

Kent County Council

# Social Care, Health and Wellbeing – Community Support Market Position Statement

June 2016

## Introduction

The focus of this document is community based social care services for vulnerable adults in Kent. It is aimed at current and potential providers of care and support services, so they can understand the present and future demands and how services need to respond to the transformation journey the Council has embarked upon.

Kent County Council must find more effective ways of making public money go further and deliver better outcomes, this responsibility has never been more important than in the current context, as the financial settlement between central and local government is more challenging than ever.

We want to stimulate a diverse market for care that offers people choice so that they are supported to remain as independent as possible, for as long as possible and enjoy a good quality of life, within their local communities. We need a wide range of high quality services that maintain the population's wellbeing and independence and supports those with complex or long term conditions.

Demographic forecasts suggest that the number of people funding their own care will continue to increase and we must redefine our relationship with the market and Kent's residents to offer greater choice in service delivery and greater transparency regarding the quality of care offered, whether the Council manages an individual's care or not.

We believe significant changes in the social care market are necessary to respond to the changing demographics and economic environment. Transformation of services will give us an opportunity to work with the market, including private providers, small and medium enterprises and the voluntary, community and social enterprise sector in new ways.

This Market Position Statement forms part of our approach to market shaping and development. We have started on a journey of transformation and have been using co-productive models and approaches; we will continue to facilitate an ongoing dialogue with a wide range of stakeholders and citizens. We think this is essential in order to develop future effective approaches to care and support. We recognise that we have a wide variety of skills and knowledge to draw upon, from people using and providing services. We know that it is crucial to harness and use this resource as we all face the challenges ahead of us.

## People Self-Funding their Care and Support

The Care Act gave new duties to local authorities to facilitate and shape their market for adult care and support, in order that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

Adult Social Care is means tested, unlike health services which are free at the point of delivery. This means there are many people who fund their own care, in whole or in part.

In the future, the number of people who will fund their own care will grow. While accurate local data is not available, national studies suggest that between 15% and 57% of older people currently fund their own care in residential settings (depending on local levels of deprivation), equating to around 45% of all registered care home places. In addition, our estimations show around 40% of people currently fund their own care at home entirely, with others topping up local authority funded care to some extent.

This will mean more people will need information and advice and a diverse range of support without approaching the local authority, it will be increasingly important for all providers to think about enabling access to their services for those who will purchase with them directly.

## Strategic Context

**Increasing Opportunities, Improving Outcomes** is KCC's new 5 year strategic vision. It links the vision and priorities of the council to a series of strategic and supporting outcomes that will drive commissioning and service delivery across KCC. For adults the key strategic outcome is:

### Older and vulnerable residents are safe and supported with choices to live independently

This is underpinned by the following supporting outcomes:

- Those with long-term conditions are supported to manage their conditions through access to good quality care and support;
- People with mental health issues and dementia are assessed and treated earlier and are supported to live well;
- Families and carers of vulnerable and older people have access to the advice, information and support they need;
- Older and vulnerable residents feel socially included;
- More people receive quality care at home avoiding unnecessary admissions to hospital and care homes;
- The health and social care system works together to deliver high quality community services;
- Residents have greater choice and control over the health and social care services they receive.

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf)

## What is Commissioning?

Commissioning is the process for deciding how the Council will best use the total resources available to improve outcomes delivered in the most equitable, efficient and effective way. Commissioning is the local authority's cyclical activity to assess the needs of its local population for care and support services, determining what element of this needs to be arranged by the Council, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes.

With the unprecedented challenges the Council is facing, it is more important than ever that we are open and transparent with the market about the budget we will have available for Adult Social Services going forward. The budget for Adult Social Services in 15/16 was £462.9m compared to 2014/15 £466.7m and 13/14 £487.3m.

We will have to continue to manage this difficult financial situation into 2016/17 and at the same time as the Council faces unprecedented budget pressures, we are experiencing every increasing demand for services, reflecting the changing structure of the population as it ages and as people live longer with more complex needs.

In response to these challenges the Council is undertaking a Transformation Programme to modernise services and find efficiencies in our systems and approaches. ***Facing The Challenge: Whole-Council Transformation*** sets out how we are planning to do this across all our services.

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0016/5470/Facing-the-challenge.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0016/5470/Facing-the-challenge.pdf)

## Kent County Council Commissioning Framework

Our ***Commissioning Framework*** outlines how we are delivering better outcomes for Kent residents through improved commissioning of services. The commissioning framework can be found at:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/commissioning-framework>

We are supported in our commissioning by a procurement team who provides commercial advice and guidance, which includes running tendering exercises, supporting us in negotiating and awarding contracts and providing a 'Purchase to Pay' service. More information can be found on the Council's website:

<http://www.kent.gov.uk/business/grow-your-business/doing-business-with-kent-county-council/how-we-buy-goods-and-services>

## Becoming a Commissioning led Authority – Delegation of Duties Care Act 2014

**The Care Act** allows us to delegate some, but not all, of our care and support functions to other parties. This ability provides greater flexibility for a more local approach to be developed in delivering care and support, and permits us to work more efficiently and innovatively, providing better quality care and support for people.

We retain ultimate responsibility for how delegated functions are carried out by other parties. Delegation does not absolve the Council of its legal responsibilities. The Act is clear that anything done (or not done) by the third party in carrying out the function, is to be treated as if it has been done (or not done) by the local authority itself. This is a core principle of allowing delegation of care and support functions.

Ahead of the Care Act we took the bold step of delegating our responsibility for carers assessments via our carers assessment and support contract; this has afforded carers a more specialist assessment and high quality assessment and has proved cost effective for the council.

Throughout our transformation we will seek opportunities, where evidence shows this can be done effectively and safely, to delegate more tasks and create different exciting commissioning opportunities where tasks we once had to perform ourselves are delegated as part of our commissioning strategy.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)

## Commissioning for Outcomes

Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives and over their care and support. We will be co-producing and commissioning new models of outcome based care; such models will offer financial rewards to providers for the delivery of cost-saving preventative interventions, which provide better outcomes for the people of Kent.

We will increasingly be rewarding providers for achieving the outcomes that matter for people and in doing this will be developing pay mechanisms that provide the appropriate incentivisation. It is important to note that financial reward can be based on results to a greater or lesser extent; for example, under a purely outcome-based contract, providers would not receive remuneration unless outcomes have been achieved. However, other outcome based schemes involve less risk, with providers receiving capital to cover the costs of delivering a service, with the opportunity to earn an additional 'bonus' payment if key outcomes are met.

Our newly commissioned Community Mental Health and Wellbeing Service will see the ratio of core funding to outcome payment change over the life of the contract. As the contract becomes established and we become more confident with the delivery and data captured, more of the contract value will become associated with the outcomes that matter most to people.

<http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>

## **Promoting Social Value through Commissioning**

The Public Services, Social Value Act came into force in January 2013. It requires commissioners of public services to think about how they can secure wider social, economic and environmental benefits through their commissioning endeavors.

The Act is a tool to help commissioners get more value for money when commissioning services. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems.

Adult Social Care commissioners are working with the Skillnet Group through a Cabinet Office funded project to develop a Commissioning for Social Value Framework.

This Market Position Statement will be updated with the outcomes of the project.

## Transformation of Adult Social Care

We have been thinking differently about how we deliver our services in order to make the most of every penny we spend. We have been exploring how and why some people enter the social care system and others do not, and it is clear that some people could be supported for longer in their own communities if there were community wellbeing based support that helped them maintain their independence at home.

The strapline of our transformation is **‘a life not a service’**; this is based on consistent feedback that support needs to be more personalised to enable people to achieve the outcomes that matter most to them.



This illustration shows our approach, which is to put the individual at the centre of all we do, looking for ways to support their lifestyle and keep them engaged and connected to the things that matter to them. This reflects a new requirement that the Care Act 2014 has placed on local authorities to ensure that services are available to people which prevent, reduce or delay entry into social care. People using services and their carers have high expectations and rightly want to lead full and rewarding lives, but we know that poor health and social isolation are factors that lead people to require ongoing health and social care services. We need to work with individuals, their families and providers to consider not only the support people need for a particular stage of their life, but how their needs might change throughout the course of their life, so that care becomes more responsive to emerging needs.

At the same time, we understand the power and strength that lies within the communities that people live in, and as well as empowering individuals to take more responsibility for their own health and wellbeing, we need to empower and build capacity within communities to support the vulnerable adults living in them through developing social capital, utilising community assets and harnessing the goodwill, resilience and drive of individuals.

We are working closely with Public Health, the Clinical Commissioning Groups, and other partners, sharing and refining our vision for the future and will seek to commission more integrated services in the future developing ways to support people to better manage multiple long term conditions such as dementia, diabetes and chronic obstructive pulmonary disease.

KCC wants to be transparent about its intentions to strategically commission care services and so has developed this Market Position Statement to set out how community based services are being considered. We will develop an integrated health and social care model which incorporates a broad range of person centred and outcome focussed interventions, encompassing prevention, early intervention, primary and community health services, social care, home care, residential and nursing care and in reach to acute health care.

### Our aim is to:

- Improve people's experience and promote their health and wellbeing
- Put an end to the current crisis driven model of care
- Create a value driven and outcome focussed culture that nurtures creativity and innovation in meeting people's needs
- Support people to access good quality advice and information that enable them to self-care/manage
- Create the right conditions which enable people to find solutions that support their wellbeing outside of a traditional medical or service driven models of care and support
- Encourage community development and increase volunteering, befriending and good neighbour schemes
- Support carers in their vital role through the provision of advice and individually tailored support
- Provide flexible and proactive models of care and support that can increase and decrease according to need
- Free professionals up from the rules and bureaucracy; to do the ***right thing*** and provide person centred holistic support that promotes wellbeing
- Provide responsive models of long term care that can flex up or down according to people needs
- Bring services together to ensure better communication and better use of resources and create a better experience for people

Our model is described through three groups of interventions, Promoting Wellbeing, Promoting Independence and Supporting and Maintaining Independence and has strong links across to the Accommodation Strategy. It must be noted this is just a means of describing differing types of interventions, but all support will be fully integrated, silos will be avoided and people will be able to access '***the right care at the right time***' in order to be as independent and well as possible at all times.

## Promoting Wellbeing

These services aim to prevent, delay or avoid people entering into formal social care or health system, by enabling people to manage their own health and wellbeing. Wellbeing services are universal, based in local communities and utilise local resources. They address the issues that lead to people entering into formal care systems, such as social isolation, falls and carer breakdown. Access to good quality information and advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they want in order to keep living fulfilled lives.

Our ethos will be **'a life not a service'**; this is based on consistent feedback that current models of support fit people into a narrow band of available services; whereas future support needs to be more personalised to enable people to achieve the outcomes that matter to them.

GPs and other health/social care professionals find it difficult to keep abreast of all that is available in the community to support people's wellbeing. We will develop models of support that enable people to access the resources in their local community that keep them informed connected active and well. We will be exploring how social prescribing models supported by one to one support from care navigators can use techniques like guided conversation to help people think about their needs and get the support they require. We will investigate how we can support people to plan for later life and be more in control of their care and support needs.

People do not know what is available either through commissioned support in the voluntary sector or provided via other groups such as churches. We want to develop Community Hubs which will be local information and advice hubs that are in prominent and visible locations, where people can pop in for advice and support.

Social isolation and loneliness is a huge issue central to our model will be developing schemes which help people connect for mutual support, activity and fun, keeping people connected keeps them well!

We will work with and through the community and voluntary sector to maximise use of our combined resources, using tools such as asset mapping to ensure traditional and non-traditional types of support for part of our wellbeing offer. Our focus will be on building community capacity and resilience in communities and leveraging in non-traditional providers to improve the range of support offered.

## Promoting Independence

These services also aim to prevent or delay people entering into formal care systems by providing short-term support that provides the best long-term outcome for an individual. For some people, these consist of short term interventions that enable people to recover from episodes of ill health or injury and to return to their previous level of health. For other people, especially those with a long term condition or a disability, these may be fixed term services that provide training and skills development that maximises independence and enables people to live as independently of formal care systems as possible.

Community Hubs will offer therapy services and provide access to assessment and advice regarding the equipment and assistive technologies. We will look to integrate Occupational Therapy services provided by KCC and the Community Health Trusts whilst maximising the opportunities of the newly jointly commissioned community equipment provider, NRS. This will improve access, optimise services, and remove the risk of duplication and variation in assessment and provision; making easier for people to get the equipment that helps them remain independent and well.

Our plans are to bring together KCC's enablement service and Community Health Trusts intermediate care services. To ensure people have rapid access to short term therapeutic interventions that prevent hospital admission, support recovery from illness and enable people to get back on their feet. The service would be designed to support people with complex needs including those with moving and handling issues i.e. double handed care and importantly people living with dementia. The service would respond rapidly to support people to stay out of hospital and through the CHOCs will be aligned to the paramedic service.

The service will prevent acute admissions and support timely and effective discharges and will work on the understanding and belief that '**your own bed is best**', and that in most cases people are more comfortable in their own homes and therefore recover and regain their independence more quickly if good quality therapeutic support can be provided in their own homes.

## Supporting and Maintaining Independence

We know that some people will need ongoing support to remain living in their own homes and communities. Services must support people to maintain wellbeing and self-sufficiency keep them safe and enable them to live and be treated with dignity. Our primary aim must be to enable people to live in their own homes, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes.

We plan to investigate and develop a nurse led homecare service which brings together KCC commissioned homecare services and the Community Health Trust nurses. To provide an outcome focussed flexible and responsive specialist services to support people living at home. This model offers a real opportunity to develop a workforce model that is fit for the future, and which explores the opportunities to train and develop carers and health care assistants and nurses to deliver holistic care focused on patient need. For example, this may include training domiciliary care workers and carers to carry out medical procedures such as insulin injections for insulin dependent people in receipt of home care, and who would otherwise require daily nursing visits.

We will provide wrap around holistic support for people with more intense/complex needs. Key to this model will be a trusted community worker who is given the resources to build a team or circle of support around that individual. This will support specific high risk individuals including those with dementia or very unstable long term conditions.

Integrated enablement and homecare services will also provide peripatetic support to care homes in the area, the teams will in reach to local care homes to provide specialist support for residents and to help staff develop skills and confidence.

Developing an integrated workforce strategy is an essential element of our plan. We must ensure that there is a genuine career pathway across an integrated health and social care system. That we encourage young people into careers in supporting them to gain qualifications and skills. Links with local higher education colleges and schools will be nurtured and improved.

## Demand and Uptake of Services and Support 2014 – 15

Kent's population is 1.51 million people, we currently support 34,424 adults through a range of different services and support methods, this compares to 33,205 adults in 2012-13.

- 12,522 adults were aged between 18 – 64 years
- 21,902 adults were over the age of 65 years
- 10,160 adults were over the age of 85
- We support 3,545 adults who have mental health issues (5,324 in 2013/14)
- We support 4,550 adults with a learning disability (4,208 in 2013/14)
- 4,150 adults decided to take their Personal Budget as a Direct Payment
- 2,134 adults received their Direct Payment through a Kent Card
- 8,131 adults received an enablement service in comparison to 2013/14 when approximately 8,222 adults received this service
- Of those who used enablement 84.1% were able to return home, due to the support provided, this is an increase on 2013/14
- 12,356 adults received a home care support service to enable them to stay in their home
- This is 0.83 % of our population which is lower than the national average
- 2,660 adults received a day care service
- This is 0.18% of our population, which is lower than the national average
- We have seen an increase of 120% in relation to numbers of adults receiving telecare services
- 2,648 adults have been helped to live more independently following an independence review

These facts came from Adult Social Care, annual Local Account, **'Here for you, How did we do?'** document aims to inform Kent residents about our adult social care service's achievements, improvements and challenges.

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

## Integration, Opportunities for Joint Commissioning

The Government wants health and social care services to work together more efficiently so that people get the right combination of care and support. Kent County Council and all Seven Kent Clinical Commissioning Group have committed to full integration by 2020.

The **Health and Social Care Act 2012** sets out specific requirements for the health system and its relationship with care and support services. It gives a duty to NHS England, Clinical Commissioning Groups, Monitor and Health and Wellbeing Boards to make it easier for health and social care services to work together.

**The Care Act 2014** provides the legal framework for changes to the social care system. The Act states that local authorities must consider the integration of care and support provision with health provision and health-related provision where it considers that this would promote the wellbeing of adults with needs for care and support and the well-being of carers in its area. This will improve the quality of services and people's experiences of them. The Act also allows us to set the standards needed to create an electronic database of people's care assessments, and their care and treatment needs.

Kent is one of fourteen national Integration Pioneers chosen by the Department of Health to deliver integrated care and support at scale and pace. This is a whole system partnership programme involving all seven of Kent's Clinical Commissioning Groups (CCGs), Adult Social Care, the Community Health Trust, the Mental Health Trust, all the Acute Hospitals, District Councils and engages with the voluntary sector and the public.

The Better Care Fund is seen as a key tool in delivering integration and underpins the implementation of the Pioneer Programme. To reflect the complex picture of health and social care within Kent, the Better Care Fund is built from a local level, with seven local CCG level plans.

The aim of the Pioneer Programme in Kent working with the Better Care Fund is: to put the citizen at the centre with services wrapped around them. To do this we said we would work to have:

- Integrated health and social care teams working 7 days, 24/7 in your local community;
- Your GP will coordinate your care, bridging the gap between your GP, social care, community health services and your hospital;
- You will have access to a shared care plan so you and everyone around you know about your care and support;
- Access services through a local referral unit with access to crisis teams and rapid response;
- Hospital without walls;

- One team, one estate working towards one budget;
- The continued focus on enablement, admission avoidance and crisis intervention.

KCC has developed the Kent Innovation Hub, which is a network of organisations across health, social care, the voluntary sector, industry and academia; locally, nationally and internationally who share good practice, tackle key challenges and aid the development and implementation of solutions for service change at pace and scale. The Hub is a central communication network, with most activity hosted virtually through Tweet chats and webinars, with additional workshops and conferences, focusing on the themes that support the Pioneers programme.

We are committed to full integration of both commissioning and provision. There is a great deal of joint working going on and new models of provision being developed. We recognise that there is and will be opportunities for providers and organisations to work with us on current and future developments. Our focus will be on promoting wellbeing, and promoting and supporting independence where possible in a person's own home.

In the ***NHS Five Year Forward View 2014*** There are a number of priorities set out in the five year plan with emphasis on preventing people becoming ill and developing long term conditions, the NHS becoming a better partner with voluntary organisations and local communities and the NHS taking steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health and between health and social care.

## Workforce

There are a number of big challenges that face us all in relation to the future of the health and social care workforce in Kent and they must drive all health and social care partners to think differently.



The Kent Health and Wellbeing Board commissioned a Workforce Task and Finish Group to understand the context for Kent and report on priorities including:

- determining how health and care organisations in Kent can best respond to immediate service pressures in an aligned manner;
- determining how to maintain and expand the future workforce in priority areas;
- assessing how financial and human resources can be best invested in service transformation through education, training and the creation of new roles, joint teams, and/or new settings.

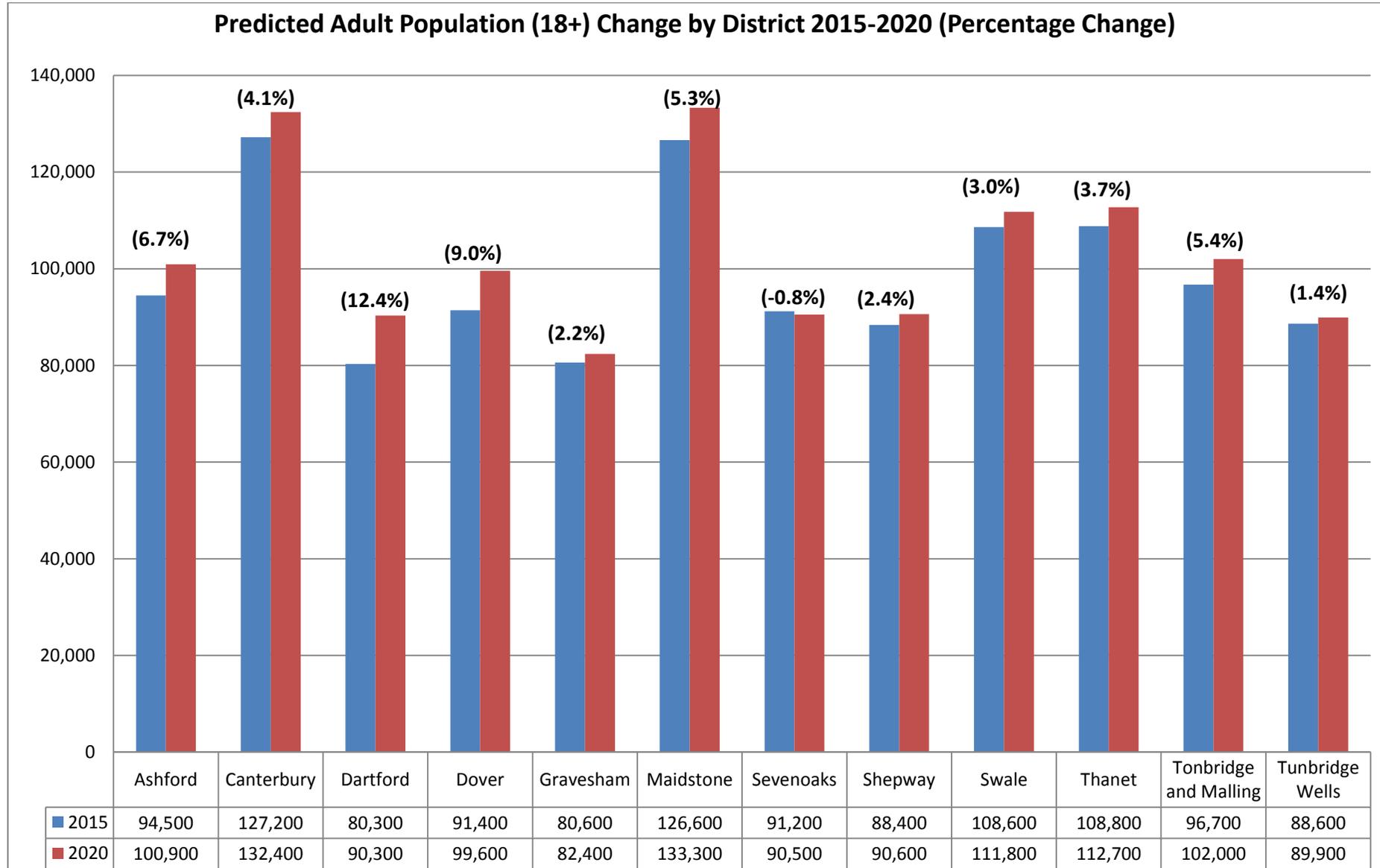
As well as advising on:

- any financial and systemic barriers that might affect workforce planning;
- short-term issues and how they might be resolved;
- the identification of priority focus areas for Kent's future workforce;
- the strategic context of workforce education and training, with reference to the Five Year Forward View and development of New Care Models;
- improving workforce planning, ensuring it is better coordinated and linked to strategic forward plans in Kent; and
- how we strike a balance between retraining and reskilling the existing workforce and expanding and creating new roles through innovative education and commissioning programmes.

## Key Messages to the Market

- Demographic change will significantly increase demand for care and support over the coming years but will not be matched by increases in public funding.
- We will be increasing investment in information and advice, preventative services, assistive technologies to support independent living.
- We will move away from time and task home care and develop more person-centred models of support that are outcome focussed.
- We will be exploring a range of models including provider managed services and individual service funds to maximise opportunities for personalisation.
- We will be looking for more cost effective ways of delivering care and support and we are keen to work with providers who can offer innovative solutions, flexibility and value for money.
- We will be commissioning for care networks and models of support that bring traditional and non-traditional providers together to ensure services are joined up and focus on promoting wellbeing and independence.
- We will be doing more joint commissioning with the NHS and other partners looking for responsive and flexible models of support than prevent hospital admission and/or support timely and effective discharges.
- Providers must plan and adapt their services to support the increasing numbers of people who are funding their own care.
- We will continue to promote self-directed support and increasing the numbers of people taking up personal budgets and direct payments, which will decrease reliance on more traditional models of care and support over time, as people choose more flexible and innovative ways to meet their needs.
- We want to explore and commission models of brokerage and micro-provision of specialist or very local services.
- There is currently an insufficient supply of personal assistants to meet the expected demand as the numbers of people directing their support increases.
- There are plans to facilitate a continued decrease in the number of publicly funded care home placements, as we look to develop more personalised housing options, including Extra Care Housing, supported living and Shared Lives.

## Our Population - The Kent Context



The adult population in Kent (18+) is likely to increase by 5.6%, between 2015 and 2020 (KCC, Business Intelligence).

Population changes will play a huge part in shaping the future of adult social care, both nationally and locally. There will be significant growth in the numbers of people aged over 65 and 85 and an increased prevalence of people living with dementia. Earlier diagnosis and better treatment will mean that people will live longer with long-term conditions and people with a learning disability will also live longer.

People's expectations for older life and their experience of services are changing. People reaching older age in the next 10 or 20 years will be used to having greater choice and control over the services they use and will expect more from their local authority and from care providers. Taken together, this will mean increased demand for care and support and require growth in local markets of personalised services that respond to people's changing needs and aspirations.

## Deprivation and Poverty in Kent

On the national Index of Multiple Deprivation 2015, Kent is ranked at 100th out of 152 Counties and Unitary Authorities in England. This places Kent within the least deprived 50% of all counties and unitary authorities in England. Within Kent, Thanet continues to rank as the most deprived district, while Tunbridge Wells ranks as the least deprived district. Ashford and Swale have experienced the largest increase in deprivation relative to other areas (KCC Business Intelligence). There are pockets of very high deprivation across the county with 117 Lower Super Output Areas (LSOAs) being in the top ten most deprived nationally and 298 LSOAs in the top ten most deprived in the South East. There are 1,047 LSOAs in Kent.

'Relative poverty commonly defined as living on less than 60% of the national median income has been demonstrated to relate to poor health and risk of premature death, arguably through the psycho-social stress of low socio-economic status and poorer quality of social relations' (Kent and Medway Public Health Observatory). In Kent, 19.5% of households are estimated to be in poverty which is below the national average. This equates to approximately 114,000 households in poverty. The estimates have shown that for Kent as a whole, the average level of household poverty is not amongst the worst in the country with the KCC area ranking 102nd out of 152 (bottom third) of county and unitary authorities in England. However, within Kent there are areas with high proportions of households in poverty located alongside areas with relatively low proportions of household poverty (KCC, Business Intelligence).

## Infrastructure Support – the Current Situation

Supporting a vibrant, strong and connected voluntary and community sector is a key objective for the Council. We believe this sector is a key partner in helping to prevent, delay or avoid people entering into formal social care or health systems

Not only is the voluntary sector a significant provider of services to vulnerable adults in Kent, but it is also a major player in the Kent economy in terms of the number of people it employs. The reduction, both nationally and locally, of funding for the voluntary sector is impacting on the sustainability of organisations and conversely the support that they provide.

We currently invest £660,000 in funding to organisations that support volunteering and which provide administrative, logistical and business support to the voluntary sector, this enables them to deliver their charitable aims and objectives.

Our relationship with the voluntary sector is outlined in the ***Voluntary and Community Sector Policy*** which can be found at:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/voluntary-and-community-sector-vcs-policy>

### Tendering Opportunities

To support the implementation of Voluntary and Community Sector Policy, Adult Social Care and Public Health will be commissioning a new offer of infrastructure support to the sector.

Initial engagement occurred between November and December 2015, co-production of a new model of support will continue into 2016, with the expectation that a new contract will be tendered by December 2016.

## Information and Advice

Information and advice is critical to help people choose the best quality care for the situation in which they find themselves, plan for their future care needs, understand what they are entitled to from the state and make the best decisions about funding care.

Under the Care Act 2014 Local Authorities must provide comprehensive information and advice about care and support services in their local area. The Act also states that we must support the person's involvement. If they have difficulty understanding information and advice about their care, retaining or weighing up the information or communicating their views they may need an independent advocate.

As an authority we provide a range of useful information and advice but there is currently no overarching strategy in place relating to its provision. Information and advice delivery arrangements have been developed and implemented in isolation which has resulted in a system that is fragmented and does not facilitate easy access to all the information that an individual may want or need. This is based on feedback from people stating that need services, already in existence, but to which they had not been signposted.

Though the current information and advice offer contains elements that could be viewed as meeting the needs of people who use services, it is unlikely that it will be able to provide effective solutions to some key transformation challenges including:

- Preventing people from being inappropriately drawn into the social care system;
- Actively encouraging people towards the types of information and or advice that may be particularly relevant to them;
- Facilitating the awareness of and access to information and support services to 'all' particularly those who are outside of the system, e.g. self-funders.

There is a range of commissioned preventative services in place that provide information and advice by a variety of channels and formats including

- Advice lines
- Drop in services
- Websites
- Care Navigators

We spend in the region of £720k on grants to a range of providers to deliver these services. Many providers offer information services as part of their operational delivery. We are seeking to explore a new model for information delivery with key partners, providers and stakeholders.

This new model could provide significant and numerous benefits including:

- Single point of access for all to social care information and community-based support services;
- No wrong door for those accessing the information and community support services;
- Care Act compliance;
- An integrated function that supports and enhances our prevention and demand management strategies;
- Consistency across statutory agencies ensuring user friendly functionality and language;
- Access to commissioned and non-commissioned resources;
- Sharing of individuals and local community experience and knowledge;
- Facilitating the development of community capacity and community self-sustainability;
- Developing of links, networks and understanding between those who are required to make information available and those who provide it;
- An integrated information service is a shared funding and working opportunity;
- Information harvesting to inform commissioning and market shaping exercises;
- Identification of joint commissioning opportunities.

We have recently awarded a contract for the provision of community equipment services to NRS Healthcare for a period of 5 years until 30 November 2020 with the possibility of a further 2 year extension. A requirement of this contract is to supply an information and advice service. NRS call this “Safe and Well”, and the offer includes a website, a retail offer (a physical shop in Aylesford and online store) and clinical advice from an occupational therapist.

### **Tendering Opportunities**

An Information Strategy is in development, this Market Position Statement will be updated as soon as we have more information.

## Advocacy

The introduction of the Care Act 2014 and the natural end of some existing advocacy contracts in March 2016 provided the opportunity to re-tender the statutory and non-statutory advocacy provision for adults in Kent. Following extensive co-production with a wide range of stakeholders, and an open and transparent procurement process, a new contract has been let to SEAP to act as the Prime Contractor managing the Kent Advocacy Hub, a single point of access for all advocacy provision for adults. SEAP will work collaboratively with a range of appropriately qualified and specialist small and medium sized voluntary sector organisations, with expertise in supporting people with varying needs. The advocacy network delivery partners include:

- Advocacy For All;
- Rethink Mental Illness;
- Assert (Tunbridge Wells Mental Health Resource);
- Centre for Independent Living Kent (CiLK);
- Citizens' Rights for Older People (CROP);
- Alzheimer's and Dementia Support Services (ADSS);
- Royal Association for Deaf People (RAD).

This contract will ensure services are easy to find through a single point of access leading to improved efficiencies and better outcomes for vulnerable people. The Hub will also provide wider social value in the form of leadership on advocacy matters across the voluntary and community sector and by attracting inward investment to develop the advocacy offer, to strengthen its independence, sustainability, diversity and reach as well as providing opportunities for volunteering and skill development.

### Tendering Opportunities

The Kent Advocacy contract commenced on 1<sup>st</sup> April 2016 for three years with the possibility to extend for a further two years if all targets are met.

The Learning Disability Advocacy Service was out of scope of this contract at commencement, as there is an existing contract in place, ending 31<sup>st</sup> March 2017. At termination, KCC reserves the right to include this provision within the new advocacy hub contract, if all parties are in agreement.

## Enablement and Home Care

### Enablement

Enablement is provided to respond intensively for a short period of time to best support people back to independence, or to be as independent as possible. Enablement is built on the principle of promoting independence and avoiding unnecessary dependence on long term services such as Home Care and Residential Care.

KCC provides and manages an in-house enablement service and has seen its success grow both in terms of the numbers of people it has supported back to full independence, but also the numbers whose longer term service reliance has been reduced. Enablement delivers good outcomes and both prevents and delays people's ongoing need for more intensive services, saving money and optimising resources in the context of demographic pressures.

The service is available for a specific period of time, which can vary from a few days to a number of weeks. The service is provided by Enablement Support Workers with the specialist support of Occupational Therapists. The Occupational Therapists both ensure effective challenge in the consideration of ongoing services and their intensity, as well as ensuring the use of equipment and technology is fully explored to support these aims.

It is important that we don't consider enablement in isolation. Referral and assessment practice, client reviews and the capacity of other service markets i.e. Home Care, all have an impact on the effectiveness of the promoting independence pathway. We are working to ensure the pathway is as effective and efficient as it can be across Kent by:

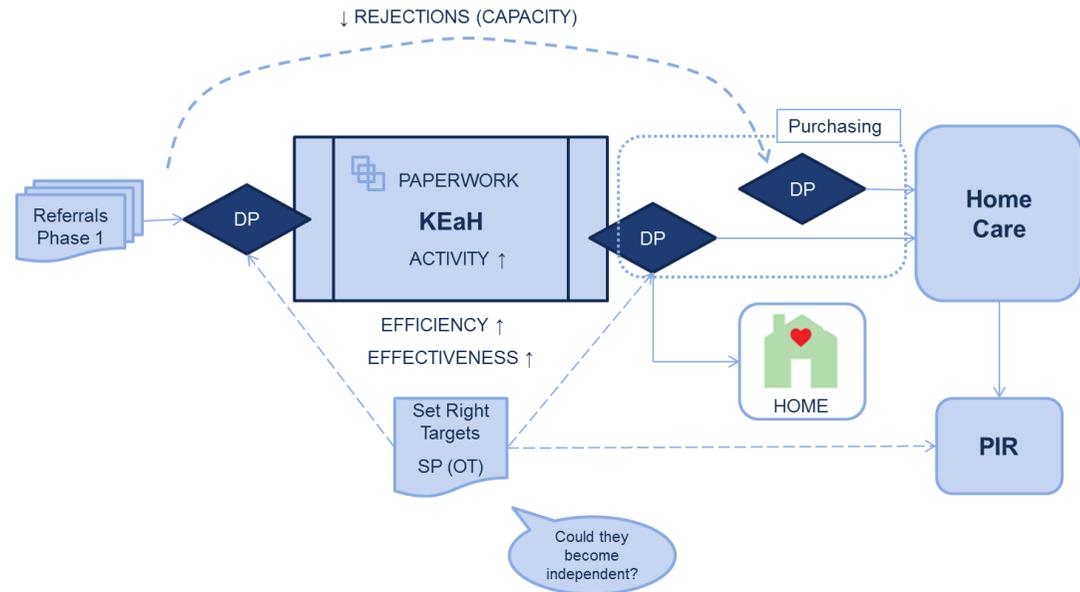
- optimising referrals into it,
- assessing the outcomes achieved
- measuring the time to enable in each of our geographical areas and
- ensuring inter-dependencies are understood and optimised

to ensure we achieve consistent results across Kent. We are also imbedding a performance culture both within the service and through commissioning to ensure maximisation of delivery in relation to this service.

## Managing Flow

Whilst managing service improvements within our Enablement Service and optimising the Home Care contracts we let in 2014, we have come to a far better understanding of how a number of important factors come together to support the system to flow at optimum effectiveness. This has included a focus on:

- appropriate length of stay within the Enablement Service, ensuring access to the service and maximisation of outcomes;
- supporting 'line of sight' for Home Care providers, on discharge from Enablement, in relation to ongoing need;
- robust and timely assessments of manual handling needs across the Occupational Therapy pathway, on discharge from acute and sub-acute settings to minimise the need for multi-handed care through innovative use of equipment;
- ensuring Promoting Independence Reviews (PIRs) are managed in a timely way to ensure support arrangements are available to the individual's with ongoing needs;
- facilitating great communication across the health and social care economy, including the private and voluntary sector, to enable better capacity planning and delivery of capacity at the right time.



This learning has supported us to optimise capacity delivering the right support to the right people in a timely way. These elements will be 'built in' to the future design of enablement, home care and other services that interface.

## Home Care

We re-let our Home Care contracts in June 2014. Through the tender we reduced the number of providers we contracted with from over 130 to 23. Since the contract was let the number has further reduced to 19 providers, following the exit of a number of providers through both performance management and provider choice. We have worked with providers to look at effective clustering of calls and understand the importance of volume and clustering in any future model. 85% of our Home Care services are delivered by the 19 contracted providers, with 15% of support needs commissioned from a further 50 providers through individual or spot contracts.

Our new contracts include Key Performance Indicators and other measures to support our learning and that of the sector in moving towards outcome based services and beginning to shape the market for the future. The contracts were extended in accordance with a provision within the tender and expire in June 2017.

### Tendering Opportunities

We will move away from time and task home care services. Work is currently underway to ensure we develop case management practice in relation to referral, assessment and review, enablement and home care services in order to ensure any service offers are complementary, before any tender is put to market.

We will be reviewing the services we require across the promoting wellbeing, promoting independence and maintaining independence pathways. Current contracts end in June 2017 and a new model will be needed to replace these contracts.

New models will be outcome focussed and therefore ensuring we have the right framework and payment mechanisms to incentivise and reward the right behaviours is crucial.

This Market Position Statement will be updated as soon as we have more information.

## Carers – the Current Situation

Estimated number of unpaid carers in Kent, 2011, 2015 and 2020

Unpaid Care Provision	2011		2015		2020	
	Total Number of Carers	Carers as proportion of population	Total Number of Carers	Carers as proportion of population	Total Number of Carers	Carers as proportion of population
Ashford	11,811	10.1%	12,656	10.20%	13,655	10.5%
Canterbury	15,361	10.8%	16,288	10.8%	17,002	10.8%
Dartford	9,209	9.6%	9,962	9.9%	10,753	9.0%
Dover	12,603	11.5%	13,153	11.9%	13,659	11.9%
Gravesham	10,307	10.2%	10,901	10.4%	11,519	10.5%
Maidstone	15,488	10.2%	16,730	10.3%	18,005	10.5%
Sevenoaks	11,914	10.5%	12,395	10.6%	13,092	10.6%
Shepway	12,249	11.5%	12,902	11.9%	13,535	11.9%
Swale	14,178	10.6%	15,952	11.3%	17,144	11.4%
Thanet	15,453	11.7%	16,348	11.9%	17,269	11.9%
Tonbridge & Malling	12,032	10.1%	12,880	10.5%	13,836	10.5%
Tunbridge Wells	10,507	9.3%	11,224	9.7%	11,996	9.7%
<b>Kent</b>	<b>151,112</b>	<b>10.5%</b>	<b>161,391</b>	<b>10.7%</b>	<b>171,465</b>	<b>10.8%</b>
<b>England</b>	<b>5,409,433</b>	<b>10.4%</b>	<b>5,711,463</b>	<b>10.5%</b>	<b>6,010,104</b>	<b>10.6%</b>

Source: Census 2011, Office of National Statistics, Kent & Medway Public Health Observatory

The Care Act 2014 places carers on an equal footing as those people they care for and this has put new duties onto the Local Authority. For the first time carers have a right to an assessment and to services that support their unmet needs.

KCC and all Kent's CCGs currently invest £7m in carers' services. These services are universal and preventative, focusing on those carers whose caring role significantly impacts on their health and wellbeing. A range of services is available through contracted and grant funded services. These include:

- Carers Assessment;
- Emotional Support;
- Information and Advice;
- Training;
- Sitting Services for:
  - Planned short breaks/respice;
  - Carers to attend health appointments;
  - Emergency/crisis support.

The current market is comprised of voluntary sector organisations with specialisms in delivering carers' services. These services are of good quality but there are capacity issues, in particular, with waiting lists for sitting services and crisis response and sometimes, confusion in pathways to access these services from the variety of providers.

### **Tendering Opportunities**

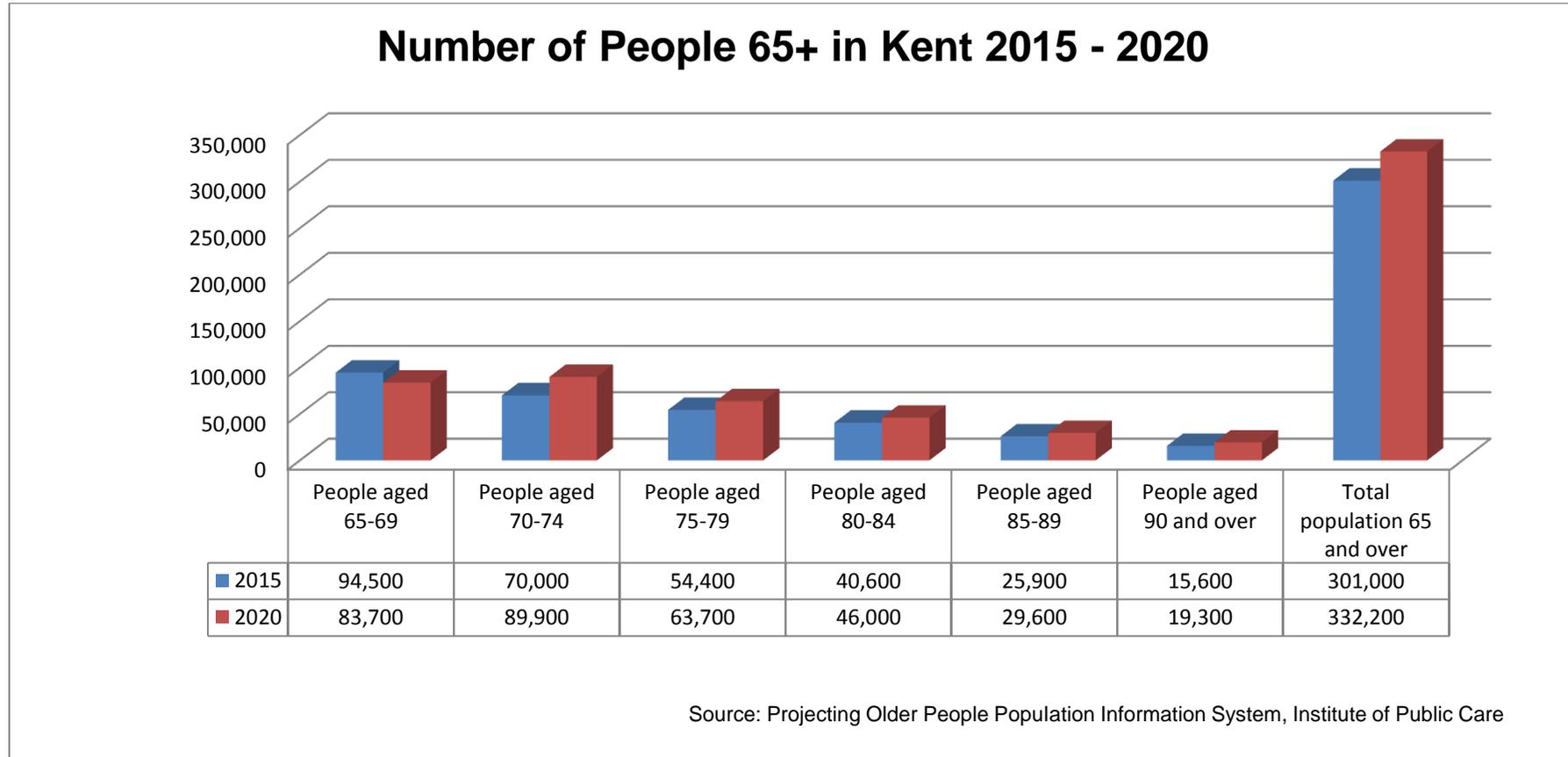
All existing carers contracts expire in March 2018.

It is our intention to co-design and develop a holistic support offer for carers that will replace the current model.

This offer will be co-produced with carers, the people they care for, providers, CCGs and other stakeholders with engagement planned from spring 2016.

New contracts based on this co-produced model will be in place from April 2018.

## Older People – the Current Situation



With the demographic challenges of our aging population, support services for older people are our biggest area of growing demand. We want to ensure we have a good range of accessible and supportive services within communities that enable people to remain independent and connected to their communities.

The Council retains a small amount of internal service provision which includes:

- Kent Enablement at Home services (KEaH);
- Specialist care homes, including Integrated Care Centres
- Day Services

However, the majority of our services are commissioned either through the private or voluntary sector.

Home care services are delivered through contracts with private and voluntary sector partners. Other services are delivered through a range of contracts and annual grants to voluntary sector organisations. These services seek to support people and thereby avoid, prevent or delay entry into social care and or health services, as outlined in the Care Act 2014, which include:

- Social opportunities
- Befriending
- Voluntary transport schemes
- Falls prevention
- Bathing
- Meal delivery services
- Care navigation
- Information and Advice
- Advocacy

Services are generally of good quality but there is geographical variation in availability and capacity with services such as befriending having waiting lists due to the level of demand. With regard to those services provided by the voluntary sector, many of the current services are delivered through annual grant agreements and are based on historical allocations of funding, rather than related to levels of deprivation and need. Whilst providers strive to innovate and deliver quality services, this approach to funding prevents longer term business planning and service development for organisations.

We want to develop new and innovative models of support that bring different types of services together to ensure that older people get the most appropriate support for their level of need. We want to ensure a joined up offer across different care sectors that support the three themes of our vision promoting wellbeing, promoting independence and maintaining independence in order to ensure best outcomes and the most efficient and effective use of resources.

New ways of delivering support must be supported by different referral and assessment practices, less bureaucracy and a more hand offs approach, and underpinned by consistent, good quality, decision making. We must develop flexible and responsive services that are centred on the individual and what they need to live the life they want, in the way they want to.

In the future our contracts will incentivise and reward the outcomes that matter most to people and we will work with our providers to develop measurement and performance frameworks which evidence the impact we are having in supporting people to remain independent.

### **Tendering Opportunities**

Current grants end 31st March 2016, and are likely to be extended until 31<sup>st</sup> March 2017, by which time the council is intending to have commissioned a range of universal community based wellbeing services that will avoid, delay or prevent people entering into formal social care services unnecessarily.

Early insight gathering and engagement has begun and will continue into 2016. This 'core offer' will be co-produced with current and future services users, carers, providers, CCGs and other stakeholders.

New contracts based on this co-produced model will be in place from April 2017.

## Dementia – the Current Situation

Estimated number of adults living with dementia, 2015 and 2020.

	Estimated no. living with dementia	
	2015	2020
Ashford	1,672	1,974
Canterbury	2,423	2,727
Dartford	1,163	1,340
Dover	1,852	2,129
Gravesham	1,321	1,512
Maidstone	2,214	2,195
Sevenoaks	1,814	2,088
Shepway	1,926	1,794
Swale	1,793	2,121
Thanet	2,344	2,570
Tonbridge and Malling	1,644	1,927
Tunbridge Wells	1,708	1,986
<b>Total Kent</b>	<b>23,889</b>	<b>24,363</b>

Source: Projecting Older People Population Information System, Projecting Adult Needs and Service Information, Office of National Statistics, GP register data and Kent & Medway Public Health Observatory

KCC is committed to supporting Kent to be an inclusive and accessible place where people can live well with dementia. Through the development of our Dementia Friendly Kent Programme and the Kent Dementia Action Alliance, we have made a public commitment to help improve awareness and understanding within our communities, and ensure we are working together to make Kent more “Dementia-Friendly”.

Ensuring Kent is more dementia friendly is part of our commitment to support people to have a life and not a service. People have repeatedly told us that they want to continue with hobbies and interests they had prior to diagnosis for as long as possible, services are important but so is being able to continue to live your life your way.

Diagnosis levels are increasing across Kent, but we are still not hitting the national target of 67%. We will continue to work with the NHS to support and encourage early diagnosis; ensuring people have access to good quality advice, information and advocacy where necessary.

Clinical Commissioning Group	GP Registers	Sum of Practice Populations	Prevalence Rate	Estimated Rate**	Estimated Number	Recorded Prevalence as % of estimated prevalence 2013/14	Recorded Prevalence as % of estimated prevalence 2014/15	Change in % 2013/14 to 2014/15
Ashford	833	126,411	0.66	1.16	1,468	44.00%	56.73%	12.73%
Canterbury & Coastal	1,965	215,303	0.91	1.42	3,050	47.80%	64.42%	16.62%
Dartford, Gravesham & Swanley	1,738	257,242	0.68	1.2	3,079	45.40%	56.45%	11.05%
South Kent Coast	1,824	198,899	0.92	1.6	3,183	39.70%	57.30%	17.60%
Swale	738	108,243	0.68	1.12	1,207	41.80%	61.13%	19.33%
Thanet	1,148	143,193	0.8	1.63	2,328	39.20%	49.32%	10.12%
West Kent	3,576	475,717	0.75	1.31	6,245	46.90%	57.26%	10.36%
<b>Kent</b>	<b>11,822</b>	<b>1,525,008</b>	<b>0.78</b>	<b>1.35</b>	<b>20,561</b>	<b>44.30%</b>	<b>57.50%</b>	<b>13.20%</b>

We have commissioned dementia cafes and peer support groups with at least one of each in every one of the twelve districts in Kent. These groups offer both practical and emotional support, people attending can find out more about their rights and support available locally and can also meet with others whose lives have been effected by the condition for mutual support.

We have invested in a dementia crisis service jointly with the NHS, this is a key area of commissioning supporting people through crisis or emergency situations is vitally important in promoting independence preventing hospital and care home admissions.

Ensuring the needs of people whose lives have been affected by dementia are integral to our commissioning intentions and look for opportunities to jointly commission services with the NHS, including those which:

- Improve access to advice and information;
- Support people at time of crisis / prevent hospital and care home admissions;
- Support people at end of life.

### **Tendering Opportunities**

Ensuring the needs of people caring for loved ones living with dementia will be central to our Carers Commissioning intentions.

Meeting the needs of people living with dementia will be part of our Older People's 'Core Offer' commissioning intentions.

From April 2016 a small pot for Dementia Innovation Grants will be made available via KCC's Grant Prospectus, which will be published in 2016; these grants will be linked to work of our Dementia Action Alliances.

## Mental Health – the Current Situation

Mental illness includes common mental illness (CMI), such as depression, anxiety, panic disorders and obsessive compulsive disorders; and serious and enduring mental illness (SEMI) including bipolar affective disorder and psychosis. The prevalence estimates can be used to estimate the number of people living with a common mental health disorder in Kent, 2012 and 2021. This is a crude estimate and does not take into account the age breakdown within each CCG, the prevalence of co-morbid chronic physical illness or variations in deprivation, all of which have a significant impact on the prevalence of mental illness:

### Estimated number of individuals with a common mental illness in Kent, 2012 and 2021

	2012		2021	
	Estimated Population aged 16-74	Estimated number of individuals with CMI	Estimated Population aged 16-74	Estimated number of individuals with CMI
NHS Ashford	85,726	13,176	91,333	13,937
NHS Canterbury and Coastal	147,582	22,683	150,072	22,901
NHS Dartford, Gravesham and Swanley	180,179	27,694	190,702	29,101
NHS South Kent Coast	146,772	22,559	148,699	22,691
NHS Swale	100,542	15,453	108,264	16,521
NHS Thanet	95,481	14,957	100,734	15,372
NHS West Kent	331,711	50,984	349,945	53,402
<b>Total</b>	<b>1,087,993</b>	<b>167,506</b>	<b>1,139,749</b>	<b>173,925</b>

Source: Kent and Medway Public Health Observatory

Serious mental illness (SMI) includes psychosis, personality disorder and bipolar affective disorder. The prevalence of SMI is available from the Quality Outcomes Framework:

### Estimated number of individuals with a serious mental illness 2015 and 2020

	Estimated no. adults 18-64 with antisocial or borderline personality disorder		Estimated no. adults 18-64 with psychotic disorder	
	2015	2020	2015	2020
Ashford	575	593	289	299
Canterbury	748	747	375	373
Dartford	508	532	254	266
Dover	512	504	257	252
Gravesham	502	513	252	257
Maidstone	772	801	387	400
Sevenoaks	541	549	272	277
Shepway	502	505	250	252
Swale	669	696	335	348
Thanet	618	632	313	320
Tonbridge and Malling	581	600	292	303
Tunbridge wells	553	566	275	282
<b>Kent</b>	<b>7,081</b>	<b>7,238</b>	<b>3,551</b>	<b>3,629</b>

Source: Projecting Adult Needs and Services Information

It should be noted that these estimates do not consider the distribution of risk factors for mental illness, such as deprivation and chronic illness. Therefore the projections listed above are crude estimates, the true number may within each district dependent on these additional factors.

Of the people living with common and severe mental illness in Kent communities, around 5,000 to 7,000 of these will need a clearly defined care programme of support to avoid relapse and promote recovery. The rest will need a lower intensity of support to stop them reaching a crisis point and unnecessarily entering into health and social care systems

KCC is responsible for providing community prevention and early intervention, as well as statutory services for mental health. Preventative services are universal and help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. This year we ended a range of differing contracts and grants to develop a new Community Mental Health and Wellbeing Service. This new service will be outcome focussed and is designed to reduce stigma, promote good mental health and wellbeing, preventing issues escalating and enabling people to find the right support at the right time. The service also supports the recovery pathway enabling people to be discharged from secondary care services.

Most of our social care staff are seconded to Kent and Medway NHS and Social Care Partnership Trust. As part of the new Community Mental Health and Wellbeing Service, we are embedding a primary care social work and enablement service within the new model. This is part of our joint commitment with all Kent's CCGs to ensure secondary mental health services are used appropriately and more resources are diverted into proactive community provision.

Adults with severe mental health problems are one of the most socially excluded groups in society, experiencing both health inequalities and reduced life expectancy. Although many people want to work, we know that less than a quarter are actually in employment. According to research carried out by the Royal College of Psychiatrists, people with severe mental health problems have the lowest employment rate for any of the main groups of disabled people. Supporting people to find or remain in employment is a strategic priority.

Good quality housing is a key to a good life, ensuring we develop a good range of housing options and services that support people to find housing and/or maintain their tenure is critically important. As the new Community Mental Health and Wellbeing Service embeds we will be looking for opportunities to work more closely with housing providers to create opportunities for a mixture of supported housing options that promote independence and reduce reliance on care home placements.

When we redesign community support services for people with mental health problems we will be considering the supporting independence service (SIS) alongside the similar support provided via housing related support contracts to ensure pathways are simplified, streamlined duplication is eradicated.

## Tendering Opportunities

Kent County Council, both Public Health and Adult Social Care in conjunction with all Kent's CCGs have recently completed a

tender process for a new Community Mental Health and Wellbeing Service. The contract was awarded in January 2016. This new contract has been designed to be a flexible and allow for further investment over the life of the five year contract. The contract contains an option to extend for a further two year period.

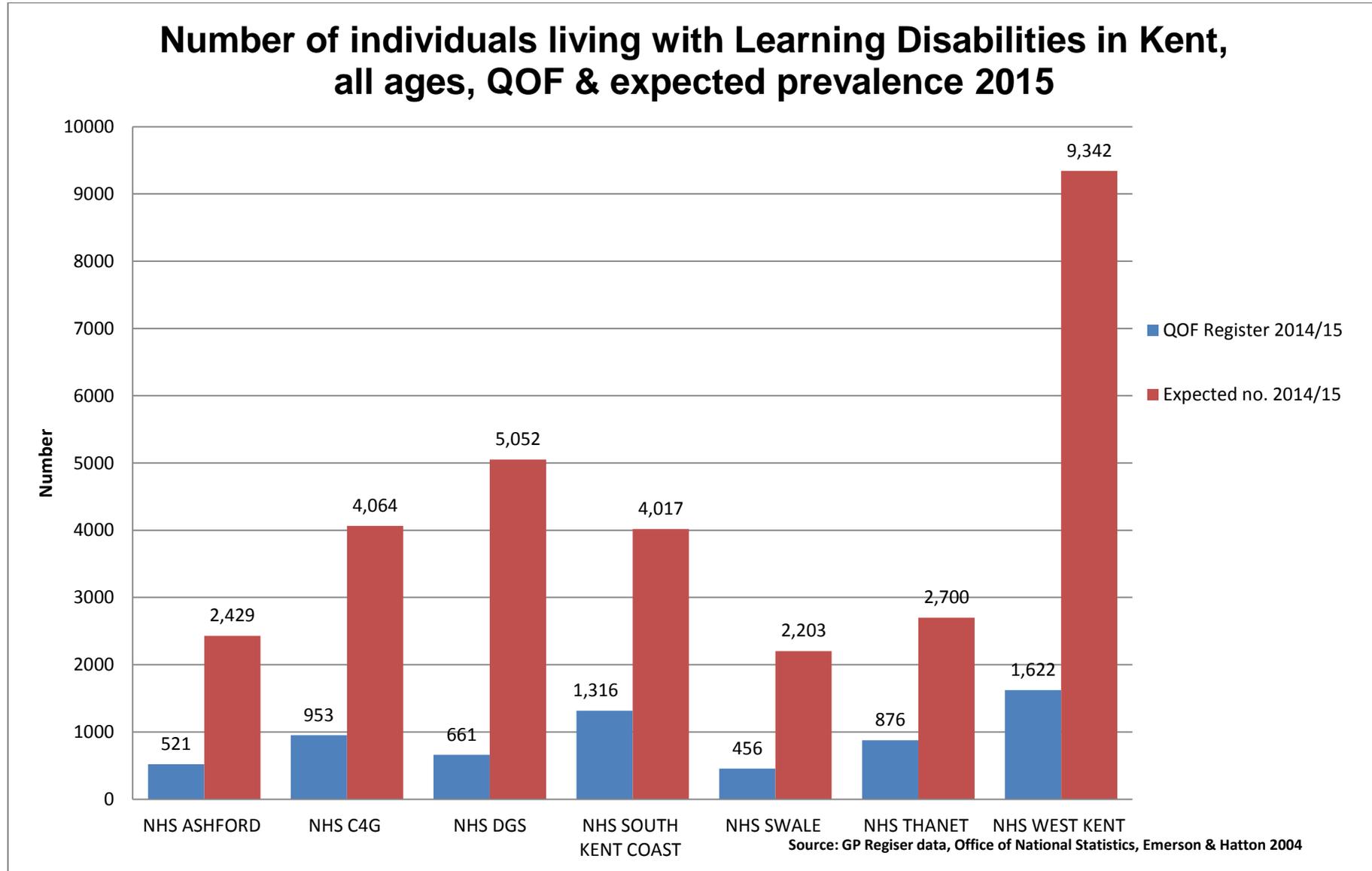
This new services operates with a lead Strategic Partner working with, and through, a network of delivery partners, to provide an outcome focused proactive model of early intervention and support. Our new Strategic Partners in Kent are:

Porchlight, covering: Dartford, Gravesham, Swanley CCG  
Swale CCG  
South Kent Coast CCG  
Thanet CCG

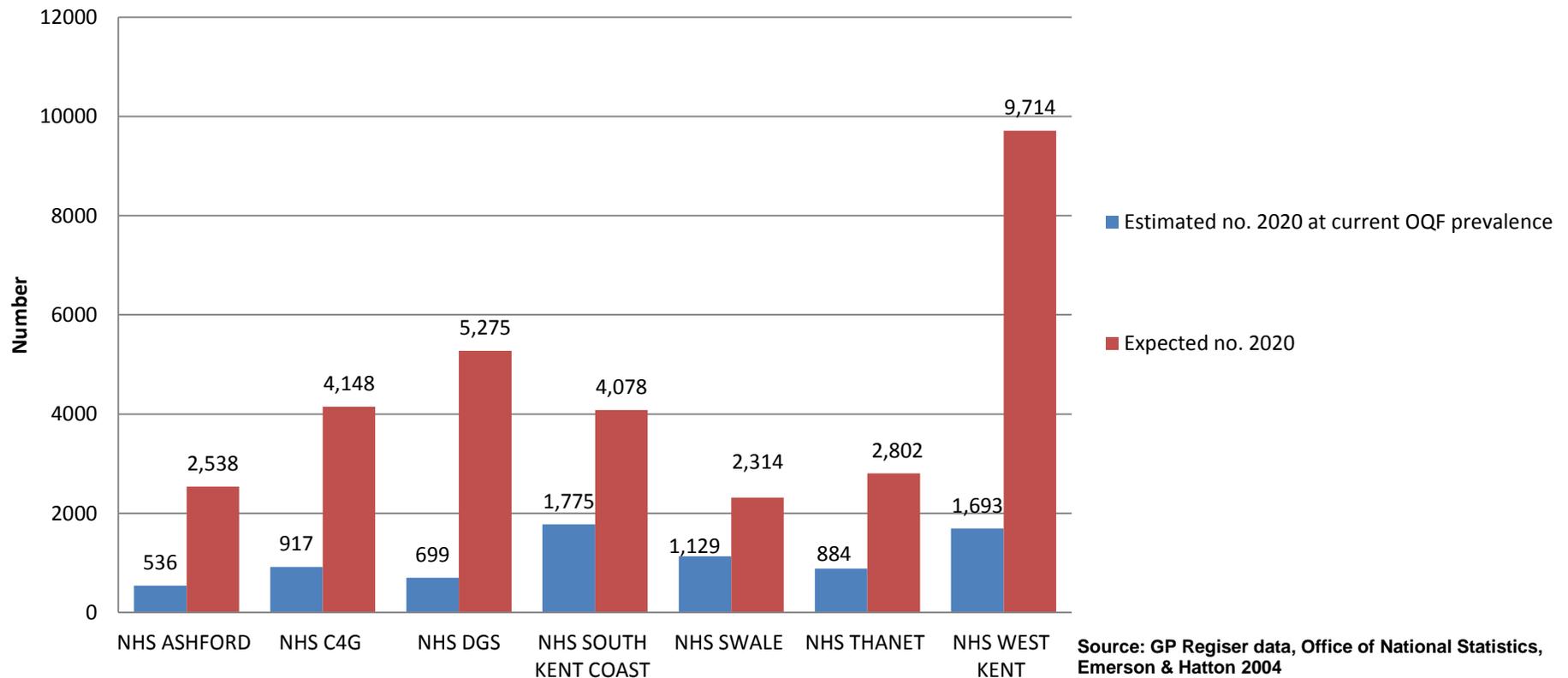
Shaw Trust, covering: West Kent CCG  
Ashford CCG  
Canterbury Coastal CCG

The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with mental health issues and recommission new services that link to the Community Mental Health and Wellbeing Service that support people's independence and choice.

## Learning Disability – The Current Situation



## Number of individuals living with Learning Disabilities in Kent 2020, at current GP register prevalence and expected prevalence



The type of services and support that people with learning disabilities want and need is changing. Younger people with a disability are transitioning into adult social services with the aim to be as independent as possible, some with a goal to enter into full time employment, whilst others have higher levels of complex needs than we have previously seen. In addition, the aging population of people with learning disabilities means that more people are entering into retirement and want to do different activities than before,

whilst others are developing dementia and need different types of support. In response to this, the services that we both deliver and commission must continue to change and adapt in order to reflect these demands.

Your Life, Your Home is a key Adult Social Care transformation project supported by our Efficiency Partner Newton Europe.

Your Life Your Home aims to Increase the options for independent living available to adults with learning disabilities through Supported Living and Shared Lives placements and reduce the number of residential placements, in line with Government Legislation, detailed in [Valuing People Now](#). Also when we redesign community support services for people with a learning disability we will be considering the supporting independence service (SIS) alongside the similar support provided via housing related support contracts to ensure pathways are simplified, streamlined duplication is eradicated.

In Kent there are currently over 1200 adults with a learning disability living in residential care. We know that many people's needs can be met in alternative settings which will allow them to lead more independent lives. Alternative accommodation that may be more suitable; such as a flat with shared communal areas with other people, shared housing or shared living with a family. As part of this process, the project team will be involved in ensuring sufficient alternative accommodation is made available for people that choose to move on from residential care. People who move into alternative accommodation will also need a range of community based services that continue to support their independence.

The way the Council manages disability services is changing as we are developing a Lifespan Pathway. To help to make this a reality, children's and adults disabilities teams have been brought under the same management structure. We are looking to develop the support offered by the integrated disability teams to be focused across the whole lifespan, removing the need for transition support as young people move from children's to adult services. This will undoubtedly change the way we commission services in the future.

For some years now the Council has worked with local NHS providers to provide integrated learning disability teams and has always worked closely with NHS commissioning bodies in the planning and development of services for people with a learning disability in Kent. Now the Council together with the NHS CCGs across Kent are creating an integrated commissioning arrangement for learning disability, where the council will host and manage the integrated commissioning service. There will be a pooled budget which will initially support the integrated community learning disability teams but is expected to increase over time to support greater integration, especially in the approach to the independent care sector and the purchasing of support for individuals with complex needs.

KCC and Kent's CCGs have developed a joint plan for and have already successfully resettled over 35 people from specialist learning disability in-patient units into community homes. Further plans are in hand for more people to be discharged with appropriate community support and to reduce the number of specialist in-patient beds.

Community based services for adults with a learning disability are provided through both an internal provision and commissioned services, these include:

#### Internal

- Day Services - the Good Day Programme
- Independent Living Service
- Kent Pathways Service
- Short Breaks and Respite
- The Adult Placement Scheme
- Kent Supported Employment

#### External

- Day Services
- Supporting Independence Service
- Housing related support services
- Specialist Residential Services - our aim is always to promote independence, though we recognise we will always require some specialist residential services in the future.

### Tendering Opportunities

The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with learning disabilities and recommission new services that link to the Your Life Your Home transformation project and support peoples independence and choice.

The external day care provision has arisen as a result of demand and there is a lack of consistency around quality in relation to cost, access to different types of opportunities across the county and the type of activity that are available. Engagement has begun with day care providers with the aim of commissioning a consistent model of day services and having new contracts in place by April 2017.

## Physical Disability – the Current Situation

The 2011 census asked respondents to answer the following question: *Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?* In 2011 8.0% of census respondents in Kent reported that their activities of daily living were limited ‘a lot’, this compares to 8.4% in England (Office of National Statistics 2013). A further 9.6% of Kent respondents reported that activities of daily living were limited ‘a little’, compared to 9.4% in England. Variation in the prevalence of reported limitation in activities of daily living was noted across Kent with the highest prevalence of reported limitation in activities of daily living reported in Thanet (11.5% ‘a lot’, 11.9% ‘a little’), and Shepway (10.0% and 11.1%). The following table demonstrates the number of individuals reporting physical activity limitation in Kent 2011 and the projected number in 2020.

	2011					
	Day-to-day activities not limited		Day-to-day activities limited a little		Day-to-day activities limited a lot	
	Number	%	Number	%	Number	%
Ashford	98,871	83.8	10,669	9.0	8,416	7.1
Canterbury	123,827	81.9	14,891	9.9	12,427	8.2
Dartford	82,630	84.9	8,114	8.3	6,621	6.8
Dover	88,417	79.2	12,404	11.1	10,853	9.7
Gravesham	84,378	83.0	9,546	9.4	7,796	7.7
Maidstone	130,638	84.2	13,845	8.9	10,660	6.9
Sevenoaks	97,802	85.1	9,872	8.6	7,219	6.3
Shepway	85,251	79.0	11,965	11.1	10,753	10.0
Swale	110,513	81.4	13,580	10.0	11,742	8.6
Thanet	102,838	76.6	15,979	11.9	15,369	11.5
Tonbridge and Malling	102,859	85.1	10,367	8.6	7,579	6.3
Tunbridge Wells	98,678	85.8	9,399	8.2	6,972	6.1
<b>Kent</b>	<b>1,206,702</b>	<b>82.4</b>	<b>140,631</b>	<b>9.6</b>	<b>116,407</b>	<b>8.0</b>

Source: Census 2011, Office of National Statistics

	2020					
	Day-to-day activities not limited		Day-to-day activities limited a little		Day-to-day activities limited a lot (number)	
	Number	%	Number	%	Number	%
Ashford	109,489	83.8	11,759	9.0	9,276	7.1
Canterbury	129,379	81.9	15,639	9.9	12,954	8.2
Dartford	92,647	84.9	9,057	8.3	7,420	6.8
Dover	90,785	79.2	12,724	11.1	11,119	9.7
Gravesham	90,703	83.0	10,272	9.4	8,415	7.7
Maidstone	144,529	84.2	15,277	8.9	11,844	6.9
Sevenoaks	105,314	85.1	10,643	8.6	7,796	6.3
Shepway	89,746	79.0	12,610	11.1	11,360	10.0
Swale	122,849	81.4	15,092	10.0	12,979	8.6
Thanet	111,038	76.6	17,250	11.9	16,670	11.5
Tonbridge and Malling	112,082	85.1	11,327	8.6	8,297	6.3
Tunbridge Wells	105,574	85.8	10,090	8.2	7,506	6.1
<b>Kent</b>	<b>1,304,134</b>	<b>82.4</b>	<b>151,740</b>	<b>9.6</b>	<b>125,637</b>	<b>8.0</b>

Source: Census 2011, Office of National Statistics

KCC commissions very few services specifically for people with a physical disability as the majority of people opt to take a direct payment in order to make their own decisions about the care and support they want. However, people with a physical disability may be accessing services through contracts such as Supporting Independence Services, housing related support, Kent Enablement at Home, Respite and Day Services.

The Council funds user led, peer support organisations that provide information and advice about how to manage Direct Payments, employ personal assistants, maximise income and other issues.

Healthwatch are setting up a Physical Disability Collaborative to help draw together individuals and organisation interested in the development, commissioning and provision of disability-related support.

We want to explore and commission for great levels of personalisation and control we are investigating models of brokerage and want to continue to see a strong physical disability user-led culture in Kent.

We will be looking for ways to support the Kent's micro provision and personal assistant market place as a key means of delivering person centred support.

There is a lack of wheelchair accommodation and it is planned to include wheelchair accessible housing in all new developments. There will be a focus on the housing needs for people with a physical disability in the Accommodation Strategy in the near future.

When we redesign community support services for people with a physical disabilities we will be considering the supporting independence service (SIS) alongside the similar support provided via housing related support contracts to ensure pathways are simplified, streamlined duplication is eradicated.

### **Tendering Opportunities**

The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with physical disabilities and re-commission new services that support people's independence and choice.

Some people with a physical disability attend our external day care provision for people with a learning disability and it is the intention to commission these services by September 2016. For day care providers, that only support people with a physical disability, a decision will be made about whether to draw them into this commissioning process.

## Sensory Impairment – the Current Situation

Estimated number of individuals with severe visual impairment and hearing impairment 2015 and 2020

	Number of individuals with severe visual impairment	
	2015	2020
Ashford	47	48
Canterbury	61	60
Dartford	41	43
Dover	42	41
Gravesham	41	42
Maidstone	63	65
Sevenoaks	44	45
Shepway	41	41
Swale	54	56
Thanet	50	52
Tonbridge and Malling	47	49
Tunbridge Wells	45	46
<b>TOTAL KENT</b>	<b>529</b>	<b>540</b>

Source: Projecting Adult Needs and Services Information

	2015		2020	
	Number of individuals with moderate-severe hearing impairment	Number of individuals with profound hearing impairment	Number of individuals with moderate-severe hearing impairment	Number of individuals with profound hearing impairment
Ashford	12,618	285	14,552	330
Canterbury	17,072	409	18,777	446
Dartford	9,016	196	10,148	229
Dover	13,564	313	15,210	349
Gravesham	10,171	221	11,153	252
Maidstone	16,863	377	19,189	434
Sevenoaks	13,442	305	14,939	349
Shepway	13,696	324	15,114	360
Swale	14,109	306	16,148	349
Thanet	16,650	396	18,017	420
Tonbridge and Malling	12,792	275	14,461	319
Tunbridge Wells	12,364	290	13,953	330
<b>Total Kent</b>	<b>162,357</b>	<b>3697</b>	<b>181,661</b>	<b>4167</b>

Source: Projecting Adult Needs and Services Information

## Estimated number of individuals with combined sensory impairment, 2015 and 2020

	2015		2020	
	Severe combined sensory impairment	Deafblind (all combined sensory impairment)	Severe combined sensory impairment	Deafblind (all combined sensory impairment)
Ashford	322	800	387	923
Canterbury	393	1,002	517	1,278
Dartford	207	561	249	624
Dover	321	813	375	937
Gravesham	234	637	278	712
Maidstone	384	1,010	473	1,180
Sevenoaks	304	802	372	941
Shepway	302	781	362	919
Swale	295	808	365	974
Thanet	376	976	429	1,090
Tonbridge & Malling	290	771	363	942
Tunbridge Wells	287	753	328	848
<b>Total Kent</b>	<b>3,715</b>	<b>9,714</b>	<b>4,498</b>	<b>11,368</b>

Source: SENSE

In 2014-15 2,440 referrals were responded to by Sensory Services. These comprise

- 1,624 by Kent Association for the Blind,
- 446 by Hi Kent and
- 352 by the Deaf and deafblind Team.

A detailed Sensory Joint Needs Assessment has also been developed which reveals the high prevalence of sensory impairment, particularly amongst older people and people with learning disabilities.

A Sensory Strategy has been developed which informs commissioning decisions and the development of services for visually impaired people, d/Deaf and deafblind people. It addresses the needs of both sensory impaired children and adults with specific attention given to people with learning disabilities who are a group at high risk of developing sensory impairments which can remain undiagnosed. The strategy was developed by health and social care commissioners, senior managers in social care and education in KCC, and involved extensive engagement and consultation with relevant stakeholders including the voluntary sector, service users, families and carers. The strategy covers a 3 year period from 2016-19 and focuses on improving outcomes for sensory impaired people in the areas of public health, health and social care and social inclusion. A detailed implementation plan is currently under development.

A Local Eye Health Network (LEHN) has also been established in Kent by NHS England. This network brings together a range of stakeholders including commissioners and providers in health and social care with an interest in eye health and sight loss services. The network aims to facilitate joint working to improve outcomes for visually impaired people in Kent.

Community equipment for people with sensory impairment will be provided by NRS Healthcare until November 2020 as part of the service they have recently been contracted to provide. Technology Enabled Care Services (TECS) for people with sensory impairment e.g. access to technology, software, apps and for practical support to make use of technology will be provided until November 2020 by Centra Pulse, who has recently been awarded this contract. The NRS and Centra contracts are both for a period of 5 years, with the opportunity to extend for up to a further 2 years. Strategic partnerships will need to be developed between these two organisations and other providers across the sector that support people with sensory impairment.

### **Tendering Opportunities**

A Sensory Strategy has been developed and it will be published in 2016 along with an implementation plan.

This will set out commissioning intentions and service developments for the next three years.

As soon as this is published we will update this Market Position Statement with more information.

## Autistic Spectrum Conditions – the Current Situation

It is thought that the overall prevalence of adults with autism nationally is 1.1% of the population. With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability. The number of adults with autistic spectrum conditions in the absence of a learning disability is predicted to rise by 4% from 2015 to 2020 (PANSI & POPPI, Institute of Public Care).

There is not only a statutory and moral responsibility, but a sound economic argument for improving the support and care for all people with autism. A study led by the London School of Economics and Political Science estimates that autism costs the country at least £32 billion per year in treatment, lost earnings, care and support for children and adults with autism. This is far higher compared to some other conditions: £12billion for cancer, £8billion for heart disease and £5billion for stroke.

An Autism Collaborative has been established to inform commissioning decisions and development of services for people with autistic spectrum conditions and their carers. The collaborative consists of senior managers from Older People & Physical Disability, Disabled Children, Learning Disability & Mental Health directorates, Health and Social Care Commissioning, Children's Commissioning, Kent and Medway NHS and Social Care Partnership Trust, people with autism, parents and carers of those with autism, voluntary organisations and academics from the Tizard Centre, University of Kent. Each stakeholder member will actively contribute to the ongoing development of the collaborative and delivery of its objectives. These objectives are:

- Develop a Kent Autism Strategy for adults with Asperger's Syndrome and Higher Functioning Autism;
- To address policy, guidance and issues that impact on people with autistic spectrum conditions ;
- To identify priority areas for service improvement (which are inclusive and equitable), research and development;
- To inform the Joint Strategic Needs Assessment (JSNA);
- To identify priority areas for charitable, community and voluntary services;
- To ensure a common understanding of user expectations and requirements;
- To identify areas of good practice and develop an evidence base;
- To promote the needs of people with autistic spectrum conditions, linking to other existing groups which are not necessarily autism specific to make autism 'everyone's business'.

Public Health is currently working on developing a joint needs assessment for people with autism.

Alongside the development of the Kent Autism Strategy CCGs are developing an all-age Neurodevelopmental Integrated Care Pathway initially for those with Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder. The pathway will describe the health and social care pathway for all people with autism and / or ADHD from diagnosis to post diagnostic support.

### **Tendering Opportunities**

The Kent Autism Strategy is currently under development and will be published in 2016 along with an implementation plan.

This will set out commissioning intentions and service developments for the next five years.

As soon as this is published we will update this Market Position Statement with more information.

## Domestic Abuse – the Current Situation

At any one time over 250 adults (and their children) who are experiencing domestic abuse are being supported by the council. Domestic abuse services are also commissioned by a number of agencies, including the Police and Crime Commissioner, Public Health and KCC. Collectively, these services have an annual value of approximately £3.2 million. As a result of the funding arrangements, current service provision for domestic abuse is complex and its pathways unclear. Arrangements are often short term and unsustainable, which makes innovation difficult. There is overlap in service geography and/or function. Existing services are not well networked together. In the meantime, there are gaps in service for lesbian, gay, bi-sexual and transgender victims, male victims and those with more complex issues such as substance misuse.

There are currently approximately 28,000 incidents reported to Kent Police each year and demand for support services continues to rise. Current services are concentrated on those at high risk of harm such as refuge provision and Independent Domestic Violence Advisors (IDVA) support. There is limited support available to support those at lower risk.

It is our ambition to commission collaboratively with partners to gain a more strategic oversight of domestic abuse services across the county. Commissioning in this way will eradicate duplication, will enable efficiencies in the offer for high risk victims and strengthen the availability of preventative and services. Creating a networked, flexible service based on need, rather than the source of funding will make services easier for people to use in a more timely way. Helping people to get the help they need more quickly will help to reduce the overall burden that the effects of domestic abuse place on public services. The service will be better able to articulate with other commissioned provision including the Community Mental Health and Wellbeing Service

A multi-agency Commissioning Task and Finish Group has established a pooled resource and a draft specification from which an integrated domestic abuse service can be commissioned. The proposed integrated model of commissioning will work to improve consistency in provision, and provide seamless pathways for service users, and increase the scope of those that can be supported. It will strengthen the preventative benefit of specialist domestic abuse support. By engaging with families sooner, support providers will be better able to reduce the risk of escalation of abuse, and the risk to children. It will put domestic abuse provision on a more sustainable footing and encourage innovation.

### Tendering Opportunities

Market engagement and co-production events have been taking place to inform the new service design and a service specification is in draft form.

It is anticipated that the procurement process will begin in January 2016 for the new service to be operational in July 2016.

## Homelessness, Offender Services and Substance Misuse – the Current Situation

At any one time just fewer than 1500 vulnerable homeless people, 138 offenders and 18 people with substance misuse issues are being supported by Adult Social Care.

The council's commitment to provide housing related support to the vulnerable, socially excluded people in these cohorts is currently £5.7m annually.

Whilst these housing related support services have been considered discretionary, they deliver an important role in meeting the statutory preventative duty imposed by the Care Act.

The housing related support offer for each of these cohorts is currently separate. There is an inequity in levels of support based on the cohort rather than the need of the individual.

A recent needs analysis of housing related support needs in Kent conducted by the Chartered Institute of Housing identified opportunities to co-commission, reduce duplication and deliver outcomes more cost-effectively, allowing the council to retain and further the preventative benefit of these services whilst reducing their cost.

We will consider how these services may be reshaped, reconfigured and commissioned differently through a thematic redesign of integrated, preventative and co-commissioned services, taking advantage of commissioning opportunities in a broader context.

We will explore the rationalisation of these disparate services into one centralised offer given the shared nature of need i.e. could all homelessness provision be able to offer support to those with substance misuse issues and/ or, histories of offending, resulting in the:-

- Reduction in the overall number of contracts;
- Reduction in duplication with others both within the local authority and its key partners;
- Defining, aligning and improving a clear preventative role to reduce demand on more expensive statutory services;
- Increase in capacity by erasing the artificial boundaries between accommodation based services and community based services and making better use of the private rented sector.

We will examine opportunities to pool resources with a range of other commissioners of similar services to rationalise, redesign and commission a flexible, coherent service based on outcomes rather than funding arrangements.

Since April 2015 KCC also has a duty under Section 76 of the Care Act 2014 to work with statutory partners to ensure that prisoners within the Kent prison estate have access to good integrated health and care support. This means that when KCC is made aware that an adult in a custodial setting may have care and support needs then an assessment must be carried out as it would be for someone in the community. Assessments to date have mainly involved input from the Occupational Therapy team but arrangements are in place with the two health providers operating in Kent's prisons to provide any eligible assessed social care needs. The new NRS ICES Contract includes the supply of community equipment to people living in prisons

### **Tendering Opportunities**

The tender timeline for recommissioning Homelessness, Offender Services and Substance Misuse has yet to be agreed as soon as we have more information the opportunity will be published via the Kent Business Portal and this Market Position Statement will be updated.

## Integrated Community Equipment Services

KCC, in partnership with the seven Kent NHS Clinical Commissioning Groups, have appointed Nottingham Rehab Limited (trading as NRS Healthcare) to deliver a countywide Integrated Community Equipment Service.

Commissioners are supporting NRS Healthcare to develop strategic relationships across the care sector. Over time, this will include home care providers, care homes, voluntary sector organisations, housing organisations, community nursing providers and others providing care and support in the community.

There are opportunities to maximise people's independence and provide proportionate levels of care through easy access to the right equipment that supports people to manage their conditions and access good quality care and support.

The service includes the loan of equipment like pressure care, hoists, bathing equipment, special seating and other daily living equipment to help disabled children get the most out of school and at home and for older and disabled adults to live independently in their own homes.

### Tendering Opportunities

This service started on 30 November 2015 and will be for a period of five years, with the option to extend for a further two years.

## Technology Enabled Care Services (TECS)

KCC has appointed Invicta Telecare Limited (trading as Centra Pulse and Connect) to deliver a countywide Technology Enabled Care Service. This service comprises the following elements:

### A. Direct Service Provision

1. Telecare service
  - a. Monitoring – 24 hour service
  - b. Install/de-install and maintenance service
2. Digital Care and Assistive Technology Services.
3. Service User Support – service user / Carer training, support and specialist assessment of equipment type

### B. Staff Training and Support

- Advisory Service
- Training

### C. Service Development

- Horizon Scanning
- Strategic Development e.g. delivery and care pathways

Future proposals to enhance the TECS service available from Centra Pulse may include tele-coaching and telephone assessment and review and, in a fast progressing market the supply and, where required, monitoring of cutting edge assistive technologies. This will enhance the Council's ability to meet the needs of service users to maximise their life opportunities.

We are supporting Centra Pulse to develop strategic relationships across the care sector. Over time, this will include home care providers, care homes, voluntary sector organisations, housing organisations, community nursing providers and others providing care and support in the community.

### Tendering Opportunities

This service started on 30 November 2015 and will be for a period of five years, with the option to extend for a further two years.

## Kent's Accommodation Strategy Better Homes: Greater Choice

This Market Position Statement has been written regarding community based provision. Please see follow the link below if you require more information about supported housing and/or care home provision. The Accommodation Strategy identifies how the provision, demand and aspiration for housing, care and support services will be met for people who use social care services should they need to move to access care. Our vision is that people should be supported to live independently in their own homes and receive the right care and support. However, if that option is no longer suitable, the right accommodation solutions have to be in the right places across the county, and they have to be the right type, tenure and size. This vision is coupled with improved commissioning of services across each of the adult social care client groups.

Social care, along with health, is experiencing unprecedented change and will face many challenges in future. The foundation of the Accommodation Strategy is the necessity to form partnerships and work coherently to ensure that the current and future needs of the clients eligible for services are met, providing clients with greater choice and access to high-quality housing and care home accommodation.

Forecasting the numbers of provision has included an increase in the older population and factored in all of the work required to keep people at home for longer. The numbers are indicative and will be reviewed periodically based on the success factors of investment in prevention and the commissioning strategy for community care and support and the CCG commissioning plans.

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care>

## Tendering Opportunities

### The Kent Business Portal

This portal allows the sharing of information about existing contracts and forthcoming tendering opportunities across councils in the Kent area. The Portal can be accessed from the link:

<https://kentbusinessportal.org.uk/procontract/portal.nsf/vLiveDocs/SD-DEVV-6UGE9Y?OpenDocument&contentid=1.001>

From here organisations and individuals can:

- Register free to receive email notifications of opportunities;
- Click on Opportunities to view current contract opportunities advertised by the participating authorities;
- Click on Contract Store to view the contacts currently let by the participating authorities;
- Click on User Guides for instructions on using the system and frequently asked questions.

If you have any questions regarding Adult Social Care Community Support commissioning please email:

[Communitysupport@kent.gov.uk](mailto:Communitysupport@kent.gov.uk)

## Useful Links

**The Care Act:** Published to the DH website:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

**Commissioning for Better Outcomes: a route map.** Available at:

<http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab>

**Facing the Challenge: Whole-Council Transformation.** Available at:

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0016/5470/Facing-the-challenge.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0016/5470/Facing-the-challenge.pdf)

**Facts and figures about Kent:** Available at:

<http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent>

**Five Year Forward View:** Published to NHS England website:

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

**Health and Social Care Act (2012).** Available at:

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

**Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020.** Available at:

[http://www.kent.gov.uk/\\_data/assets/pdf\\_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf](http://www.kent.gov.uk/_data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf)

**Joint Strategic Needs Assessment.** Available at:

<http://www.kpho.org.uk/joint-strategic-needs-assessment>

**Making it Real.** Available at:

[http://www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/MakingItReal.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf)

**Voluntary and Community Sector (VCS) Policy.** Available at:

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/voluntary-and-community-sector-vcs-policy>