



Liverpool  
City Council

Adult Services and Health

# 2015/16 Market Position Statement



## Version Control

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1.1	10/11/15	P. Madden	Amendments to Residential and Nursing section, new corporate cover sheet and splitting individual sections into appendices.
1.2	15/01/16	A.Buck D.Aspinall	Inclusion of financial information Inclusion of commissioning priorities
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*These are added to and published as separate documents to reflect the current commissioning strategies.*

## Glossary

**Core Cities:** a group of the eight largest urban districts in England outside of London. These are Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield. As these eight cities have similar characteristics they provide a good basis for benchmarking against each other

**Liverpool City Region:** Liverpool City Region comprises the six local authority districts of: Halton, Knowsley, Liverpool, Sefton, St Helens and Wirral

**DLA:** Disability Living Allowance – this provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65.

**Indices of Multiple Deprivation:** The Indices of Deprivation measure different aspects of deprivation and are combined to provide the overall Index of Multiple Deprivation (IMD). The IMD provides an overall score of deprivation and ranks every small area in England according to their relative deprivation.

**Incapacity Benefit:** Paid to people who are incapable of work and who meet certain contribution conditions

**Severe Disablement Allowance:** Was paid to those unable to work for 28 weeks in a row or more because of illness or disability

**NASCIS:** National Adult Social Care Intelligence Service (<https://nascis.hscic.gov.uk/>). NASCIS provides an array of analytical and information resources allowing analysis of Social Care data across all Local Authorities

**ASC-CAR:** This was a statutory return that all Councils with Adult Social Care Responsibilities had to provide to the NHS Information Centre each year. It detailed the level of Residential Care provision throughout the year, as well collecting data specifically around Service Users with Learning Disabilities.

**ILF (Independent Living Fund):** (Closed on 30th June 2015). Provides discretionary cash payments directly to disabled people - these payments allow them to purchase care from an agency or pay the wages of a privately employed personal assistant

**ACORN:** Analyses demographic data, social factors, population and consumer behaviour, to provide information and an understanding of different types of people living within our city. <http://acorn.caci.co.uk/>

## The Purpose of this Document

The purpose of this Market Position Statement is to provide our current and potential future providers of adult social care, an up to date analysis of the current demand for social care services in the city, what challenges lie ahead and how we intend to move forward.

By the end of this document we hope that you have a better understanding of adult social care in the city, and some of the challenges that we face, particularly as we are one of the most deprived Local Authorities in England.

As Liverpool's population is diverse, the aim of this document is to break down care and need at local levels within the city. For example, some areas are a lot more deprived than others, and the average age varies from area to area, so rather than focusing city wide, where possible, maps have been included to show where the specific current demand is for particular services.

## Our Commissioning Priorities (2015 – 2017)

### The Context

It is important given the ever increasing need for quality safe health and social care services as well as value for money and financial prudence that we prioritise our commissioning intentions into those that best meet the needs outlined in the annual Joint Strategic Needs Assessment (JSNA) and Health and Well Being Strategy (HWBS). Both documents underline the need for joint commissioning with relevant partners wherever possible and increasingly pooled funds or aligned/shared funding will become an increasing feature of the commission landscape in Liverpool.

In 2013/14 Adult Social Care and Health commenced an ambitious programme of Service Transformation which involved a radical rethink of current services and service configurations with our partners in health, housing and voluntary sector. Typically in the past, Services were designed to meet specific needs on a particular cohort of service users or cares and delivered by providers who naturally specialised in those fields. However, following much service user, carer and provider engagement as well looking at best practise regionally, nationally and internationally a programme of service redesign was undertaken in partnership with colleagues across many sectors and across the Liverpool City Region (LCR).

### Joint Commissioning

All commissioning and any subsequent procurement activity is overseen by "People Commissioning Board" (PCB) which is made up of Senior Commissioning and Procurement officers from across Adults, Public Health, Children's and Community services of City Council with other key partners such as health, legal and finance colleagues in an effort to better join up services and ensure that any duplication and overlapping of services is minimised. [View the Terms of Reference for this Board.](#)

Similarly, much discussion has taken place with senior colleagues across the aforementioned Departments in an attempt to identify potential synergies within and across the

Departments that would result in improved services, particularly for young people experiencing transition from Children's to Adults services.

In addition, a Joint Commissioning Group (JCG) was established under the direction and leadership of the Health and Wellbeing Board (HWBB) made up of commissioning officers from within Liverpool Clinical Commissioning Group (LCCG) and City Council. These officers have worked closely together and have established a £65m joint "Better Care Fund" (BCF) for 2015/16 which will be utilised to jointly transform services commissioned by City Council and CCG to in part develop improved community services and that will help people stay safe and well at home for as long as possible. The joint work will focus largely to maintain people's independence and reablement potential, reduce unnecessary admissions to hospital, minimise length of stay in hospitals and be used to work more collaboratively and integrated with colleagues from health, private and the voluntary sector in the future.

The emphasis on partnership working will ensure that we work more collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities. In our joint efforts we will endeavour to:

- Proactively seek and build continuous and meaningful engagement with the public and patients, to co design and co-produce services that improve health and wellbeing.
- Led continuous and meaningful engagement with practitioners and clinicians to inform strategy, drive quality, and service design, resource utilisation.
- Managed knowledge and intelligence, undertaken robust and regular needs assessments to establish a fuller understanding of current and future local health and wellbeing needs and requirements.
- Prioritised investment according to local needs, service requirements and the values of the LCCG/LCC.
- Influence and stimulate the market to meet demand and secure required clinical, and health and wellbeing outcomes, and sustainable provision, avoiding market failure.
- Promote and specify continuous improvements in quality and outcomes through clinical, practitioner and provider innovation and configuration.
- Securing procurement and commission skills that will ensure innovative, flexible, robust and viable contracts.
- Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes.

This collaborative work will help to both sustain health and social care market development as well as facilitating better value for money in the sector.

The Community Care Model (CCM) produced in December 2015, is an essential strand of LCCG's Healthy Liverpool Programme (HLP) and contains an overview of the specific areas which need to be targeted and developed at pace, in order to reduce health inequalities and improve health and social care outcomes in Liverpool. This report fully supports the ambition detailed in the CCM.

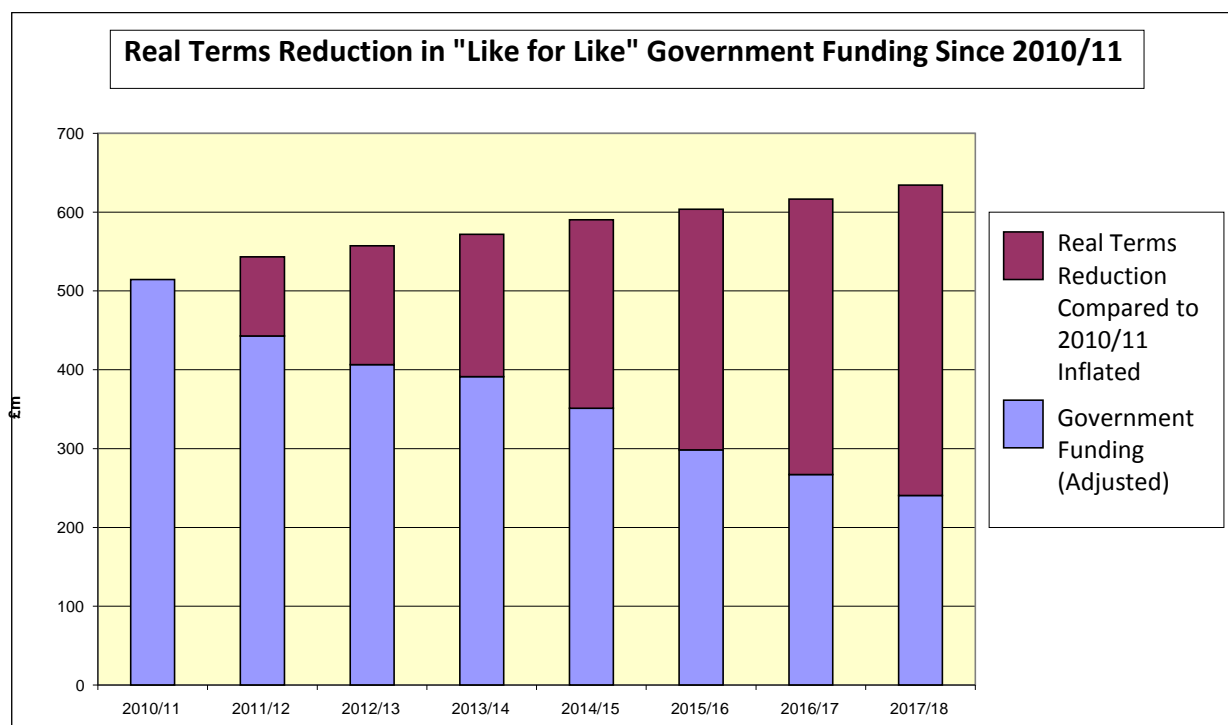
The following list identifies areas which could be developed for joint commissioning activity within the next 12-18 months. These services cover all client groups and include those that would not be eligible for traditional Social Care Services but are a significant user of unplanned health care services;

- Specialist Nursing & Residential care including packages funded via Continuing Health Care (MH/LD/ABI/PDSI).
- Nursing and Residential Care (EMI/OP).
- Dementia Services.
- Domiciliary Care including packages funded via Continuing Health Care.
- Carers' services.
- Substance Misuse/Alcohol Recovery & Inclusion (MH).
- Preventing social isolation (OP).
- Shared Lives and Transition (YP/Adults).
- Reablement/Hub services/transition beds – transfer of care pathway.
- Digital Care & Innovation/Health e cluster.
  - Tele-health and Tele-care.
  - Care Home Improvements.
  - Smart House community development –Young People -St Vincent's.
  - App development- shopping/dementia.
- Community Support (ABI/PSI/LD/MH).
- Healthy Homes/healthy neighbourhoods – housing, health and care.
- Community Grants/Community Resource unit.
- Community equipment.
- Domestic Violence / Refuge.
- Complex needs (Homelessness).
- Joint approaches to quality, safeguarding and continuous improvement.
- Streamlining and specifying Continuing Health Care /Joint funding pathway.

Wherever possible we will develop new services to meet the needs of the Personalisation agenda which is gaining increasing attention from various health and social care quarters, especially around the needs of those under the age of 65, as well as children and young people. The intention will be to utilise the lessons of the last 10 years journey of Adult Social Care personal budgets to further develop personal health budgets.

## Financial Challenges Facing Adult Social Care in Liverpool

Local Government funding allocations between 2010/11 and 2016/17 will have seen funding for Liverpool City Council reduced by 58%; a reduction in total real terms funding of £368m over the period.



It is expected that these reductions will continue beyond 2016/17 with the Government confirming in the summer budget that public spending will continue to reduce over the next four years until 2019/20. We anticipate over the four year period to March 2020 there will be further reductions in the council's funding settlement; reflecting Government policy to remove altogether Revenue Support Grant (RSG) to local authorities; Liverpool currently receives £109.6m in RSG.

The Local Government Finance Settlement, published in December 2015 included some additional flexibility for local authorities to increase Council Tax by a 2% precept to contribute toward social care pressures and an improved Better Care Fund; both of which will be subject to consultation in early 2016. The Council is currently developing its budget plans for 2016/17 but these cannot be finalised until the full detail of the Spending Review and Local Government Finance Settlement is understood; particularly in relation to the 2% Council Tax precept and improved Better Care Fund. After the plans have been discussed with elected members in early 2016, we will share them with providers through our existing provider forums, as well as individually with providers where any specific service is likely to be affected.



**Table 1: Adult Social Care revenue budget as a proportion of Liverpool City Council's total budget 2010-16**

Financial Year	Council Net Budget	Adult Social Care Net Budget	%
2010-11	£675.2m	£177.4m	26%
2011-12	£640.0m	£167.4m	26%
2012-13	£610.1m	£159.5m	26%
2013-14	£567.1m	£167.2m	29%
2014-15	£545.1m	£160.9m	30%
2015-16	£513.5m	£155.4m	30%
2016-17	£472.8m	£140.5m	30%

Table 1 demonstrates that despite the overall reduction in its net budget the Council has broadly maintained a level of support for Adult Social Care. However Adult Social Care has still had to deliver gross savings of £76m over the last 6 years against a backdrop of significant additional budget pressures due to demographic, demand, and

inflationary increases and with the additional new burdens transferred to Adult Social Care services from central Government over the period. We have also had to make provision to meet some of the additional requirements in the Care Act 2014, for example meeting the new provisions for carers.

In 2015/16 Adult Social Care is estimated to spend 70% of its budget on services commissioned from the independent and third sector. Over the last six years expenditure on commissioned services (both those directly commissioned by Adult Social Care and those commissioned individually by people with a direct payment) as a proportion of total Adult Social Care expenditure has been increasing. This reflects the reduction over the same period in the services directly provided by Adult Social Care.

Table 2 below shows a breakdown of how the 2015/16 Adult Social Care budget for commissioned and in-house services will be spent by primary presenting needs. As this is a new way of reporting we are unable to compare to previous years. Expenditure on older people's residential and nursing care services has seen a steady decline, whilst expenditure on services which support people at home, particularly home care services has increased.

Adult Social Care spend has to be looked at in the context of continuing integration between health and social care. Through the Better Care Fund (BCF) there is an approved pooled budget of £55.7m for 2015/16, which aims to deliver better outcomes and greater efficiencies through a more integrated approach. Our BCF plan sets out the way in which we will utilise our jointly committed resources to improve outcomes that develops and builds a model of integrated delivery in the city. As a part of our Healthy Liverpool Programme our BCF plan makes a contribution to changing the way in which services will be delivered to improve outcomes for residents; working together in the city involving all our stakeholders, service users and the public to support delivery of these objectives.

**Table 2: Forecast Expenditure by Primary Presenting Need 2015/16**

	<b>Forecast Gross Expenditure 2015/16 £000</b>	<b>% of total</b>
Physical support - 18 to 64	14,542	7%
Physical support - 65 and over	57,526	26%
Sensory support - 18 to 64	1,286	1%
Sensory support - 65 and over	938	0%
Support with memory and cognition -18 to 64	373	0%
Support with memory and cognition - 65 and over	5,209	2%
Learning disability support - 18 to 64	55,276	25%
Learning disability support - 65 and over	4,968	2%
Mental health support - 18 to 64	25,667	12%
Mental health support - 65 and over	3,227	1%
Social support - substance misuse	2,186	1%
Social support - asylum seeker support	185	0%
Social support - support to carer	1,725	1%
Social support - social isolation	10,005	5%
Assistive equipment and technology	1,266	1%
Social care activities	17,220	8%
Information and early intervention	8,135	4%
Service delivery	10,209	5%
<b>Total</b>	<b>219,944</b>	<b>100%</b>

Adult Social Care is committed to paying a fair price for care linked to quality and as part of the commissioning of community support, residential and nursing care and home care services, we have worked in partnership with providers to understand what is a fair price for care and develop commissioning models and pricing structures to support this.

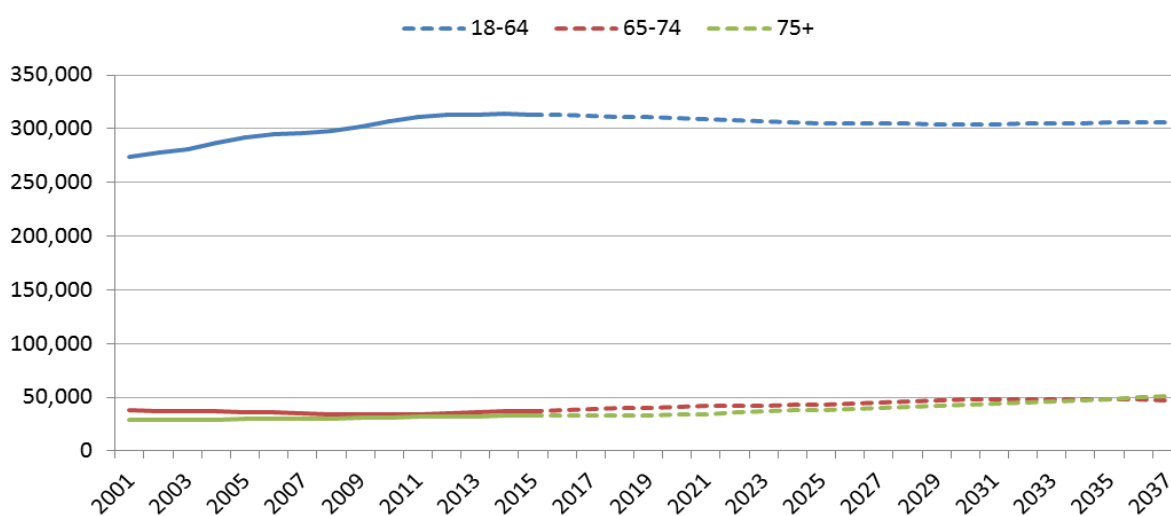
## Population, Demographics and Deprivation in Liverpool

The following section aims to give an overview of what the current “state of play” is in terms of Liverpool’s population and deprivation, as well as providing some long term forecasts in terms of what we expect this to look like in the coming years.

This is because the population of the city and internal migration within the city will have a large impact on commissioning strategies in the future, along with the type, and volume, of services provided.

All of the data in this section is from publically available sources, such as the Office of National Statistics, NOMIS and from Liverpool’s published Joint Strategic Needs Assessment.

**Liverpool's Adult Population Change from 2001 to 2014 and Projected Population from 2015 to 2037 (Source: ONS)**

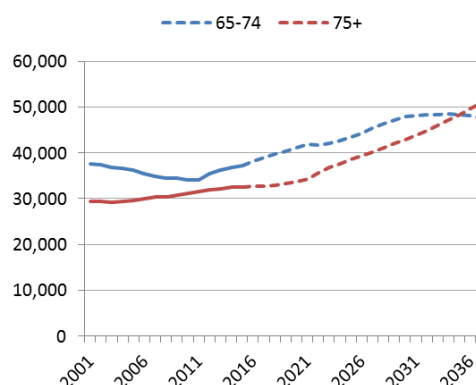


Since 2001, Liverpool’s adult population has been steadily increasing, and this has largely been due to the 18-64 age groups.

However, the chart above indicates that this age group is going to slowly reduce over the coming years, and the volume of those aged 65 and over is due to increase.

Although the population is expected to become older, with more and more elderly residents, the number of those aged 65 and over is still relatively small however, in the context of the overall population.

**Liverpool's 65+ Adult Population Change from 2001 to 2014 and Projected Population from 2015 to 2037 (Source: ONS)**



It must also be noted that Liverpool has a younger than average population when compared to the rest of the country.

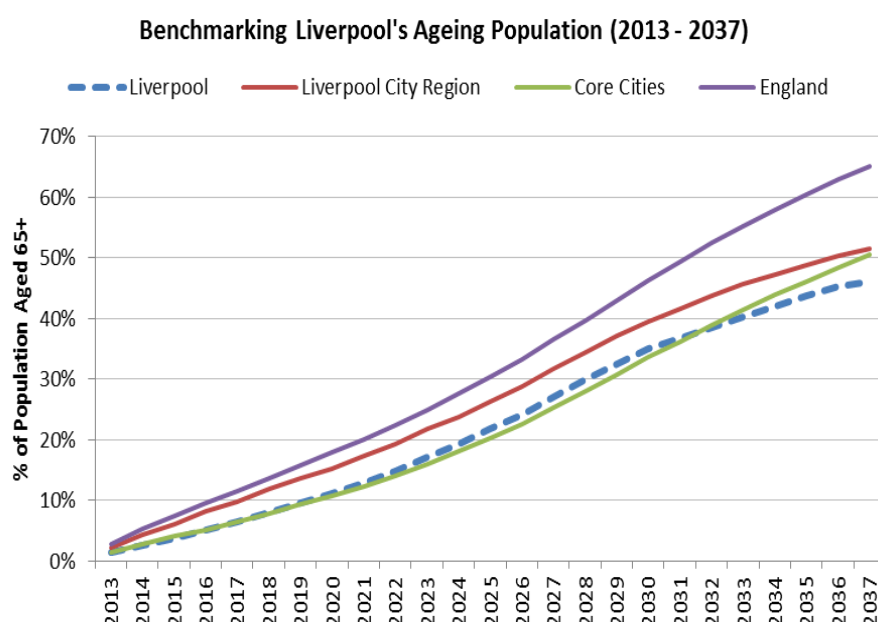
In terms of the volume of 65+ residents, the chart on the right indicates that historically, there have always been more 75+ year olds than 65-74 year olds.

However, from 2030 onwards the number of residents aged 75 and over is expected to be greater than those aged 65-74, highlighting the increasing elderly population.

Based on current data and life expectancy data, the increase in the elderly population is expected to be seen more in South Liverpool, as opposed to North Liverpool.

## The Ageing Population and Liverpool

It is well known that the UK is expected to see an increase in more elderly residents, and the average age of the UK population is increasing over time. However, at a local level, it is important to understand how this affects Liverpool, as many trends that occur nationwide, do not always translate themselves in Liverpool.



The chart above indicates that over the coming 20 years there is expected to be year on year growth of the 65+ age group, and in 2037 this is expected to be almost 50% more than we currently have. However, based on the ONS projections, the ageing population may not have as bigger impact on Liverpool as other areas, as our rate of growth is less than the Liverpool City Region average, the Core City average, and the National average.

The purpose of the chart below is to show how Liverpool's population has changed in the decade between 2004 and 2014.

The area shaded in light pink was the population 10 years ago, and the dark blue outline is the population as it is now.

Please note that the 90+ category is not included as ONS does not break these down into individual ages. The figure for 2004 was 2,291 in 2004 and this was 2,753 in 2014 (an increase of 20%).

Breakdown of Liverpool's Population from 2004 to 2014



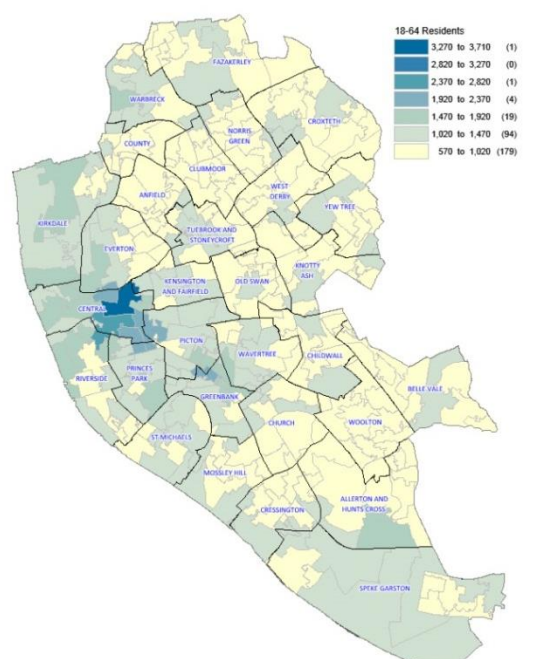
The chart indicates that there is almost no difference in females aged 70+, but a small increase in males aged 70+ of c2,000.

Those who are aged 50-65 have seen an increase of over 12,500 and the largest gains have been younger adults in their mid-20's and 30's.

## Mapping of Current Liverpool Population by Age Group

The following three maps split the population of current (this is mid 2013 – the most recent data published to this low level) residents by the age groups: 18-64, 65-74 and 75+.

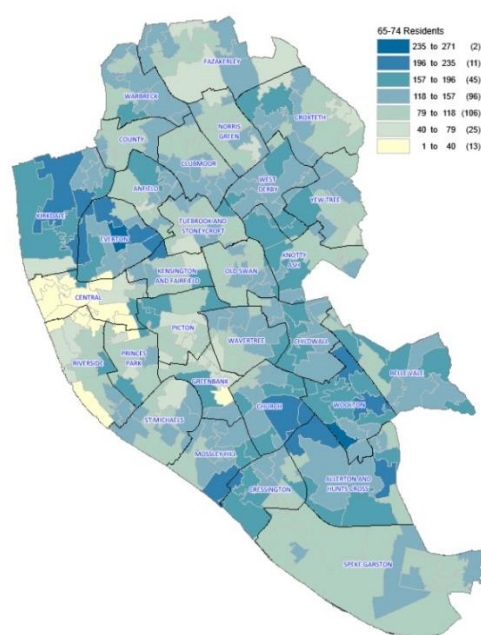
The purpose of this is to show that the population breakdown on the city can vary a lot by the age of the residents. This can have an impact on the need for services, for example, if some areas have a particularly high elderly population compared to others.



Mid 2013 18-64 Population in Liverpool

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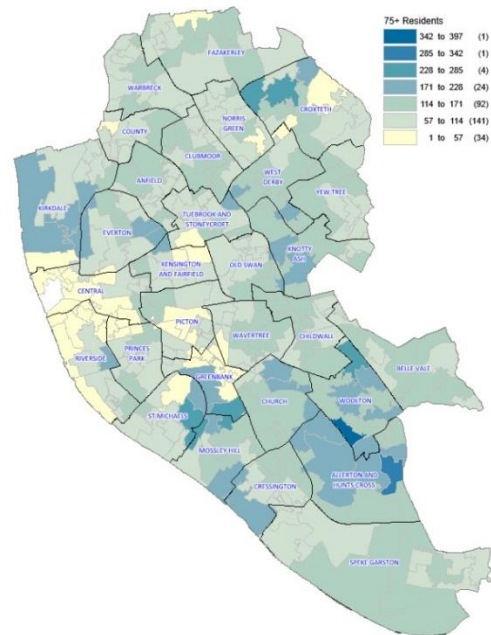




Mid 2013 65-74 Population in Liverpool

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Mid 2013 75+ Population in Liverpool

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Some of the key points include:

- The area around Liverpool City Centre has a noticeably young population. It has a high proportion of individuals aged below 65, and very few elderly residents;
- The 65-74 age group is fairly evenly distributed throughout the city, and there appears to be little link between deprivation and age group. For example, some of the most affluent areas have a high number of 65-74 year olds, but at the same time, so do some of the most deprived;
- South Liverpool, including less deprived areas such as Woolton, Allerton & Hunts Cross and Mossley Hill have a high number of 75+ year olds;

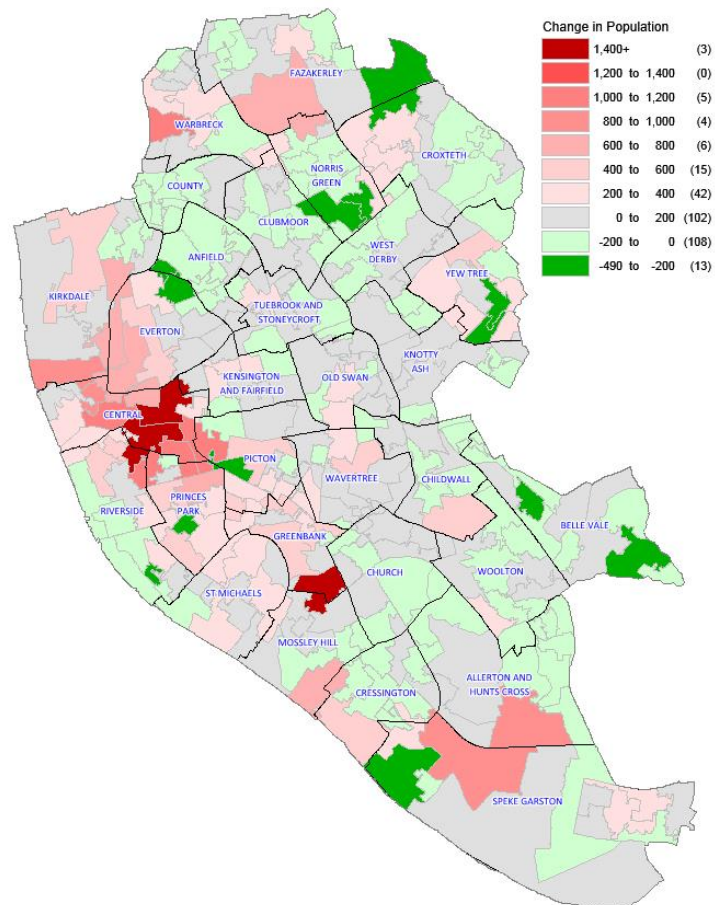
As some of the more affluent areas have a high number of elderly residents, it is more than likely that a lot of residents here will self-fund their care, such as Home Care. Local Authority funded packages tend to be in the more deprived areas, where the resident needs some form of Local Authority financial assistance in funding their care.



## Internal Population Changes

It has been highlighted previously that the population of Liverpool has been growing, and is expected to keep growing into the next decade. However, it is important to understand that not all areas of the city will see the same level of growth, so shifting population trends within the city boundaries will impact on the services available in that particular area.

The map indicates that when comparing the 2011 census to the 2001, several areas in the city have seen a reduction in the number of residents, whereas some others have seen noticeable increases of more than 1,400 people, meaning that there could be a potential strain on existing services in those areas.



Liverpool Population Change from 2001 to 2011 (Based on Census Data)

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Areas such as Belle Vale, Norris Green and Anfield have all seen a reduction in the number of residents, whereas areas within the city centre, and immediate surrounding areas, such as Princes Park, Everton and Kirkdale have all seen an increase.

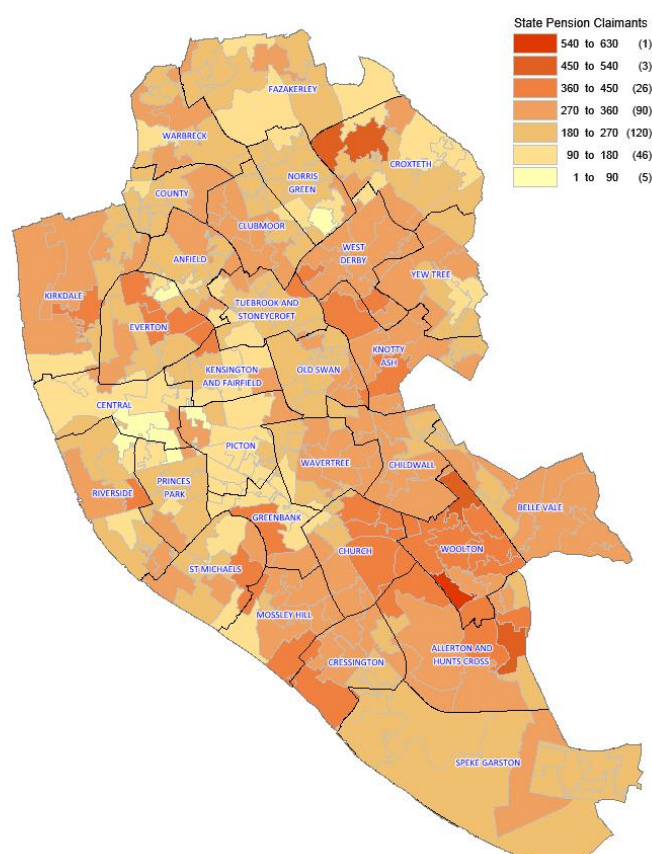
Please note though that this is the population of the city for all ages, and not necessarily vulnerable adults or those that require Social Care. However, although many of them may not be vulnerable now, in the next 20 years they may begin to need some form of Social Care, so this map may be useful in predicting where the increase in future demand may be most noticeable.

## State Pensioners in Liverpool

Mapping the current state pension claimants will give a good indication of where the elderly residents are living in the community. The previous population map was based on ONS estimates, whereas this is based on actual claimants.

The chart indicates that the more affluent areas have a higher claimant rate, as these areas tend to have a more elderly population. These are areas where it is more likely that Service Users will fund their own care, rather than rely on Local Authority funding.

In terms of the numbers of people claiming the state pension, there are almost 74,000 in Liverpool, which is only 15.6% of its population.



Residents in Liverpool Claiming their State Pension (Feb 15)

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This is much lower than the national average, as well as the Liverpool City Region average.

As Liverpool is one of the most deprived Local Authorities in the country, there is a clear link between increased deprivation and reduced life expectancy<sup>1</sup>, which is one potential reason why Liverpool has such a low rate (Liverpool is in the bottom 15% of all Local Authorities in the country for pension claimants), as the life expectancy in Liverpool is lower than average<sup>2</sup>, meaning potentially fewer residents make it to state pension age.

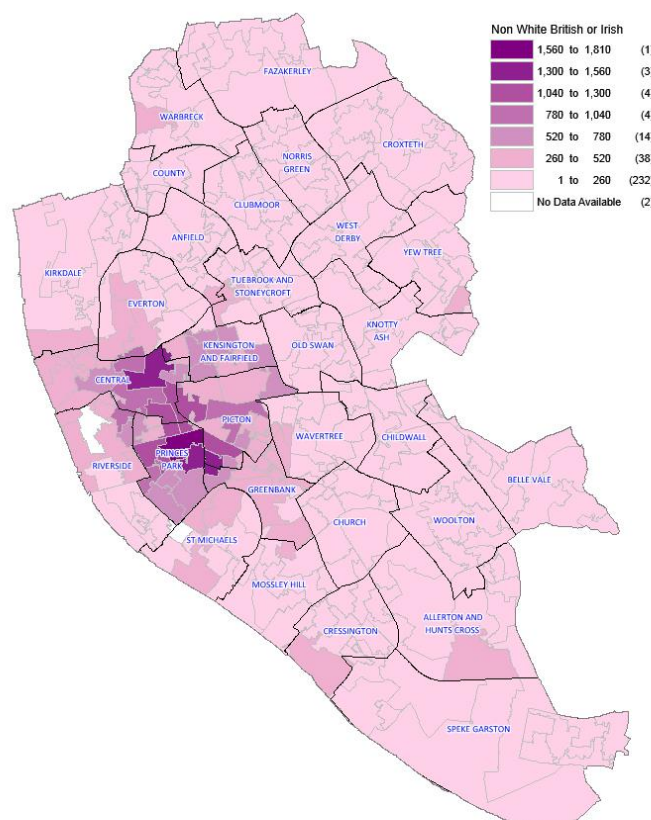
Area	State Pension Claimants	Population	% of Population Claim State Pension
<b>Liverpool</b>	<b>73,930</b>	<b>473,073</b>	<b>15.6%</b>
Liverpool City Region	219,470	1,044,394	21.0%
Core Cities	570,480	3,998,300	14.3%
UK Average	12,938,220	64,596,752	20.0%

<sup>1</sup> <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/inequality-in-healthy-life-expectancy-at-birth-by-national-deciles-of-area-deprivation--england/2011-13/index.html>

<sup>2</sup> <http://liverpool.gov.uk/media/102582/jsna-statement-of-need-update-2014-v2-1.pdf>



## Breakdown of Ethnicity



Area	% Non-White British
Liverpool	15.2%
Liverpool City Region	4.5%
Core Cities	31.0%
England and Wales	19.5%

Ward	% Non-White British
Princes Park	52.8%
Picton	42.8%
Central	40.6%
Kensington and Fairfield	31.9%
Greenbank	24.0%
Riverside	22.6%
St Michael's	18.6%
Wavertree	14.6%
Everton	12.4%
Tuebrook and Stoneycroft	12.3%
Church	12.3%
Kirkdale	11.4%
Mossley Hill	10.6%
Cressington	10.6%
Yew Tree	9.9%
Old Swan	9.9%
Woolton	9.7%
Speke-Garston	9.1%
Allerton and Hunts Cross	8.5%
Croxteth	8.4%
Childwall	7.8%
Anfield	7.6%
Norris Green	7.3%
Warbreck	6.9%
Fazakerley	6.8%
Belle Vale	6.5%
Knotty Ash	6.5%
West Derby	5.4%
County	5.3%
Clubmoor	3.9%

Non White British and White Irish Service Users (2011 Census)

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Understanding the breakdown of our communities is critical in ensuring that the services available can meet the needs of those that live in that community.

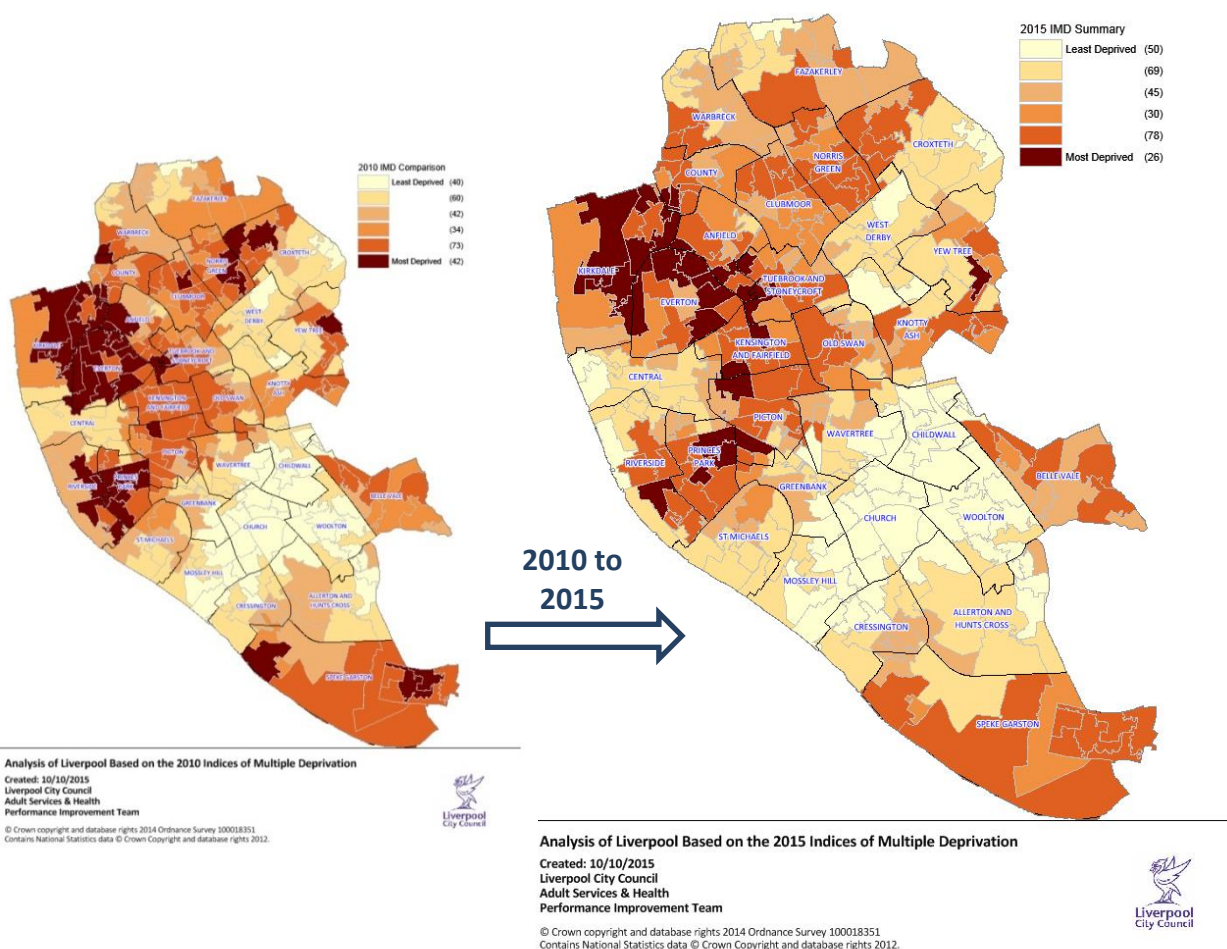
The top table shows that the national average is 19.5% of people living in England and Wales are non-White British, but the overall Liverpool average is lower than this. In fact, the immediate area surrounding Liverpool (the Liverpool City Region) has a much lower than average percentage.

However, although Liverpool has an overall lower percentage, the map shows that certain parts of the city do have a high rate; most noticeably in the Princes Park and Picton areas, as well as the outskirts of the Central ward, which covers Liverpool City Centre.

These are largely the same areas highlighted previously as those that have seen an increase in population.

## Deprivation in Liverpool

Historically, Liverpool has always suffered high levels of deprivation compared to other Local Authorities. Increased deprivation often leads to poorer health, which will place an increased demand on the Social Care system.



Despite the high levels of deprivation in the city, the city has seen improvements when compared to the 2010 Indices of Multiple Deprivation. The city was ranked the most deprived Local Authority in 2010 and is now down to fourth.

Another positive from the new IMD is that in 2010, 50.9% of Liverpool's areas were in the 10% most deprived whereas in 2015 this has reduced to 45%. This places Liverpool as the 10<sup>th</sup> most improved Local Authority in the country.

In terms of deprivation within the city, it can be seen that when compared to the 2010 map, there is much less of the darkest shade of orange, which indicates less deprivation than before.

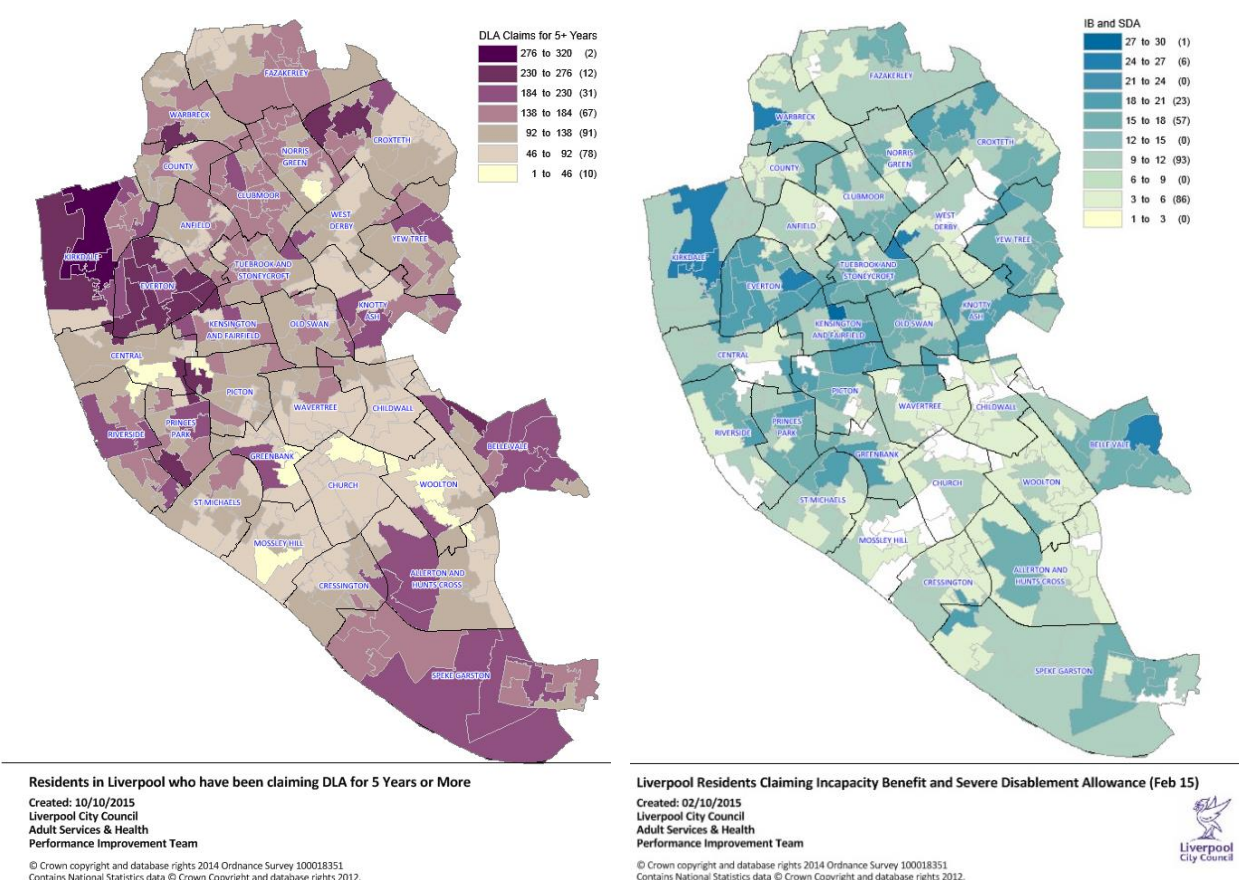
In 2010, large sections of Princes Park and Riverside (Toxteth and Dingle), Kirkdale, Everton and Norris Green were in the most deprived category – these were in the most 1% deprived nationally. However, in 2015, none of Norris Green was in the most deprived category, and the majority of Everton was no longer in it as well. Kirkdale and Toxteth still have high levels of deprivation, but again, not to the same extent as five years ago.

It is anticipated that there will be a demand for Social Care all over the city; however, those in the darkest shade of orange will rely on the Local Authority for help funding their care, where there will be more people in the lightest shade of yellow who are likely to fund their care themselves.

## Benefits Claimed by Residents in Liverpool

The purpose of the maps below is to highlight where in the city residents are claiming benefits with relation to their disability. This can be a good indicator of where some of the most vulnerable in the city live and the areas where future Social Care demand may be the greatest.

By comparing Liverpool's rate of benefit claimants, it also will give a good indication of deprivation in the city, along with the levels of vulnerability.



The map on the left is those who have been claiming Disability Living Allowance long term (5 years+) and the map on the right is those claiming either Income Support or Severe Disablement Allowance (as at February 2015).

In terms of long term DLA, the areas mentioned earlier as being in the most deprived 1% in the country also have a high number of people claiming DLA – this includes significant areas of Kirkdale, Everton and Speke Garston, as well as the majority of the Belle Vale and Netherley areas.

As DLA is a non-means tested benefit, the income/employment status of the individual is not a factor; therefore this map provides an accurate breakdown of people with a severe disability in the city, not just those on low incomes.

In the national context, Liverpool has a very high rate of DLA claimants. UK wide, Liverpool is the 9<sup>th</sup> highest Local Authority, and in England it is the third at 9.5% of its adult population. Neighbouring authority Knowsley has the highest rate in England at 11.6%.

For Incapacity Benefit and Severe Disablement Allowance, the figures are much lower (2,850 as opposed to 36,390 claiming DLA). The map on the right shows that these claimants are spread more evenly throughout the city than the DLA map, but in general, it is North Liverpool that appears to have more claimants.

UK wide, Liverpool is ranked 23<sup>rd</sup> in terms of percentage of adult population claiming, and again, neighbouring Knowsley features very highly, being the second highest rated in England.

### Acorn Lifestyles Summary of the City

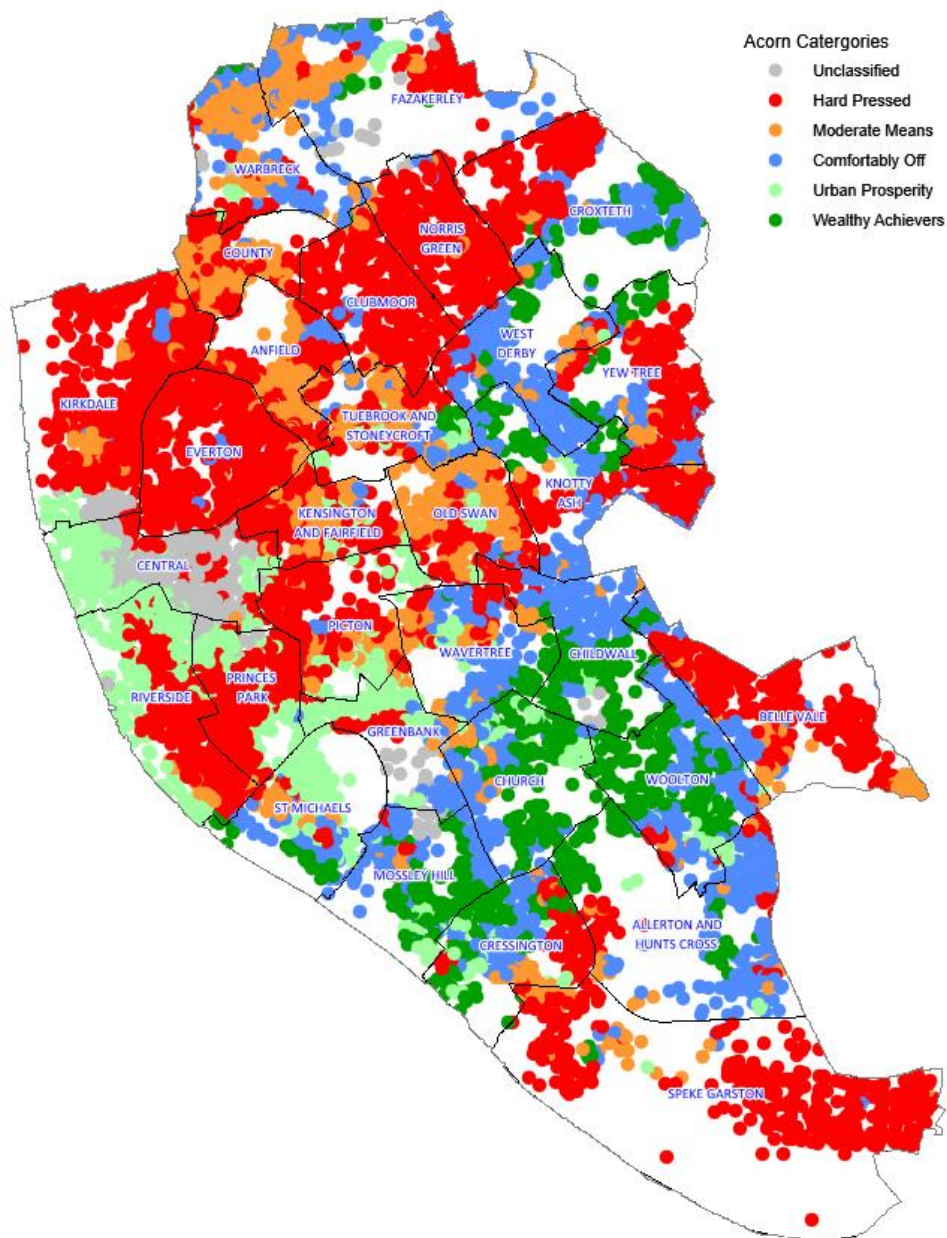
ACORN groups the entire UK population into 5 categories. By analysing significant social factors and consumer behaviour, it provides precise information and an in-depth understanding of the different types of consumers in every part of the country.

By analysing Liverpool's ACORN classifications, a large proportion of the city is deemed as "Hard Pressed". According to ACORN, these areas *"contain the poorest areas of the UK. Unemployment is well above the national average.... Properties tend to be small and there is much overcrowding. Over 50% of the housing is rented from the local council or a housing association..... There are a large number of single adult households, including many single pensioners and lone parents."*

This map has similar characteristics to the Indices of Multiple Deprivation maps, as well as those claiming benefits in the city. Areas such as Kirkdale, Everton, Clubmoor, Norris Green, Belle Vale and Speke Garston are almost entirely made up of this category.

The "Wealthy Achievers" in South Liverpool are more likely to have a lot more self-funders than those in North Liverpool. These areas have a higher average age, and a bigger 65+ population than other areas, yet do not often appear as a Local Authority funded care package hotspot. This therefore could be an indication that people in these areas are above the Council threshold for financial support and source their care packages themselves.





#### Acorn Lifestyles Summary of Liverpool

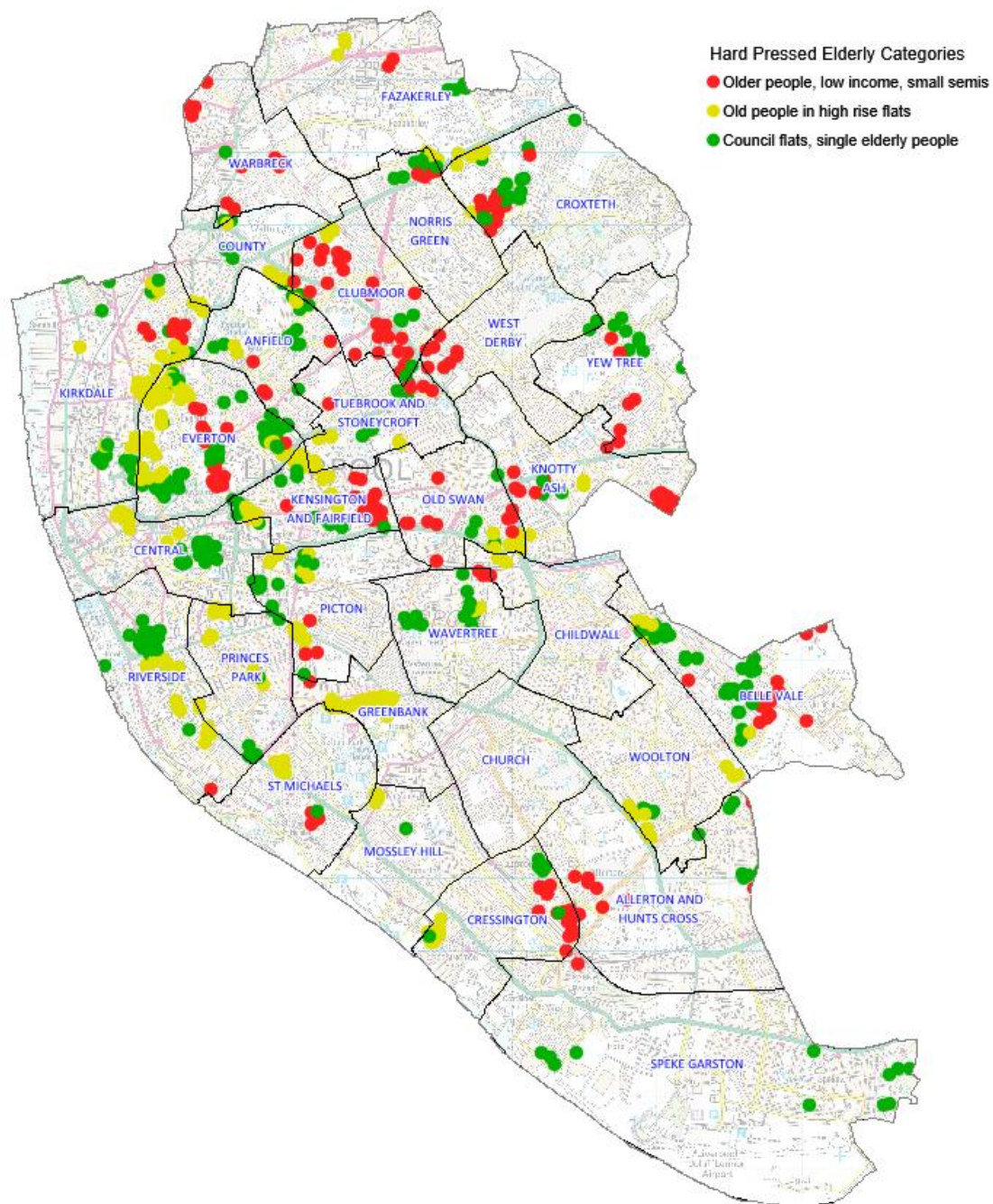
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The map below focuses on the previous “Hard Pressed” category, but focuses on the sub categories relating to Older People. These are:

**Older People, low income, smaller semis:** *These council properties house an older population, many with significant health problems. In these areas the retired are unlikely to have any pension provision beyond that provided by the state. Whether due to their age or previous work, a number of people suffer from long-term illness.*



#### ACORN "Hard Pressed" Areas Relating to Older People

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**Old people in high rise flats:** *This type contains large numbers of elderly people living in blocks of flats. There are few children and young people. Almost 50% of residents are over 60, with very high proportions of the over 75s. Most households are single person, particularly single pensioners.*

**Council flats, single elderly people:** *Almost one in three people in this type is a single pensioner, and, unsurprisingly, levels of long-term illness are double the national average.*

*Housing in these neighbourhoods is typically small, one or two bedroom, and purpose built flats rented from the council or housing association. Very few people have access to a car and they rely on public transport, walking and occasional taxis to get around.*

The categories above will be an indication of social isolation and loneliness within the city, as they focus on areas where elderly residents are living on their own, and having to rely on public transport to get around.

Again, the majority of the areas are located in North Liverpool. The border of Kirkdale and Everton has a high number of old people in high rise flats, whereas large parts of Clubmoor have older people in smaller semis.

## Current Supply and Future Demand of Social Care Services

The second section of the Market Position Statement focuses on Liverpool's Adult Social Care data, and aims to provide an overview of the demand for certain services in the city.

One of the key points to remember when reading this section is that this is all based on Local Authority supported care. Due to the relatively high levels of deprivation in Liverpool, a lot of the people requiring adult social care will require some form of Local Authority assistance, but there will still be a number of self funders.

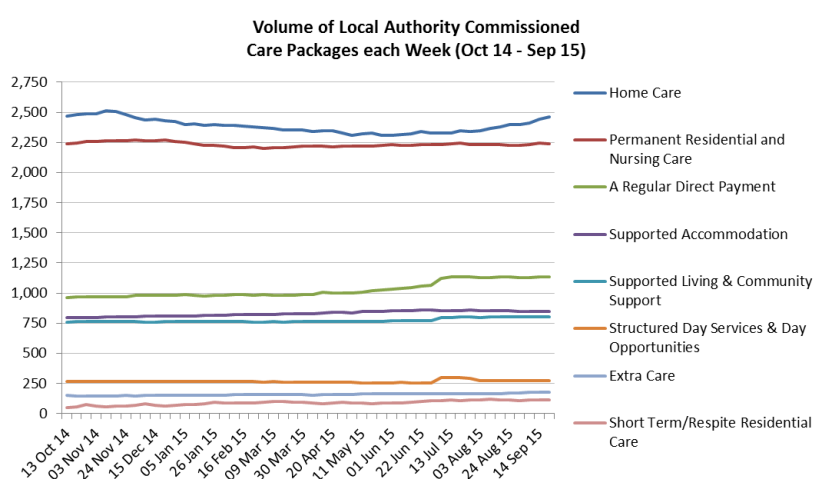
Another caveat is that although we are expected to have an ageing population in the future, the demand for social care is closely linked to the general health of the residents. Liverpool City Council works very closely with Liverpool Clinical Commissioning Group with the aim of continually improving the health of all residents in the city.

Therefore, despite the ageing population, if the health of the residents improves over the coming years as hoped, the ageing population may not have as big an impact as first thought, meaning some of the future projections may over estimate the future demand.

For example, as mentioned already, deprivation in Liverpool is decreasing, and life expectancy is increasing. Generally, this would indicate better health of the residents, and whilst they may still need social care in later life, with preventative measures such as Reablement and Equipment and Adaptations, the aim is that they will not need long term care until a later age than they do now.

## Summary of Care over the Past Year 2015

The purpose of the chart below is to provide a high level overview of the volume of packages commissioned via the City Council, to put the overall figures into context.



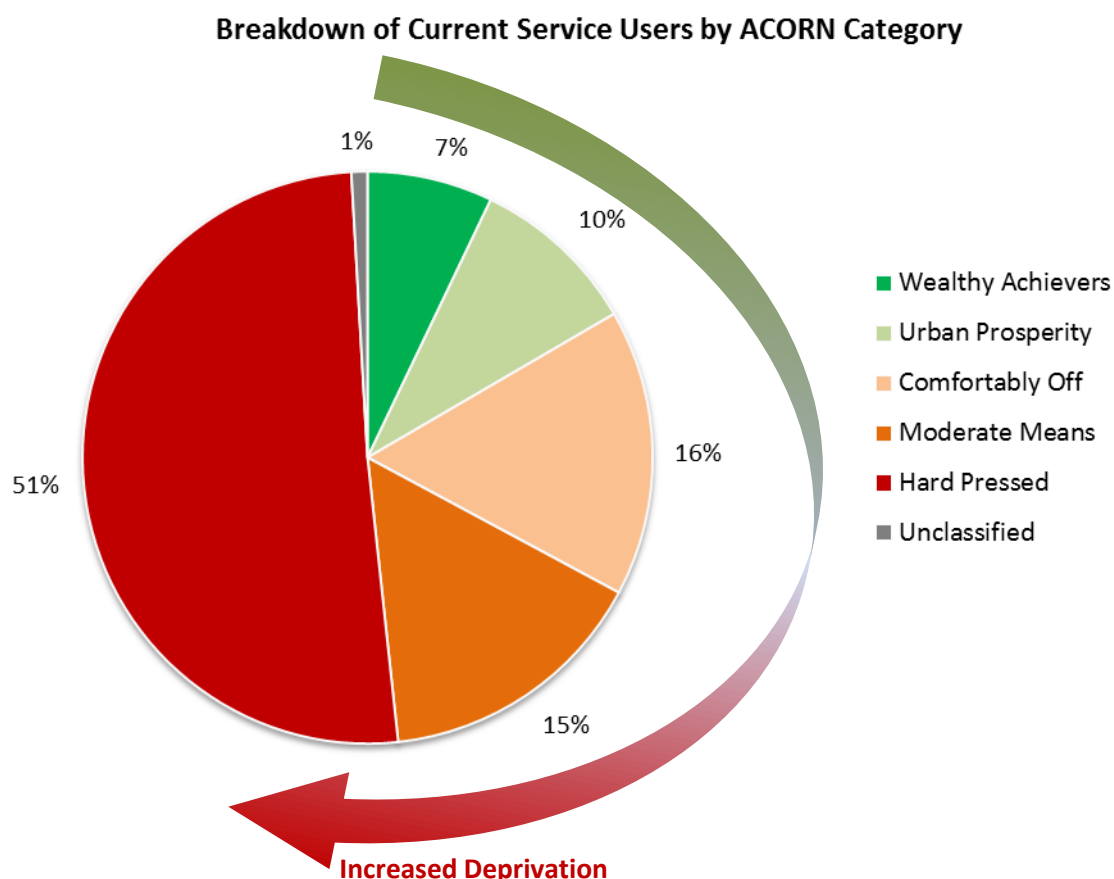
The most common type of care commissioned is home care, with c2,500 Service Users each week, marginally ahead of permanent placements in Residential and Nursing Homes. However, even though the volumes are the same, the costs are

very different, with Residential Care being much more expensive to the City Council as well as to the Service User.

Several services saw an increase at the beginning of July 2015, but this is largely due to the responsibility for supporting ILF users in England being passed to local authorities.



## Current Service Users: ACORN Analysis



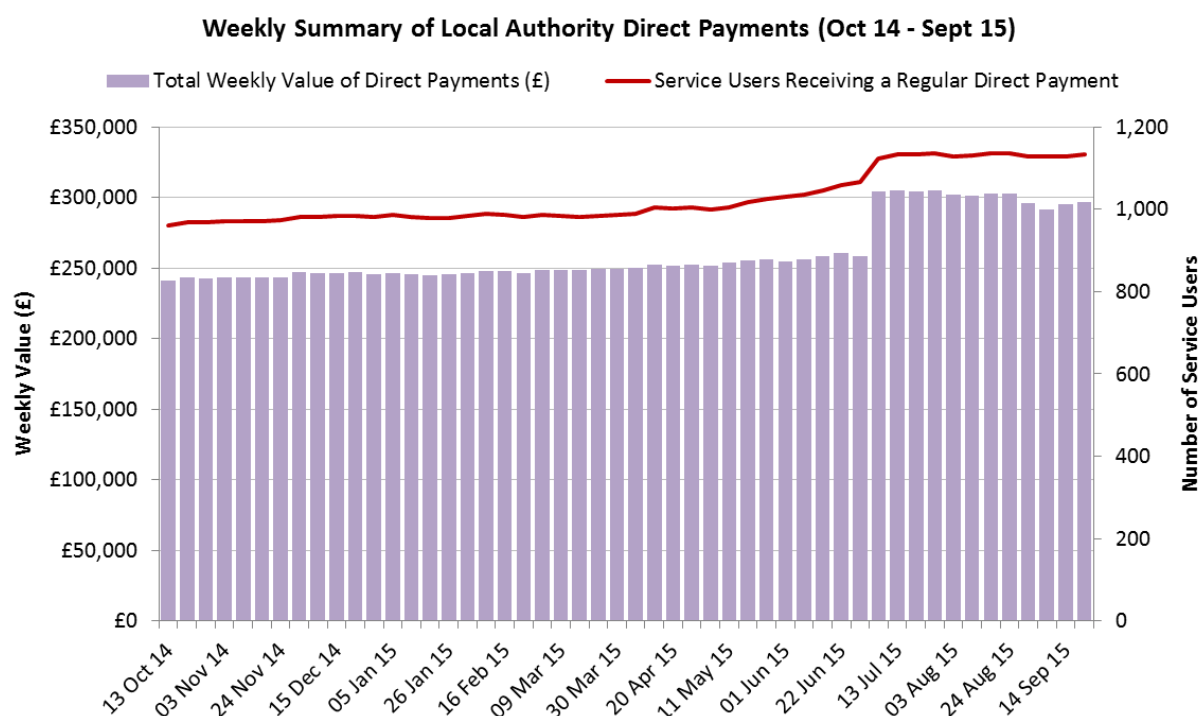
ACORN Type	ACORN Category	Service Users	%
Low rise terraced estates of poorly-off workers	Hard Pressed	851	15.1%
Council terraces, unemployment, many singles	Hard Pressed	730	13.0%
Old people in high rise flats	Hard Pressed	356	6.3%
Home owning, terraces	Moderate Means	324	5.8%
Council flats, single elderly people	Hard Pressed	308	5.5%
Mature families in suburban semis	Comfortably Off	260	4.6%
Older rented terraces	Moderate Means	257	4.6%
Older people, low income, small semis	Hard Pressed	196	3.5%
Larger families, prosperous suburbs	Wealthy Achievers	189	3.4%
Established home owning workers	Comfortably Off	164	2.9%
Skilled older family terraces	Moderate Means	153	2.7%
Young educated workers, flats	Urban Prosperity	148	2.6%
Low income larger families, semis	Hard Pressed	132	2.3%
Low incomes, high unemployment, single parents	Hard Pressed	123	2.2%
Skilled workers, semis and terraces	Moderate Means	120	2.1%
Middle income, older couples	Comfortably Off	119	2.1%
Older people, flats	Comfortably Off	116	2.1%

The chart and table above indicate that more than half of all current Liverpool Adult Social Care Service Users live in a “Hard Pressed” area, and almost two thirds live in the two lowest categories, which includes “Moderate Means”.

Almost 30% of all Service Users live in areas defined as “Low rise terraced estates of poorly off workers, and council terraces, unemployment, many singles.”

## Direct Payments

Direct payments are intended to give users greater choice in their care, and allow Service Users to commission their care themselves, or employ a Personal Assistant.



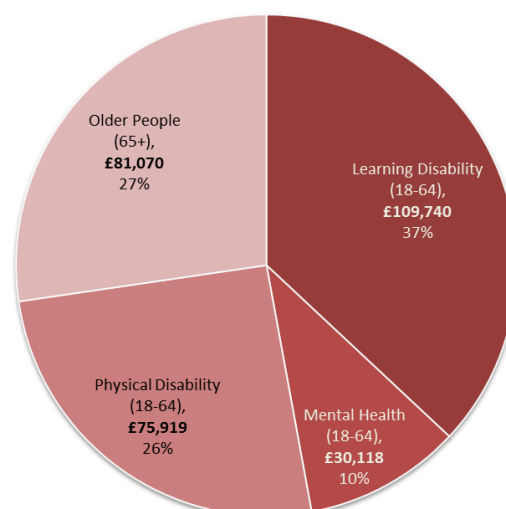
The city Council is now spending £300,000 per week on direct payments to approximately 1,200 Service Users. It can be seen that there was a marked increase at the beginning of July, but as mentioned earlier, this will be down to changes to the Independent Living Fund, meaning more Service Users were recorded on Local Authority systems than before.

Before this, the number of Service Users, and the total weekly spend was very consistent at c£250,000 per week.

**Breakdown of Current Direct Payments by Client Type**

The current level of provision estimates the Direct Payment market in Liverpool at over £15.5m per year.

In terms of the breakdown by client type, the chart indicates that over one third relate to services for Learning Disability Service Users, totalling almost £110,000 per week.



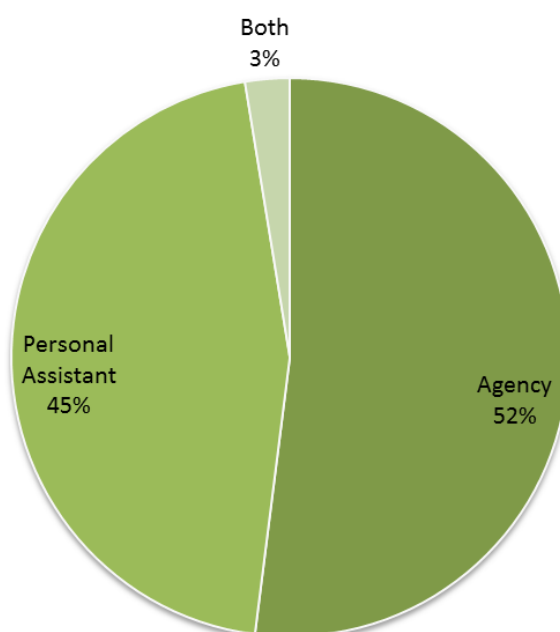
Generally, Learning Disability packages are often the most expensive for the Local Authority, due to the complexity and size of the packages. However, in terms of Direct Payments, they are only marginally above average.

Client Type	Average Weekly Payment
Learning Disability (18-64)	£270.30
Mental Health (18-64)	£307.33
Physical Disability (18-64)	£283.28
Older People (65+)	£225.20
Overall Average	£262.23

### How Direct Payments are Spent

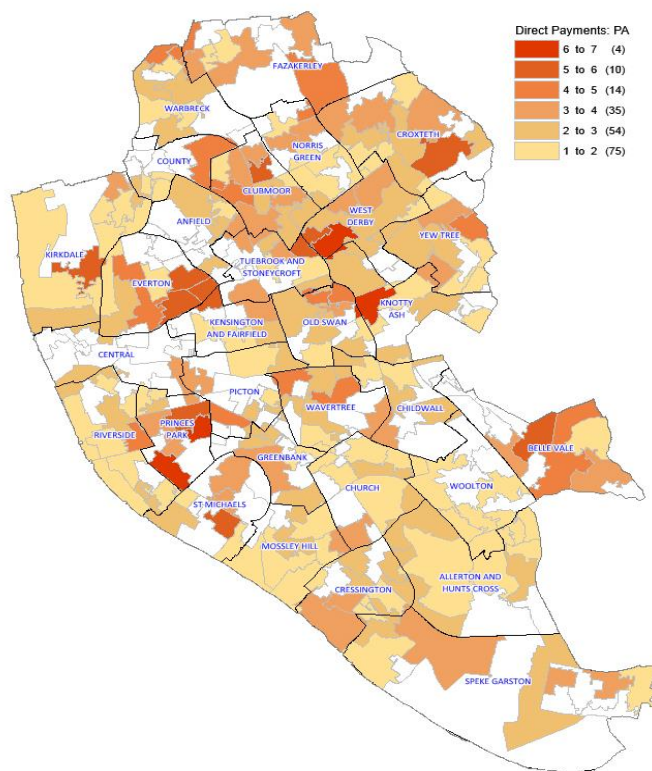
More than half of the Direct Payments Service Users use their payment to commission their care to an external agency.

However, although the split between Personal Assistants and Agencies are very similar, the agency payments are much higher. For example, in May 2015, the average weekly split was £90,000 per week for PA's and £150,000 for agencies, despite having similar numbers of Service Users.



The maps below show where the current Direct Payments customers live, and they show that there is no one particular location that has a noticeably high number of Service Users; they appear to be spread out across the city.

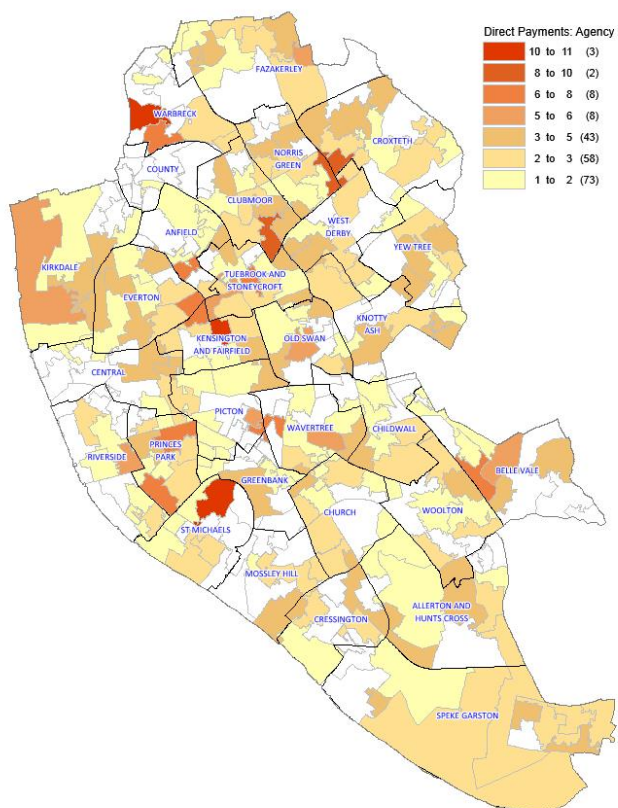
Princes Park, Everton, West Derby and Belle Vale appear to have a lot more Personal Assistant Direct Payments customers, whereas the hotspots for Agency payments are in St Michaels, Kensington and Warbreck.



#### Current Service Users Receiving a Direct Payment to Pay a Personal Assistant

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 Adult Services & Health  
 Performance Improvement Team

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#### Current Service Users Receiving a Direct Payment to Pay an Agency

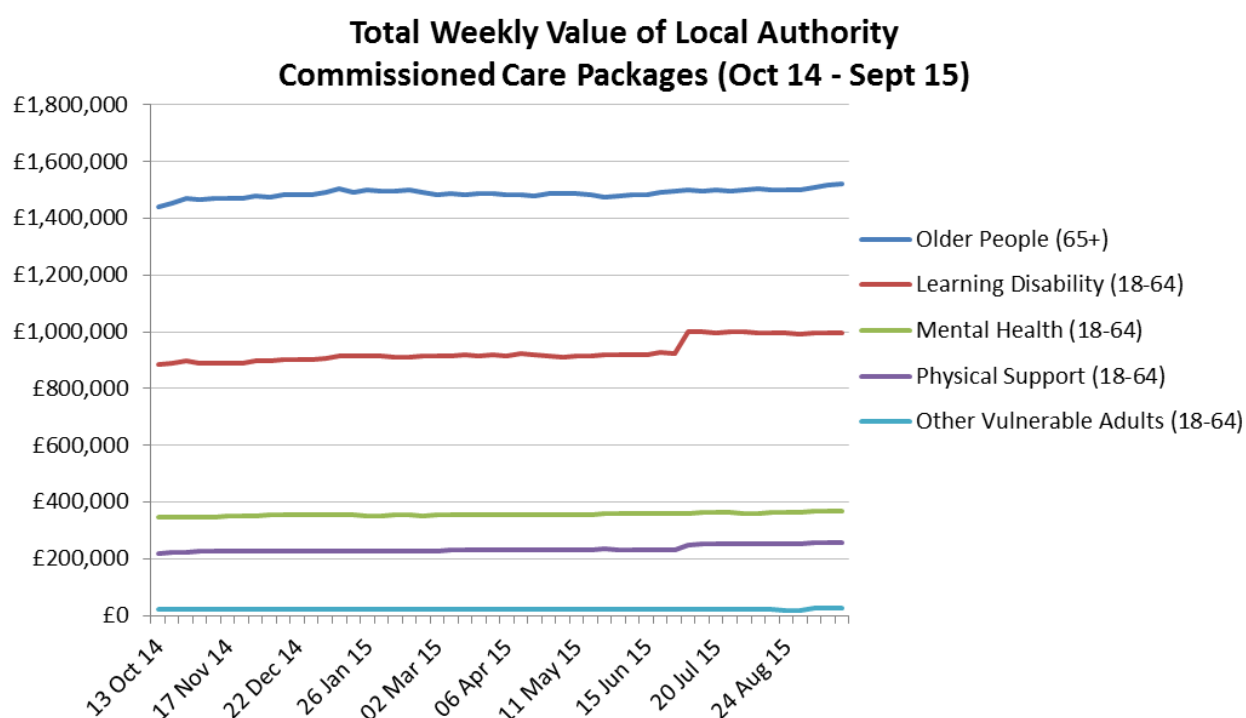
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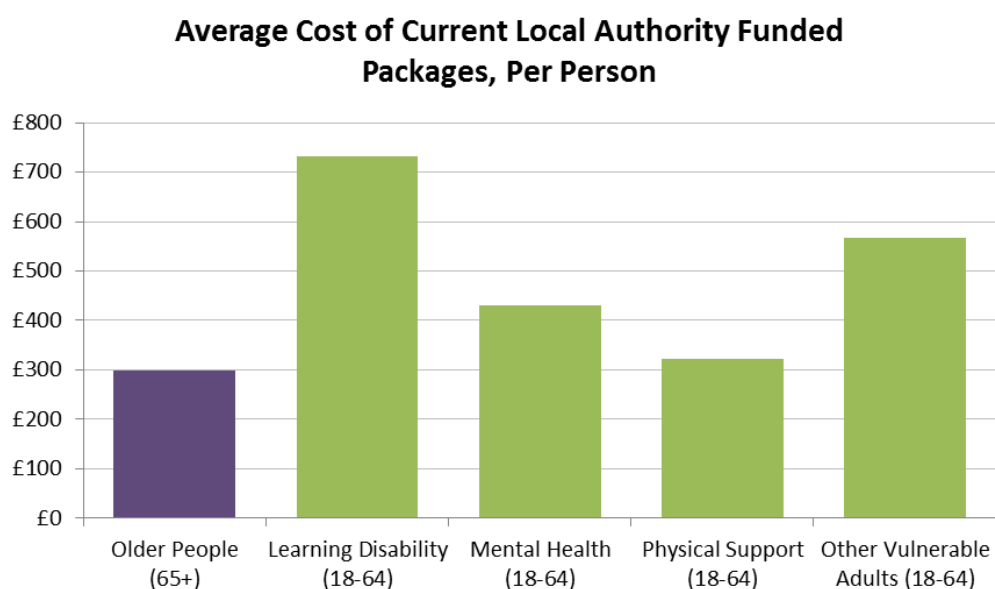
## Breakdown of our Services by Client Type

The final section of the Market Position Statement aims to give an overview of the services provided on a client type by client type basis, as opposed to a service by service basis.

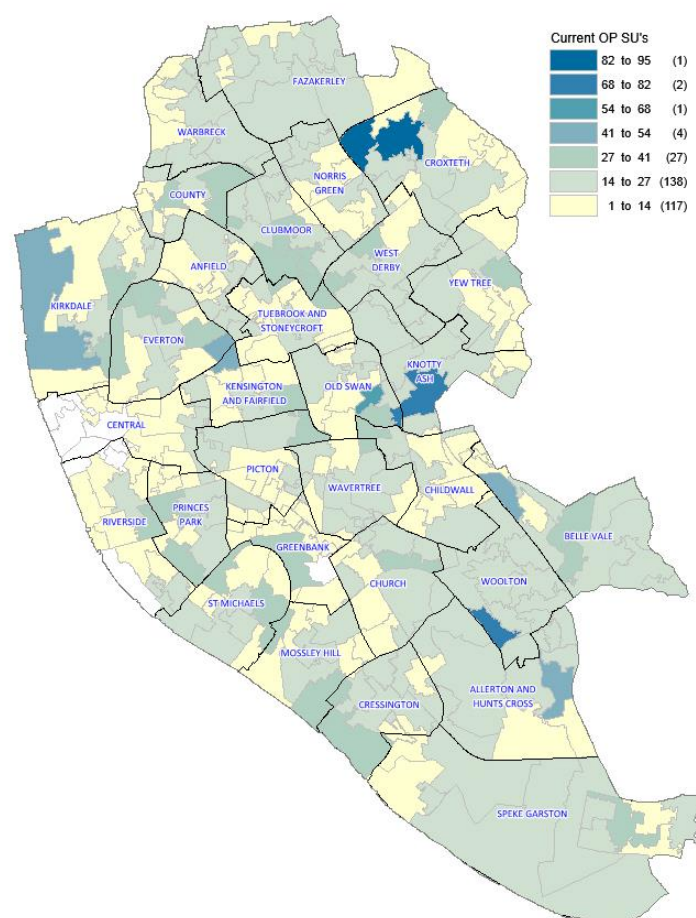


The total value of the Local Authority commissioned packages is £3.19m per week, with Older People (65+) taking up almost half of this. This however, is to do more with the volume of Service Users in this category, as opposed to average package costs.

The chart below shows that they average the cheapest packages, as a lot of this client group receive Home Care, which tends to be one of the cheaper services. Learning Disability packages on the other hand, are much more expensive, averaging over £700 per person, totalling £1m per week.



## Older People (65+)



**Current Older People (65+) Community Based Service Users (Residential Care Excluded)**

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Ward	65+ Comm. Service Users	% of 65+ Pop are Service Users
Croxteth	265	13.0%
Old Swan	262	10.2%
Knotty Ash	244	9.9%
Clubmoor	225	8.7%
Woolton	207	5.9%
Belle Vale	205	7.0%
Yew Tree	203	8.4%
Princes Park	193	11.4%
Kirkdale	190	7.6%
Anfield	179	8.5%
Speke-Garston	176	6.6%
Everton	174	6.7%
Allerton & Hunts Cross	171	5.6%
West Derby	171	6.1%
Greenbank	165	11.5%
Cressington	164	6.3%
St Michael's	162	10.2%
Riverside	159	7.6%
Fazakerley	144	6.5%
Mossley Hill	138	5.5%
Warbreck	137	6.2%
Wavertree	131	6.0%
County	129	6.5%
Norris Green	126	6.0%
Tuebrook & Stoneycroft	118	5.4%
Picton	117	7.1%
Kensington & Fairfield	115	6.3%
Church	114	4.4%
Childwall	99	3.9%
Central	27	4.1%

The map above highlights the locations of the current 65+ Service Users, excluding those in Residential Care. These are excluded because they will skew the map to where the largest Residential Homes are located.

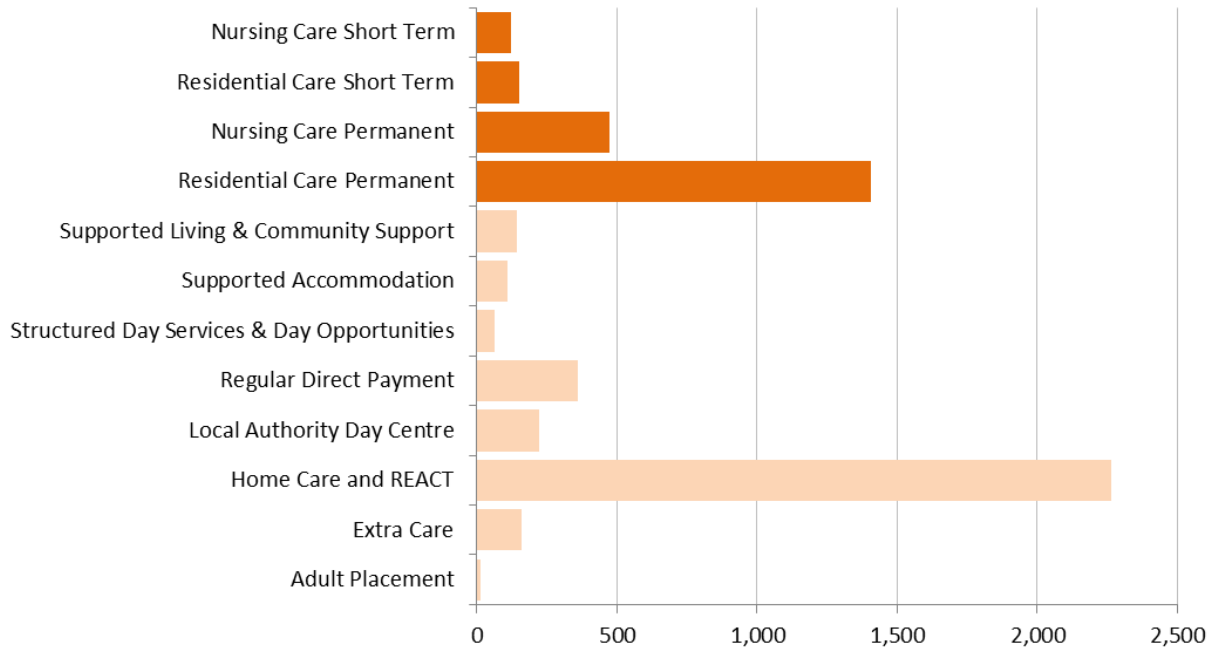
The peak areas are not too dissimilar to where the state pension hotspots are, as discussed in an earlier chapter. The main hotspot is in the Croxteth ward, bordering Fazakerley and Norris Green – although this map analyses our current Service User cohort, this area has always historically been the main hotspot for Service Users.

The two secondary hotspot areas are in Woolton and Knotty Ash. The Woolton hotspot was one of the areas highlighted previously as having a high 65-74 and 75+ population, according to ONS data, but the Knotty Ash area did not feature.

The most common package that Liverpool Adult Services commission is Home Care/REAC, and the vast majority of these are to Older People aged 65 and over. These account for over two thirds of all the Older People community based services.

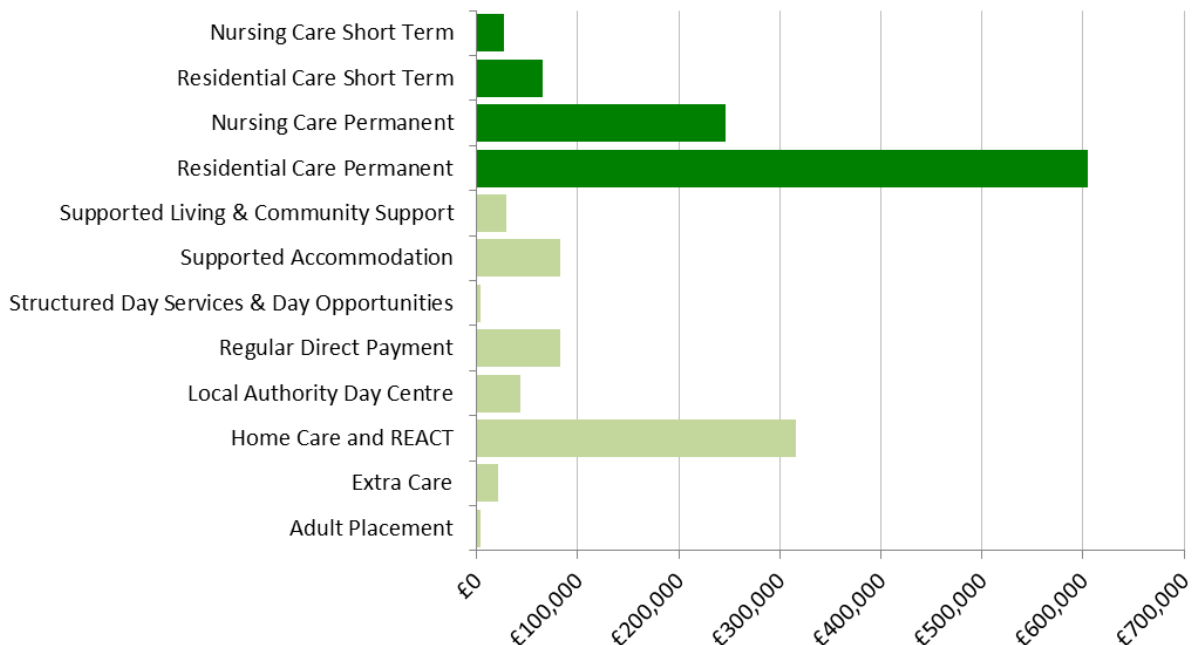


### Care Packages for Current Older People (65+) Service Users



Due to the gradual ageing population of Liverpool; Home Care and REACT is expected to see the largest growth, as services move away from traditional buildings based Day Centres. Nursing Care and Residential Care is also expected to increase, but this will largely due to be the increase prevalence of dementia, and there could be the potential need for more specialised EMI/dementia services in Residential homes.

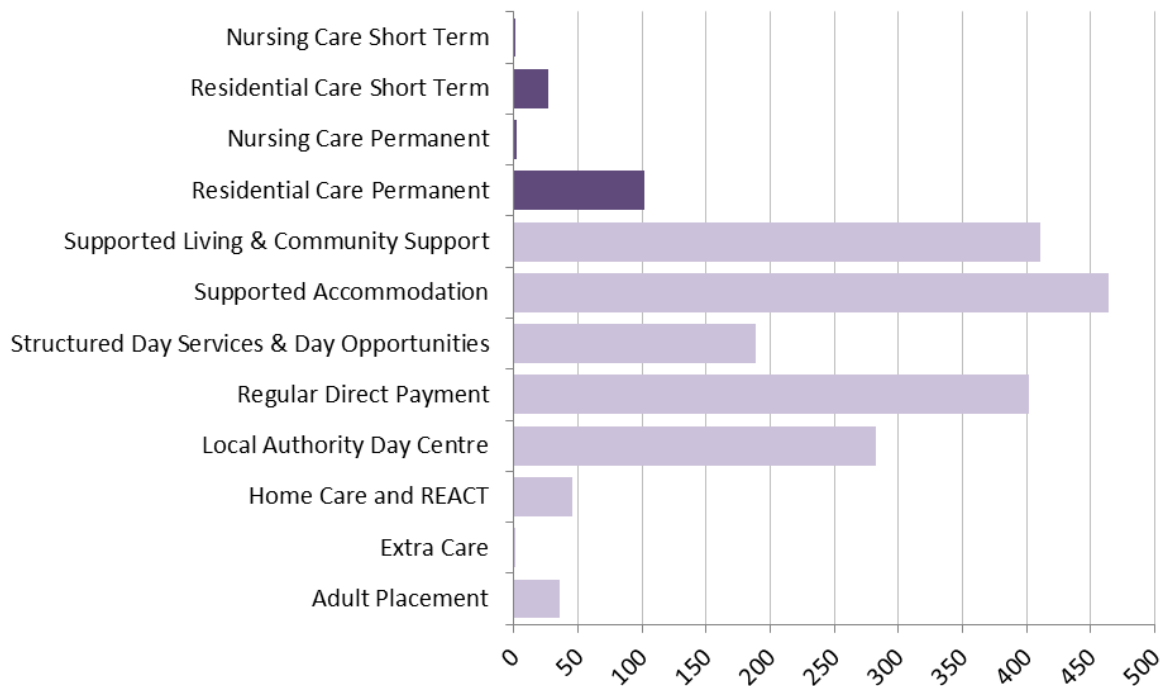
### Weekly Cost of Care Packages for Current Older People (65+) Service Users



As Home Care and REACT are some of the cheapest packages, despite the increased numbers, the overall weekly cost is less than half of those in Permanent Residential Care.

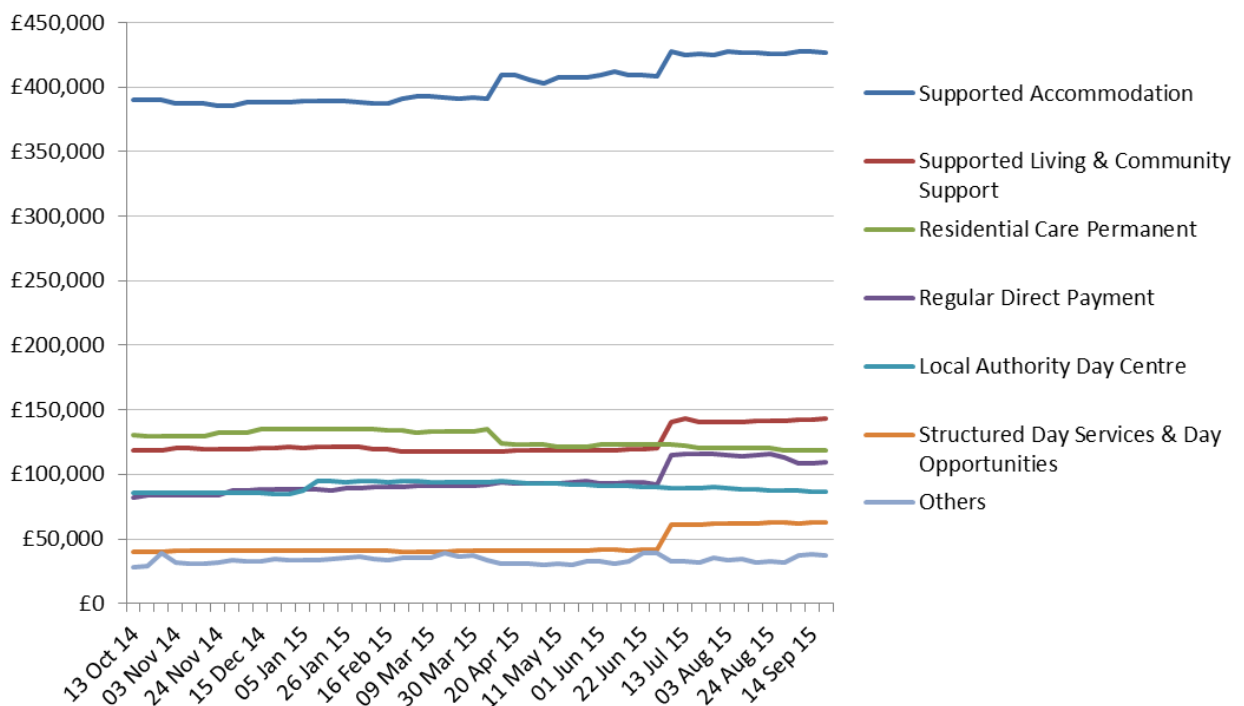
## Learning Disability (18-64)

### Current Learning Disability (18-64) Service Users' Care Packages



The majority of Learning Disability Service Users are in a Community Based setting, such as Supported Accommodation, Supported Living & Community Support and receiving Direct Payments to fund their care.

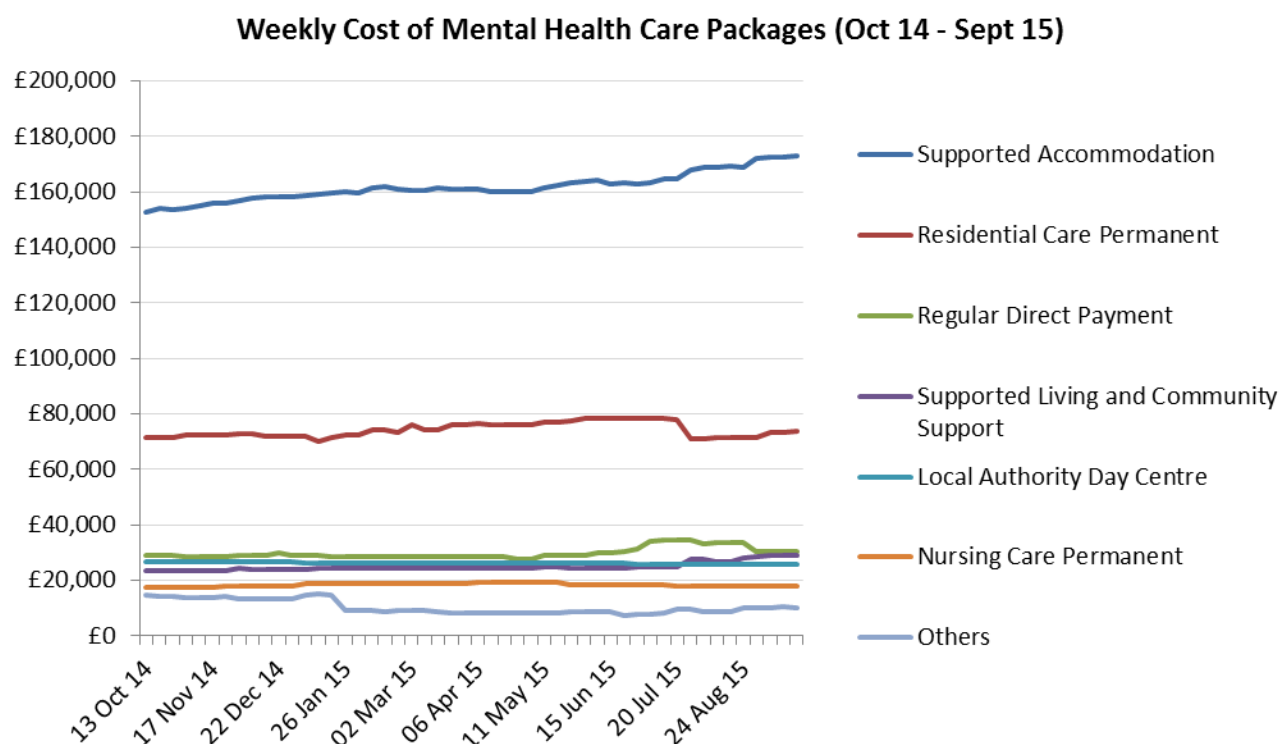
### Weekly Spend on Learning Disability Care Packages (Oct 14 to Sept 15)





Learning Disability packages now total £1m per week. The chart shows that many services increased in value from 1<sup>st</sup> July 2015, due to the transfer of the ILF to Local Authorities. It is clear from the increase in July which services this affected, and which it didn't – namely Residential Care and Local Authority Day Centres.

## Mental Health (18-64)



Similar to Learning Disability Service Users, Supported Accommodation is the most common care package type for Mental Health Service Users. Current provision is at c£180,000 per week, which equates to roughly £9.3m per year.

Permanent Residential and Nursing Care combined are £90,000 per week, and the breakdown of these placements is below:

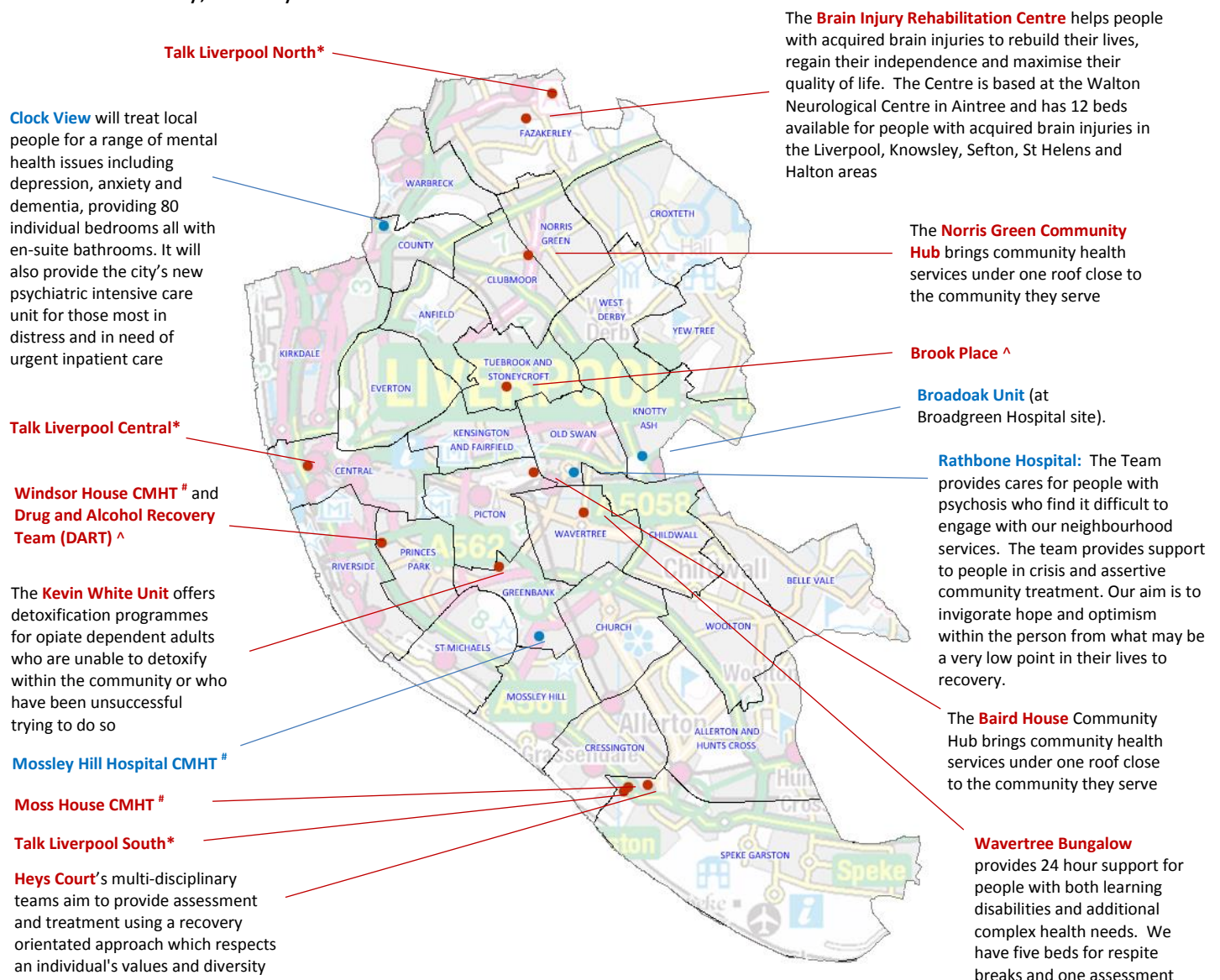
Residential / Nursing Band	Total	Average Weekly Placement Cost
Level 2 Residential	13	£374.21
Level 3 Residential	5	£444.21
Level 4 Residential Mental Illness	6	£501.34
Level 4 Nursing Dementia	7	£574.18
Level 4 Nursing (non-Dementia)	47	£489.01
Specialist Residential and Nursing	93	£943.46
<b>Grand Total</b>	<b>171</b>	<b>£730.05</b>

Although the number of Mental Health Service Users in Residential and Nursing Care is relatively low, because the care that they need is often highly specialised, the average costs of placements per week is over £730 per person.

The Specialist Residential and Nursing averages £943 per placement per week, with the most expensive package costing over £3,500 per week.

The map below highlights all of the **Mersey Care NHS Trust Hospitals and Clinics** in Liverpool (<http://www.nhs.uk/Services/Trusts/HospitalsAndClinics/DefaultView.aspx?id=2675>: Date accessed 16/10/2015).

Mersey Care provides specialist mental health services in North West England and beyond. They provide specialist inpatient and community mental health, learning disabilities, addiction management and acquired brain injury services for the people of Liverpool, Sefton and Kirkby, Merseyside.



#### Mersey Care NHS Trust Mental Health Services Located in Liverpool

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Mersey Care Service

● Clinics (11)  
● Hospitals (4)



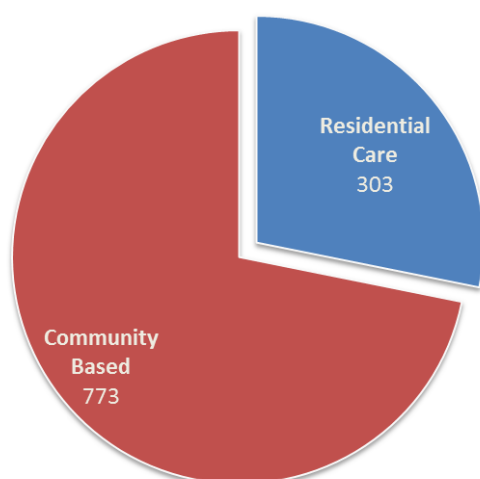
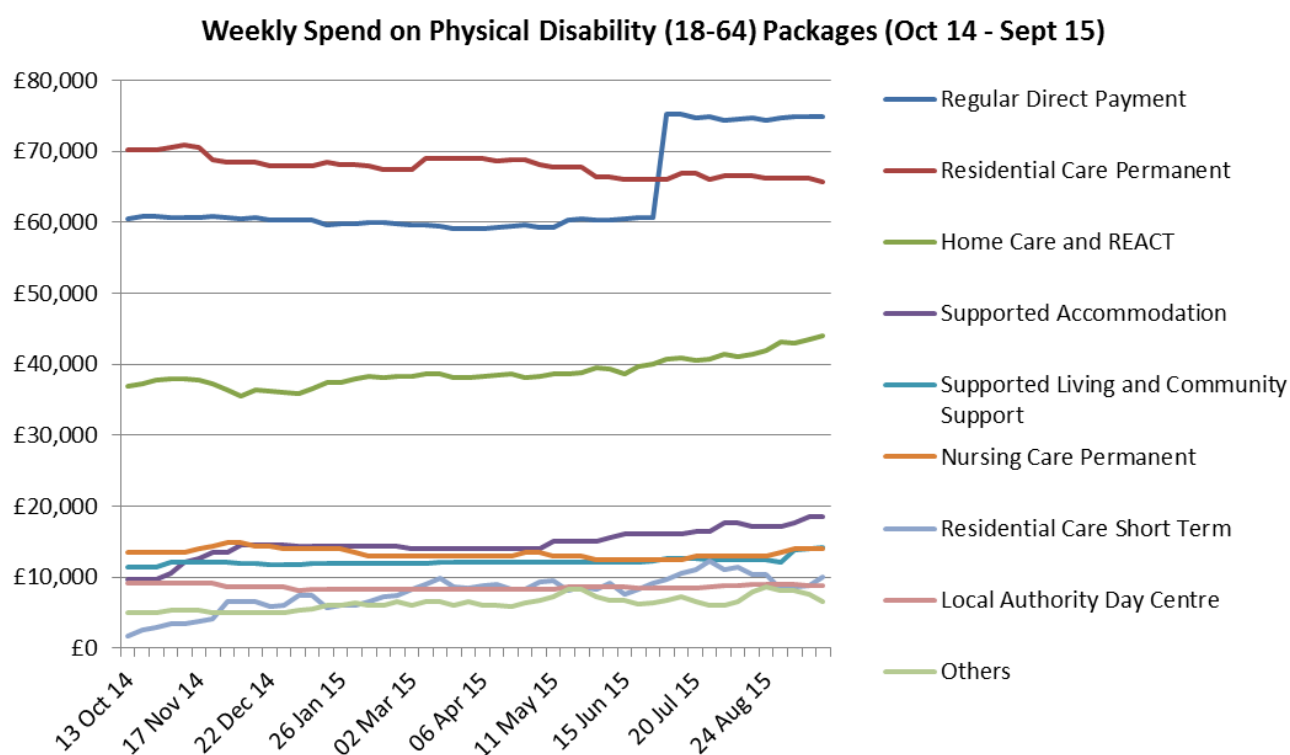
**Notes:** All data and summaries above and below are from Mersey Care's website (URL on previous page).

#: All the **CMHTs** in Liverpool aim to promote recovery, prevent relapse, and encourage social inclusion. The CMHTs consist of a multi-disciplinary team (MDT) of: Doctors, Nurses, Support Time and Recovery (STR) Workers, Social Workers, Occupational Therapists, Family Support Workers and Psychologists, who have a range of skills to cover the needs of service users. The teams aim to develop positive relationships with service users and others, founded on the basis of hope and optimism.

\*: **Talk Liverpool** provides psychological treatments, sometimes called talking treatments, to help people who have common mental health problems such as feeling stressed, feeling low in mood (depressed) or very nervous (anxiety). This free and confidential service is an Improving Access to Psychological Therapies (IAPT) service available to adults aged 18 or over who are registered with a Liverpool GP.

^: If you live in Liverpool you can be referred to one of two community drug teams; DART (Drug and Alcohol Recovery Team) or Brook Place. Where you go for treatment will depend upon your postcode. **DART:** L1, L2, L3, L5, L7, L8, L15, L16, L17, L18, L19, the parts of L20 that are within Liverpool council boundaries, L24, L25 and L27. **Brook Place:** L4, L5, L6, L9, L10 L11, L12, L13 and L14.

## Physical Disability (18-64)

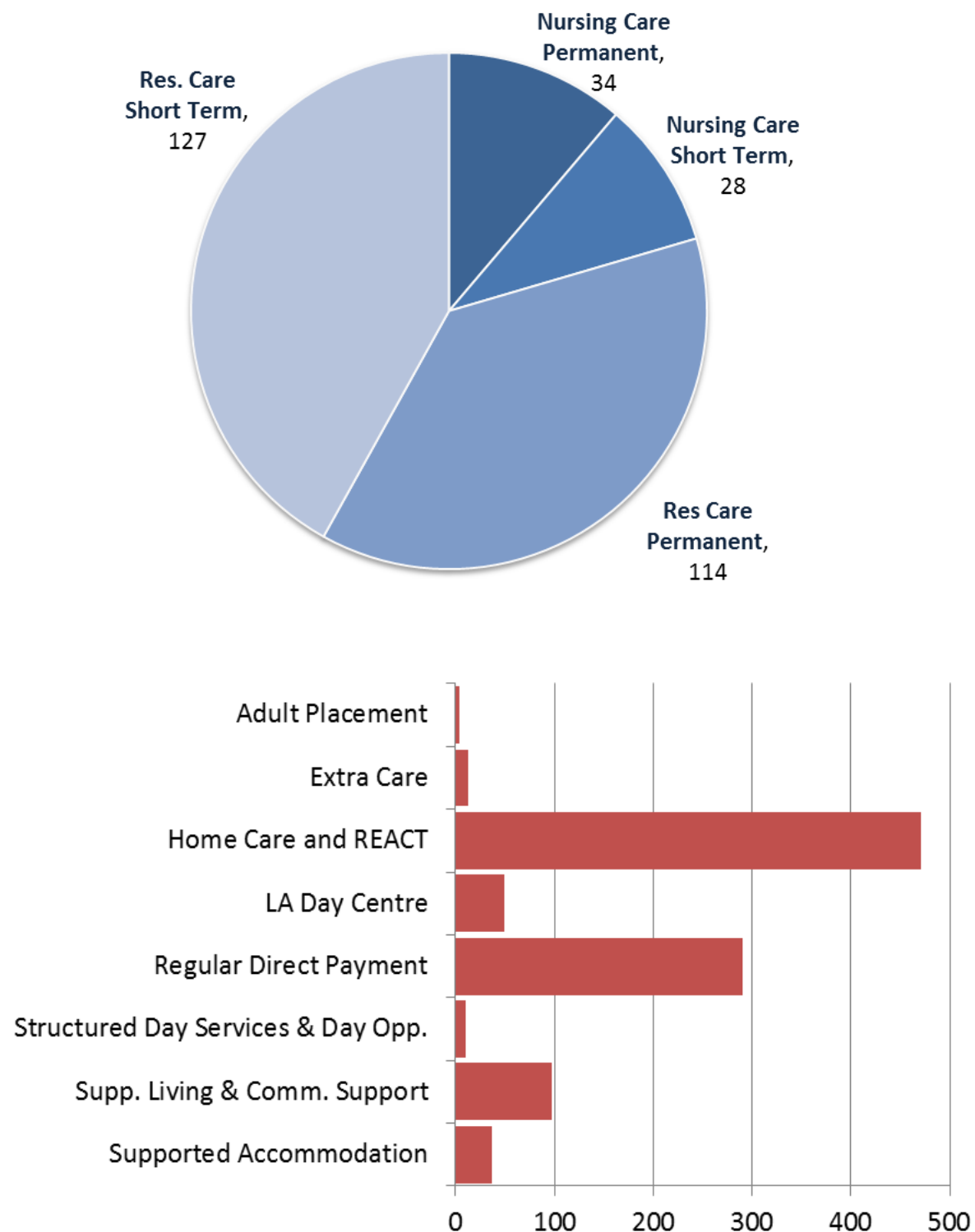


The overall spend on Physical Disability (18-64) is relatively small compared to other client groups; for example only 17% of the Older People (65+) spend and 26% of the Learning Disability (18-64) spend.

Historically, permanent Residential Care has been the most expensive package type for this client group, but due to the transfer of the ILF to Local Authorities, since July 15 there has been a large jump in direct payments, meaning the Service User

commissions their own care, usually to a non commissioned LCC provider.

The charts break down the current Service Users. The shades of blue represent Residential Care, and the red Community Based. Community Based packages currently account for over 70%, with the most common being Home Care/REACT. It can be seen from the costs chart above that the provision of this type of package is increasing over time.



## Appendices

To ensure that providers have the relevant and most up to date information in relation to specific commissioning programmes, forthcoming projects will be added to this document as separate appendices and can be downloaded as required by the provider market.

The following have already been completed and are available on the associated web site [Liverpool's Market Position Statement](#) :

- Residential and Nursing Care.
- Home Care.
- Supported Accommodation and Community Support & Supported Living.
- Extra Care Schemes.

Prior to any formal procurement exercises we would encourage any providers already delivering services, or prospective new providers to contact the authority's commissioners to discuss your ideas and plans based on what we have shared in these documents.

