



ALL AGE MARKET POSITION STATEMENT

2024-2027

PROVIDE PERSON CENTRED CARE THROUGH A
SUSTAINABLE MARKET THAT IS INCLUSIVE
AND WELL-LED



ST HELENS
BOROUGH COUNCIL

FOREWORD

THE PURPOSE OF THE MARKET POSITION STATEMENT IS TO INFORM AND WORK WITH THE MARKET TO PROVIDE SERVICES THAT ARE IN KEEPING WITH OUR PRIORITIES.

This Market Position Statement is to assist providers in highlighting the numerous sector-specific opportunities available to the market. Such as implementing new technologies better use of Artificial Intelligence, as well as supporting people to remain as independent as possible within their own communities. This Home First Approach will require some changes in the way we do things as well as a programme of culture change across or provider workforce building on good practice.

We will continue to collaborate to provide safe, high-quality consistent care and support to residents of the city to ensure that this commitment is carried out in conjunction with individuals, their families, carers, as well as other stakeholders and providers of health, housing, and social care. The development and publication of this document is the start of a dialogue with the market to ensure residents receive the best possible service in challenging times.

We have linked with people who use services their carers and families to ensure their voice is central to building the right support. To assist individuals in maintaining their independence, safety, and connection to communities. St Helens is supporting a strength-based approach which will support people to access early support closer to home. Therefore, reducing the reliance on residential care and further develop community services based on community assets and outcomes rather than time and tasks are our primary focus.

We will continue to integrate with our health partners and stakeholders whilst focusing on improved prevention and early support models. To reduce the dependence on long term care and develop alternative services and models of support. We will continue to collaborate with the voluntary, community faith and social enterprises, to ensure that a variety of high-quality services are available to better promote prevention, independence and wellbeing in St Helens.



Jamaila Hussain
Director of Adult Social Services,
St Helens Borough Council



INTRODUCTION

As we move towards the next phase of our St Helens Cares improvement, collaboration, and integration it is imperative that providers of all age health and care services understand how they can contribute to the delivery of improving outcomes for our population.

This Market Position Statement (MPS) encourages commissioners, people who use services, carers and provider organisations to work together to explain what care services and support is needed and why. It is important to understand that a MPS is the start of a process of market facilitation. Engagement with the market is essential to help shape provision and ensure a variety of services are available for residents.

The MPS will play a fundamental role in shaping the market to meet current and future need. Market shaping and sustainability is an essential element of commissioning & procurement and forms an important part of what a council must do to help to make sure that there are different types of services and support available, this enables current and future providers of health, social care and community services to develop, improve and innovate using an informed approach to future delivery.

THE MPS WILL PLAY A FUNDAMENTAL ROLE IN SHAPING THE MARKET TO MEET CURRENT AND FUTURE NEED.

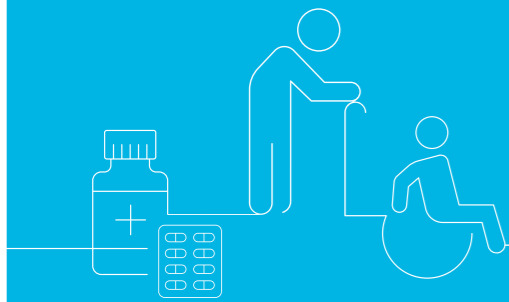


MARKET SHAPING

We are obligated by the Care Act (2014) as well as CQC assurance processes to ensure the care market is sustainable, diverse, and high-quality. As well as the assurance that we have contingencies in place in the event of provider failure within the local market. A step to be able to achieve this is through local and national market insight and enable providers to adapt and change business models based on future need.

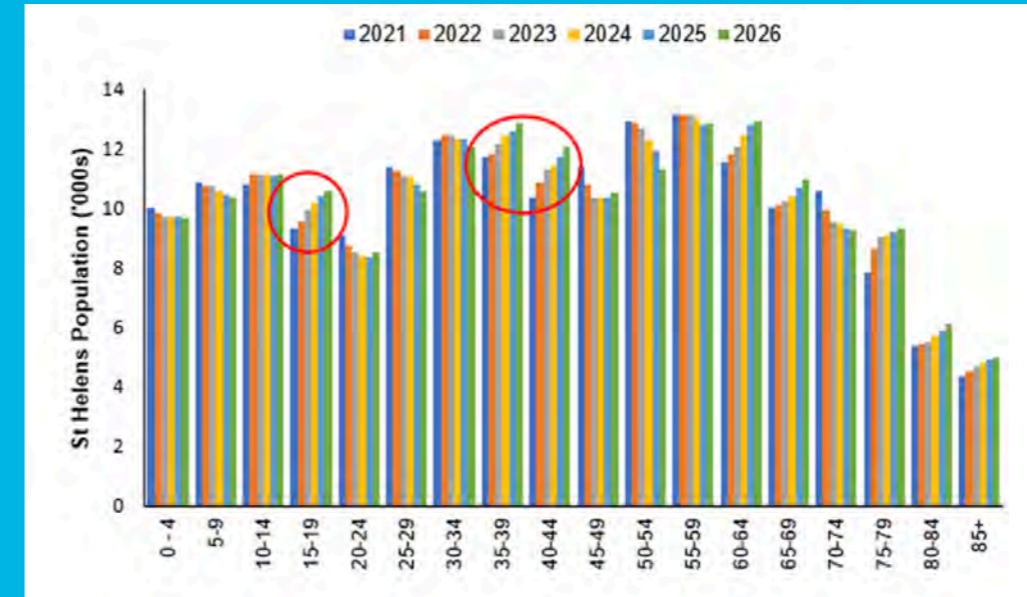
To ensure a collaborative approach will work closely with partners to encourage and facilitate the whole market. This includes services arranged and paid for by the Local Authority, those services paid through a direct payment, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources.

The definition of market shaping and the rationale to adopt this approach can be found on the (www.gov.uk Market shaping) website. Within this the guidance states that the core activities of market shaping includes engaging with stakeholders to understand supply and demand, articulating likely trends that reflect people's changing needs and aspirations, based on evidence and signalling to the market the kinds of services required to meet them. This includes encouraging innovation, investment, and continuous improvement.



LOCAL CONTEXT

St Helens Population Projections



St Helens' current population is 182,370 (2021 Census population estimate). Our largest five-year age band, as a proportion of our total population, is the 55–59-year-old age band at 7.2% followed by the 50-54-year-old age band at 7.1%. As proportion of the population, there are fewer in the younger age groups and our population is getting older.

By 2026, it is estimated that the 65+ population in St Helens will have increased by 7% from its 2021 level and the 85+ population in St Helens will have increased by 13% from 2021. It is also expected that there will be a slight increase in our 0-19 population however, increasing by 2% between 2021 and 2026, this is largely due to an increase in the 10–19-year age group.

Other work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):

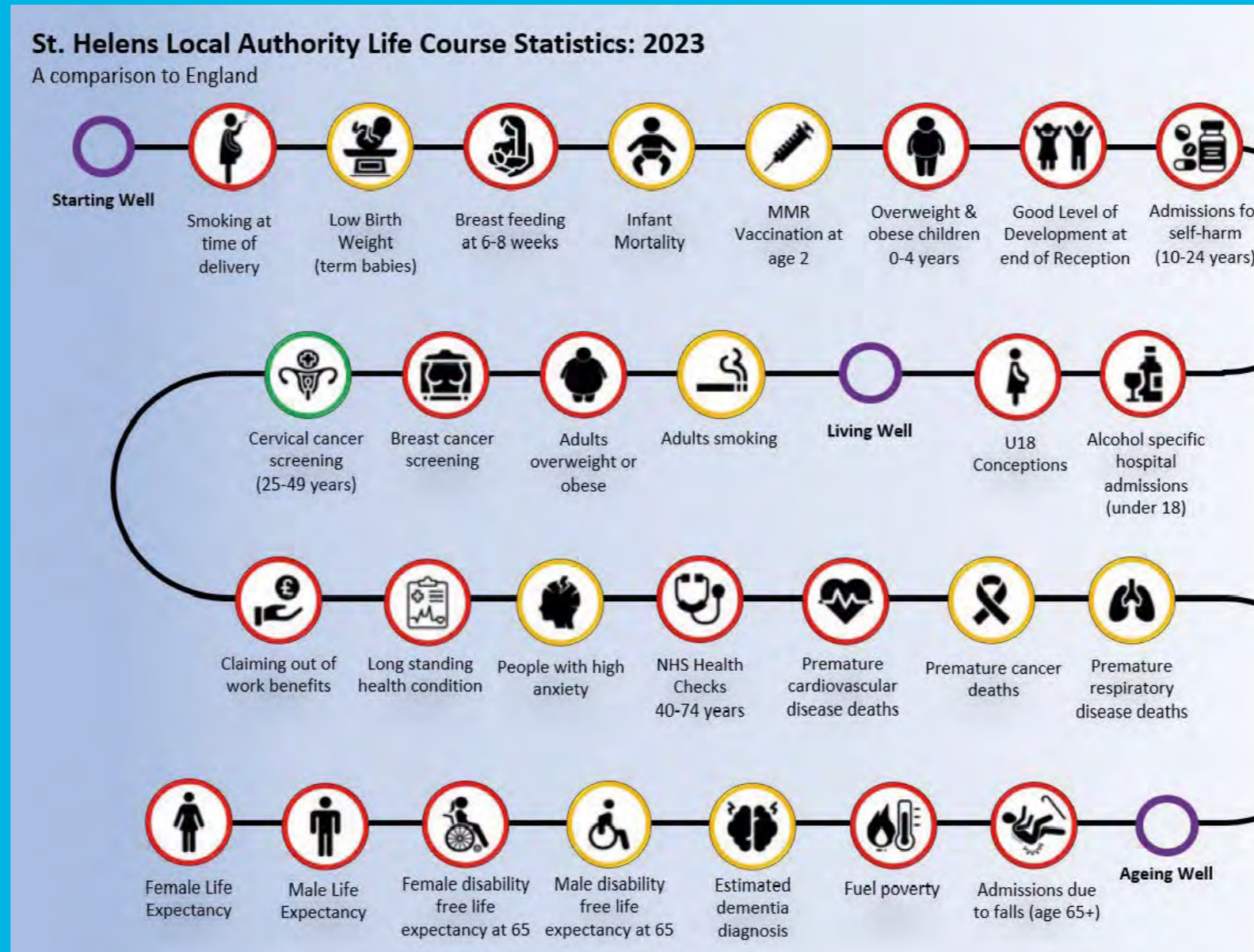
- The St Helens practice population is 190,240 (as of June 2024)
- 20.4% of the St Helens practice population have 2 or more long term conditions; this represents 38,817 people.
- 10.3% have 3+ conditions, 4.9% have 4+ conditions, 2.3% have 5+ conditions, 1.0% have 6+ conditions
- 43.7% of the multi-morbid (2 or more long term conditions) population is under the age of 65.

THE HEALTH OF OUR BOROUGH ACROSS THE LIFE-COURSE

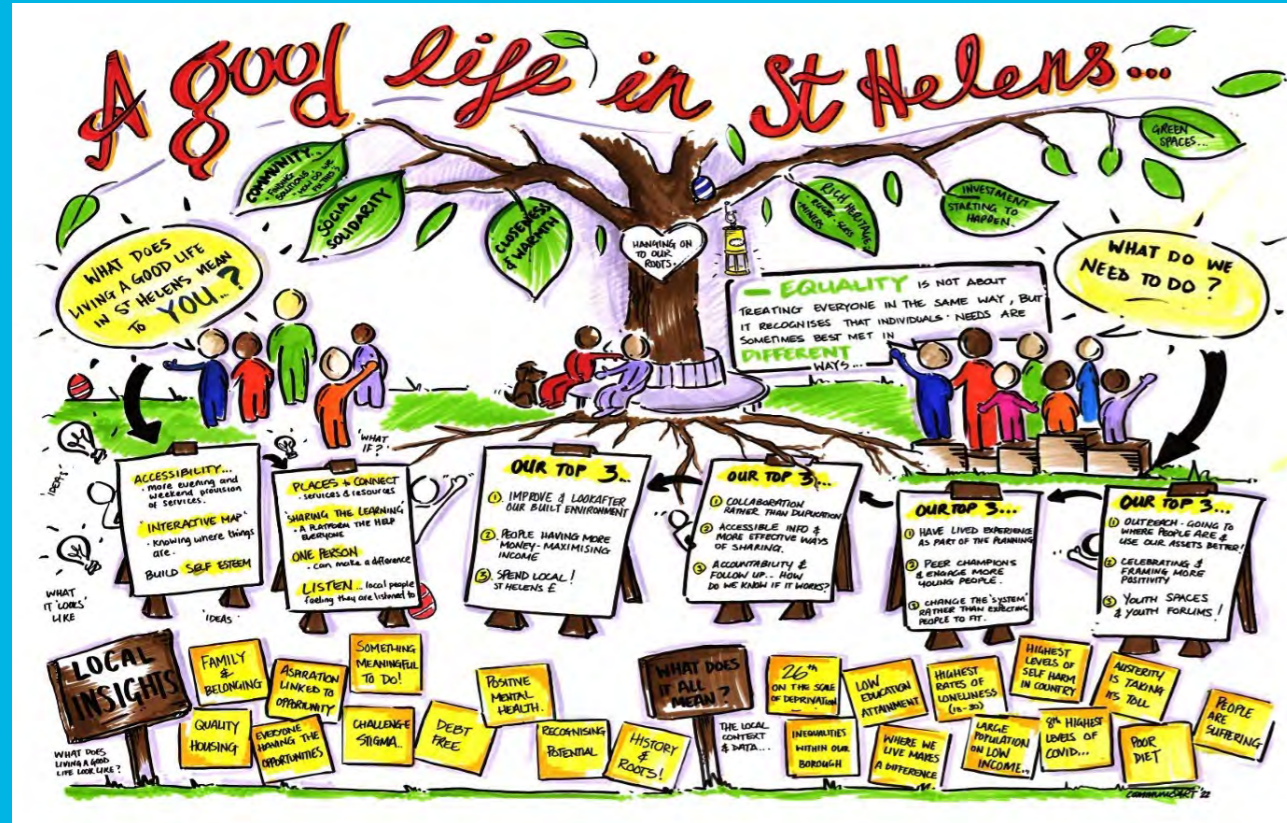
This infographic illustrates where St Helens performs in comparison to the England average.

The chart shows that there are far too many areas that are worse than the England average and this provides a focus for improvement.

It should be noted that St Helens is the 8th most deprived place in England for Health. 43% of residents in the Borough live in the top 20% most deprived areas in England.



The diagram illustrates and provides some context about our inequalities and the work ongoing that supports good health across the borough.



We have seen a year on year rise in the number of people requiring support across all age groups, the largest increase in older people requiring dementia care, and young people transitioning into adulthood with a learning disability autism or a dual diagnosis.

We have a commitment to support more people locally closer to home and family as well as using technology solutions enhancing independence choice and control.

We are also working with housings teams and other housing providers to support the development of a range of housing options for all age groups. In particular respite and short term step up and step-down provision.



WHAT'S IMPORTANT TO OUR POPULATION

WE ENGAGED WITH OUR RESIDENTS TO ARTICULATE WHAT IS IMPORTANT TO THEM WHEN THEY RECEIVE CARE AND SUPPORT SERVICES AS WELL AS FOR CARERS.

There were many views expressed as the diagram below shows. There were three where a majority of people who took part in the poll felt were most important there are; having the right support, good services that are accessible. We want services that are person centred and care planning revolving around the needs of the individual rather than a one size fits all.

Our residents also stated that they wanted to be able to have flexibility, ranging from preventive support up to wrap round services that support a home first approach.



TACKLING INEQUALITIES

The Inequalities Commission has been successful in advocating for local action on Inequalities since its formal inception in December 2021 and has been well received, both through national recognition with the 2023 MJ Award for “A Whole Council approach to tackling Inequalities” and through serving as inspiration for other councils who are looking to establish similar ‘Marmot Boards’ within their authorities.

Similar to the regional work, St Helens has identified the following 8 Marmot priorities, also through collaboration with the Institute for Health Equity, who in Autumn 2021 came to the Borough for two “Good life in St Helens” engagement events, which yielded the below priorities for tackling health inequalities locally through the Inequalities Commission.

1	Best start in life, including school readiness
2	Improving the quality of jobs and employment
3	Tackling poverty and low pay
4	Supporting people in distress and tackling isolation
5	Tackling stigma and overcoming barriers
6	Tackling inequalities between and within wards and localities
7	Services being focussed on self-esteem and independence
8	Inclusive growth and the ‘St Helens Pound’

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You can find the full 2022 ‘All Together Fairer’ report, as well as a concise 7-page executive summary of it on: All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside - IHE (instituteofhealthequity.org)

OUR STRATEGIC PRIORITIES

AT ST HELENS WE WANT PEOPLE TO BE ENABLED TO LIVE LONGER HAPPIER, HEALTHIER INDEPENDENT LIVES. WE WOULD LIKE PEOPLE TO BE SUPPORTED CLOSER TO THE COMMUNITY AS WE CONTINUE TO BUILD ON OUR LOCALITY MODEL.

START WELL

Children and young people; early help; best start in life; Family Hubs; maternity

LIVE WELL

Long-term conditions; planned care; cancer; long-term conditions; women’s wellbeing

AGE WELL

Community services, dementia; urgent and emergency care; social care

PARTNER PRIORITIES (ALL AGES)

Mental wellbeing; healthy weight; care communities; inequalities.



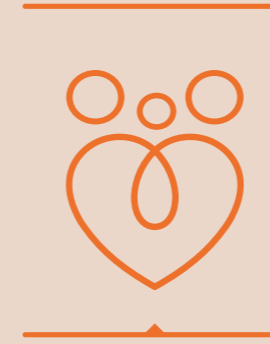


OUR WIDER COUNCIL PRIORITIES

The council has set key priorities over the next 10 years recognising a whole life approach to supporting people to remain healthy and independent. This takes in the ethos of supporting children and young people as well as ensuring we have the right housing access to open spaces, use our data to understand the inequalities people face.

Following Covid, we recognise that many people are still very much isolated in their own homes and we are working with Public Health colleagues and a university based in London to explore ways of reducing social isolation across all age groups.

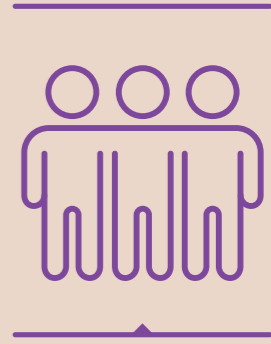
The diagram opposite highlights the 6 priorities of the council:



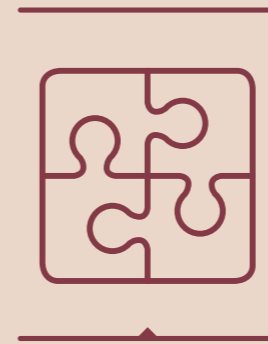
ENSURE CHILDREN AND YOUNG PEOPLE HAVE A POSITIVE START IN LIFE



PROMOTE GOOD HEALTH, INDEPENDENCE AND CARE ACROSS OUR COMMUNITIES



CREATE SAFE AND STRONG COMMUNITIES AND NEIGHBOURHOODS FOR ALL



SUPPORT A STRONG, THRIVING, INCLUSIVE AND WELL-CONNECTED LOCAL ECONOMY



CREATE GREEN AND VIBRANT PLACES THAT REFLECT OUR HERITAGE AND CULTURE



BE A RESPONSIBLE COUNCIL

ALL-AGE COMMISSIONING

THE COMMISSIONING FUNCTION IS AN IMPORTANT ENABLER WHICH USES COLLABORATION AND COLLECTIVE LEADERSHIP TO MAKE BETTER DECISIONS ABOUT HOW TO IMPROVE THE HEALTH AND REDUCE INEQUALITIES OF OUR POPULATION.

Currently we are working in a aligned integrated way with all sectors across the council and health partners and we are further looking to enhance and integrate further to enable a seamless approach to commissioning and support. This will be beneficial in supporting young people as they transition into adult services.

The Integrated Commissioning Team aims to shape commissioning activity to encourage a range of care and support services to ensure that individuals, families, and carers have a say in how their needs can be met in creative ways. We will ensure care and support providers continue to thrive, support good quality safe care, and remain financially sustainable within the resources available to the council.



COMMISSIONING PRINCIPLES

- Commission quality services that meet high national and local standards, which will be measured through benchmarking.
- Actively involve people who use services and their carers to co-produce and redesign services.
- Prevent, delay or reduce the need for people to access social care by providing advice, information and services that support people to be as independent as possible.
- For individuals who require support provide ongoing care in the individual's own home (home first) rather than in a residential care placement whenever possible.
- Ensure services are commissioned based on need and evidence of effectiveness.
- Ensure value for money and costs benefits are maximised.
- Deliver positive outcomes for service users by holding providers to account and ensuring outcomes are captured and measured.
- Ensure and encourage an open culture around safeguarding, working in partnership with providers to confirm the best outcome that are in keeping with national safeguarding policy and best practice.
- Ensure fair and transparent governance processes are followed through the commissioning and tendering process.



FUTURE OF SERVICE DELIVERY

OUR VISION IS TO ENSURE WE ENABLE PEOPLE 'TO LIVE HEALTHIER, HAPPIER LIVES', SUPPORTING PEOPLE TO REMAIN AS HEALTHY AND SELF-SUFFICIENT, ENABLING, THEM TO MANAGE THEIR OWN HEALTH AND WELL-BEING IN THEIR OWN HOMES WHENEVER POSSIBLE.

Where care is needed, we want people to have a choice about how their needs are met bringing more choice through the voluntary and community sector. The people who are receiving services should be at the centre of everything we do.

St Helens has moved to a strength-based approach that is embedded within a trauma informed approach recognising the experience individuals have over their lifespan impacts on the choices they make. This model will identify need and match it with community strengths that will empower and be based on what people can do.

THIS BOTTOM-UP APPROACH WILL STRENGTHEN COMMUNITIES THROUGH THE RECOGNITION AND HARNESSING OF COMMUNITY ASSETS.

By assisting individuals and communities to identify and share their strengths, our Home First approach makes it easier for them to become empowered, allowing them to collaborate on the development of their own social innovations.

The Home First asset-based approach will contribute to our prevention agenda through empowering, informing and sharing knowledge. Community development as a strand of health promotion is well established and has evidence of having a major positive impact in improving health outcomes and reducing inequalities. Supporting

a greater role for volunteers and peer to peer support, collaborations and partnerships; as well as access to community resources will also contribute to a person-centred prevention agenda. We are committed to provide high quality, accessible and timely information to our residents this ensure that our residents are enabled to make informed choices and have access to a range of support options.

Within an asset-based Home First Model the community, voluntary and faith sector play a crucial role in supporting a preventative and early intervention approach sector. We want to ensure that providers and community groups receive information in a timely was and support from commissioners to encourage voluntary providers to be sustainable We also want to ensure the sector has a longer-term partnership with the Council and move away from 12-month funding agreements to a more longer-term partnership. Offering longer-term funding agreements to the sector will enable long-term security and planning which will in-turn will ensure the sector is embedded into future working and improve long-term outcomes.

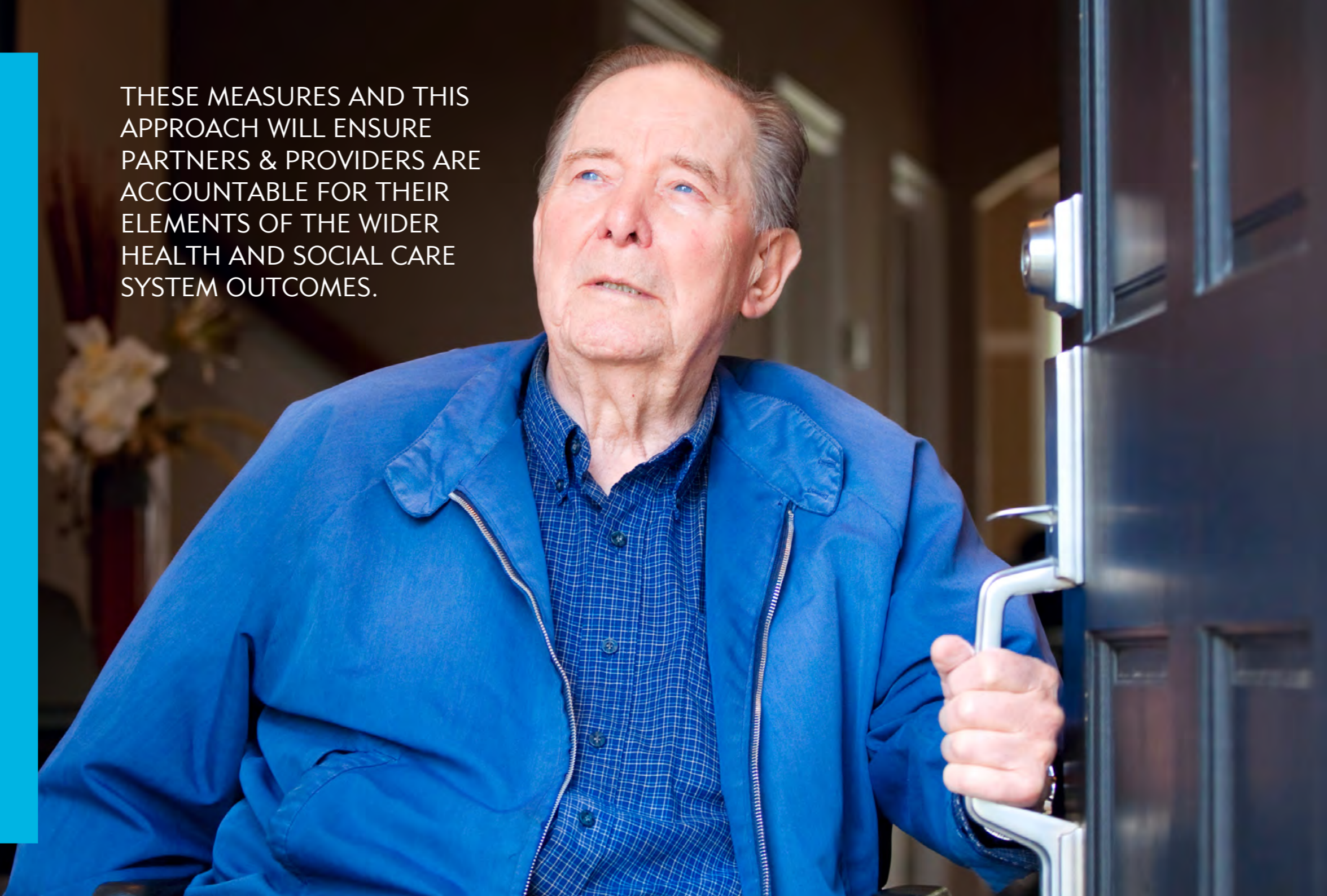
The philosophy of home and community first is a default that will help individuals remain at home and in their community for as long as possible. As a result, our home first approach, and model of care, we are determined to see a reduction in the

number of care beds we currently commission and a increase in the number of people supported to remain at home. This reduction is not a reflection on the excellent local provision across St Helen's but a direction of travel that is rooted in a wealth of research that advocates for this approach in improving outcomes.

Outcomes on an individual, service and system level will require capturing and we will in the commission on a outcome and quality basis. Through accurate timely data, using the voice of users and carers we can further build on success outcome-based commissioning designed around the individual. Through a governance perspective we are to further develop an outcome accountability approach. Outcome based accountability is a way of taking action that we will use to design and monitor strategies to improve the lives of our population.

Accurate and timely data on an individual and service level will help map progress, measure improvements, and capture the voice of people using the service. The performance management element of outcome-based accountability will measure the effectiveness of services and interventions and the impact on their client or service-user populations by chosen measures by the commissioner.

THESE MEASURES AND THIS APPROACH WILL ENSURE PARTNERS & PROVIDERS ARE ACCOUNTABLE FOR THEIR ELEMENTS OF THE WIDER HEALTH AND SOCIAL CARE SYSTEM OUTCOMES.



CO-PRODUCTION THROUGH THE UTILISATION OF COMMUNITY BASED CARE

ASSET BASED COMMISSIONING IS AN APPROACH THAT ENABLES INDIVIDUALS AND COMMUNITIES BY COMMISSIONING BASED ON NEED AS WELL AS BUILDING ON LOCAL PROVISION.

The approach enables service users to become equal commissioners, co-producers, and also via self-help make best complimentary use of all assets to improve life and community outcomes.

Asset-based practice aims to make more effective and efficient use of the total assets of people, communities and organisations. It does this not by reducing the role of the authority and transferring the burden to people and communities. Instead, it redefines the role of the authority and its relationship to people and communities.

It explicitly recognises the roles that people and communities play in achieving outcomes both as co-producers alongside organisations, and through

personal and community self-help. As co-producers, people and communities are involved as equals in day-to-day decision-making. This changes what both practitioners and people and communities do to co-produce outcomes.

The focus is on redesigning services to maximise well-being and sustainability including enabling community and individual self-help. This is a shift from a narrow focus on only improving specific service responses to perceived need within public service resources and silo delivery areas - towards a broader and more sustainable vision and direction. It is necessary and desirable to look much wider than existing public service resources, exploring a wide range of assets and considering how synergy and alignment can be achieved. Services will be co-produced and delivered in a range of activities to support wellbeing and ensure financial sustainability to the authority.



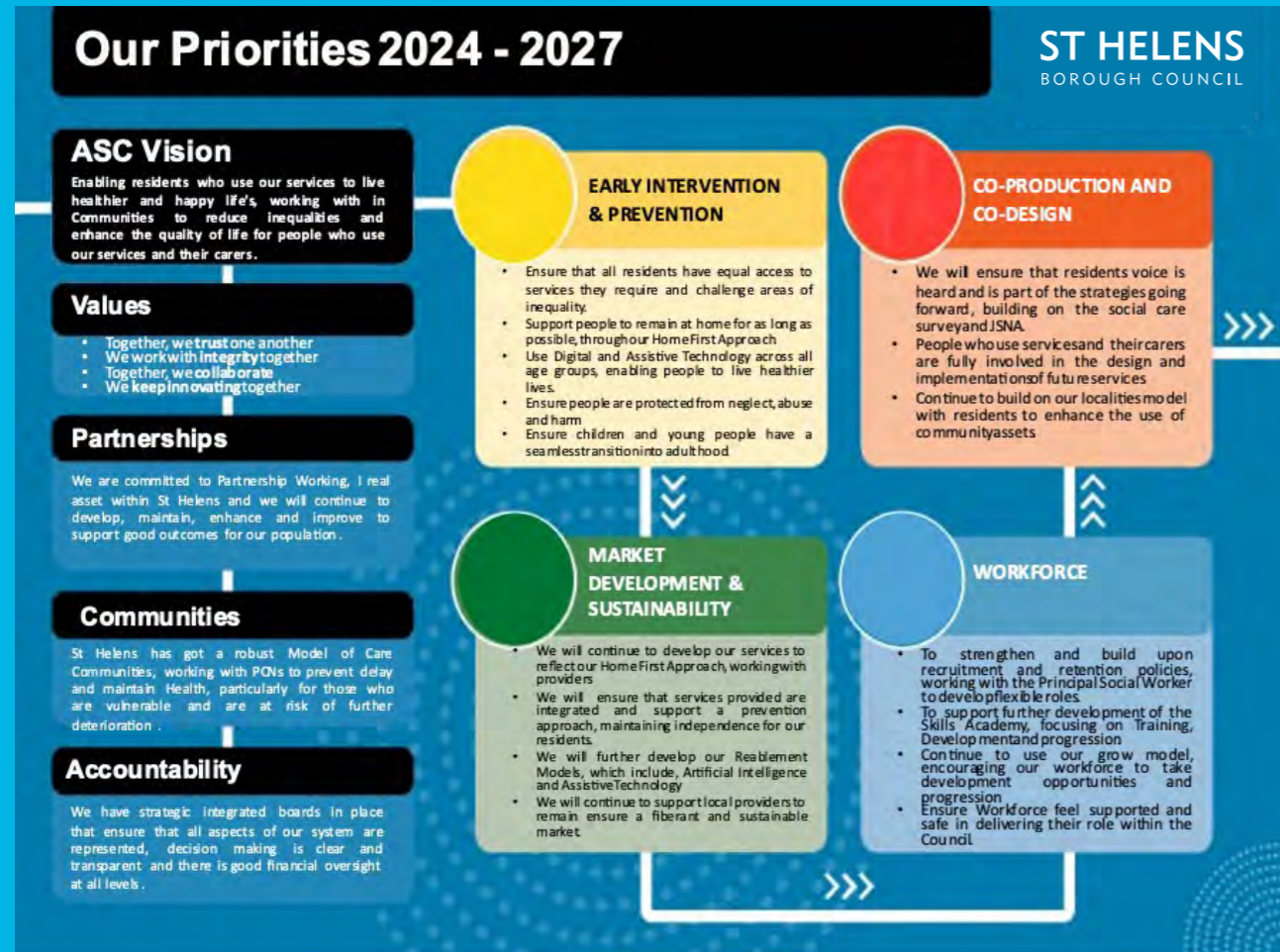
MESSAGES TO THE MARKET

St Helens wants to work alongside partners and providers to support an innovative, diverse and sustainable market which will meet the care and support needs of our population. We aim to work with the market to:

- Adhering to our Home First approaches supporting a model of independence and self-care options
- Reduce the number of people going into residential care beds as adopting a home first approach will improve independence and health outcomes
- Maximising and strengthening community capability and building on and strengthening community assets when providing care solutions
- Work with the community and voluntary sector on longer basis and move away from 12-month grant funding where possible. This will help the sectors plan better for future need as well as left shift to prevention and build on community assets
- Ensure providers have staff that are suitably competent to deal with more complex needs of service users
- St Helens are developing a Health and care skill hub to support providers, ensuring the further training and development of staff to understand preventative techniques and in particular needs of people with enduring Mental Health and Autism
- Maximise joint commissioning and working across the ICB particularly in relation to services like homecare, home-based rehabilitation and step up and step-down provision and enhancement of reablement services
- Ensure services can deliver safe effective services against budgets and the financial constraints within the sector
- The workforce skills base needs to be suitable and consistent across the borough and be supported by the right levels of leadership
- Encourage the development and making better use of community groups & charitable organisations
- Support the expansion of digital technology in better meeting need for care and support
- Work with partners to identify solutions and support the development of new provision and/or expansion of existing provision to address
- Support providers by providing regular updates on policy and guidance changes, signposting to financial support and grants where available
- Provide high quality services, codesigned with the individual, keeping people safe and providing value for money
- Reduce inequalities, promote fairness and opportunity for all, and support our most vulnerable residents, using the Marmont principles
- Have a 'whole system' mentality and are committed to joining-up the support they provide with that of other partners
- Are committed to being flexible and innovative in working with all partners to respond to individuals' and communities' changing needs
- Share our commitment to coproduction and ensuring that the people they support are fully involved in shaping the support they receive
- Residents receive information and advice in a timely and appropriate manner to make decision making simpler and easier
- Maximise shared lives offer of support to reduce the need and reliance on residential support
- There is an oversupply of residential care and an undersupply of nursing care
- There is an insufficient capacity for dementia care overall
- We will develop and implement a contractual framework for our residential care providers
- Empower users to maximise and increase the usage of direct payments.



OUR VISION



PREVENTION

WE WILL CONTINUE TO DEVELOP INNOVATIVE WAYS TO SHIFT THE FOCUS OF ALL OUR ACTIVITIES TOWARDS PREVENTION.

Our activities will focus on the skills of local people and communities rather than traditional interventions. This will require new ways of operating within communities, empowering people and facilitating solutions rather than traditional residential services. The model supports the council's vision of supporting people to enjoy healthy, active and independent lives, and creating the conditions for good outcomes to emerge. We have shifted away from where social care intervenes at a point of crisis in people's lives, often risking dependency, towards a model built on early intervention and prevention. Applying an ethos of strength-based practice and 'asset based community development' approaches together is enabling a facilitative approach, reflecting collaborative leadership and shared purpose.



RIGHT CARE, RIGHT PLACE

SUPPORTING SAFE DISCHARGES THROUGH HOME FIRST APPROACHES

Adopting a “Home First” mindset ensures healthcare and social care providers aim to reduce unnecessary hospital stays and over-prescription of care. Often, patient assessments conducted in hospitals lead to excessive care recommendations

Home First approach supports people who no longer need hospital but do need formal support to go home. Their long-term needs are assessed at home, rather than on hospital wards that can lead to delays in discharges.

Through the Home First steering group we are working with Mersey Care Mental Health Trust and Mersey and West Lancashire Teaching Hospital Trust and partners to embed this approach to support hospital avoidance and early discharge. The approach supports:

- Full assessments are not needed on wards - emphasis is on what is needed for a safe discharge home.
- Less deconditioning waiting for assessment and / or package of care
- Lower levels of assessed care need when assessed at home, people tend to be more able in a familiar environment.
- Lower levels of care needed following Home First support, due to effectiveness of therapy-led interventions, multi-disciplinary care, and Reablement support.

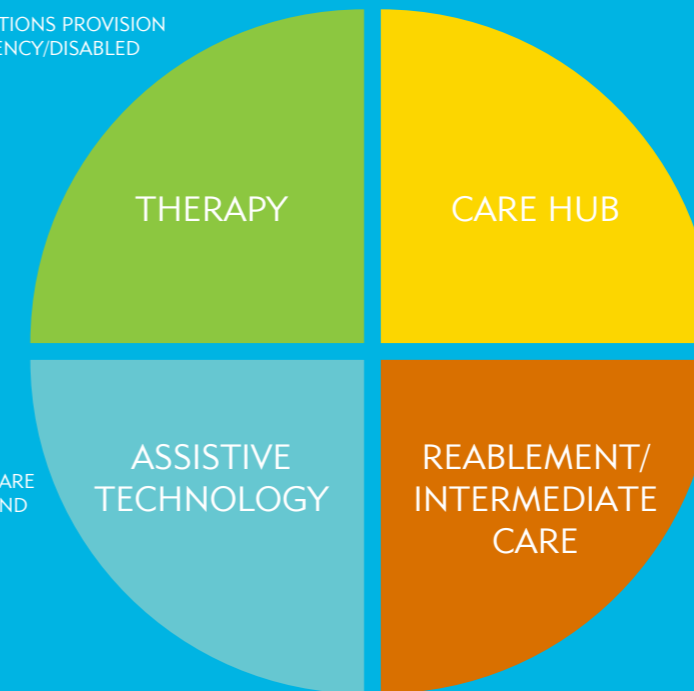
Home First: Key Aims

- Increase hospital Pathway 1's
- Reduce No Criteria to Reside (NCTR)
- Increase interactions with Urgent Community Response (UCR) services
- Reduced pressure on domiciliary care
- Early identification and early discharges resulting in people needing care or at lower levels
- People being supported through reablement supporting an ethos of independence rather than long term care from hospital
- Best outcomes for independence
- Putting people at the centre of their care
- Enable access to other services where required
- Supporting carers.

The home first approach has resulted in the reduction of admissions and has supported more people to return home. The emphasis is on care at home, increased use of Assistive technology and artificial intelligence. We will work with providers to develop and enhance this approach within their business models.

- EQUIPMENT AND ADAPTATIONS PROVISION
- HOME IMPROVEMENT AGENCY/DISABLED FACILITIES GRANTS
- MOVING AND HANDLING
- SINGLE HANDED CARE
- REHABILITATION

- TECHNOLOGY ENABLED CARE
- CARELINE MONITORING AND RESPONSE SERVICES
- HEALTH MONITORING
- WRAP AROUND CARE
- ARTIFICIAL INTELLIGENCE



- FRONT DOOR
- INTEGRATED DISCHARGE TEAM
- TRUSTED ASSESSOR
- EQUIPMENT PROVISION
- THERAPY PROGRAMMES

- REHABILITATION
- THERAPY PROGRAMMES
- MULTI-DISCIPLINARY WORKING
- SELF-CARE AND RESILIENCE

LOCALITY WORKING

Over the past few years St Helens has been developing strength-based approaches harnessing people's strengths, skills and networks to provide self-supporting networks. This, in turn, is creating a reservoir of community-based resources people can draw upon to lead healthy, independent, and fulfilling lives.

St Helens is committed to move into locality working, aligning all services including primary care, community, reablement, voluntary services and domiciliary care to provide seamless services to our population. This approach will be focussed around people's needs and will better streamline people to appropriate services in their local communities underpinned by our 'home first model'.

Care Communities

We have strong mature relationships with health colleagues across St Helens, supported by a combined leadership approach through the Executive Director of People and NHS Place Director. This seamless approach has enabled the development of care communities that has supported an integrated approach supporting individuals that are at most risk of deterioration. Through a Multi-disciplinary team approach, we are supporting more people to stay at home for longer reducing admissions into hospital and/or long-term care.

Residential Care

By offering community support and building on community assets we would like to reduce the number of individuals accessing residential care beds (by 40%) as research shows this approach improves health outcomes.

Carers

The St Helens Carers Strategy (2024 – 2027). This strategy has been co-produced by carers, including young carers. There is a clear delivery plan in place and the delivery will be overseen by the Carers Strategy Group recognising the diverse range of carers needs and challenges and opportunities they face. The Strategy clearly outlines our approach and commitment to support unpaid carers and family members.

Person Centred

We want to transform the way we deliver social care across all ages, focussing on early intervention and prevention and through co-production putting local people at the heart of commissioning and services. We want people to be active participants in ensuring that individuals design services that support their care needs. We are committed to supporting carers as carers provide a critical part is support their families' members.

Co-production

We are committed to support co-production and co-design. We have a number of forums in place that support the delivery of our key strategies. We want to ensure that people who use our services, carers our residents are all involved in the design of services.

Workforce

IN ORDER TO HELP MEET THE ESTIMATED NEED THE ADULT SOCIAL CARE WORKFORCE MAY NEED TO GROW BY 35% BY 2035, ACCORDING TO SKILLS FOR CARE STATISTICS.

In addition, it is necessary to make certain that individuals possess the appropriate training and abilities to continuously enhance and improve outcomes. St Helens is currently developing the Health and Social care skills academy which will support training opportunities for providers as well as working with universities, schools and colleagues to promote careers in social care and health.



Nursing and Residential Care

This is a challenging time for nursing and residential providers as the cost inflation and energy rises. We will continue to work with providers to support market sustainability and where appropriate differing

Cost of Care

St Helens has undertaken a fee setting exercise which has taken into account the variation within our provider market. This exercise has made it clearer and fairer and we will continue to review this on an annual basis. However, we have enabled providers to come forward if they require more support to remain viable.

Improving Outcomes

We can improve people's health and well-being by focusing on what matters most to them. This method of working with people is known as an outcomes-based accountability approach because it helps people understand and achieve their personal goals. Outcomes will vary from person to person because they're about what matters to that individual. Both personal and service outcomes will be improved by being person centred, realistic, achievable meaningful and evolve as needs and service delivery evolves.

Embracing Digital Technology

Through our Technology enabled care programme we want to move to a model of technology first, supporting people to use least dependency models of care and support. Maximising technology will help empower people and, where appropriate, their families and carers to maintain their own independence, manage their own care and support needs, and interact with the council and care services in a way that

is convenient and effective for them. Will deliver key data to clients and their support network to ensure effective support of client's needs, without the need for intrusive intervention. Allow better modelling of client's behaviour and allow for better fit service design and delivery to match needs proactively.

Messages to the Market

- Support the sharing of client data for better support of client's needs
- Encourage innovative use of technology in support of clients.

Value for Money

Traditionally value for money was thought of as getting the right quality, in the right quantity, at the right time, from the right supplier at the right price however value for money is not about achieving the lowest price. It is about achieving the optimum combination of whole life costs and quality.

Complex Needs

We are open to ideas about how partnership working can be used more effectively to improve outcomes for people with complex needs and are eager to investigate new methods for commissioning outcomes for them.

Integration

In order to improve outcomes for people who use health and social care services, integrated care must be provided. The elimination of care gaps and inefficiencies ought to also be able to provide savings opportunities.

Information and Advice

The St Helens has a wide range of services and support options. This includes the voluntary and community sector as well as local groups. We

have the www.thelivewelldirectory.com website can be used to find information and advice, discover hundreds of local groups and activities and find out what events are happening across St Helens.

Carers

Results from the Census 2021 found that:

- 20,524 people in St Helens were looking after someone without being paid
- 11.7% of the population over 5 years old cared for someone
- 11,634 people providing more than 20 hours of unpaid care a week
- 6,912 people doing so for more than 50 hours a week.

- Whilst national data shows that the proportion of people providing unpaid care is highest in the 55 to 59-year-old age group, St Helens being one of the highest representatives in this category.

Additionally, The Carers Survey for 2023-2024, found that:

- 73% of carers find information about services easy to find, an increase of 13%.
- 48% of carers reported an overall satisfaction with social services an increase of 10%.

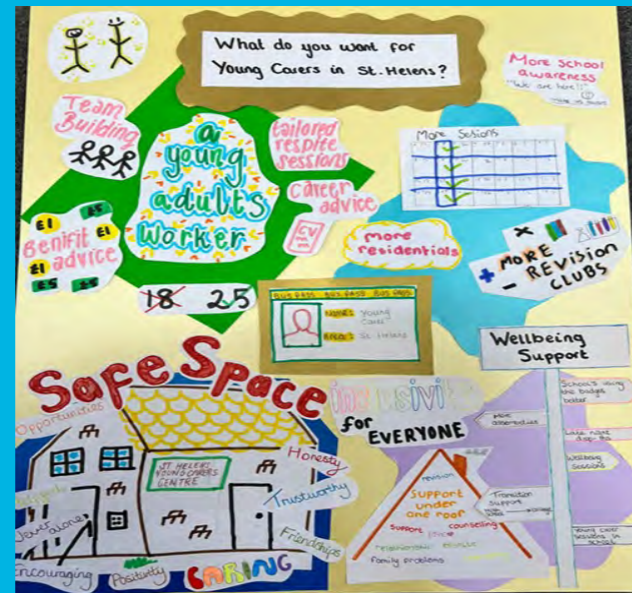
Description	Service Volumes
Number of people who consider themselves to be a carer	18,546
Number of carers registered with the carers service	15,607
Number of unique carers supported by St Helens Carers Support Centre per year at least once with one-to-one support	5,000

Each year, St Helens Carers Centre identifies approximately 1400 new carers, of which 200 are young carers. The key vision for the All-age Carers Strategy 2023 – 2027 is to ensure that the huge number of carers in our borough have the help and support they require as they balance the needs of the people they care for and their own. The strategy and accompanying action plan set the key priorities for the next three years. Monitoring and evaluating the impacts of this strategy and its objectives is vital to ensure that our efforts continue to focus on the cared-for and carer experiences. This, in turn, needs to feed into every commissioning decision that we take.

Throughout February and March 2024, a series of consultation exercises were undertaken with a range of Carers Groups, including adult carers, Young Carers and Parent Carers. Some of the key themes from this exercise were:

- Information and training in managing health conditions and/or disabilities and fluctuations in severity
- Managing finances and accessing benefits
- Helping me recognise how my caring role is affecting me physically and emotionally and address any issues
- Support to be and stay in education
- Support from others to similar caring situations
- Support to build and keep personal relationships
- Respite/short breaks.

Young Carers key themes were identified as



Messages to the Market

The current Carers Support Service is due to go to tender in summer 2024.

The new Carers support services must:

- Have an ability to reach out to isolated and hidden carers
- Provide Information and training in managing health conditions and/or disabilities and fluctuations in severity.
- Support Carers to maximise their finances and access benefits
- Signpost Carers to access services to support them with their physically and mental health
- Support young carers to be and stay in education
- Provide opportunities to meet with others in similar caring situations
- Support to build and keep personal relationships
- Provide opportunities for Respite/ short breaks.

The Department for Health and Social Care launched the Accelerating Reform Fund in October 2023 to support innovation and unpaid carers. We worked with the LCR and ICB to submit a successful bid for funding. Commissioning, in partnership with carers and the Carers Centre, is exploring how this funding can provide opportunities for carers to have a break.



PHYSICAL DISABILITIES

Working Age Population

Over the next twelve years it is predicted that the number of working age individuals in St Helens with physical disabilities will decrease, except for serious visual impairment. The table below shows the projected number of adults aged 18-64 in St Helens to have a physical disability along with the percentage change between 2023 and 2035.

Working Age Population (aged 18-64) predicted to have a physical disability in St Helens (2023 - 2035) (Source: Projecting Adult Needs and Service Information)

Physical Disability	2023	2025	2030	2035	% Change (2023-2035)
Predicted to have impaired mobility	6,183	6,260	6,170	5,941	-3.9
Predicted to have a serious personal care disability	961	966	954	941	-2.1
Predicted to have a longstanding health condition caused by a stroke	342	340	332	334	-2.3
Predicted to have diabetes	3,728	3,729	3,662	3,612	-3.1
Predicted to have a serious visual impairment	69	70	70	70	1.4
Predicted to have some hearing loss	11,325	11,410	11,109	10,902	-3.7
Predicted to have severe hearing loss	689	699	680	654	-5.1

Older Population

Over the next twelve years it is predicted that the number of older age individuals in St Helens with physical disabilities will increase. The table below shows the projected number of adults aged 65+ in St Helens to have a physical disability along with the percentage change between 2023 and 2035.

Older population (aged 65+) predicted to have a physical disability in St Helens (2023-2035) (Source: Projecting Older People Population Information)

Physical Disability	2023	2025	2030	2035	% Change (2023-2035)
Unable to manage at least one activity on their own	6,974	7,244	7,935	8,580	23.0
Predicted to have some hearing loss	23,522	24,212	26,403	28,168	19.8
Predicted to have severe hearing loss	2,960	3,096	3,548	3,776	27.6
Aged 65-74 predicted to have a moderate or severe visual impairment	1,103	1,120	1,238	1,316	19.3
Predicted to have a bladder problem at least once a week	6,339	6,550	7,104	7,560	19.3
Predicted to have a fall	10,206	10,546	11,563	12,331	20.8

HOUSING STRATEGY

THERE ARE JUST OVER 81,000 HOUSEHOLDS IN ST HELENS AND OF THESE 64% ARE OWNER OCCUPIERS (34% OWNED OUTRIGHT AND 30% WITH A MORTGAGE), 15% RENT PRIVATELY AND 20% RENT FROM A SOCIAL LANDLORD.

This means slightly more households are owner occupiers and rent from social landlords and slightly less rent privately than the average for England (<https://sthelens.localinsight.org/#/dashboard>) (at June 2024)

The number of people in the borough registered as needing social housing has risen. There has also been an increase in people assessed as homeless and in rough sleepers.

The Council does not own housing stock but works with housing associations and private developers to ensure that future housing will meet needs at different stages of our residents' lives. It also needs to respond to changes in the overall composition of the borough's population, specifically the greater percentage of older people and people with long term health problems or disabilities.

TWO KEY THEMES OF THE BOROUGH HOUSING STRATEGY 2022-27 ARE:

- 1) IMPROVING HEALTH AND WELL-BEING
- 2) SUPPORTED AND SPECIALIST HOUSING.

Common to both these objectives is ensuring that people can live independently in the right homes and addressing health inequalities in the borough. The council will continue to ensure that the services of our home improvement agency and use of assistive technology support prompt hospital discharges and prevent hospital admissions in the first place.

More children than average enter care in St Helens, so it is also a priority to increase the housing options for care leavers so that they start adult life with the security of a suitable home.

To ensure high quality provision for those needing supported housing, in 2023/24 the Council carried out a review of commissioned housing schemes provided to socially excluded groups (homeless, rough sleeping, young person homeless, persons with history of offending, and accommodation services to survivors of domestic abuse). This followed the dis-establishment of the former Supporting People programme at the start of 2023/24 when housing-related support services, that were previously jointly commissioned by ASC and the former-Supporting People programme, passed to ASC solely to allow more strategic commissioning of specialist provision for both care and housing support.



THE COUNCIL DELIVERS A SUPPORTED HOUSING IMPROVEMENT PROGRAMME WITH FUNDING FROM DLUHC UP UNTIL END OF 2024/25.

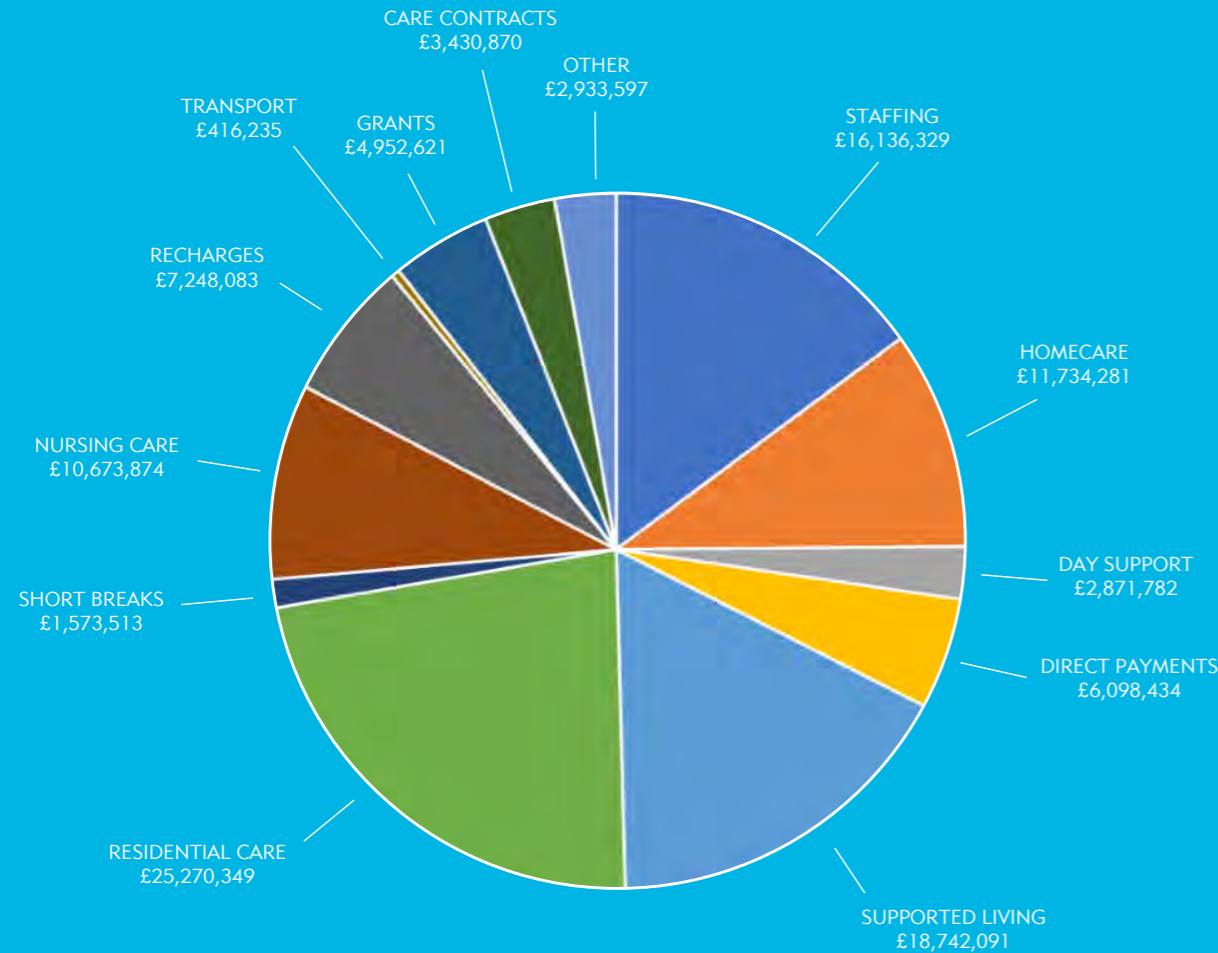
Further detail is awaited on the new Supported Housing (Regulatory Housing) Act 2023.

In the areas of home care and residential care we would like to see the gap between the two areas widening and reduce the reliance on residential services. Seeing this would demonstrate the prevention services and community assets working together and working upstream to reduce the reliance on residential services.



FINANCIAL CONTEXT

Like many councils across the country, we are still facing increasing pressure on finances. In 2021/22 we spent £112 million on Adult Social Care Services, the majority of this spend was on care services purchased from the independent or voluntary sector with the remainder spent on assessment and the provision of our own in-house care services, buildings, transport and running costs, please see chart below.



■ STAFFING ■ HOME CARE ■ DAY SUPPORT ■ DIRECT PAYMENTS ■ SUPPORTED LIVING ■ RESIDENTIAL CARE ■ SHORT BREAKS
■ NURSING CARE ■ RECHARGES ■ TRANSPORT ■ GRANTS ■ CARE CONTRACTS ■ OTHER

SAFEGUARDING

In St Helens, we have been successful in enforcing the duties under Care Act 2014 but believe that success lies not only in protecting and supporting individuals but also in preventing abuse from occurring in the first place.

The Care Act 2014 sets out six key principles of safeguarding that apply to all sectors and settings, including care and support services.

These key principles underpin all our day-to-day operations. It is crucial that providers also work within the statutory framework of the Care Act, working in partnership, cooperating with the local authority and others in respect of safeguarding adults.

In order to continue to improve people's well-being and protect them from harm within St Helens, there is a strong, excellent partnership ethos which will continue long into the future.

OVER THE LAST FEW YEARS THERE HAS BEEN A MORE COLLABORATIVE AND MULTIAGENCY APPROACH TO SUPPORT ADULTS AT RISK, WHO WOULD HAVE PREVIOUSLY FALLEN THROUGH THE GAPS OF SYSTEMS AND SERVICES.

CHILDREN & YOUNG PEOPLE

IN ST HELENS, WE HAVE BEEN SUCCESSFUL IN ENFORCING THE DUTIES UNDER CARE ACT 2014 BUT BELIEVE THAT SUCCESS LIES NOT ONLY IN PROTECTING AND SUPPORTING INDIVIDUALS BUT ALSO IN PREVENTING ABUSE FROM OCCURRING IN THE FIRST PLACE.

The Care Act 2014 sets out six key principles of safeguarding that apply to all sectors and settings, including care and support services.

These key principles underpin all our day-to-day operations. It is crucial that providers also work within the statutory framework of the Care Act, working in partnership, cooperating with the local authority and others in respect of safeguarding adults.

In order to continue to improve people's well-being and protect them from harm within St Helens, there is a strong, excellent partnership ethos which will continue long into the future.

Over the last few years there has been a more collaborative and multiagency approach to support adults at risk, who would have previously fallen through the gaps of systems and services.



In St Helens, early years and childcare provision is delivered by the private, voluntary, maintained and independent sectors, who offer a full range of provision across the borough. In total, we have 147 registered providers of day care nurseries, pre-school playgroups, school nurseries, a nursery school, childminders, and out of school clubs - offering full day care, sessional care, and before and after school provision.

All Early Years provision in St Helens, has been judged 'Good' or better by Ofsted.

St Helens Borough Council do not commission these services directly, but we support the sector by:

- Administering the free early education entitlement, (FEEE) funding to providers for delivery of early education places for two-, three- and four-year-olds.
- Ensuring that childcare is available, accessible, and affordable so that parents have the opportunity to use childcare in their local area.
- Ensuring provision is of high quality so that it benefits the child. This includes the provision of specialist training and resources where required and supporting workforce development.
- Providing parents with a choice of childcare so they can choose the childcare that best meets their needs.
- Maintaining an overview of childcare sufficiency & quality at a borough wide and ward level, and undertaking an annual assessment (including parent and provider surveys, provider occupancy data, local intelligence, Ofsted quality judgments, and intelligence around planned housing developments).

Challenges

- Due to current national challenges in recruitment and retention in the Early Years sector, a number of providers have either reduced or capped the number of places offered to families.
- There is a real variation in childcare costs across the borough. Parents responding to a survey in spring 2024 cited 'cost' as the main barrier to accessing childcare.
- The Local Authority are currently engaged in delivering the 'expansion of the entitlements' a national programme aimed at increasing the availability of childcare for working parents. The amount of capital funding made available to support this programme is unlikely to deliver the level of re-development/ renovation required to create the capacity requirement projected by DfE.

The Department for Education are encouraging Local Authorities to be 'ambitious' in their delivery of the expansion. Surveys conducted with providers and parents across the local area show that 86% of providers are currently carrying a surplus of places in wraparound childcare. This is suggestive that the demand for this type of provision is lower than anticipated in St Helens.

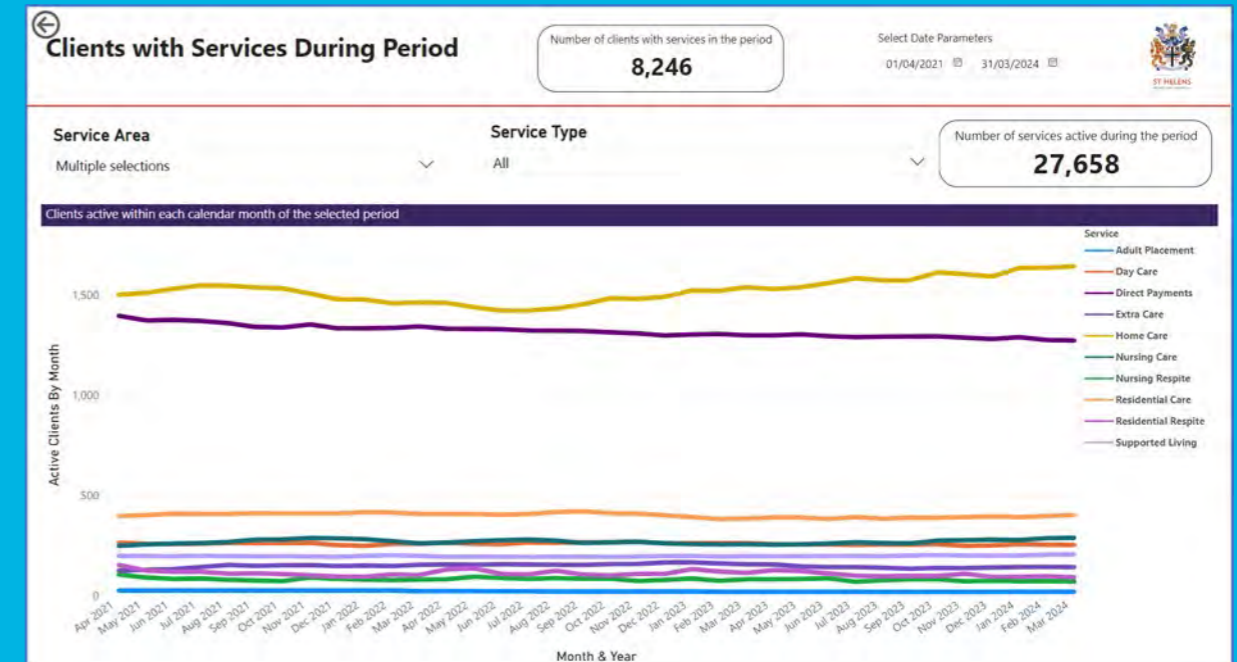
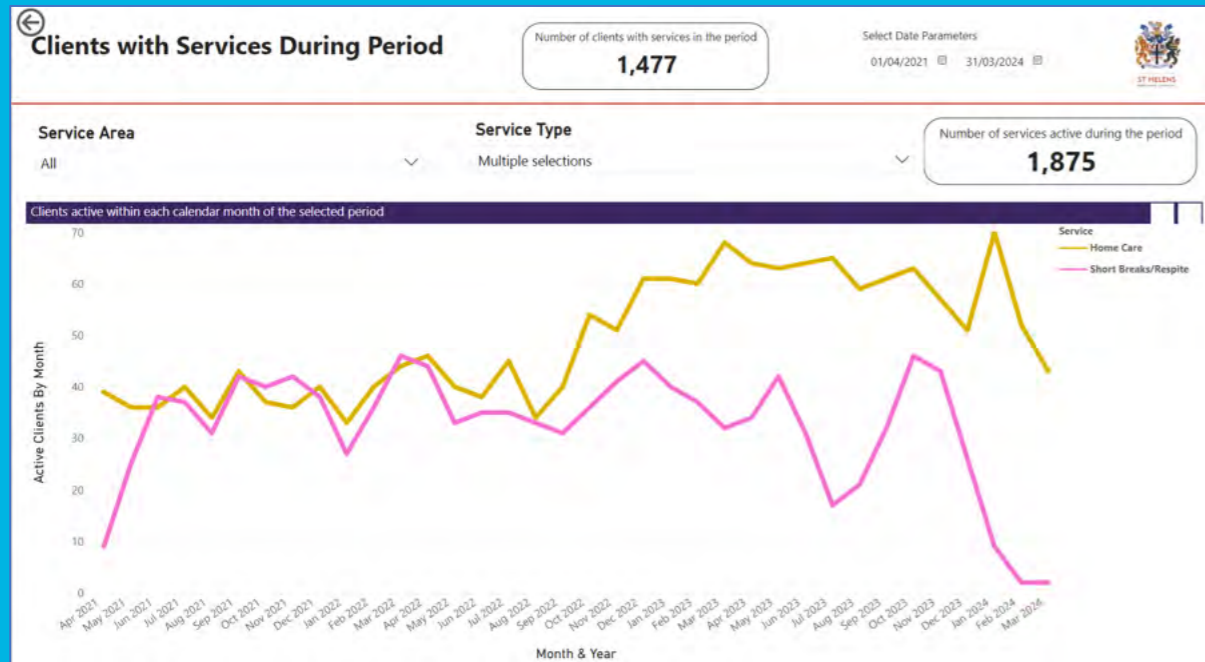


ADULTS

Our Home First Approach is based on a strength-based model that has at its core; prevention and early intervention. This model supports the council's vision of creating the conditions needed for all people to enjoy healthy, active, independent lives. Shifting away from where social care intervenes at a point of crisis in peoples' lives, often risking dependency, towards a new culture intervening upstream to maximise the individual's support network to self-manage as the first option. This in-turn will reduce the reliance on residential care beds and promote community independence.

The table below shows how activity has changed as we introduce a early intervention and home first approach.

The table below shows the number of people using services in any one period, as well as the activity breakdown by service.



REABLEMENT SERVICES

Our Reablement Service is an internal council run provision with an approach that emphasises supporting people to regain their skills and confidence after a period of illness or hospitalisation. Unlike traditional home care, which tends to be a “doing for” model, reablement follows a “doing with” approach.

Reablement focuses on empowering individuals to regain independence and confidence, promoting wellness, and enabling them to perform everyday tasks for themselves.

St Helens Reablement Services will facilitate a home first model of practice where service users leaving hospital will be enabled to return to their own homes whilst receiving rehabilitation and practical support.



Messages to the Market:

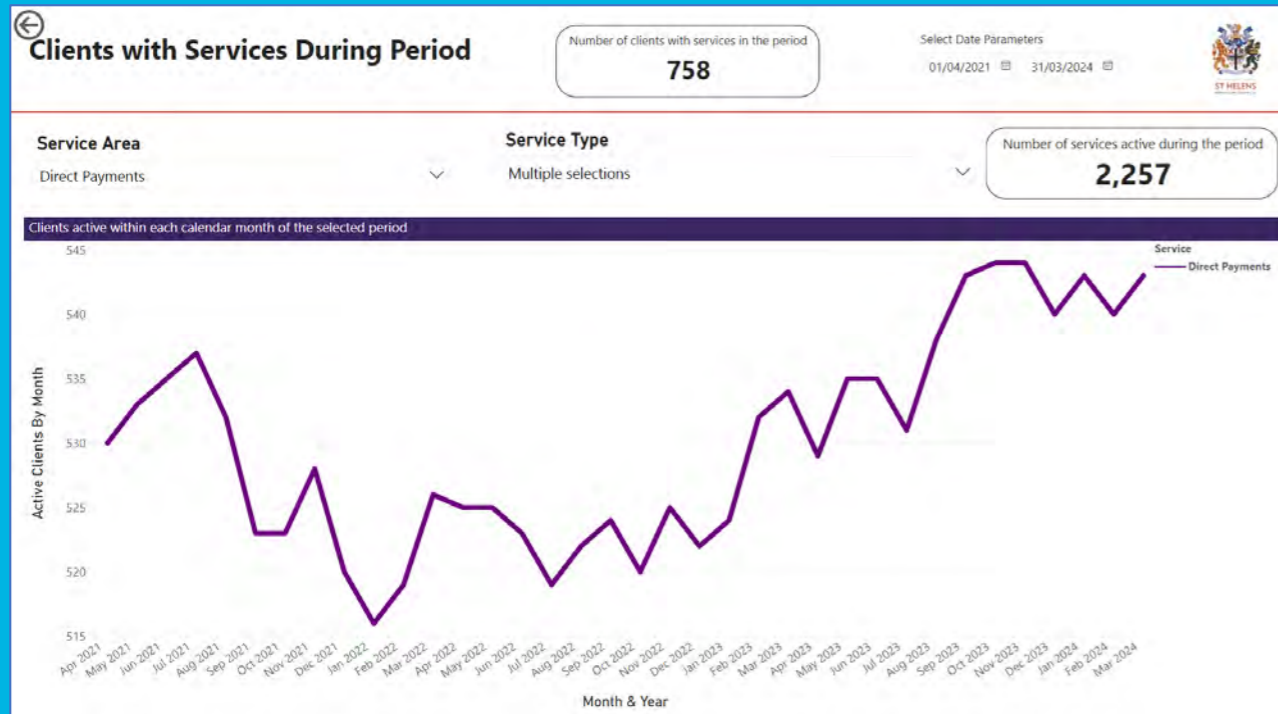
- Work with partners to build community capacity, supporting the growth of social networks and social action, bringing all sectors together in projects that deliver on local priorities.
- Taking a “strengths based” approach, starting from the positive resources and skills found in individuals and communities rather than from problems.
- Ensure people have appropriate advice and information to keep them resilient, independent, happy and healthy.
- Supporting people and communities to find the help they need to maintain their resilience and independence and participate fully in community life.
- Working with partners to intervene early with those at risk of losing their independence or with escalating levels of need.
- Ensure that, where people have longer-term support needs, they also benefit fully from the resources and skills found in their communities and we help them to develop networks and relationships. Where it is necessary to supplement these with services, these are aimed at supporting independence and delivered in a personalised way.



DIRECT PAYMENTS

We believe that individuals should have control and choice over the support they receive. The provision of direct payments is well established in St Helens with historically a healthy take up. We have recently undertaken a fundamental review of this service area with a view to

reinvigorating the offer to support the person-centred practice model with co-production and a strength-based assessment at its core which will enable service users to be supported in planning their care in a creative way.



The market can support this approach in the following ways:

1. Providers need to consider how they can market services to people (the 'customer base') rather than solely to the council.
2. Providers will be expected to have plans for how they will involve service users in making choices about the ways in which their support is delivered.
3. Providers will be expected to implement differential pricing to reflect provision to individuals rather than Council commissioned services
4. The Council will support the use of micro providers to provide care and support to people with a direct payment.
5. Community and Voluntary Organisations to support people to use their own strengths and personal opportunities, rather than reliant on Domiciliary Care Options.
6. This is our opportunity to provide more digital options.
7. We would like to support other ways of meaningful interaction through the use of volunteers and peer-to-peer support.

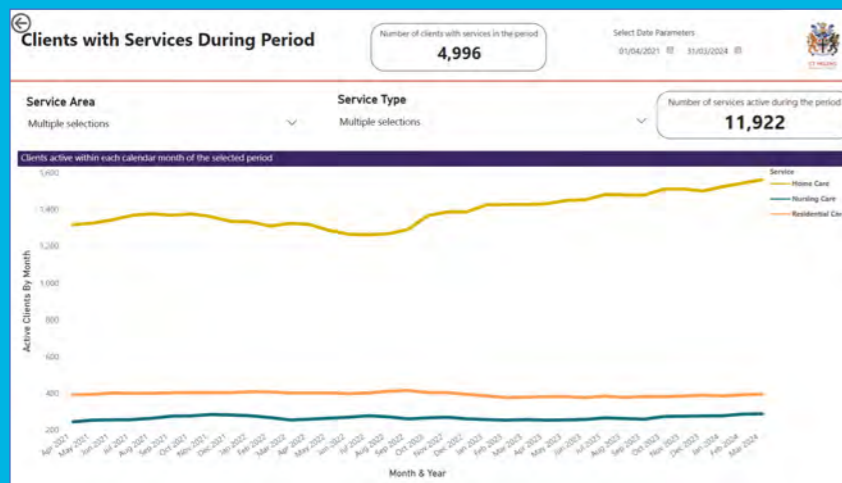


HOME CARE

Moving towards a home first model has created additional need for care at home services. St Helens would like to see a flexible model of support and a reduced number of people accessing crisis care and more people supported

through early intervention and prevention options, as well as assistive technology.

The graph(s) below shows an increase in care at home provision since the drive of home first commenced.



Messages to the Market:

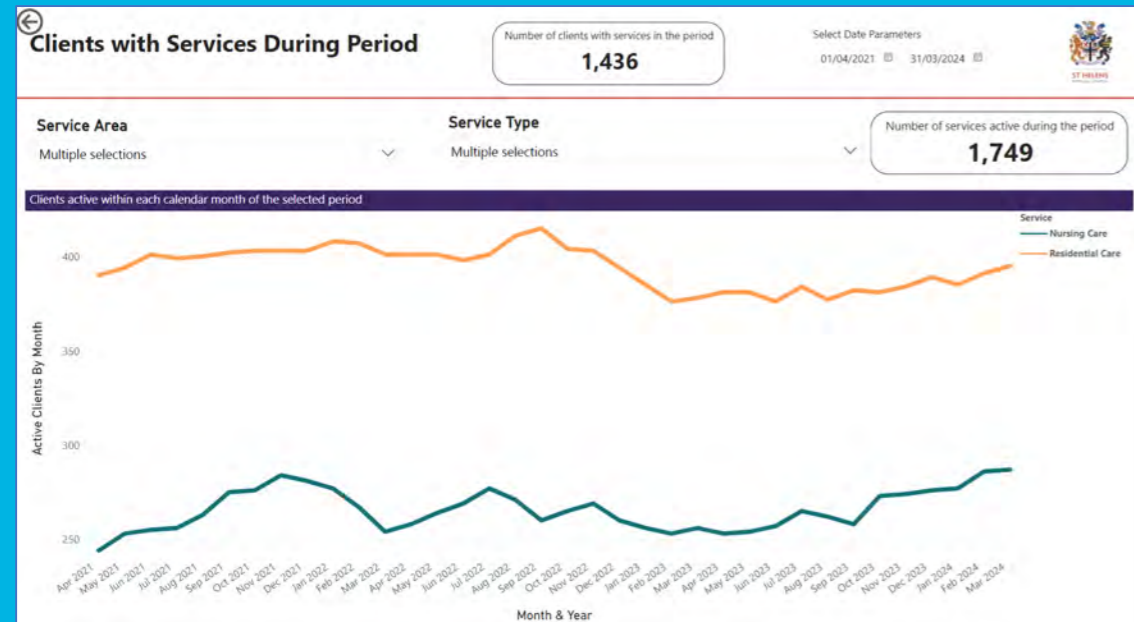
- Providers should build in a sustainable flexible model of support that enables people to live as independent as possible based on outcomes
- Providers must ensure that the workforce is trained across all areas of care, in particular Autism and Dementia
- Providers will need to demonstrate that they are person-centred and care planning is co-produced with individuals and their families
- We have potential gaps in the market, in particular supporting people with dementia in their own homes, wraparound care and specific specialised autism support.



RESIDENTIAL AND NURSING CARE

Within the borough, there are a total of 29 Residential and Nursing Care Homes which provide approximately 1162 beds at the current time. This is made up of 3 residential homes

specialising in support for residents who need support for mental health or learning disabilities and 26 older people care homes of which 12 provide nursing care.



CQC ratings for Residential and Nursing Home Provision:

- 23 Good
- 3 Requires Improvement
- 1 Outstanding
- 1 Inadequate
- 1 Not yet inspected

St Helens Borough Council is committed to delivering care closer to home through our Home

First approach. We will support people to remain at home and reduce our reliance on bed-based provisions. At approximately £36 million annually, residential and nursing care accounts for 26% of all Adult Care expenditure. As a result, it is essential to control the costs of nursing home and residential care while also ensuring that the market receives a fair price for their services in accordance with our responsibility to maintain a healthy market with a variety of high-quality services to choose from.

Messages to the Market:

- The number of admissions into general residential care will decrease, as there will be large focus on the 'Home First' Model, technology-enabled care, and investment in Extra Care Housing.
- The Council will only purchase placements in care homes for individuals who are unable to live safely at home and primarily for those with nursing and/or specialist needs, such as advanced dementia or long-term conditions.
- In St Helens, we have an under supply of homes providing support for Service Users with Nursing and/or complex dementia needs. We would encourage new provision in these areas. With an expected rise in demand over the next decade, provision will need to increase to match demand.
- We are working with Local Authorities across the Liverpool City Region to develop a standardised core service specification for care homes.
- We are hoping to develop further short-term step-up and step-down provision to support people needing short-term care options or step-down from hospital.



MENTAL HEALTH

The estimated percentage of working age adults with a common mental health disorder in St Helens is 19% and a psychotic disorder is 0.7%. The table below shows the mental health disorders examined and across the timescale being relatively stable.

Number of working age adults with mental health disorders in St Helens, 2023-2040 projections (Source: Projecting Adult Needs and Service Information).

Mental Health	2023	2025	2030	2035	2040
Common Mental Disorder	20,271	20,253	20,286	20,305	20,448
Borderline Personality Disorder	2,574	2,573	2,576	2,579	2,579
Antisocial Personality Disorder	3,577	3,580	3,582	3,606	2,636
Psychotic Disorder	750	750	750	753	758
Two or more Psychiatric Disorders	7,713	7,713	7,720	7,739	7,796

St Helens has an opportunity to move away from isolated, difficult-to-access services towards joined-up care, adopting a whole-population approach through the Community Mental Health Framework for Adults and Older Adults. This means that we will enhance the quality of provision for those with more severe mental illness whilst also focussing on the well-being of all adults in our communities

Social Workers will promote the St Helens Carers Centre and its function when undertaking social care assessments and or at the point of contact with the Social Work team and support carers through a person centred, strength-based approach to assessments.

St Helens will continue to work with Health colleagues to raise awareness, understand

the needs and support requirements for males accessing services to reduce suicides and attempted suicides.

St Helens wants to develop age-friendly services that combat ageism and involve partners in ensuring that services are equitable, accessible, and available for the older members of our communities. This requires a shift away from being 'age-led' to 'needs-driven' with a greater understanding of life changes such as long-term illness, bereavement, retirement, caregiving responsibilities and financial constraints.

We believe a fundamental shift in focus is essential to improving mental health and wellbeing in St Helens, requiring a strong emphasis on prevention, early intervention, resilience, and recovery. We will achieve our vision of mental health and well-being while delivering a responsive, efficient, and sustainable mental health system by:

- Providing services in collaboration with medical professionals, seasoned professionals, families, and caregivers
- Moving towards a home-based model through the enhancement of mental health rehabilitation
- Utilising the most recent research and clinically recommended practice while also being innovative and attempting new things
- Creating care delivery models that guarantee inclusive, efficient, and accessible services for all
- Continuing to restructure our services with a focus on recovery support, inclusivity, and empowerment in order to provide assistance to people as soon as possible

- Enabling and assisting people in taking charge of their own health and life by exercising choice and control
- Providing early access to assistance and support can help to rebalance the system and lower the need for acute and crisis services
- Tackling mental health and wellness issues in schools and colleges, acting early, and improving services for children and young people
- Ensuring that any other pertinent partnership initiatives and policies that support the broader determinants of health (including housing, employment, transportation, and access to green spaces) take mental health outcomes into account

LEARNING DISABILITIES

Over the next twelve years it is predicted that the number of individuals with learning disabilities will increase by 5.5% with age 85+ seeing the largest increase by 48.4% with some age groups seeing a reduction (age 25-34 and age 55-64).

Number of Adults with Learning Disabilities in St Helens, 2023-2035 Projections (Source: Projecting Older People Population Information System).

Age	2023	2025	2030	2035
18-24	323	323	365	372
25-34	583	575	533	543
35-44	577	600	637	622
45-54	540	525	524	591
55-64	571	582	557	503
65-74	427	433	477	510
75-84	294	305	315	317
85 and over	91	95	108	135

St Helens Borough Council wants to ensure that people with learning disabilities of all ages are completely integrated into mainstream society, are not stigmatised or afraid and have the skills and support to live a happy and independent life. In order to achieve this, we will develop a holistic approach, collaborating with health partners, education, leisure services, transport, planning and community organisations. This approach will ensure that we can capitalise on the community assets we have in St Helens, such as parks, swimming pools, and green spaces. It also means that we can promote and refer people with learning disabilities to local community groups

that are available to help them form relationships and learn a variety of life skills.

Transition is a critical area for our young people with learning disabilities and/or autism and we recognise the importance of managing it correctly. Transition is a continuous and evolving process that helps young people prepare for adulthood. It is not a single event or encounter but rather a series of events that take place between the ages of 14 and 25.

This planning takes into account the abilities, needs, and desired outcomes of children and young people as they prepare for adulthood.



Employment, independent living, participation in society, and being as healthy as possible are some of these outcomes. It is critical to prepare for this phase of transition by sharing information promptly and working together to identify any gaps in need and ensure that the appropriate assistance is in place to satisfy young people's long-term requirements. As such, we will work with young people and their parents/ carers to help them navigate the transition time, emphasising the significance of involving them in decisions about their support and capabilities. We acknowledge that one of the opportunities for successful transition is the need to be more creative in our commissioning and we intend to provide more choice and improve our local offer so that people transitioning to adulthood can experience independent living and all that entails.

Nationally, the current disability employment rate is 32.2 percent, implying that 3.8 million disabled people are unemployed. Yet, according to the Government, 65% of adults with learning disabilities want to work. Working promotes health and well-being, contributes to a feeling of identity and personal accomplishment, and provides a social network of support. We understand that work is not for everyone, but it should always be an option. With this in mind, we need to work with local communities to provide people with learning disabilities greater opportunities to work.

The 2004 amendments to the Assistive Technology Act of 1998 support the need to improve the provision of assistive technology to individuals of all-ages with disabilities. Our ambition over the next ten years is to ensure that, as a Local Authority, we are leading the way in commissioning and providing more innovative

technologies and putting them into practice where possible. To achieve this, we will develop a set of clearly defined guidelines and processes to ensure that this type of assistance is more prominent in the options that people have. We will also seek to arrange care package financing in a more constructive and person-centred way.

WE WILL PROMOTE INDEPENDENT LIVING FOR PEOPLE WITH LEARNING DISABILITIES, WHEREVER IT IS FEASIBLE AND AFFORDABLE, SO THAT THOSE WHO ARE CAPABLE OF LIVING INDEPENDENTLY CAN DO SO.

To achieve this, we will need to improve the housing provision we have in our Borough which necessitates a stronger working relationship with our housing providers, independent builders, community groups, carers and people with learning disabilities.

Health and social care have worked collaboratively to secure funds from NHS England to develop a new service for adults with complex learning disabilities and autism, which was launched in April 2024. Heathside is a unique assisted specialist supported living scheme which provides a state-of-the-art home for people with a learning disability and autistic people, some of whom were part of the transforming care cohort who was ready to move on from hospital or who may need to move back to St Helens from out of borough placements. Heathside is the first scheme of its type in St Helens and incorporates - as standard - several innovative technologies and solutions designed specifically to ensure

residents are safe and supported in their homes. With each of the apartments fitted with a range of features including an advanced alarm system, and numerous telehealth products.

These design features and support mean that residents can live close to families and enable them to have a tenancy and live within the community accessing 24-hour specialist support with round-the-clock care provision.

St Helens is committed to ensure we support individuals with a learning disability and autism to thrive. We have developed two strategies that support the delivery of future care and support options. The main priorities are outlined below:

1. Community Inclusion
2. Early Help
3. Life Changes (Transition)
4. Employment
5. Education
6. Short Breaks
7. Shared Lives
8. Assistive Technology
9. Housing and Accommodation with care options
10. Workforce Development
11. Morality and Health



AUTISM

Autism and Our Communities

Although it is important to acknowledge that there are different perspectives on this and not all autistic people consider themselves as impaired, autism is a lifelong developmental impairment that impacts how people perceive, communicate, and connect with others. There are an estimated 700,000 autistic adults and children in the UK, or about 1% of the total population. Additionally, it is projected that 3 million family members and carers of autistic individuals reside in the UK. Individuals with autism experience the world in a unique way from other people. Due to the vast range of effects, it can have on individuals and the varying levels of support they may require over the course of their lives, autism is frequently referred to as a spectrum condition. Approximately 4 in 10 autistic individuals have a learning disability, even though autism is not a learning condition. Some autistic people will require little to no assistance in their daily life, but others may require intensive care, such as

round-the-clock assistance in a residential facility. People may require assistance with a variety of issues, such as making friends, managing their time at school or job, or having the mobility to move around their communities.

Approximately 1,046 people between the ages of 18 and 64 in St Helens have been diagnosed with autism spectrum disorder, with 90% of them being men. Even while all newly diagnosed individuals are eligible for a social care assessment under the Autism Statutory Guidance, not all people request one.

The table on the following page shows the how this number is expected to change over time.

OVER THE NEXT TWELVE YEARS IT IS PREDICTED THAT THE NUMBER OF INDIVIDUALS WITH AUTISTIC SPECTRUM DISORDERS WILL INCREASE BY 5.5% WITH AGE 65-74 SEEING THE LARGEST INCREASE BY 18.1% WITH SOME AGE GROUPS SEEING A REDUCTION (AGE 25-34 AND AGE 55-64).



**Number of Adults with Autistic Spectrum Disorders in St Helens, 2023-2035 Projections
(Source: Projecting Older People Population Information System).**

Age	2023	2025	2030	2035
18-24	123	123	139	145
25-34	233	230	212	218
35-44	232	239	255	250
45-54	227	220	219	245
55-64	250	254	243	220
65-74	193	195	217	228
75 and over	174	182	194	205

Autism and Mental Health

According to the autism research charity Autistica, seven out of ten autistic people have a mental health condition such as anxiety, depression, attention deficit hyperactivity disorder (ADHD) or obsessive-compulsive disorder (OCD). There is little research into why this is, but it may be because autistic people:

- Can struggle to try to fit into or make sense of the world, which can lead to feelings of depression and anxiety
- May face delays in getting their mental health problems diagnosed
- Are more likely to face stigma and discrimination
- Are less likely to have appropriate support available. For example, group therapy might not be suitable for some autistic people, or therapists might not know how to adapt their approach to helping an autistic person.

Inpatient mental health hospitals supported 2,075 autistic and learning-disabled people as of June 2021; 1,200 (58%) of these patients are autistic. This is particularly pertinent given the current Government's vow to change mental health laws in England and Wales.

This will include:

- Determining the best method to amend the Mental Health Act's definition of "mental disorder" so as to exclude autism
- Establishing a responsibility to offer adequate community services
- Making decisions from the Care and Treatment Review enforceable.

Our Commitment

St Helens resolves to radically improve life for people with autism, their families, and carers in accordance with the National Strategy. Our commitment, therefore, is to show how our work has improved the lives of autistic people and their families by:

- Increasing societal awareness of and acceptance of autism
- Enhancing the educational opportunities available to autistic adolescents and teenagers and fostering successful adult transitions
- Assisting more autistic individuals to find employment
- Addressing disparities in health and treatment for those with autism
- Fostering community support and helping those receiving inpatient treatment
- Enhancing support within the youth and criminal justice systems.

Working Together

How we deliver the above commitments, will be contained within the action plan associated with this document. However, this is not a singular Strategy and is created, influenced, and delivered through our numerous partnerships, service providers and communities which includes:

- Services for healthcare, social care, education, housing, and criminal justice
- Leaders of Integrated Care Boards and local authorities
- Service providers for social services, health care, and education
- Health, social, and education service commissioners
- The community and voluntary sector

The delivery of coordinated and seamless services to help people, including those with learning disabilities and autistic people, live healthy, independent, and dignified lives increase with the integration of health and social care, which also improves results for the population as a whole.

Our Priorities

- Priority 1** Increasing Societal Awareness of and Acceptance of Autism
- Priority 2** Enhancing the Educational Opportunities available to Autistic Adolescents and Teenagers and Fostering successful Adults Transitions
- Priority 3** Assisting more Autistic Individuals to find Employment
- Priority 4** Addressing disparities in Health and Treatment for those with Autism
- Priority 5** Fostering Community Support and Helping those receiving Inpatient Treatment

DEMENTIA

People aged 65 and over predicted to have dementia, by age and gender, projected to 2040

Dementia - All People	2023	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	169	175	202	200	185
People aged 70-74 predicted to have dementia	290	284	302	348	344
People aged 75-79 predicted to have dementia	539	551	497	533	616
People aged 80-84 predicted to have dementia	609	653	808	730	807
People aged 85-89 predicted to have dementia	580	595	666	863	772
People aged 90 and over predicted to have dementia	472	472	566	648	837
Total population aged 65 and over predicted to have dementia	2,658	2,729	3,040	3,322	3,561

ST HELENS IS EXPECTING A 33.97% INCREASE IN THE NUMBER OF INDIVIDUALS WITH DEMENTIA BETWEEN 2023 AND 2040 WHICH IS AN INCREASE FROM 2658 IN 2023 TO 3561 IN 2040.

THE PREVALENCE OF DEMENTIA IN ST HELENS IS 0.09%, WHICH IS GREATER THAN THE NATIONAL AVERAGE OF 0.07%. THIS INCREASE IS LIKELY TO LEAD TO INCREASED SERVICE DEMANDS.





St Helens Borough Council Dementia Strategy - Action Plan Development

PRIORITY 1

Improving Public and Professional Awareness and Understanding of Dementia

PRIORITY 2

Good Quality Information for those with Diagnosed Dementia and their Carers

PRIORITY 3

Implementing the Carer's Strategy

PRIORITY 4

Considering the Potential for Housing Support, Housing-Related Services, and Telecare to support people with Dementia and their Carers

PRIORITY 5

Living Well with Dementia in Care Homes

PRIORITY 6

An informed and effective Workforce for People with Dementia

PRIORITY 7

Improved Assessment and Regulation of Health and Care Services and of how systems are working for people with Dementia and their Carers

PRIORITY 8

A clear picture of research evidence and needs.

ADVOCACY

Local Authorities are required under legal statute of The Care Act 2014 to provide an advocacy service. In St Helens the advocacy service ensures that residents are involved in all decisions about their care and support. St Helens Advocacy service ensures that people are active partners throughout the journey of assessment, care and support planning, reviews and any enquiries related to safeguarding.

Providers should be aware of the relationship between mental health service and advocacy provision, with particular emphasis of mental health reforms. Government have highlighted the need for mental health reform and will implement a revised bill in the future. Providers and wider services impacted by the future Mental Health reform bill, are expected to work with St Helens Borough Council in co-production to develop and implement any changes in consultation with service users and representatives.

In addition, providers should be aware of implementation of the Liberty Protection Safeguards (LPS). This legislation will replace the current Deprivation of Liberty Safeguards Legislation. This is likely to have a significant impact on the provision of advocacy services. A revised implementation date will be announced by Government, this is not expected until 2025 at the earliest.

Some key changes associated with the introduction to LPS include:

- Enhanced rights to advocacy and periodic checks on the care or treatment arrangements for those most in need
- Greater importance given to issues of the person's human rights, and of whether a deprivation of their liberty is necessary and proportionate, at the stage at which arrangements are being devised
- Expansion of protections to all care settings such as supported living and domestic settings
- Broadening the scope to cover 16- and 17-year-olds and planned moves between settings
- Reducing unnecessary duplication by considering previous assessments, enabling authorisations to cover more than one setting and allowing renewals for those with long-term conditions
- Increasing who is responsible for giving authorisations from councils to the NHS if in a hospital or NHS health care setting; and
- Providing a simplified version of the best interest's assessment which emphasises that, in all cases, arrangements must be necessary and proportionate before they can be authorised.

Once an implementation date has been released, it is expected that DOLS and LPS may run concurrently for 12 months to allow for a smooth transition. St Helens Borough Council will work providers and affected services in co-production to ensure continuity of high-quality service delivery for existing and future service users.

Messages to the Market:

Providers should be aware of and keep up to date with relevant information around The Mental Health Reform Bill and The Implementation of Liberty Protection Safeguard, recognising and implementing the findings and result of the national consultation to ensure adherence to incoming legislation.



HOUSING APPROACH

The Council's Housing Strategy 2022-27 provides priorities in provision for all types of housing and with specific actions in relation to specialised housing needs. It is informed by evidence of needs provided by the Strategic Housing Market Assessment update (2019). Chapter 6 identifies projected housing need for older persons and people with disabilities.

(https://new.sthelens.gov.uk/media/9436/st-helens-shma-update-report-v33_final.pdf)

Current modelled data on population change in the borough of St Helens shows that by 2027 there will be 41,000 people over 65, a 6% growth from 2023. By 2040 the numbers of over 65s will grow by nearly 10,000 compared to 2023, a 22% increase compared with 2023. The greatest percentage of growth will come in those in age groups between 80 and 90 years old and over 90 years old. The number of over 90s will increase by around 1300 and the numbers between 80 and 90 by 4200.

(source: <https://www.poppi.org.uk/index.php>)

The Housing Strategy focuses on prevention and ensuring homes are designed for a lifetime occupancy. The Council will wish to ensure that additional housing developed for older persons is appropriately designed to support long term independence within the community and be suitable for the resident to obtain help with care in situ if they need this in the future. Demand for age appropriate accommodation to meet this changing need will continue to rise in the period of the housing strategy and beyond.

A regional assessment of the needs of people with Learning Difficulties and Autism for housing with support has estimated that 96 additional units of supported housing are needed in St Helens between 2023 and 2033.

The mix of these units will be required to meet varying type of support needs and aspirations of this group including:

- Additional suitable mainstream housing which can be reserved for the group, where suitable support will be in place
- Shared Home ownership (HOLD) alongside suitable support
- Supported Housing for those needing higher levels of support, including some currently living in inpatient settings.

The growth of homelessness means that it is a priority to continue to offer tailored support for people experiencing homelessness and deliver an effective housing options service that works to prevent homelessness.

Many of those to whom the council has a homeless duty have support needs. The most frequent support needs are:

- History of mental health problems
- Physical health ill health and disability
- Drug dependency
- Offending history
- Alcohol dependency
- History of repeat homelessness

- At risk of / has experienced domestic abuse
- History of rough sleeping

A review of supported housing services completed by Place Services in 2023/24 identified future homelessness supported housing need.

Messages to the Market:

- Increased supply of accessible and adaptable dwellings and wheelchair user dwellings.
- Delivery of age-appropriate accommodation, including sheltered and extra care purpose-built housing, which allows more older people to remain independent.
- Increased number of bungalows and adapted homes
- Additional homes of various types to meet the needs of people with learning disability and autism.
- Delivery of further units of accommodation for people experiencing homelessness and rough sleepers
- Housing appropriate for care leavers up to the age of 25.
- Enabling resettled refugee households to access health education employment and housing support services.



MORE INFORMATION AND SUPPORT

To access services and find out more information
about our social care services please visit:

www.sthelens.gov.uk/socialcare



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