

Adult Social Care Market Position Statement (MPS) 2025 to 2028



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Foreword

Welcome to Sefton Council's second edition of our local Market Position Statement (MPS) for 2025 to 2028 for adults. Since our last MPS we have seen many challenges across Sefton's marketplace, that are reflected in this statement. We hope you find the statement useful and insightful, when thinking about how local services can both improve and change, how services are delivered to best support people to start well, live and age well in Sefton. This MPS should be used to steer our partners and providers when developing services to meet the sufficiency gaps in Sefton. Our commissioning team can also be contacted to discuss future service development and care and support needs for our Sefton Population.

Our Market Position Statement reflects the ambition of our Health and Wellbeing Strategy and the important focus on early help and prevention in delaying and reducing the need for formal support and in addition we have undertaken analysis of the care and support market to implement the Department of Health and Social Care's (DHSC), Market Sustainability Plan. Therefore this Statement must be read in conjunction with Sefton Council's Care and Support Market Sustainability Plan 2023 to 2026.

We recognise that our services must be co-designed with communities and people with lived experience, health and social care partners, and our workforce. Our commitment is underpinned by Sefton Council's Health and Wellbeing Strategy 2020 to 2025 to support a seamless health and social care system, that better empowers people to retain and improve their health and wellbeing, to deliver on the expectations of the Health and Social Care Act 2022 and greater Place integration and to meet needs outlined in our Joint Strategy Needs Assessment.

When people do need care and support our aim is that they will receive intensive support over a short period of time, so that they can quickly regain independence and control in their lives.

When young people transition from children's social care into adulthood, they will receive the right support, at the right time and in the right place. At every step, people will be supported by strength-based practice to empower them to start, live and age well.

Sefton's commissioning vision is:

- ✓ Co-design care and support to enable people to live as healthily as possible.
- ✓ Reduce people's need for health and social care services, including primary care, emergency services, and hospitals



through our intermediate care strategy.

- ✓ Support people to be confident in using technology which can improve their independence through our digital strategy.
- ✓ Combat inequalities, isolation, and loneliness through strong partnerships with our Community, Voluntary and Faith Sector.
- ✓ Continue to build on the relationships with care and support providers in Sefton to prevent market failure and support our providers to improve and innovate through good market engagement.
- ✓ Expand seamless integrated support, closer to home, where people need it most through joint plans and commissioning arrangements across the life course.
- ✓ Support people to have a voice, in the decisions we make about services and changes we want to put in place.
- ✓ Ensure good use of resources and ensure decisions are evidence based and underpinned by population health approach and evidence from data and benchmarking.

The Market Position Statement helps Sefton Adult Social Care communicate our priorities and how we see ourselves working with those delivering care and support in Sefton over the next three years.

Our aim is to ensure that with all our current and future providers, we have a good understanding of how we need to shape the future, so that our Sefton residents have access to a wide range of high quality and innovative services.



Thank you for your ongoing commitment and I hope you can engage with us to ensure we meet the challenges of the future together.



**Cllr Ian Moncur,
Cabinet Member Adult Social Care and Health and Deputy Leader**



**Deborah Butcher,
Executive Director for Adult Social Care,
Health and NHS Place Director**

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Executive Summary/Our Direction 2025 - 2028

This Market Position Statement gives care and support Providers important information on the Sefton Adult Social Care direction of travel over the next three years which, in turn, can inform their own business and service delivery plans, including those Providers that are interested in delivering services in Sefton.

In summary, over the next three years and beyond, we will be aiming for the following market developments and changes in commissioning activities:

Residential and nursing

- Less care home beds but higher acuity and focus on dementia, quality and leadership.

Reablement

- More people receiving Reablement step up and step down aligned to **Home First** model.

Care at Home (Domiciliary Care)

- More people supported to remain in their own home/reduced use of care home placements.

Extra Care

- Significant growth to provide choice alternative to residential care.

Shared Lives

- Expansion and diversify the offer.



Supported Living ↓

- New Specialist supported Housing plan use of TECS and extra care for people with a learning disability.

Day Opportunities =

- New model that supports use of community assets and increase in social enterprise and micro providers to accelerate personalisation.

Carers ↑

- Tailored short breaks, Direct Payments information and advice.

Early intervention ↑

- Further strengthen partnerships with CVFS. TEC Strategy roll out. Information and advice offer. Expand advocacy offer.

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Introduction

This Market Position Statement (MPS) for Adult's Early Help and Prevention in Sefton aims to create a common understanding of the local community, care and support market, the current supply of services, and commissioning intentions to enable the effective design and delivery of services for people that need care and support now and in the future. This creates a platform for continued dialogue and collaboration with providers as partners around the challenges facing the local social care and health system, and the market development solutions that exist to improve care outcomes.

The Care Act 2014 sets out the law around market development in adult social care. It sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care, and to promote efficient and effective operation of the adult care and support market. This document has been developed as a market facilitation tool for existing and prospective providers and partners who may be looking to establish services in Sefton or change the way their services are provided to deliver the outcomes that are really needed.

We want to support people in the community to have choice and control over their lives and the outcomes they can achieve. We will work with all stakeholders and across all boundaries to deliver this.

This document has been developed to:

- set out our direction of travel including strategic and legislative drivers that are influencing change.
- provide information to the social care market on population needs, service demands, commissioning priorities and resource availability, to facilitate the effective planning and development of services and opportunities to meet the needs of our residents – both now and in the future.
- encourage understanding and provide a basis for constructive and creative dialogue with stakeholders and providers. This will be based on a clear message from us on exactly what we want and need from the market.
- set out opportunities for market development and encourage a quality adult social care market that is innovative, flexible, affordable, sustainable and diverse – offering a true choice for local people.

- set out how providers can work in partnership with the Council to deliver change including what support is available for your business.

Sefton as a Place/local challenges

Sefton is a Council that serves 276,410 residents with stark contrast in standards of living and income and a range of health and social care needs; the area has a unique socio-economic geography.

If Sefton was a village of 100 people:

- **60** are living with a long-term health condition.
- **14** adults have depression.
- **71** adults are overweight or obese.
- **7** are smokers.
- **24** have under 30 minutes of weekly exercise.
- **12** are over 75 years old.
- **10** will die from heart disease.
- **28** will die from cancer.
- **3** adults under 40 have type 2 diabetes.
- **38** children are overweight or obese by year 6.



Sefton, like many other Local Authorities is experiencing significant challenges which this Market Position Statement and other plans such as the Sefton Market Sustainability Plan will respond to. These challenges are summarised as:

- Meeting growing demand – ageing population and impact of inequality driven by cost of living crisis and long recovery tail of Covid.
- Managing within budget given demand and inflationary pressure on costs and staff pay.
- Attractive and retaining skilled workforce.
- Market stability and increasing provider costs.
- Improving direct payment numbers and process.
- Forthcoming inspections – Adult Social Care, Care Quality Commission and SEND (Children and young people with special educational needs and disabilities) inspections coming.
- Significant re-commissioning taking place.
- Transitions pathway – further development of integrated offer.



Meeting These Challenges

In order to meet these challenges we have worked with a wide range of community, care/support and health and social care partners to develop the Sefton Place Plan so we can deliver together on the national expectations underpinned by the Health and Social Care Act 2022, but also demonstrate how social care plays such a fundamental role in the delivery of the [NHS Ten Years Plan](#).

We are also working on the implementation of our **Better at Home** programme, which this Market Position Statement will support the delivery of. The overarching Better at Home programme consists of the following 5 key programmes and transformation:

1. **Commissioning Market Shaping Programme** – Better community connected and responsive high quality and affordable marketplace.
2. **Sefton Urgent Care and Hospital to Home Programme** – The redesign of health and social front door/D2A pathways/New Directions reablement/intermediate beds.
3. **Better Integrated Workforce and Resources that are Future Fit Programme.**
4. **Better Quality Assured and Best Practice Led Programme.**
5. **Better Digital Enabled – Growth Data and System that are Future Fit Programme.**

In Sefton our goal is to support and assist individuals in remaining as healthy and self-sufficient as possible, enabling them to manage their health and well-being in their own homes whenever possible, in communities where people feel safe and supported.

Where care is needed, we want people to have a choice about how their needs are met and that people who are receiving services are at the centre of everything we, and providers, do together.

Sefton has continued to move towards asset-based community developments that empower individuals and communities to maximise local assets that will help them to stay healthy for as long as possible.



We are seeking a clear 'bottom-up approach' that strengthens communities through harnessing our community assets. By assisting individuals and communities to identify and share their strengths, the strategy makes it easier for them to collaborate on the development of their own social innovations.

We also wish to commission services that supports our work with Public Health to deliver services that help to improve the life expectancy and healthy life expectancy of the local population by delivering support which encourages people to take up positive lifestyle behaviours, such as increased physical activity and cessation of smoking and to address the needs of those people that have substance misuse issues. This includes ensuring that our commissioned services are supported to signpost to services delivered by Public Health.

The philosophy of home first is a default that will help individuals remain at home and in their community for as long as possible. This approach prioritises allowing patients to recover at home after medical treatment, rather than in a hospital or other facility.

As a result of this approach, we are determined to see a significant reduction in the number of care beds we commission. This reduction is not a reflection on the excellent local provision, but a direction of travel that is rooted in a wealth of research that advocates for this approach to improve outcomes for people.

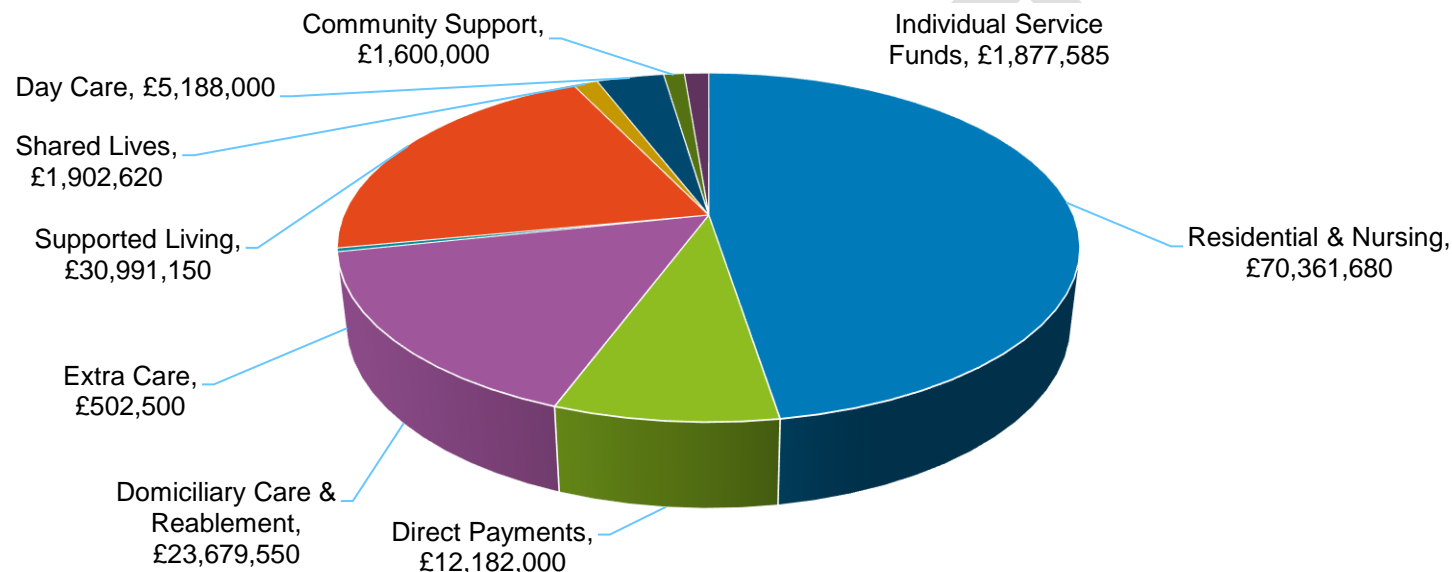
Strengthening communities, having a greater role for volunteers and peer roles; collaborations and partnerships; and access to community resources will also contribute to a person-centred prevention agenda.

It is our responsibility to provide high quality, accessible and timely information to our residents to ensure they are aware of all options available to them to make informed decisions. Within this model the independent adult social care sector play a crucial role and we want to ensure that you receive the information and assistance you require as key partners in the health and social care system.



Finance & Activity

The following chart summarises total gross Sefton Adult Social Care expenditure in 2023/24:



In 2022/23 Sefton spent 24% of its expenditure on Adult Social Care. This compares with 13% on Children's Services in the same year. Sefton spent £574.49 per adult on Adults' Social Care in 2022/23; compared with £523.95 in England (or 9.6% more than the national level). The average for all English metropolitan boroughs was £548.95.

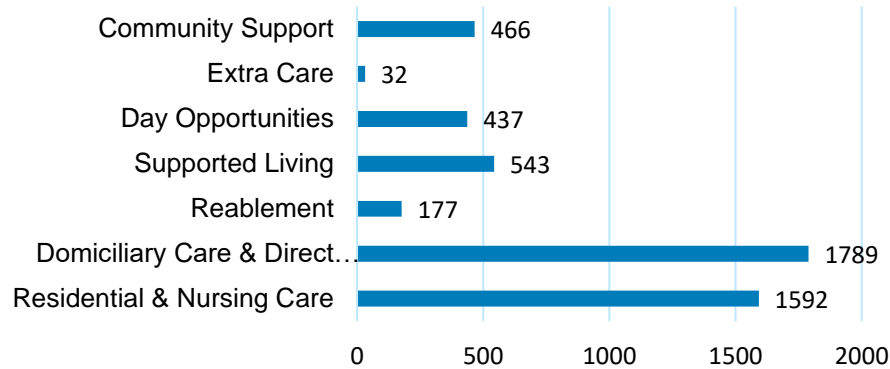
Overall spending is affected by the relative proportion of older people in the population - Sefton (23.4% aged 65+) has more than England (18.6%) overall and more than the average for Northwest 18.8%.

Overall spending is also affected by the level of deprivation - Sefton is ranked 47 among all English single-tier and county councils on the Index of Multiple Deprivation (where a low rank indicates a high level of deprivation). Sefton has lower deprivation than the average for All English metropolitan boroughs.

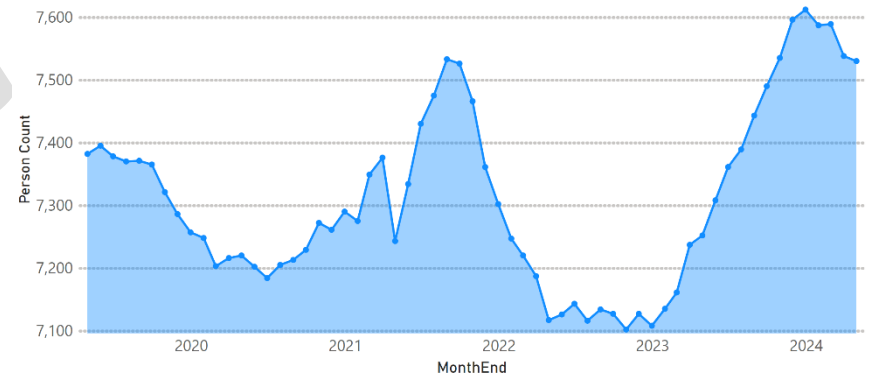
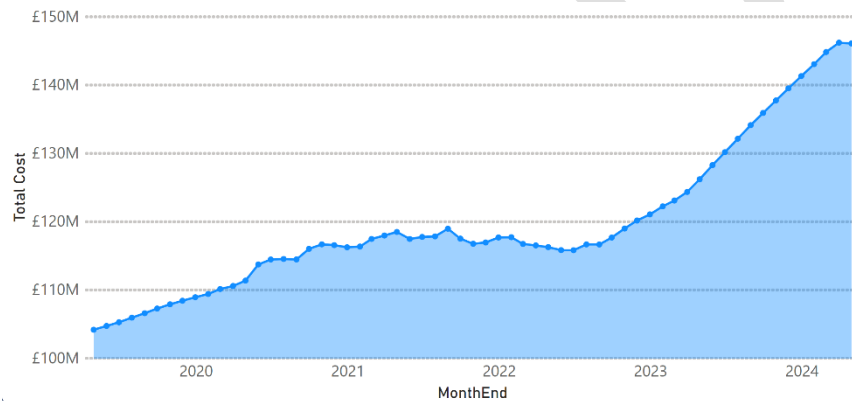
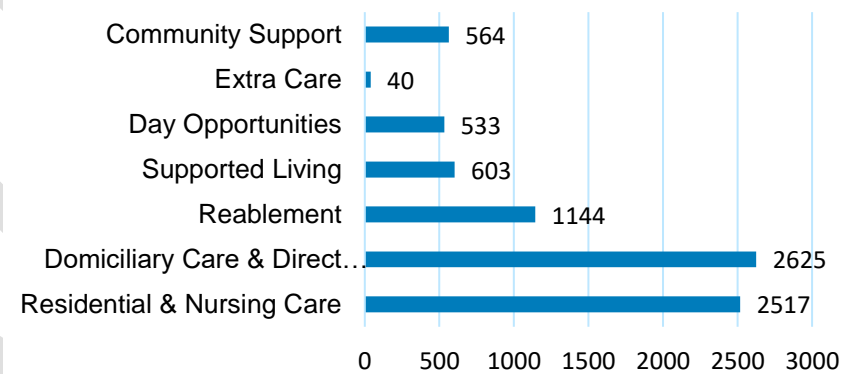


With respect to the number of people receiving care and support services at any one time, and annual activity and expenditure figures, the data is:

Weekly 'snapshot'



Annual Numbers



Commissioned Provider Market Overview

Residential and Nursing Care

- 119 CQC registered homes
- 3,590 bedspaces 40% funded Sefton placements.
- 87 home typically support older people.
- 34 care homes include nursing provision, and the remaining 86 care homes are without nursing.

Care at Home (Domiciliary Care) and Reablement

- 31 contracted Care at Home providers.
- A mixture of providers that are CQC registered in Sefton and those that are based in other local areas.
- 1 'lead' Reablement provider.

Supported Living

- 24 contracted providers.
- Schemes throughout the Borough – 66 in the north and 87 in the South.

Extra Care Housing

- 2 schemes.
- Both in South Sefton.



Day Opportunities

- 12 contracted building-based providers.
- Access via Direct Payments.

Shared Lives

- 61 carers.
- 78 people.

Community Support

- Delivered by both Care at Home (Domiciliary Care) and Supported Living Providers.

Individual Service Funds

- 4 providers.

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National Care Quality Commissioning New Single Assessment Framework

In 2019, we collaborated with our health partners to develop our operating values and principles. In preparation for our Care Quality Commission inspection, in 2023 we reset our operating values to better reflect the new National Single Assessment Framework. From 1st April 2023, Adult Social Care, including commissioning, will be regulated by the Care Quality Commission. The new legal power was formed under the Health and Social Care Act 2022, under Part 1 of the Care Act 2014. The new legal powers means that Adult Social Care will be regulated under the following quality assurance themes:

Theme 1 - Working with People & Equality and Diversity

Theme 2 - Providing Support and Partnership

Theme 3 - Safety in a Local System and Safeguarding and Equity in Outcomes

Theme 4 – Leadership and Governance, Innovation and Learning

All integrated care systems, Councils of Adult Social Care and care marketplaces, across the UK will come under the same [single assessment framework](#).



Codesign and Collaboration

In 2023 the Council adopted its first Council wide coproduction framework, aligning with national best practice. The following principles in how commissioning review, change and improve services have been adopted:



The way we make decisions through our local governance and reporting has changed to follow quality codesign and coproduction principles. This upholds the Council’s Policy on [Accessible Information Standards](#) and approach to [LGA Diverse by Design](#).



Our Values and Principles Framework

- **Value for Money** - We aim to achieve maximum value for money from all services and commissioned activity. Every pound we spend on behalf of the taxpayer must demonstrate its worth and we will always seek to allocate expenditure to achieve maximum impact which can mean decommissioning services and reducing expenditure where expected outcomes are not being realised. Though the price we pay for services is important to us, we recognise that it is not the only measure of value; we also include the quality of the service, delivery of outcomes and social value of these services. We benchmark and work regionally to ensure we are achieving prices that reflect value for money, are sustainable and appropriate for service delivery. With the increasing pressure on both council and provider budgets, the Council, as the lead commissioner for adult social care services will need to have more open and transparent conversations about fee rates and increases with our providers, so that we can jointly have a better understanding of associated cost pressures.
- **Social Value** – We are committed to using our influence and spending power to help drive inclusive economic growth, improve the local environment and address inequalities while ensuring the best possible value for money when procuring services. We want to support the growth of an inclusive and resilient Sefton economy, increase the number of jobs in Sefton, improve living standards, enhance the wellbeing of our residents by promoting socially responsible criteria for suppliers, promote environmental sustainability and support fair and ethical trading in the supply chain, including full compliance to Human Rights legislation and Modern Slavery Act, whilst expecting our suppliers and contractors to demonstrate the same standards of commitment.
- **Outcomes & Impact focused** - Our primary focus is on the delivery of improved outcomes that support people to start, live and age well in Sefton, therefore we only commission provision that delivers our priorities, reduces inequality and maximises personalisation, choice and control, and supports maximised independence.
- **Evidence based** - We will base commissioning decisions on the evidence available to us, whether this is through an analysis of needs and gaps, an understanding of what works in achieving desired outcomes, an assessment of best practice, or an options analysis.
- **Proportionate** - Our commissioning arrangements range from multi-million-pound contracts with large private sector

companies, to grants of less than a thousand pounds to small voluntary organisations. We aim to differentiate our commissioning processes so that they are proportionate to the amount of spend, the level of risk involved, and the type of provider. A fundamental principle is that our arrangements and processes for sourcing and procuring services should be as simple and streamlined as possible.

- **Provider diversity & inclusion** - We commission with organisations that have a positive impact and understanding of [equality and diversity](#), through all its planning and development with its workforce, people who access and use services, and when forming an understanding of how the service responds to cultural diverse needs and values, in order to take into account our changing population including those people who speak different languages.
- **Transparency and fairness** - Our commissioning processes and decisions will be underpinned by principles of transparency and fairness. We will develop provider and market forums to enable open dialogue and will inform providers of the reasons for our decisions. We will build on existing provider forum networks and see this strategy as the beginning of the partnership journey in how we get there.
- **Quality** – We are committed to the commissioning and delivery of high-quality services that support the delivery of outcome focused and person-centered services. We recognise in our procurement activity that the focus of evaluating tenders and services should be on the commissioning of good quality and sustainable services. Our support offer to Providers enables them to deliver high quality services and assist them should quality concerns arise. This will encompass capturing intelligence from key partners and people who use services to form an overall assessment of services. There are times when we will also need to work on exiting poor quality Providers from the Sefton market.



Our Strategic Commissioning and Market Shaping Framework

In Sefton, strategic commissioning builds upon current commissioning practices for a more efficient quality service, that facilitates improved outcomes for the people who use commissioned services. It focuses on defining and measuring needs for now and the future. Strategic commissioning is simply a mindset and process of applying an evidence-based, result driven focus, to help meet overarching targets and goals using analysis and forecasting.

By understanding the demands of today, we can predict what is needed in the future and, in doing so, providers across the market can diversify their services to better respond to local changes. In commissioning we call this a market that can dynamically move and respond to national and local conditions.

The data allows commissioners and the market to invest in the most needed areas and make more informed data driven decisions to budget costs and efficient use of resources to improve the wellbeing of Sefton residents, now and in the future. Strategic commissioning does this by looking at public health data, and considering how services can respond to the needs of people, through the design of services. For example, Sefton public health statistic for the number of people ageing and physical complex needs in Sefton is higher than other North West Councils for a number of health reasons.

Our data shows that Sefton has a high number of working age people in care home beds, leading to poorer outcomes and high spend. Instead, we want to utilise early information on health and improve access for adults to be supported within community services where this is possible instead of a care home bed.

Strategic commissioning is important to enshrine Sefton communities' health and wellbeing at the forefront of every decision made without compromising on the quality of care delivered. It uses data and intelligence to look at sustainable ways of delivering care and support across the local area, and better equips local authorities for the demand in services both now and in the future. The process of strategic commissioning allows the correct quantity of resources to be allocated to services in a local area allowing departments to concentrate on more preventative and early intervention services to improve outcomes further.

We value the input and contribution from all our stakeholders in all the work we do. In developing this market position statement, we have been committed to ensuring we engage as widely and as meaningfully as possible across, and within, our communities,

workforce and partner organisations, and we did so as part of our preparing for the Care Quality Commission's assurance codesign workshops, which allowed us all to ask three importance questions:

1. Where are we now and how do we know?
2. Where do we want to be and how do we know?
3. How do we intend to get there together?

To support the development of this market position statement we engaged with a range of stakeholder groups, including people who use our services, carers of people who use our services, local residents, people who work in health and social care, local community groups and organisations, local elected members, and those who work for partner organisations and other service providers.

The Care Act 2014 also places duties on local authorities to promote the efficient and effective operation of the care market, ensuring it is sustainable, diverse and of good quality, and to provide contingencies in case of provider failures, through market shaping.

Market shaping means the local authority collaborating closely with other relevant partners, including experts by experience, to encourage and facilitate the whole market in its area for care, support, and related services.

One third of the Councils' budget is spent on commissioned services for adult social care, delivered through a mixed economy model. Sefton works with hundreds of providers from small charities, companies and national operators as well as over 600 people accessing direct payments support services. Sefton has a partner of choice organisation, New Directions, which directly delivers a number of services, including day care services, community day services, enablement services and residential short-term and respite care services.



Human Rights, Equality and Diversity

Human rights are the basic rights and freedoms that belong to every person in the world. In the UK, these rights are contained in the Human Rights Act 1998. As a public sector organisation, we are legally and morally responsible for ensuring we respect and protect the human rights of all individuals when we provide health and care services.

Equality is one of the key values underpinning the work we do - adopting a person-centred approach, tailored to each individual so they can achieve the things that matter most to them. This means celebrating differences, treating each person with dignity, and helping them to be safe and socially included, supporting their own sense of identity. In Sefton we adopt the national best practice to market shaping through a local framework that was coproduced, over 2023, in partnership with care, support and community partners, the framework sets out Sefton commissioning offer to the market.

We uphold the Public Sector Equality Duty (PSED) under the Equality Act 2010, protecting individuals from discrimination against protected characteristics (age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex and sexual orientation).

We challenge discrimination and encourage respect, understanding, and dignity for everyone in Sefton, through our own policies and utilising our influence in the community to achieve this.

We recognise the diverse needs of our community and are committed to promoting equality of opportunity and diversity in employment, commissioning, and service delivery.

It is important that we support a diverse workforce in the care sector that reflects the local communities we serve. As such, we expect those providing services on our behalf to be aware of the demographic make-up of their workforce to reflect this.

We value and celebrate diversity and believe it is essential to provide services which work well for all of us. The services Sefton designs and delivers on its own or with partners and suppliers, should focus on allowing people, families, and communities to be independent.

We will treat people with dignity and respect and support and enable people to make informed choices, so that they have control

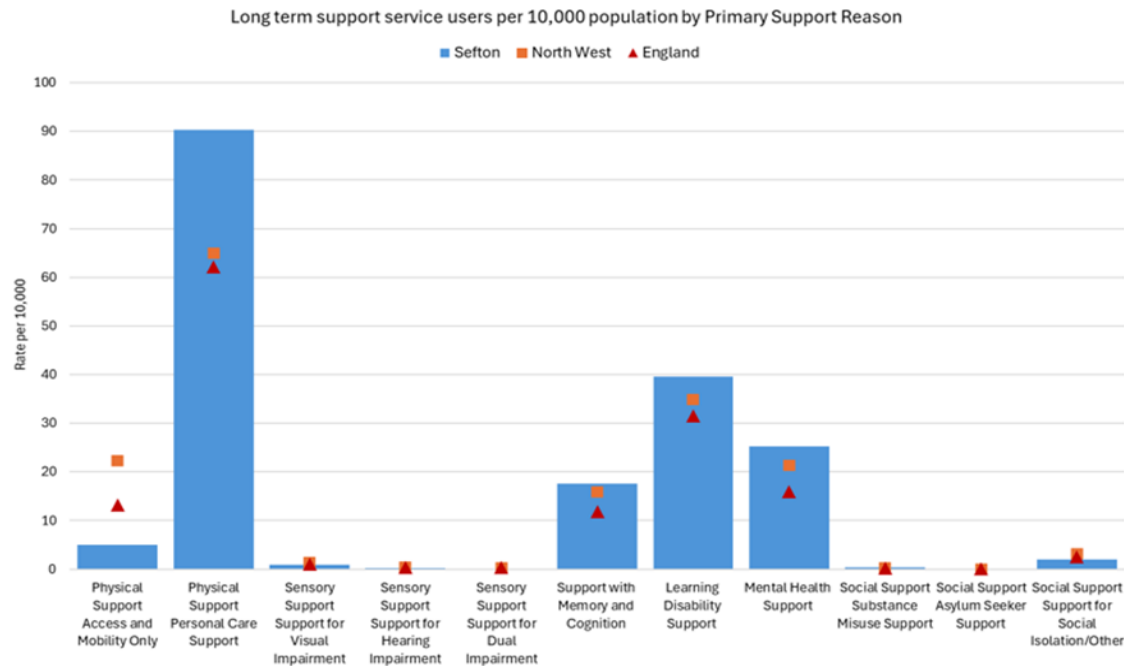


over their lives.

Unmet Needs

A key associated issue with ensuring that we can deliver our priorities identified in the MPS and continue to meet the needs of the Sefton population is to ensure that Adult Social Care can fully assess and quantify levels of unmet need.

The table below summarises an analysis of Primary Support Reasons against North West and National data and it highlights key areas where Sefton needs to ensure that needs are being met:



Coupled with the above, and in order to ensure that we are addressing the needs of any groups of people we have identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics, we will ensure that commissioning activity has a focus on meeting these characteristics and that services commissioned are those which can meet everyone's needs.

The tables below highlight that potential groups at 'risk' in terms of those where the percentage of people using Sefton Adult Social care services is lower than the overall Sefton population:

Age Group	ASC – People using services	Sefton 18+ population
Less than 20	0.30%	2.30%
20 to 29	5.20%	12.60%
30 to 39	6.50%	15%
40 to 49	6.30%	14.20%
50 to 59	10.50%	18.40%
60 to 69	13.50%	16.30%
70 to 79	17.70%	12.90%
80 to 89	26.50%	6.90%
90 to 99	12.80%	1%
100 and over	0.80%	0.50%

Gender	ASC – People using services	Sefton 18+ population
Female	57.60%	51.60%
Male	42.40%	48.40%



Ethnicity	ASC – People using services	Sefton 18+ population
White	98.20%	95.80%
BAME	1.30%	3.50%
Other	0.40%	0.70%
Traveller/Gypsy/Roma	0.00%	0.00%

Sexual orientation	ASC – People using services	Sefton 18+ population
Straight or heterosexual	96.60%	97.70%
Gay or lesbian	2.40%	1.40%
Bisexual	0.90%	0.90%

Religion	ASC – People using services	Sefton 18+ population
Christian	89.00%	64.50%
No Religion	9.20%	33.60%
Other Religion	1.00%	0.40%
Jewish	0.30%	0.10%
Muslim	0.30%	0.80%
Buddhist	0.10%	0.20%
Hindu	0.00%	0.40%



In order to better identify and address any such risks we will engage with the population such as through working with VCF groups to speak to people about their needs through Co-design and any barriers they may face when trying to access services. This work will also include addressing risks identified in our [Adults at Risk Strategic Needs Assessment 2023](#).

Every commissioning decision has an Equality Impact Assessment completed to ensure we are addressing protected characteristics and adjusting the decisions accordingly. In 2024 the Council also made the decision to include care experienced children a protected characteristic and so the commissioning arrangements will ensure that children who have transitioned to adults will be considered as a priority in terms of meeting care and support gaps for these young people.

Workforce

We remain very proud and appreciative of what our health and social care workforce do to support people in Sefton.

In 2022/23 there were an estimated 10,000 people working in adult social care in Sefton, split between local authorities (375 jobs, 4%), independent sector providers (9,700 jobs, 97%). In 2022/23 there were 850 vacancies, which represents a vacancy rate of 8.9% across all sectors. Skills for Care estimates that the staff turnover rate in 2022/23 in Sefton was 26.9% (2,300 leavers), which was less than England, at 29.1%.

We recognise that in order to deliver our aims, objectives and priorities outlined in this Market Position Statement we need to ensure that our commissioning approaches and models of service support Providers to help deliver the following key aims:

- Recruitment which has a focus on employing people with the core values, skills, training, qualifications and attitudes to deliver person-centered and outcomes focused care.
- Commissioning and fee rates that support with recruitment and retention.
- Ensuring staff are trained to deal with dementia and complex needs to be prepared for delivering care and support to an increasingly ageing population with higher needs.
- Staff, where required, are trained on Learning Disabilities and Autism.
- Staff will adopt an enabling approach to support people to regain and retain their independence.

- Providers who will adopt the Trusted Assessor role to review existing services they deliver and make recommendations on amendments to the level of services people receive, for example, following the individual regaining (either in whole, or in part) their independence.
- Providers who have in place support services to help Staff maintain and improve their wellbeing and to support them with their career progression.
- Staff who can adopt potential 'blended' roles to deliver more integrated Adult Social care and Health services.

The workforce challenges we hear about most often in Adult Social care are:

- Recruitment and retention in social care.
- Social work recruitment and retention.
- Perceived lack of career pathway for care staff.
- High levels of churn of care workers across providers in a place.
- Cost of living crisis and system pressures resulting in people leaving care jobs.
- High level of turnover of care staff within first six months in a role.
- Image/perception of working in social care.
- People being stuck in hospitals due to lack of availability of social care support.
- New ways of working that aren't translating into practice in all parts of the system e.g. strengths based.
- Increased demand of social workers and district nurses and care workers with potential to be train to take on additional functions.
- People working in social care not understanding 'the system' and being enabled to work well within it.
- Designing and testing new roles and ways of working.
- How to match the demand for flexible working.
- International recruitment.

To achieve the above and address the challenges, we acknowledge that we need to develop an external workforce strategy, both in Sefton and as part of regional work, which will address how we develop the external care and support workforce include engagement with providers and other partners such as local colleges, our economic development teams, and overseas recruitment strategies in the region.



There is an opportunity to work closely with the Primary Care Networks in Sefton to expand the use of funding available to primary care to employ new roles to support social care.

Engagement with the care sector Providers took place in early 2024 with outputs from the workshops being used to inform the development of a Care Academy. Engagement across the system has been positive and final steps include a focus on the formation of Sefton care academy for the future through collaboration between the Care sector providers and the local colleges. Sefton is also an active member of the C&M Workforce Group that shares good practice across the region.

Market Area – Care at Home (Domiciliary Care)

Care at Home (Domiciliary Care) services have a primary focus on meeting the needs of people who require long-term care and support to help them to remain living independently in their own home. In Sefton we want Care at Home services which:

- Provide a service that supports the aspirations, goals, and priorities of each individual with care and support needs.
- Focus on what people can or would like to do (asset based) to maintain their independence, health, and wellbeing, and not only on what they cannot do.
- Recognises an individual's strengths, individuality, goals, and personal preferences, and this is reflected in the Provider's documentation (e.g., support plans, and risk assessments).
- Provide care that is person centred, flexible, and responsive to service users changing needs.
- Deliver a safe service, where people in receipt of care and support are treated with empathy, courtesy, dignity, and respect.
- Provide reliable, timely, and outcomes focused care.
- Support people to be in their own home for as long as possible and be an active and valuable part of their community, to prevent avoidable admissions to acute or urgent care settings and to facilitate a safe discharge from hospital as soon as people are "Ready for discharge" or "Medically Optimised".
- Empower people in their own care by giving them choice and control in how their care is delivered.
- Proactively shape and develop services through collaboration with those who use the services.
- Acknowledge and respect choices made by people with care and support needs (such as, cultural, religious, and dietary choices) to enjoy a lifestyle of their choosing.

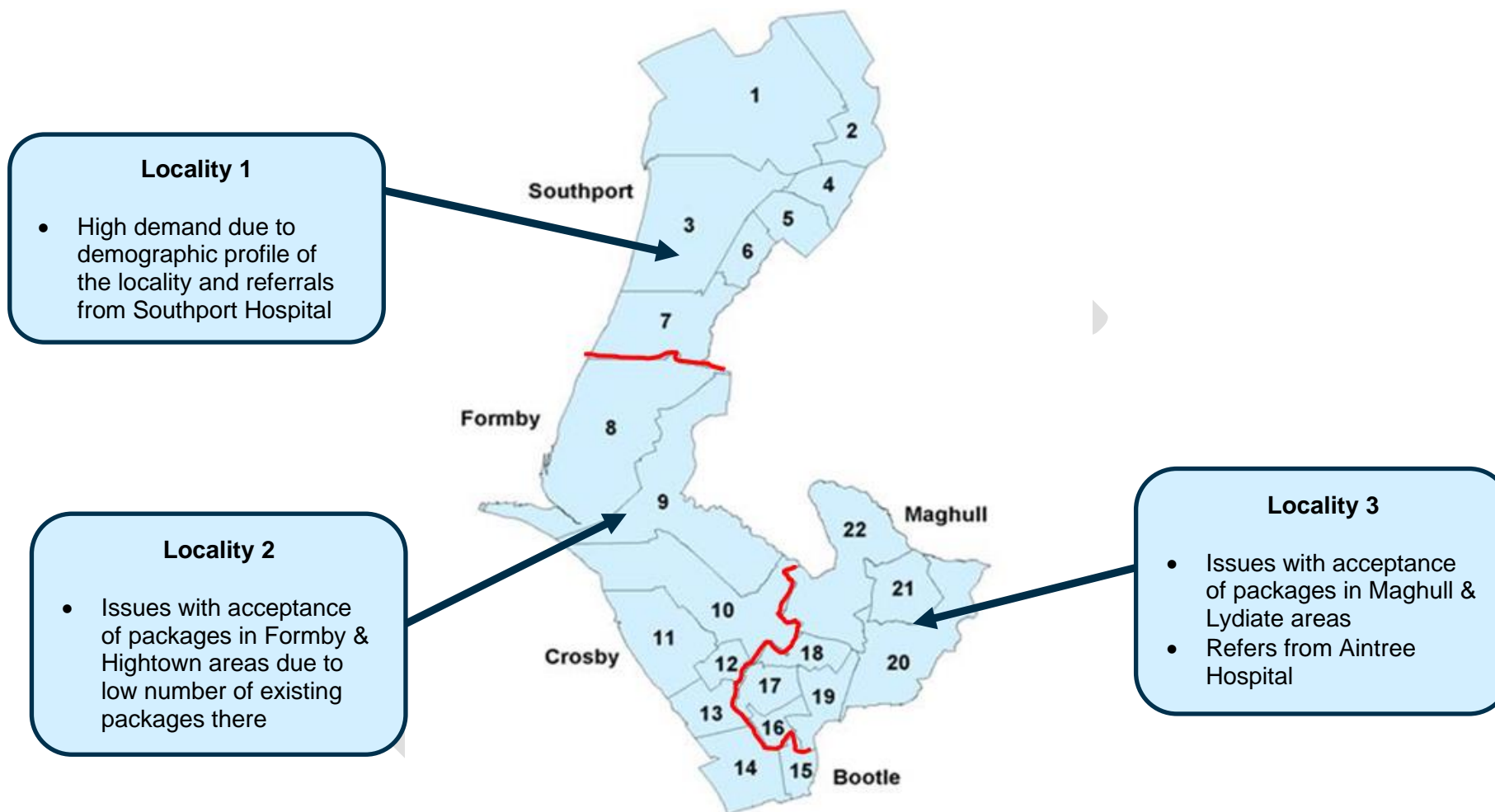
- Recruit kind, compassionate, and caring staff with the appropriate training to care for people well, inclusive of those at the end of their life.
- Recognise the value of the Care workforce through continual training opportunities and career progression routes.
- Collaboratively work with all local partners (including Council Commissioners, Health and Social Care System Partners, other Providers and those who are currently, and will, have need to use Adult Social Care services) to develop innovative approaches to meeting peoples care needs, improve communication, and improve customer experience.

To meet these aims and objectives in 2023 the Council established a **Sefton Partnership Framework** to implement new contractual and service delivery arrangements in Sefton and which built on existing commissioning arrangements in place with Providers.

This framework encompassed the borough being 'split' into three localities, outlined in the map below, which also gives a snapshot of the packages awaiting acceptance by Providers, and typical demand / supply issues experienced in each locality.

It is important to highlight that waiting lists are significantly lower than they were during the COVID-19 pandemic where they were as high as 240 people.

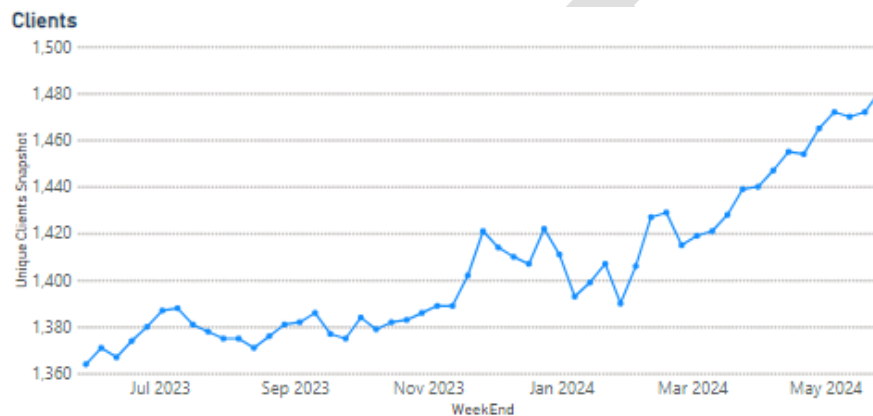




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In line with wider strategic priorities to support more people to remain living independently in their own homes for longer, we expect to see increased demand for Domiciliary (Care at Home) services and a continuation of growth as shown below:



Based on anticipated growth of 6% during 2024/25, this equates to additional weekly hours of 1,040, however this figure would be higher when taking into account that there may also be a growth in the number of people that utilise a Direct Payment to arrange their own Home Care service. We expect such growth to continue year on year.

Recent market analysis showed that there were 2,758 weekly hours available / reported by Providers through the national Capacity Tracker system, however of these, 1,630 were deemed to be hours that had the potential to be commissioned as the remaining hours were deemed unavailable / unaffordable due to factors such as the fee rates levied by the Providers or where they are currently CQC rated Inadequate so they would not be commissioned. We will therefore be reviewing our commissioning arrangements to assess whether there is potential to commission such additional hours, either through expansion of existing Providers (including through additional block-booking arrangements) or through re-opening our Sefton Partnership Framework to new Provider applications.

We also wish to drive increased partnership working with Providers, including them further in implementing their Trusted Assessor role to make recommendations on adjustments to care packages and to work in a more integrated way with Reablement services.



Market Area – Reablement

The provision and delivery of Reablement services holds high strategic importance for health and social care aims and objectives relating to Hospital discharge pathways and supporting people to remain living independently in their own home for longer.

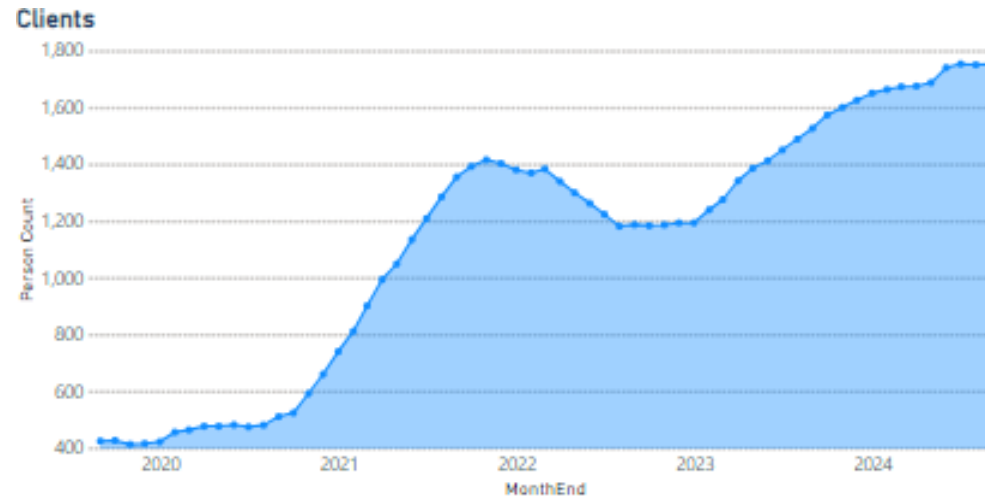
Fundamental to the objective of providing Reablement services is the principle of helping people to support themselves rather than 'doing for them' or 'doing to them' to promote wellbeing, help reduce unnecessary hospital admissions, re-admissions and delayed discharges, including reducing the flow of people into Adult Social Care. Ensuring that as many people as possible receive an initial phase of Reablement before longer-term care and support is commissioned ensures that those people are first supported to regain and maintain their independence, which then can reduce the demand and level of longer-term care and support they require.

Reablement services deliver intensive, time-limited functional Reablement assessment and therapeutic led work over a period of up to six weeks but often for a shorter period, when people's Reablement outcomes are met early, and can deliver the following:

- Faster recovery from illness.
- Better use / information of wider community assets, that supports independence and wellness.
- Reduction of unnecessary acute hospital admissions and premature admissions to adult social care and long-term care.
- Timely discharge from hospital.
- Maximise independent living and reduces or eliminates the need for an ongoing care package, empowering the person to live more independently at home.
- Improved use of limited Council funds, to target prevention and reduce need.

It is our intention to expand the provision of Reablement services and this includes the implementation of a 'full intake' model whereby as many people as possible receive a period of Reablement before decisions are made regarding the need for, and level of, longer-term services. We expect that delivery of dedicated Reablement service provision will increase by up to an additional 1,000 hours per week of direct contact time for people, so that the trend in the following chart continues:





It is our vision to work in partnership with Health to implement a 'Home First' model where we provide short-term care, rehabilitation and / or Reablement in people's homes to bridge the gap between hospital and home and people no longer need to wait unnecessarily for assessments in hospital. In turn this reduces delayed discharges and improves patient flow. This helps people continue to recover in their own homes – regaining their ability to live as independently as possible.

Reablement will be an integral part of the following pathways:

Therapy only

1. Therapy only/no personal care needed.

Therapy + care

2. Home First - 70% people expected to finish Home First independent.
3. Hybrid Home First + Domiciliary Care - 0% people with previous Domiciliary Care and expected temporary increased needs.



4. Domiciliary Care - 20% people with long term domiciliary care expected, low likelihood of reduction.

Market Area – Residential & Nursing Care

Sefton has a high number of CQC registered care homes across the borough – 119 as at December 2024. For these 121 homes:

- 34 of the care homes include nursing provision, and the remaining 85 care homes are without nursing.
- 3,590 bedspaces in total
- 87 of the 119 homes typically support Older People
- 85 of the 119 care homes are located in the North of the Borough
- 27 care homes (23%) are small care homes with less than 10 beds
- 82 care homes (69%) are medium care homes with between 10 and 60 beds.
- 10 care homes (8%) are larger care homes with more than 60 beds.

In recent years, there has been a decrease in the number of care homes in Sefton due to some care homes closing, but there have been new care homes opened and, therefore, there is not a significant decrease in the overall number of care home beds in Sefton. However, Sefton has more registered beds in older adult care homes per head of elderly population than average results for all regions in England and the averages for the three main types of council outside London.

Sefton currently commissions around 1,592 placements. Of these, in the region of 160 are placements in out-of-borough care homes, overall resulting in 1,432 placements being in Sefton care homes.

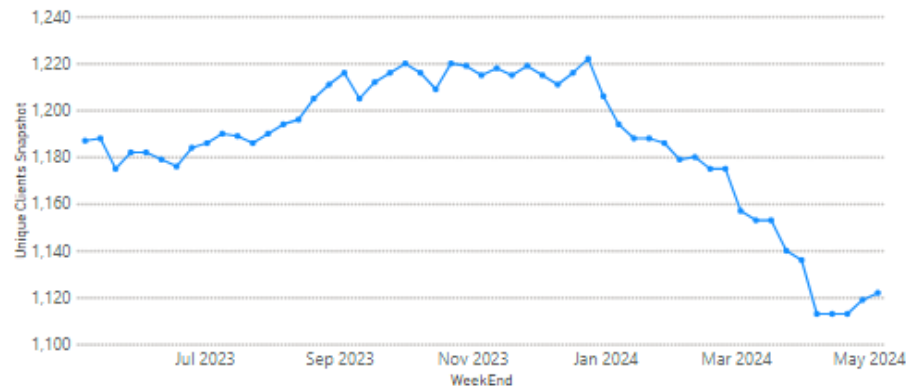
As at 2024, Sefton typically commissions 47% of the rooms in the older adult residential homes and 30% of the beds in older adult nursing homes. The council commissioned between 25% and 75% of rooms in most respective residential homes, and between 10% and 58% of the rooms in nursing homes.

It is our strategic aim to reduce the number of care home placements being made and to this end, the following charts show the

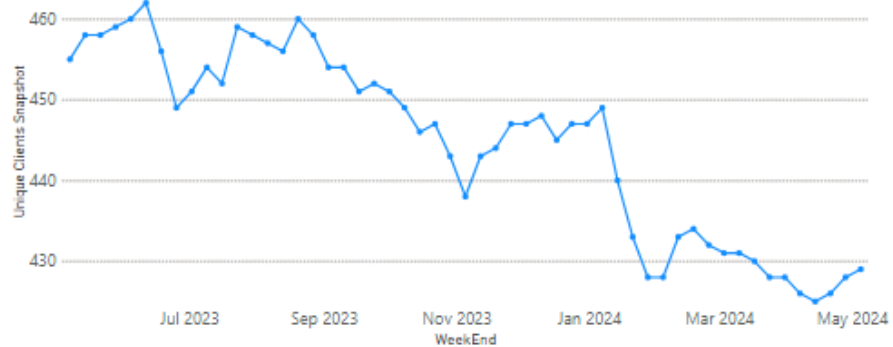


trend in reduced numbers of placements being made that we wish to see continued:

Residential



Nursing



The following table shows our commissioning activity in recent years and we expect to see this trend continue due to the further expansion of Reablement, Care at Home (Domiciliary Care) and Extra Care services. Data suggests we could seek to reduce older adult care home placements by at least 15%-20%, especially general residential placements for people with frailty-related needs, given our proposed new extra care schemes in development.

Snapshot date on the 15th day of the first month each quarter

Category	2018-19				2019-20				2020-21				2021-22				2022-23				2023-24			5.5-year change	
	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Jan	Apr	Jul	Oct	Change	Percent
OA nursing	500	479	477	468	458	470	471	442	430	396	382	368	368	379	373	375	380	379	381	380	390	391	387	-113	-23%
OA residential	880	877	929	909	942	910	903	900	900	886	903	851	828	863	846	876	862	910	923	892	911	913	934	54	6%
Total older adult	1,380	1,356	1,406	1,377	1,400	1,380	1,374	1,342	1,330	1,282	1,285	1,219	1,196	1,242	1,219	1,251	1,242	1,289	1,304	1,272	1,301	1,304	1,321	-59	-4%
Learning disability	145	147	149	149	156	157	157	156	154	147	148	149	148	144	148	147	147	149	146	138	134	131	128	-17	-12%
Mental health	50	52	53	51	54	56	57	55	55	56	55	58	59	57	57	59	57	55	57	56	57	56	55	5	10%
Physical disability	21	20	21	21	21	21	19	18	21	22	21	20	20	20	19	18	20	19	20	23	19	20	19	-2	-10%
Other care homes	10	10	11	12	11	10	10	10	10	10	11	11	10	11	11	11	10	10	10	11	11	11	11	1	10%
Total / all	1,606	1,585	1,640	1,610	1,642	1,624	1,617	1,581	1,570	1,517	1,520	1,457	1,433	1,474	1,454	1,486	1,476	1,522	1,537	1,500	1,522	1,522	1,534	-72	-4%

It is though important to highlight that the Sefton Residential and Nursing sector remains of significant strategic importance.

Care homes continue to support some of the most vulnerable people in Sefton, however we need to work with the market to address changes in demand, and needs including those relating to:

- Increasingly complex needs including supporting those people with challenging behaviours.
- Supporting people to receive more short-term / rehabilitative type support in a care home environment, which then supports them to return to their permanent home.
- More people living with dementia who then require specialist residential and/or nursing care provision.
- Reduce the need for more placements to be made outside the borough due to care provision not be able to meet the needs of our most complex residents.

It is estimated that older age people (65 and over) makes up nearly a quarter (23%) of Sefton’s population and by 2043 this is set to



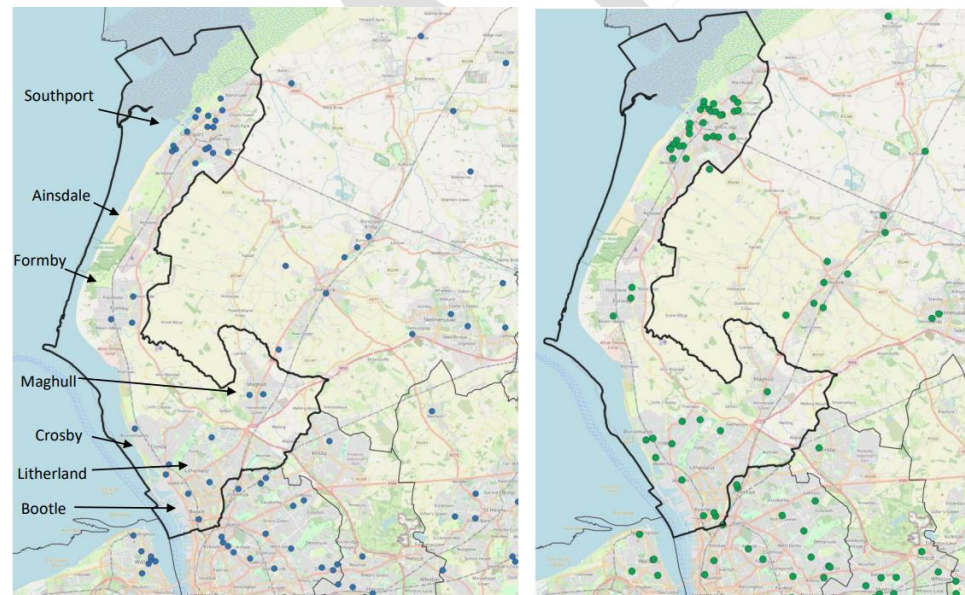
increase to 30% of the Borough’s residents. Overall, the number of older people residing in Sefton is set to increase dramatically, with those aged 65 and over set to increase by a third by 2043, and those aged 85 and over increasing by 73%.

We therefore expect to require and commission increased dementia placements to reflect changes in need. With respect to long-term nursing care, we wish to see more capacity in South Sefton, especially for dementia placements, and for residential placements we have identified gaps for dementia placements and placements that can accept people with mobility needs and who may then require support from two Staff to transfer.

The following maps outline current older people care homes in Sefton, split by primary category:

Nursing

Residential



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Our future commissioning intentions are therefore focused on re-shaping the Sefton market to ensure that it can address the above issues, such as working with existing care homes to jointly remodel and develop existing provision.

We are also seeking to reduce the level of placements being commissioned in out-of-borough care homes. At present there are around 211 such placements and we have identified that aside from the adherence to the Choice Directive for people (for example them wishing to be closer to the family / support networks) we are typically making out-of-borough placements for the following reasons:

- **Lack of available local specialist provision** – typically for people with complex Learning Disability or Mental Health and people with high-functioning autism who require specialist placements. This can include Residential Colleges. Such themes are typically the case where the person is a younger adult and who may also require a placement within a single-sex unit.
- **Placements for people that require rehabilitative services** – such as people with Acquired Brain Injury.
- **Winter / Discharge Pressures / Health Placements** – there may be instances where people have been placed short-term in local out-of-borough care homes, but the placement has then changed to being a long-term placement and the Service User has wished to remain living in the home. There are also other cases where the placement has previously been commissioned directly by Health but has then become Sefton Adult Social Care funded and again it has been decided that it is in the person's best interest to remain in the home.
- **Sefton footprint / locality** – Sefton borders three other Local Authorities and this affords people more choice of care homes, including some care homes located very close to the Sefton border.

This market shaping will also include the implementation of new commissioning and contracting arrangements, underpinned with an updated service specification that has improved focus on desired outcomes for people and the delivery of high-quality services.

These arrangements will be the primary route to market and will also allow us a framework to conduct future specific commissioning exercises. The Framework will give us strong relationships with those Providers that share our vision and ambition and allow us a basis to work principally with them. However, the choice directive for people who require a placement will continue to be of paramount importance. The Framework will also be developed and shaped to support continued integration with partners,



principally Health, and so that it can therefore be used as part of potential new joint commissioning and placement brokerage arrangements.

With respect to care homes for people under 65 our commissioning intentions encompass:

- Developing services which support people to move on from residential care into supported living services where appropriate.
- Working with services, where environmentally appropriate and in people's best interests, to actively consider reregistration into supported living.
- Increased provision of short break/respite services
- Working with care homes to implement an increased approach to promoting independence and reducing the level and frequency of behaviours that may challenge, through delivery of initiatives such as Positive Behavioural Support services.
- Services that can deliver a core model of service thereby reducing reliance on dedicated 1:1 support / restrictive practices.
- Services that can support people transitioning from children to adult services, maximising their opportunity to develop their independent living skills.

In order to deliver on the above, we recognise that significant market engagement is required. We want to work with Providers to explore opportunities to re-model / re-provision their services.

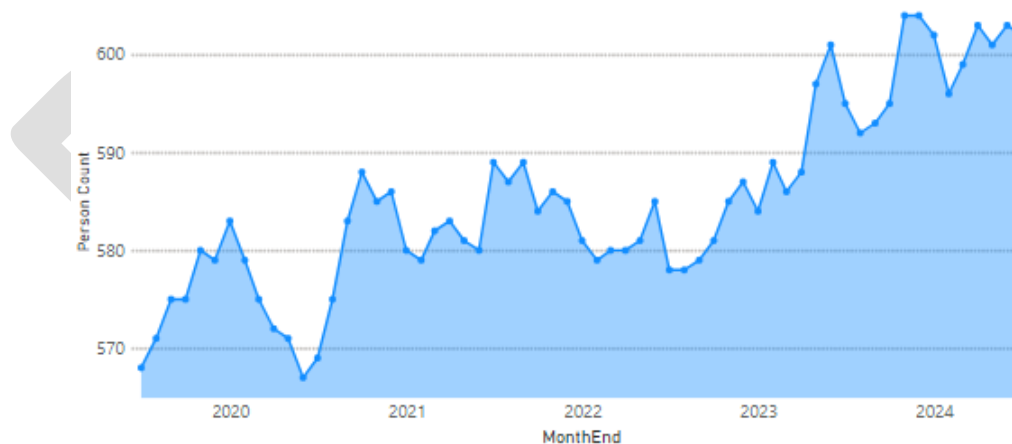


Market Area – Supported Living

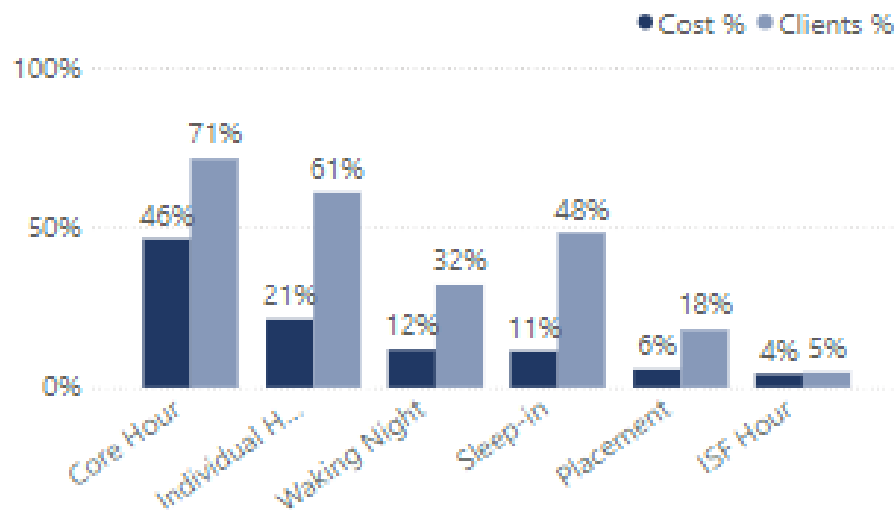
Supported living services provide people with learning disabilities mental ill-health and younger people with a physical disability with a good quality home where they can exercise tenancy rights and responsibilities and deliver person-centred care and support that improves their health and wellbeing and builds their independence. The LGA completed a review of our specialist supported living services involving all our providers and people with lived experience in May 2024 and a new strategy and action plan is being developed. The review said that:

- The Council and NHS in Sefton should review the complete spend in this area and ensure that services are cost effective and outcomes are good for all people requiring this service.
- We are top quartile nationally for people living independently 18-65.
- We need our strategy to ensure that people who need specialist supported living access the full range of service to enable them to exercise choice and control such as at **7 keys to citizenship** model.

As at 2024, we are supporting in the region of 602 people in Supported Living setting, including Shared Lives and Individual Service Fund (ISF) services. 529 of these people are aged 18-64. The number of people supported has increased in recent years:



In terms of how services are delivered to people, this is summarised in the following chart:



Demand profiles show that the Sefton population with a learning disability and autistic people will see a significant increase in the people over the age of 65 and a fairly static number of people aged 16-64 over the next decade. In the region of Cheshire and Merseyside, Sefton has the highest number of people in care home placements across all the 9 Councils. Sefton also has the highest number of people in residential placements outside of the local area. This does not include people in nursing homes. Whilst new admissions to residential care homes have reduced significantly, the supply of residential care and viability of it needs to be considered in developing a plan with the provider market.

We currently have 110 people awaiting a supported housing placement, which includes:

- 39 people who are currently living with their family.



- 21 people currently in Hospital.
- 21 people currently in supported living that would benefit from a move.
- 14 people in residential care.
- 13 people currently in their own home / temporary accommodation.

In addition to the above we have also projected that by 2032/33 we will require an additional 246 units of supported housing. Demand will further increase given that there is a higher proportion of adults with learning disabilities (aged 18 to 64) who live in their own home or with their family. This is 88.2% for Sefton and 80.5% nationally. Given the numbers of people with older family carers this also needs to be considered and planned for.

As a result, we recognise that there is a need to further develop our strategic plans focused on supported housing for working age adults (supported living) and a reduction of use of care homes. There is an opportunity to move to an all-age delivery of Supported Housing. Our market is currently shaped towards a 24/7 approach with no progression model, resulting in people remaining in long-term care who are receiving 24/7 services where they may not actually require this high level of support.

There is an ambition for people to move on to less intense models of support and we are aiming to see an increase in shared lives, 'keyring' models, shared ownership, individual accommodation, shared housing, open 'extra care' models, landlord accreditation schemes, choice-based lettings for individuals.

In summary our key areas for development are:

- **Commissioning** – improved joint working between Commissioners, Practitioners and Providers to assess future needs, demand for services and how existing services can be remodelled. Further development of existing and new commissioning frameworks, underpinned with updated service specifications that have increased focus on outcomes for people and new contracting arrangements, including those relating to payment arrangements. Develop supported accommodation for individuals with complex mental health (dual diagnosis) linked to an expanded High Intensity User (HIU)



service, which will enable timely discharge from an acute setting, supporting capacity and flow

- **Children's Services / Transitions to Adulthood** - Clear links and collaboration between children's social care and adult social care to gain improved knowledge of local needs and to reduce reliance on long term adult social care, looking at the full range of housing and support options alongside the skill development support in those formative years. A shared and co-produced whole life course approach across the Council with a shared vision will reduce or delay people accessing long term care in the future.
- **Housing** - Understanding where accessible or sensory considerate property is needed and in what communities, to keep people close to families and in a place that they have grown up in is essential in ensuring mainstream housing is available when they need it.
- **Assistive Technology** – further exploration of the use of assistive technology across all aspects of people's lives to provide support in a person centred, dignified and self-directed way. Enabling people to maintain skills, find coping mechanisms for tasks where they may require prompting or support, improve communication, be independent, reduce the need for paid people to be awake in their home or even offering assurances around health needs reducing the need to have a paid person with them at all times. Working with Providers to look at the innovative technologies that people can embrace to support them to live ordinary lives.
- **Shared Lives** – further expansion of this model to those aged 18-64, to offer a cost effective and nurturing housing and support arrangement for different people at different times of their lives, both longer term and short term as an alternative to more intensive Supported Living provision.
- **Community Support** - in recent years we have seen a growth in commissioning of this type of service however, as we embed our Better at Home model and re-design of our front-door, we anticipate reduced commissioning activity. We will explore the commissioning of dedicated Providers to deliver this service to ensure a focus on supporting the most vulnerable people to have support to access the community in a flexible person-centred way.



Market Area – Day Opportunities

Our future Day Opportunities model is based on assessed eligible needs as defined by the Care Act 2014 and person-centred support. The model and approach are formed by three primary elements:

- Individuals and their carers can independently access a range of support to maximise independence which is founded upon a socially inclusive model within the community, for example supporting people into employment, education and leisure opportunities. It would not be anticipated that people within this model would require attendance at a day centre activity.
- Individuals and carers are provided with a combination of the above with some community provision within a physical setting. People assessed would also be accessing support within a day centre setting at some point. However, there would be an ambition for people to move towards independent access of a wider range of opportunities, building on appropriate support to achieve this.
- People with profound disabilities and complex needs are provided with a range of opportunities to maximise potential within a range of physical settings, whilst at the same time provided with person-centred support within the community where appropriate.

Our desired model seeks to provide a building-based option for those people with the most complex needs, whilst enabling all eligible service users to access a range of opportunities within the community where enhanced opportunities for employment could be developed.

In the future, Day Opportunities in Sefton will offer safe, purposeful and constructive activities that enables citizens to play a valued role in their community and to live as independently as they choose, ensuring that vulnerable adults are able to access activities appropriate to their needs.

The key aspirations of the model are:

- Focus on the individual, their strengths, choices, assets and goals through person centred planning.
- Focus on the outcomes that service users and carers wish to achieve.
- Provide support that enables the person to access a range of opportunities in the wider community as an active and equal



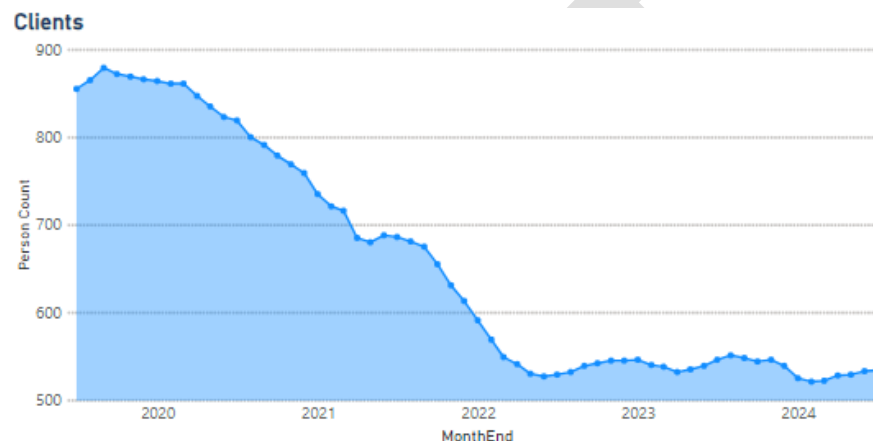
citizen.

- Maximise the a vibrant borough, ensuring access to the wide range of opportunities Sefton has to offer.
- Encourage community activism that means people can access universal services and activities that are run without input or funding from statutory agencies.
- Develop networks of diverse activities that mirror the communities of Sefton so that people can have choice and control about how and where they spend their day.
- Take an enabling approach that supports and celebrates independence. For people of working age, employment, including self-employment with social and micro enterprises, will be our first consideration. For older people we will expect people's contributions to be encouraged and valued.
- An approach that looks at the whole system together at all levels of need and ensures everyone works collaboratively to deliver it, incorporating issues such as transport, leisure, employment opportunities, access to public spaces for these to be used to prevent, delay or reduce people's requirements for health and social care services.

Our model will co-design the consultation and engagement approach with people who use day services, parents, carers and local advocacy organisations and the voluntary and community faith sector to ensure the consultation remained as independent as possible.



It is important to highlight that over recent years we have, and continue, to experience reduced demand for Day Opportunities services, as outlined in the following chart:



However, Day Opportunities provision remains one of importance to Sefton and, as result, we intend to implement new commissioning arrangements to ensure our new model can be delivered, whilst at the same time ensuring that existing services are fully utilised. These arrangements will have the following focus:

- **Market Development** - we will ensure that investment patterns over time will reflect the increase in personalisation for individuals and the adaptation of services for the life course. We will drive market shaping across the borough to reflect the needs of the population at place and community level.
- **Cultural Change** - we will work closely with existing services to co-produce new offers of support. We will move away from fitting people to services and ensure that a strength- based approach to assessments, which are focused on outcomes, are utilised across all staff teams. We will work with staff to ensure that the full range of day opportunities have been considered before the most appropriate service is commissioned.
- **Personalised Planning** - we will ensure that services have a robust enablement focus.



- **Market Management** - To manage the market more effectively, improving the relationship with providers to build a collaborative approach and subsequent shaping of new and alternative models of support.
- **Social Value** - committed to promoting local skills and employment, sustainable and local business growth, building healthier, safer and resilient communities, promoting and enabling innovation, fair and ethical employment practice.

Market Area – Extra Care Housing

Extra care housing is specialist housing provision that combines accommodation with care and support services designed to offer safe, private, and secure accommodation whilst allowing people to retain the independence of having their own home.

Extra care housing combines accommodation with care and support services. There are many different types and sizes of extra care housing.

Sefton has a population that is living longer, and people tell us that their preference is to be able to remain in their own home, with the ability to access care and support if needed at some stage. For those who already have support needs, or whose health is declining and indicates that they may need more help in the coming years, extra care housing offers the option to meet these needs. Sefton wants to develop extra care accommodation that is innovative and can be utilised further as hubs of the local community, for residents and non-residents alike, and to be focal points for inter-generational community activity.

The need to provide Extra Care across the borough of Sefton is highlighted by the need to support people to remain in their own home but we also want to reduce our reliance on residential care and some supported living models, by providing alternative housing options.

We have an [Extra Care Housing prospectus](#) which outlines our ambition to deliver an extra 1,306 units of Extra Care in order to meet our requirements and aims.

To this end, over the next three years we anticipate a minimum of six new extra care schemes will open, delivering up to 600 extra units. We will design schemes so that they create a stimulating environment that maximises dignity and incorporates independence



throughout to address the growing number of residents who will have dementia, and with design standards including generous internal space, patios/balconies and outdoor space, shared facilities, outdoor environment, sustainable design and community inclusion and use of Technology Enabled Care Solutions (TECS).

As a result of these new developments being in place by 2027, we expect a significant reduction in demand for residential care home placements, especially relating for people with frailty-related needs. As outlined in the Residential & Nursing care market area section of this MPS, such a change will result in the Council seeking to identify care homes that can switch from residential standard to residential dementia in a cost-effective fashion – as this will be a growing area of need.

When developing services, we will consider our residents with physical disabilities, learning disabilities and / or mental health issues to ensure appropriate housing provision is delivered. By ensuring we look at all options for developments from the outset we can ensure local need is addressed by not only intergenerational models of extra care but in the wider developments which include houses, apartments, and bungalows.

Market Area – Shared Lives

Shared Lives offers an alternative and flexible type of accommodation, care, and support for adults. Carers are individuals or couples living in the local community and are fully trained to be shared lives carers. People who live in a Shared Lives setting actively share in the lives and activities of host families.

Shared lives offers day support, short breaks, or longer-term care arrangements in the homes of approved shared lives carers in the community. Shared Lives care is all about relationships, helping someone grow or maintain their confidence, make new friends, and learn new skills.

Shared lives services can offer good value for money and supports great living and ageing well outcomes, resulting directly in less people entering longer term social care and acute settings.

We currently have around 78 placements and we recognise that there is an opportunity to develop the model through its expansion - so that it better supports children's transition to adult social care, younger adults with mental health and support people with more

complex care needs - in the following ways:

- Younger people – including those leaving care.
- Hospital to shared lives programme – people who are medically fit but need work on their home end up bed blocking; instead, this will go through Reablement but be supported through shared lives carer.
- Mental Health Hospital to home, intermediate care step down, and intermediate care into a home share model.

We have also projected that by 2032/33 we will require a minimum of an additional 16 shared lives placements but expect this to increase given the above aims.

Personal Budgets and Direct Payments

Most individuals assessed as being eligible for care and support services can ask for a direct payment. These include:

- Children.
- Young people.
- Adults.
- Adult carers.

There are currently over 600 people in receipt of a Direct Payment.

A range of factors will be considered when deciding if a direct payment is an appropriate option, including the needs of the individual.

We are committed to supporting people to have a Direct Payment which can be used to meet their eligible needs outlined in an individual's support plan. Some examples of what a direct payment can be used for include, but are not limited to, the following:

- Paying for a Personal Assistant to help with personal care such as bathing, dressing, eating.



- Providing support to the carer when they are out or at work.
- Helping to access leisure facilities, for instance a direct payment could pay for a personal assistant to accompany the individual to the gym.
- Accessing day opportunities including place-based day care where appropriate.
- Accessing the community, such as going shopping.
- Using a care agency that is registered with the Care Quality Commission and not directly paid for by the council.
- Engaging in work, training, volunteering activities.
- Making use of facilities or services in the local community

We are committed to increasing the use of Direct Payments through our wider market shaping work in order to give people more choice and control.

This includes supporting those people that may wish to have a Personal Assistant, which is a method that people can use to employ someone to maximise their outcomes and have their support delivered to them and who, in most instances, are directly employed by them.

Carers Services

The Care Act 2014 says that an Unpaid Carer is 'Someone who helps another person, usually a relative or friend, in their day-to-day life'. This is not the same as someone who provides care professionally or through a voluntary organisation.

An unpaid carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction. This could be caring for a relative, partner or friend who is ill, frail, disabled or experiencing mental health or substance misuse problems. (Carers UK)

Anyone can be an unpaid carer and Carers UK predict that 3 in 5 people will be unpaid carers at some point in their lives. Unpaid carers differ in age, the number of hours that they spend caring and the number of people that they care for.



There are six types of unpaid carers based on their age and individual circumstances although it should be noted that at any one time a carer can be in a caring role that covers more than one of these types. For example, a person could be a Young Adult Carer, as well as a Parent Carer and a Working Carer. This is in addition to carers moving from one group to another at various times of their lives.

1. Young Carers 5 – 17 years old.
2. Young Adult Carers 18 – 25 years old.
3. Parent Carers.
4. Working Carers.
5. Adult Carers.
6. Older Carers – 65 years plus.

In Sefton about 13% of our residents are thought to be in an unpaid caring role, which is just under 35,000 people. Over the past 12 months, we have seen a growing number of open carers services. The 200 carer services open at the end of June was twice as high compared to November 2023. The proportion of carers using social care who receive self-directed support remains at around 98%.

At the time of formulating this Market Position Statement, our new Carers Strategy is in the process of being ratified, however following engagement with people on its development, key priorities identified are:

1. **Unpaid Carers** - continue to strengthen emergency planning and crisis support for unpaid carers in emergencies, such as short-breaks services and support them to plan and prepare for the future.
2. **Joined Up and In Partnership** - continue to raise awareness and promote best practice amongst health and social care professionals to identify, value and support unpaid carers effectively. Work with all partners delivering services in Health, Education and Social Care, to help them work with unpaid carers to plan support needs. Influence initiatives and partnerships in Sefton so that they include the needs of unpaid carers and the person they care for.
3. **Information** - ensure unpaid carers of all ages can find the information and advice they need easily. Work with unpaid carers to ensure the right information and advice is available in formats that meet their needs. Work towards providing new



and accessible formats including digital information platforms and encourage take-up of this on a wider scale. Help partners to develop the skills and knowledge to provide accurate information that supports unpaid carers.

4. **Support unpaid carers at all the different stages of a carer's life** - ensure services and systems work for unpaid carers of all ages. Support unpaid carers and those they care for are supported during changes or life events such as changes from being young people into adult (transitions), changes in educational setting, women who have a caring role and become pregnant, family changes, retirement, and bereavement.
5. **Recognising and Supporting Unpaid Carers in the Wider Community** - increase awareness and identification of unpaid carers of all ages. Work with partners across the local system to ensure unpaid carers are identified in the early stages of caring. Promote that local services work together to support unpaid carers and their families and reach out to unpaid carers from under-represented and vulnerable groups to ensure they are identified and supported in a personalised way.
6. **Services and Systems that work for Unpaid Carers** - Explore new ways to connect unpaid carers with other unpaid carers to support each other. Raise awareness of the impact of caring on unpaid carer's mental health and the importance of emotional support and evaluate the ways we support unpaid carers to develop future services.
7. **Employment and Finance** - empower unpaid carers with information to balance work and care and to return to work alongside or after caring. Support unpaid carers to make sure they are aware of the support available to minimise the financial impact of caring. Work with employers to improve working practices and develop carer friendly employers. Raise awareness about the needs of unpaid carers among employers and support unpaid carers to stay in work or get back into employment and review how we support carers who are eligible for additional financial support which could be by an assessment.
8. **Young Carers** - work with partners to increase awareness and identification of young carers and promote the benefits of supporting the whole family. Provide support that protects young carers and young adult carers from providing inappropriate care and work with partners to improve educational, training and employment opportunities for young carers.

We will therefore shape our Carers 'offer' to support the delivery of the above priorities.



Technology Enabled Care Solutions (TECS)

Technology Enabled Care Solutions (TECS) is fast becoming the accepted description for a range of health and care technologies. TECS range from the simplest information applications to sophisticated monitoring devices. It has the potential to transform how we care, especially making it possible for us, and those we are looking after, to have greater independence and peace of mind. We have a [TECS Strategy 2021-24](#) which outlines our ambition to connect TECS into the heart of our adult social care and support services and our aim to have a role for TECS whenever we design and develop services.

TECS refers to the use of assistive technologies, telehealth, telecare, telemedicine, tele-coaching, and self-care in providing care for people with long term conditions that is convenient, accessible and cost-effective. TECS has the potential to transform the way people engage in and control their own healthcare, empowering them to manage their care in a way that is right for them. It enables timely and efficient remote support and offers choice and personalisation, reducing, delaying and, in some cases, preventing dependence on services and high-cost care packages.

TECS can improve the quality, safety and efficiency of health and care practice and it can help to identify individual and population social and health care needs and expectation to plan and deploy interventions.

Our ongoing ambition is to connect TECS into the heart of our adult social care and support services. We want to see a role for TECS whenever we design and develop services. The intention remains to use the benefits of modern technology to create a service user experience which is flexible, enabling, responsive and re-assuring. We also want to put technology to use to make it possible to deliver our services in the most efficient and effective way.

We see TECS as being able to support the delivery of this Market Position Statement and our vision for future services in various ways, including:

1. **Residential and Nursing Care** – use of TECS to support people at risk of falls, providing solutions to help us deliver our Falls Prevention Strategy and complement or reduce the need for additional 1:1 support.
2. **Supported Living** – to reduce the delivery of high intensity models of service and using TECS to offer solutions for night-time provision.

3. **Care at Home (Domiciliary Care) & Reablement** – utilising activity and Health monitoring systems to assess how well people are managing their independence at home and to reduce the need for direct Care Staff support to manage their conditions.

Voluntary, Community & Faith Sector (VCF) / Community Signposting

Our overall aim is to help to make Sefton a great place to live and improve the health and wellbeing of everyone in our communities. To achieve this, the Council established New Realities – a ‘can-do’ collaborative agreement for the Council and Sefton’s Voluntary, Community and Faith sector.

We will build on this agreement to deliver our Market Position Statement priorities, both in terms of continued work between ourselves, the VCF and Providers to support people to access community sector services throughout our transformation programmes, such as the redesign of our front-door ‘offer’. This will also include working with VCF partners on the delivery of our Carers strategy to improve the lives of unpaid carers. We wish to work closely with partners across all sectors and key organisations who share our principles.

Conclusions / Priorities for the next 12 months / Review of our MPS

This MPS will be reviewed and updated on an annual basis and will be informed by ongoing engagement with the care and support market, Partners such as Health, Social Work Practitioners and the People who use / need services.

During the next twelve months, our immediate priorities are:



1. **Establish new Commissioning arrangements** – for our Residential & Nursing, Day Opportunities and Supported Living sectors. These will be underpinned with updated contracts and service specifications, to provide clearer routes to market and will be formulated to support further integration with Health and Public Health.
2. **Better at Home Transformation Programme** – principally working on the expansion of Reablement provision so that as many people as possible are firstly supported to regain their independence.
3. **Quality / Workforce** – continue to work with the Provider market to improve quality, with this work being informed by improved data intelligence and partnership working with Partners such as Health and Advocacy / VCF groups. We will also further develop our workforce and training strategies to ensure that these support the delivery of high-quality services.
4. **Addressing Needs / Risks** – shaping services to meet local demand, working on plans for Transitions and meeting the needs of the most complex, including those people with wider health issues and other challenges such as language barriers.
5. **Engagement** – ongoing joint working with the care and support market to work together on meeting the priorities outlined in this MPS.

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