50 are privately rented (1 scheme) and 392 units (9 schemes) are for social rent. It has been agreed that 37 units will be decommissioned as Extra Care Housing in 2022, and a further 85 units are due to be reviewed.

We expect there to be an over-provision of Extra Care housing, whereas there is an under-provision of Enhanced Sheltered accommodation schemes. Demand forecast suggests there will be an under provision of Extra Care and Enhanced Sheltered accommodation by 2037.

The current contract for housing care and support services runs until August 2022. The recommission will be informed by a strategic review which is currently underway.

### Key Messages for the Market

- We do not perceive any need for growth before 2025, as a new scheme – Albion Mill - added 74 units meeting which exceeded current demand.
- Reviews of existing housing with care provision are planned, with recommendations expected to include decommissioning of older, and potentially less accessible and viable schemes.
- The BME community has traditionally not accessed this type of accommodation. With increases in the BME population it is reasonable to assume that there will be some additional demand for alternative culturally appropriate housing with care provision in future.
- Extra care provision is due to go out to tender during 2023.
- Housing Benefit issues relating to covering rent for people under pensionable age living in properties with more than one bedroom require consideration, when looking at affordability, age eligibility and rent setting.

## Section 3: Market Opportunities

### Supporting People

Supporting People is a provision funded by the Borough since 2003 to provide housing related support to specific groups of vulnerable people. There are currently 8 providers in the Borough providing services to the following groups;

- homeless families (10)
- offenders or those at risk of offending
- people with substance misuse issues
- people with mental health issues
- single homeless people with support needs
- young people at risk

Current block contracts were renewed in April 2021 and run until the end of March 2023.

### Key Messages for the Market

- These services will be reviewed linked to our Vulnerable People/Health and Wellbeing/Prevention Strategies.
- Services will need to show flexibility and increased value for money.

## Section 3: Market Opportunities

### Residential and Nursing Care Homes

Nursing homes and Residential Care homes provide 24 hour care and support, with nursing homes able to provide a higher level of care with registered nurses on their staff.

The Council fund 683 residents aged 65 and over and 123 residents aged 18-65 in residential and nursing care homes.

There has been a reduction in demand for places in residential care settings due several factors including people wanting to remain in and receive care in their own homes and the impact of the Covid-19 pandemic and a potential lack of available beds of the required type eg; dementia beds.

There are currently 25 care homes for older people providing 925 beds. Care homes are operated mainly by small to medium providers with one home operated by a national provider. The profile of homes is as follows:

- **8 Care homes with Nursing (5 of which provide dementia/EMI care)**
- **18 Residential Care homes (7 of which provide enhanced/dementia/EMD)**

There are 7 care homes for LD and MH operating in the Borough. The Borough has a wide variety and number of residential, rehabilitation and supported accommodations for vulnerable people with Mental Health and Learning Disabilities as follows:

- **Mental Health Rehabilitation – 46 units**
- **Mental Health Residential/Rehabilitation – 32 units**
- **Substance Misuse Rehabilitation – 21 units**
- **Supported Living for Mental Health – 24 units**
- **Residential accommodation for people with Learning Disabilities - 32 units**

The council currently sets fees at three levels under an existing quality scheme, the quality scheme is currently under review.

Care home placements are made on a spot contract basis with a standard contract. Payments are made by the Council on a net basis, with providers currently required to collect individual contributions and any third-party supplementary agreement fees.



## Section 3: Market Opportunities

The council currently sets fees at three levels under an existing quality scheme, the quality scheme is currently under review.

Care home placements are made on a spot contract basis with a standard contract. Payments are made by the Council on a net basis, with providers currently required to collect individual contributions and any third-party supplementary agreement fees.

The council is increasingly aligning its commissioning of care homes with the Integrated Care System (ICS). As part of the partnership objective to ensure a high standard of quality of care is met and delivered across Lancashire and South Cumbria, a joint service specification has been developed and agreed upon.

The council offers a workforce development programme to providers.

The council requires providers to self-report vacancy and other information (workforce, outbreak/COVID19 and vaccination uptake) through the national North of England care System (NECS) Capacity Tracker system:

[www.capacitytracker.com/](http://www.capacitytracker.com/)

and will expect providers to use an electronic quality monitoring tool as part of the contract term. We would require providers to continue to use any new or replacement systems.

### Key Messages for the Market

- There has been a reduction of approximately 10% in overall occupancy in care homes over the last year. There is no need for additional standard residential
- Demand for Nursing Care and particularly nursing level dementia care (EMI) and challenging behaviour care will still provide development opportunities.
- Residential provision in the future will need to meet the aspirations of individuals and their families in terms of facilities with quality accommodation including en suite facilities.
- Initiatives in primary care will seek to enhance Residential Care clinical support to prevent escalation to nursing beds.
- A new Quality Assurance Scheme is being developed to raise standards across all our residential and nursing accommodation. The Council will continue to work with partners including the CQC, Health Watch BwD, our own Safeguarding team and others to secure Good CQC ratings in all our residential provision.
- There are a number of issues (locally and nationally) which impact on the sustainability of the market, eg workforce supply, social care reform, pandemic recovery and cost of living
- The Council is undertaking a fair cost of care exercise and will continue to engage with the sector to develop our Market Sustainability Plans

## Section 3: Market Opportunities

### Young People in Transition to Adult Services

For young adults aged 18 and over, Adult Social Care supports a seamless, person centred journey helping all young people and their families in their transition from Children's to Adult services. Joint working across services includes the involvement of adult social workers supporting young people from the age of 17 (or younger depending on the complexity of need), where they have learning disabilities and/or autism to enable the young person 'Preparing for Adulthood'. This ensures that appropriate services to support and meet the young adult's needs and aspirations are identified.

Adults Social Care has a range of support and accommodation available to young people; including Supported Living, Extra Care, apartment style flats with background support and self-managed single tenancies. Young adults also have access to day provision, Shared Lives and short term breaks, where needed.

There are a significant number of young adults who are now living longer due to improved health care. Whilst some choose to remain living at home, some require accommodation and support to meet their health and care needs. Over recent years the numbers of adults with an autism diagnosis has increased and this includes a number of young adults.

It is expected that by developing our collaborative relationships with existing providers and commissioning new providers within the community, a wider range of services will be available for young adults, including those with additional needs. Ultimately, our aim is to ensure all young people have access to the same opportunities as others, despite differing levels of support need.

In addition, as individual's needs change and they 'transition' to becoming an older adult it is expected that they will be supported with flexible, person centred care.

### Key Messages for the Market

- We are working closely with our Children's Service and Adults LD Social Care colleagues, to make sure the transition to Adults is a smooth and successful one, taking into consideration each individual set of circumstances to make sure that needs are fully met, considering education focusing on life skill



# Section 4: Working with the Council

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## Working with the Council

We have a Strategic Commissioning, Finance & Performance Service who are responsible for commissioning and managing all of our people services. Our corporate procurement team is responsible for other procurement activity.

Service providers and potential service providers can access information about opportunities to provide services for Blackburn with Darwen via The Chest procurement portal, this enables quick and easy communication through the commissioning and procurement process.

You can register to receive updates via The Chest:

[www.the-chest.org.uk](http://www.the-chest.org.uk)

Engagement with our service providers is important to us as we recover from the Covid-19 pandemic, we'll be hosting provider forums.

Social Value is the additional economic, social and environmental benefits that can be created through the purchase of services, above and beyond the value of goods and services.

You can find all the information on our policies at Blackburn with Darwen on our website:

[www.blackburn.gov.uk](http://www.blackburn.gov.uk)

