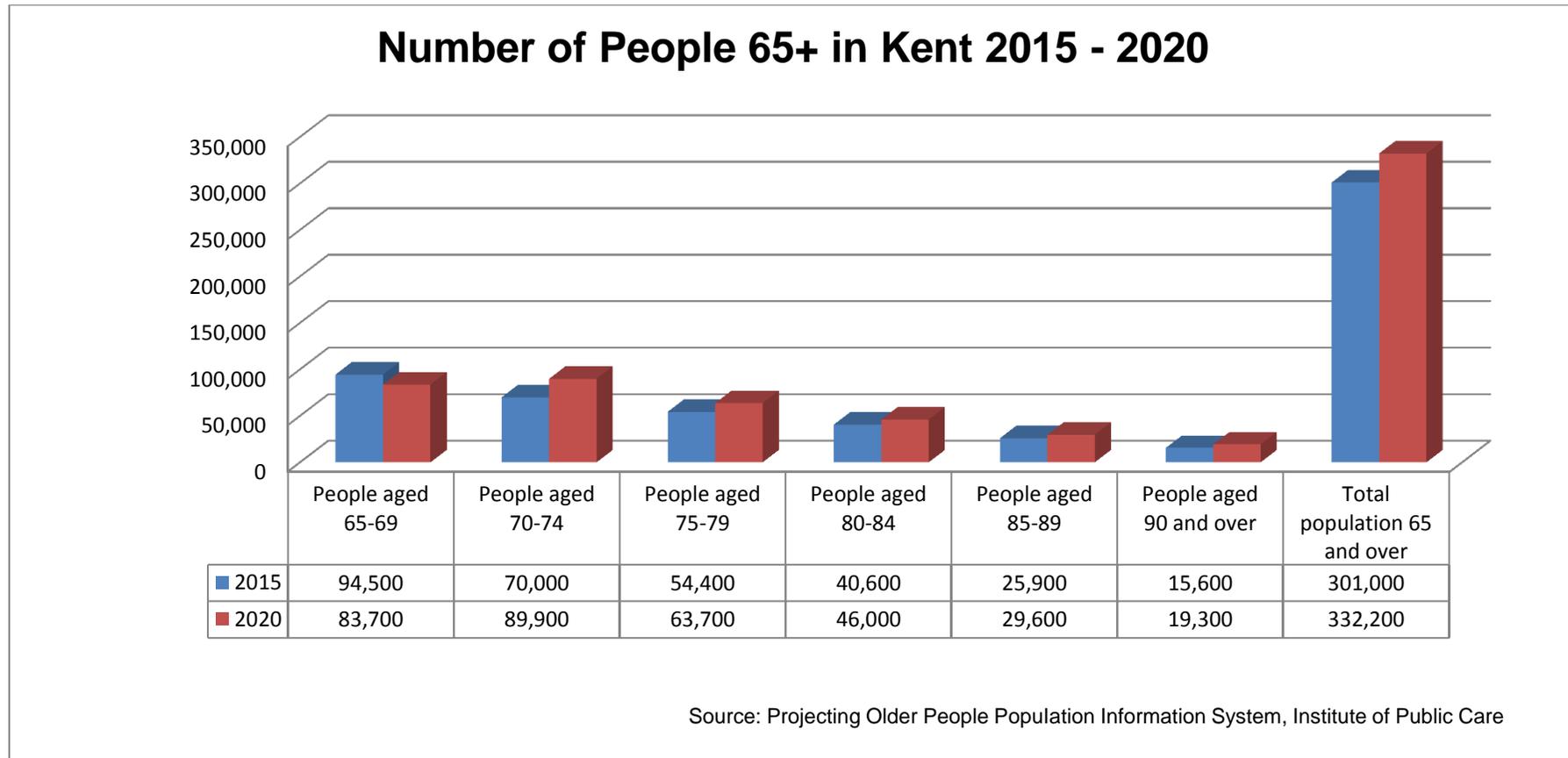


Older People – the Current Situation



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 31st 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
Total Kent	23,889	24,363

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%
Kent	11,822	1,525,008	0.78	1.35	20,561	44.30%	57.50%	13.20%

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

Total	1,087,993	167,506	1,139,749	173,925
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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
Kent	7,081	7,238	3,551	3,629

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:

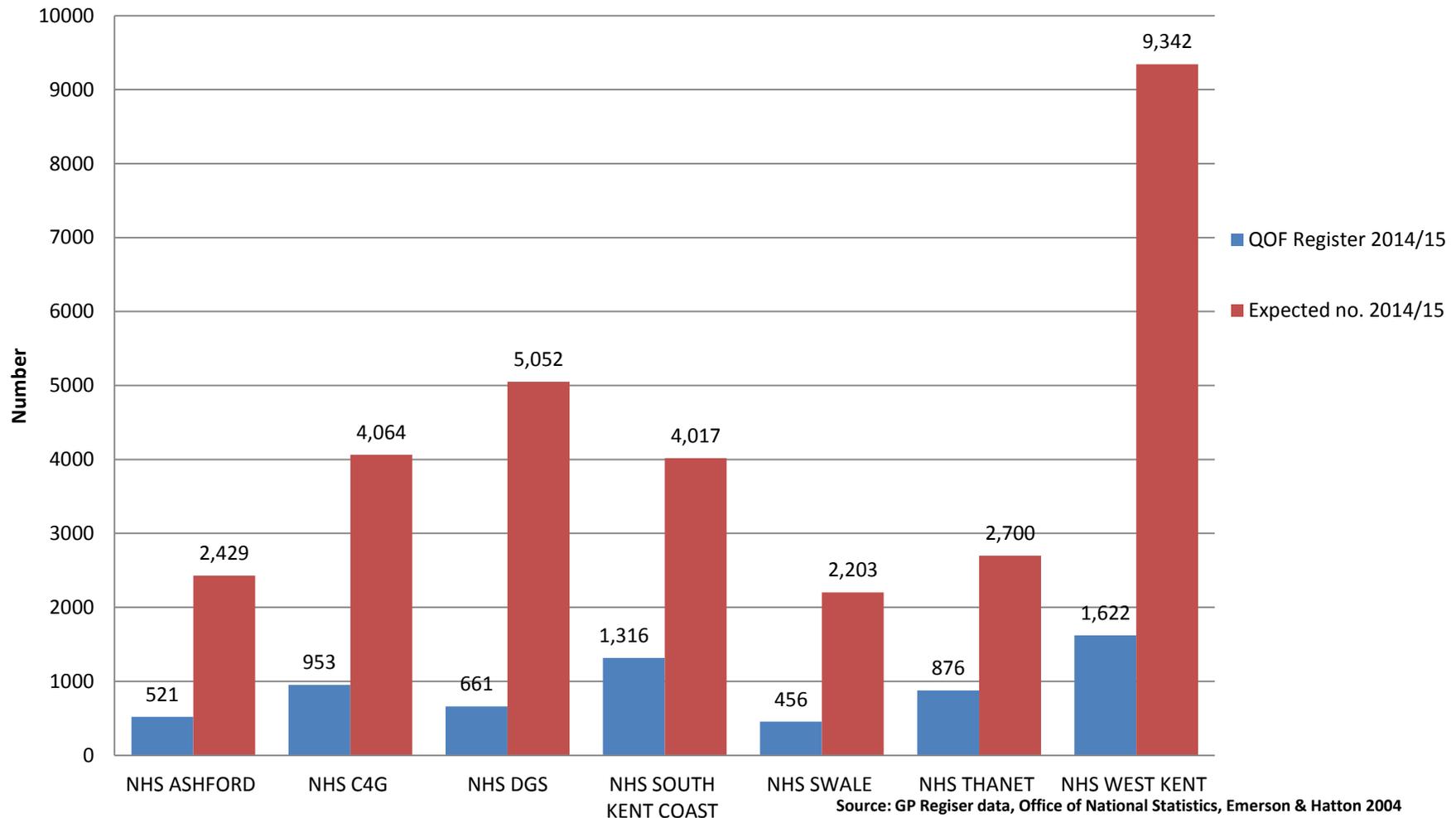
Porchlight, covering: Dartford, Gravesham, Swanley CCG
Swale CCG
South Kent Coast CCG
Thanet CCG

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

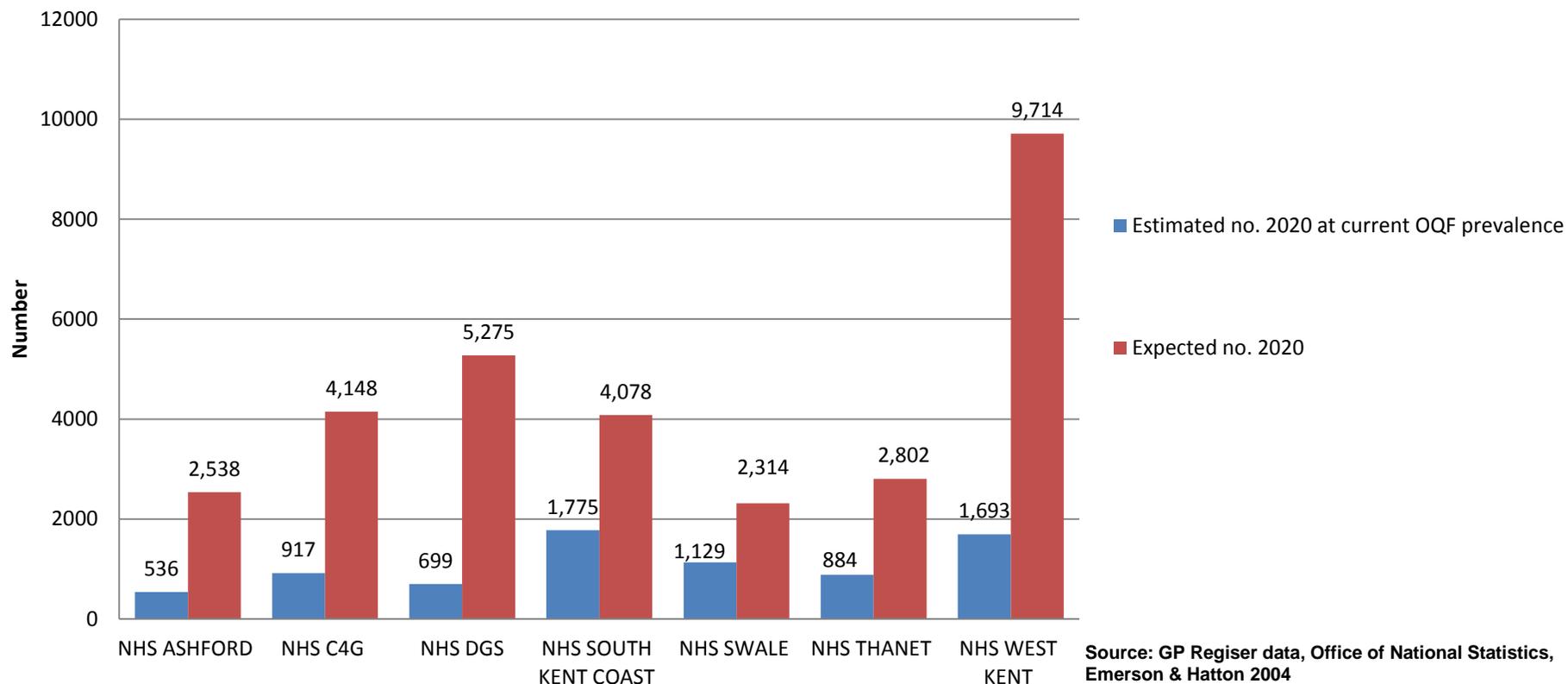
The current Supporting Independence Service contract ends in September 2017, we are looking to explore options for people with mental health issues and recommission new services that link to the Community Mental Health and Wellbeing Service that support people's independence and choice.

Learning Disability – The Current Situation

Number of individuals living with Learning Disabilities in Kent, all ages, QOF & expected prevalence 2015



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
Kent	1,206,702	82.4	140,631	9.6	116,407	8.0

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
Kent	1,304,134	82.4	151,740	9.6	125,637	8.0

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 recommission 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
	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
TOTAL KENT	529	540

Source: Projecting Adult Needs and Services Information

	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
Total Kent	162,357	3697	181,661	4167

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
Total Kent	3,715	9,714	4,498	11,368

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.