Making a difference every day

Discharge

Adult Social Care Commissioning

Market Position Statement

2021-26

First Published: 06/2021

Last Updated: 06/2021

Kent County Council

kent.gov.uk

Contents

Our Message to Providers....3
Our Commissioning Priorities....4
Current Services....5
Our Current Supply....9
The Workforce in Kent....10
Current Demand & Our Future Needs....11
Our Intentions....12
What We Want from Our Providers....14
Social Value....15
Our Environment & Climate Change Commitments....16
Our Promise to Providers....17
Additional Information....18

Our Message to Providers

Once an individual is ready to leave a hospital or other healthcare facility, discharge services support them to return to their home or other accommodation. This support involves resettling them, determining any additional needs, ensuring those needs are met, and assisting them to re-gain their independence, through the promotion of positive improvements in physical and mental wellbeing.

There are a variety of discharge services serving Kent residents, with allocations dependent on the specific needs of the individual, and the geographical locations of the discharging hospital and the individual's home.

Currently, **discharge services across Kent are disjointed** due to a lack of coordination between Kent County Council and NHS Kent and Medway Clinical Commissioning Group, which separately commission these services.

In future, the aspiration is for all those receiving discharge support to **experience a positive and smooth transition**, following a **clearly understood process**, delivered by **highly skilled staff**, giving those individuals the best chance of **regaining independence and avoiding readmittance**, regardless of the level of their needs. To do this, we need to understand the total future demand, and commission jointly with health care partners to create an integrated, cohesive discharge service across the whole of Kent.

The key aims of the council are to:

- implement a safe, simplified and **consistent hospital discharge process across Kent**, including a specific dementia pathway
- ensure the **best use of our shared workforce** to support discharge
- maximise the use of '**Home First**' as the default position following a hospital stay
- **utilise Wellbeing & Prevention services** to avoid admittance to Discharge services
- reduce duplications and inefficiencies across the system, through **commissioning jointly**
- **share person-level data** between health and social care partners (Kent and Medway Care Record) to ensure accuracy and facilitate proper planning and evaluation of discharge services
- ensure that consideration of each individual's wants and needs is central to the service they receive, and that they are **familiar with those delivering that service**, so that fewer assessments are required
- improve discharge response times, collaboratively **addressing the barriers to discharging 7 days a week**, through effective decision-making and timely action, focusing on embedding a Discharge to Assess approach
- **minimise handoffs** between services and ensure moves are seamless

In short, there is a need to recommission the current Discharge services within Kent once demand is understood and the specialist pathway elements required have been defined. We will do this in partnership with our health colleagues to ensure we implement an innovative, responsive service that meets evolving demand across the whole of Kent and promotes positive performance driven outcomes for those individuals that use it.

Our Commissioning Priorities

In order to deliver effective services that meet the needs of Kent residents, the council will focus on the following commissioning priorities.

We will:

- seek to **jointly commission** (joint funding and pooled budgets) services with partners to support **Home First** following all hospital stays, ensuring adequate capacity, and **meeting the needs** and requirements of Kent residents
- **respond** to reduced levels of demand, but increased levels of need, by reducing the market where appropriate, to ensure we have the correct **capacity** at the appropriate level
- **encourage necessary growth in the specialist services segment of the market** and control and eventually reduce part of the market in favour of support where appropriate to the person
- widen **choices** for all people with a recognised social care need, including all applicable need levels
- provide a **responsive, efficient service** that is able to flex up and down in line with evolving demand, while supporting staff retention
- support the implementation of a **Single Point of Access and Triage**, collaborative working through an **Effective Integrated Multi-Disciplinary Team**, and the delivery of a **Trusted Assessor(s) model**
- **ensure that Discharge services are able to meet the requirements of future generations**, and that they play a pivotal role at the heart of the community, ensuring that Kent towns and villages are active, thriving and stronger places in which to live
- get the correct **balance of provision** for discharge services in order to fit with other social care services
- ensure Kent has a **fit for purpose** discharge service, with highly skilled staff, able to work effectively with people who have long term and very complex conditions
- promote the use of current, new and innovative digital and **assistive technologies** and the efficient prescription of **enabling equipment**.

Asset based commissioning will be used in the commissioning of discharge services in the following ways:

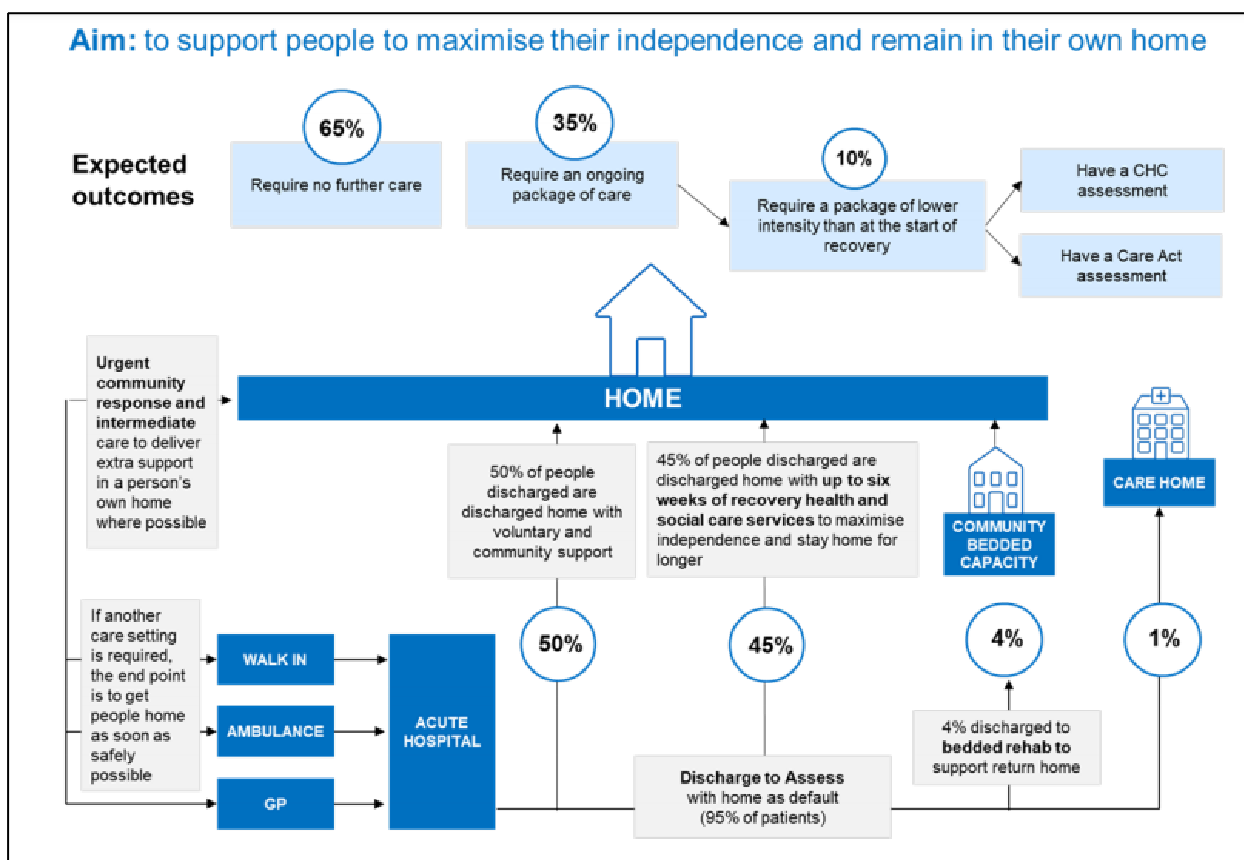
- as well as using this opportunity to stimulate the discharge services market to re-shape, this is also about **considering the role played by individuals and communities** as self-helpers and coproducers of outcomes
- consider the person's **whole journey** through Adult Social Care, not just their accommodation needs
- we will work with the market to **develop high-quality options** that meet these requirements
- we will work with Kent residents to identify what they wish to see from discharge services for themselves or their loved ones
- we will have high expectations of the providers of our services, and we will pay a **fair price** for these high-quality services
- we will continue to use the **locality commissioner model** to ensure that local demand and local needs are understood and taken account of in our commissioning.

Current Services

Discharge Pathways

The ***Hospital Discharge Service: Policy and Operating Model***, published in August 2020, established the Discharge to Assess pathways model, which is based on four clear pathways for discharging people, as shown below:

- Pathway 0: 50% of people – simple discharge, no formal input from health or social care needed once home
- Pathway 1: 45% of people – support to recover at home; able to return home with support from health and/or social care
- Pathway 2: 4% of people – rehabilitation or short-term care in a 24-hour bed-based setting
- Pathway 3: 1% of people – require ongoing 24-hour nursing care, often in a bedded setting; Long-term care is likely to be required for these individuals.



Expected outcomes on discharge from hospital:

- 65% of people will require no further care
- 35% of people will require an ongoing package of care
    - Of those 35% of people who receive ongoing care, it is expected that 10% will require a package of lower intensity than at the start of recovery, and will have either an NHS CHC, or Care Act assessment
- Urgent community response and intermediate care to deliver extra support in a person's own home where possible; if another care setting is required, the end point is to get people home as soon and as safely as possible.

Our Current Discharge Services include:

Discharge to Assess

With the progress toward 'Home First', the aim of the Discharge to Assess (Kent) Service is to provide wrap around support to people in their own homes for up to three days post discharge from hospital (with potential to extend for a further two days if the individual's outcomes will either negate the requirement for ongoing service or reduce the need).

Discharge to Assess is an integral part of Home First, which is where an individual is assisted to return home with an enabling/assessment/short term service.

The focus of the service is to ensure the person is safe in their home and to maximise the independence of the person. Agreed outcomes are set for achievement against an assessment of their needs. This assessment can go on to form the basis for requests to community-based rehabilitation, Kent Enablement at Home or ongoing Home Care as appropriate to the individual's current and future needs.

Assisted Discharge

The objective of the Assisted Discharge Service is to identify individuals who no longer require clinical care but do require assistance to return home. The service helps to get them home safely, quickly and effectively. For the first 72 hours after leaving hospital, the service makes sure those individuals have everything they need at home, and if more support is needed, personalised help for the next six to twelve weeks can be provided.

Learning Difficulties & Mental Health Discharge

These discharge arrangements are specifically for individuals with learning difficulties and/or autism, who are being discharged from acute mental health care. (This will be expanded upon within the **Learning Difficulties & Autism Market Position Statement**.)

These services also support discharge:

Care Navigation

Care navigators guide people through the health and social care system, providing information and advice, signposting people to services that support their wellbeing, supporting people to maximise their income, connecting people to community resources and carrying out statutory carer's assessments.

KARA

KARA is a new integrated digital assistive technology solution, primarily established in response to the Coronavirus (COVID-19) crisis, to support individuals receiving social care services. The service provides vulnerable people with virtual care and support via video carephones. Those with little or no technical ability are able to connect with loved ones and caregivers.

Kent Enablement at Home (KEaH)

Kent Enablement at Home provides short term care and support for adults in their own homes. The service is for people who need support to regain their independence after a medical or social crisis. This includes people who have been discharged from hospital following an emergency, such as a fracture or a stroke. Enablement is a time limited service which is provided free of charge for up to 6 weeks; the service aims to support individuals to reach agreed goals and therefore the full 6 weeks may not be required.

Integrated Community Equipment Service (ICES)

The Kent Integrated Community Equipment Service is commissioned jointly by Kent County Council and the NHS Kent & Medway Clinical Commissioning Group. The service provides community equipment on loan to adults and children following assessment by health and/or social care practitioners. Equipment is provided to assist people to perform essential activities of daily living and to maintain their health, independence, and wellbeing in the community.

Telecare Assistive Technology

The Telecare Assistive Technology Service provides assistive technology equipment, including lifeline pendants, falls detectors, door sensors, epilepsy monitors, and GPS tracker devices. The service consists of telecare installation / removal & monitoring services, maintenance and repair, along with, as required, the purchase of specialist technology. The service also supports colleagues across adult social care and sensory & autism services by horizon scanning for any new products coming onto the market that may be of benefit to people in Kent.

Home Improvement Agency (HIA)

The Home Improvement Agency (HIA) provides services that support vulnerable people, living in private rented or owner-occupied residences, to maintain, adapt and repair their homes. This service includes support regarding major building works and a handyperson service for minor repairs, home improvements and minor adaptions (such as hand-rails). District Councils also work with Home Improvement Agencies in relation to administering Disabled Facilities Grants (DFG).

This service also involves home assessments and health and safety checks, designed to ensure that an individual's home environment is fit to allow them to safely live there. Support is given to both adults and children. Referrals are made where necessary to District Council staff to support welfare benefit checks, blue badge applications etc.

Other Kent Discharge Services and Pathways include:

Currently there are a number of different discharge services and pathways across the Health & Social Care landscape in Kent. These apply to various pathways and areas of Kent and are commissioned in different ways by different public authorities. There are issues with inconsistency and unclear pathways, as the table below illustrates:

Pathway 1
• Care Nav in West Kent, navigation service commissioned via Borough Councils • Red Cross (Home to Settle) in East Kent • Age Concern (Take home and Settle), commissioned by the West Kent CCG • Carer Support (WK), commissioned by the West Kent CCG • Home with Support in East Kent, commissioned by KCHFT • Discharge to Assess, Hilton Nursing Partners, commissioned by KCC • Discharge to Assess for Self-funded Care Packages, provided by Care Home Selection • Referrals to TADS (Therapy Assisted Discharge Service), Community Nursing, Neuro rehab team, Early Support Discharge for Stroke • Admission avoidance • Frailty service
Pathway 2
Referrals to: • Community Hospitals • Specialist pathway (FEMUR) to Tonbridge Community Hospital, • Stroke pathway to Sevenoaks Community Hospital in development • Hospice - Heart of Kent and Hospice in the Weald • Neuro rehabilitation for strokes or head injuries at Hothfield Manor or Hollanden Park Hospital, via West Kent CCG • KCC Integrated Care Centres
Pathway 3
• Health & Social Care Village Beds • Spot Purchased Care Home Beds using Discharge to Assess • KCC Block Short Term Beds • KCC Integrated Care Centres

Note that Pathway 0 is not included above but will be considered as part of any review and included as part of any future service design.

Our Current Supply

The two primary discharge services commissioned by KCC, Discharge to Assess and Assisted Discharge, are detailed below, with their associated capacities and the hospitals that they serve.

Service	Discharge to Assess	Assisted Discharge
Provider	Hilton Nursing Partners	British Red Cross
Contract Ends	31/03/2021 Extended until September 2021	31/03/2021 Extended until September 2021
Capacity	North Kent (35 discharges per week) Swale (10 discharges per week) West Kent (42 discharges per week) East Kent (35 discharges per week)	Total of 50 discharges per month split between the hospitals below
Hospitals	Darent Valley Hospital Gravesham Place Integrated Care Centre Gravesham Community Hospital Livingstone Community Hospital Medway Hospital Sittingbourne Community Hospital Sheppey Community Hospital Tunbridge Wells Hospital Maidstone Hospital Tonbridge Community Hospital Sevenoaks Community Hospital Edenbridge Memorial Hospital Hawkhurst Community Hospital	Queen Elizabeth the Queen Mother Hospital William Harvey Hospital Kent and Canterbury Hospital

It is estimated that these two services account for the delivery of discharge support to approximately **17% of all individuals in Kent who are discharged from a hospital or other healthcare facility on pathways 1-3**.

The capacities above for Discharge to Assess are **flexed in order to meet seasonal changes** in demand, including winter pressures and most recently the Covid-19 pandemic.

With regards to NHS Kent and Medway Clinical Commissioning Group commissioned services, it is worth noting that in order to support swift and safe discharges and avoid readmittances during the Covid pandemic, to ensure that hospital beds are available for Covid patients and to reduce the potential spread of the virus within hospitals, a significant number of the NHS workforce have been redeployed to discharge or related services; this has temporarily increased the capacity of these services, but as those individuals return to their substantive roles, the capacity of discharge services will decline from current levels.

The Workforce in Kent

The Covid-19 pandemic has undoubtedly had an impact upon the social care workforce in Kent, as with the rest of the country, affecting vacancy rates and overall recruitment and retention. However, there have also been some excellent examples of best practice and an ongoing commitment to high quality care demonstrated across the sector in Kent.

Recruitment and retention are serious concerns in the adult social care workforce, both in Kent and nationally. There has been a steady decline in the numbers of people choosing to enter the social care workforce sector for some time.

Following a recruitment campaign hosted by KCC during Covid19, it is clear that Covid-19 and the perceived risk of working in care has exacerbated this situation; as well as a lack of new entrants to this workforce, there are also many people choosing to exit the sector; feedback from providers has ratified this, despite significant work being undertaken by the Council and by providers to encourage new and returning staff into the workforce.

For both care and nursing staff, retention issues are often linked to the decision to work for the NHS as opposed to the private sector, as the perceived remuneration and career progression on offer is preferable.

The Discharge workforce can often be seen as a link between Health and Social Care. This brings its own challenges to an already difficult role. There is a need to implement trusted assessors at all levels in order to make the role more complete and to relieve excessive duplication of effort.

Identifying recruitment and retention in the sector as an issue, the **Design and Learning Centre (DLC)** within the council has set up a variety of initiatives to support the recruitment and the retention of the social care workforce in Kent.

Examples include:

- the DLC part fund the Skills for Care **Well-led leadership program** for Registered Manager development
- promotion of fully funded Skills for care **Lead to Succeed** for deputy manager development
- a **free coaching** offer for Registered Managers providing mentor support
- working with CCG colleagues to offer **free clinical training** to upskill the workforce
- promotion of **Queens Nursing Institute grants** to fund qualified nurse development for nurses in nursing homes
- additional support for managers via the twice-yearly **Kent Registered Manager Conference** and the six locality Registered Manager Network meetings

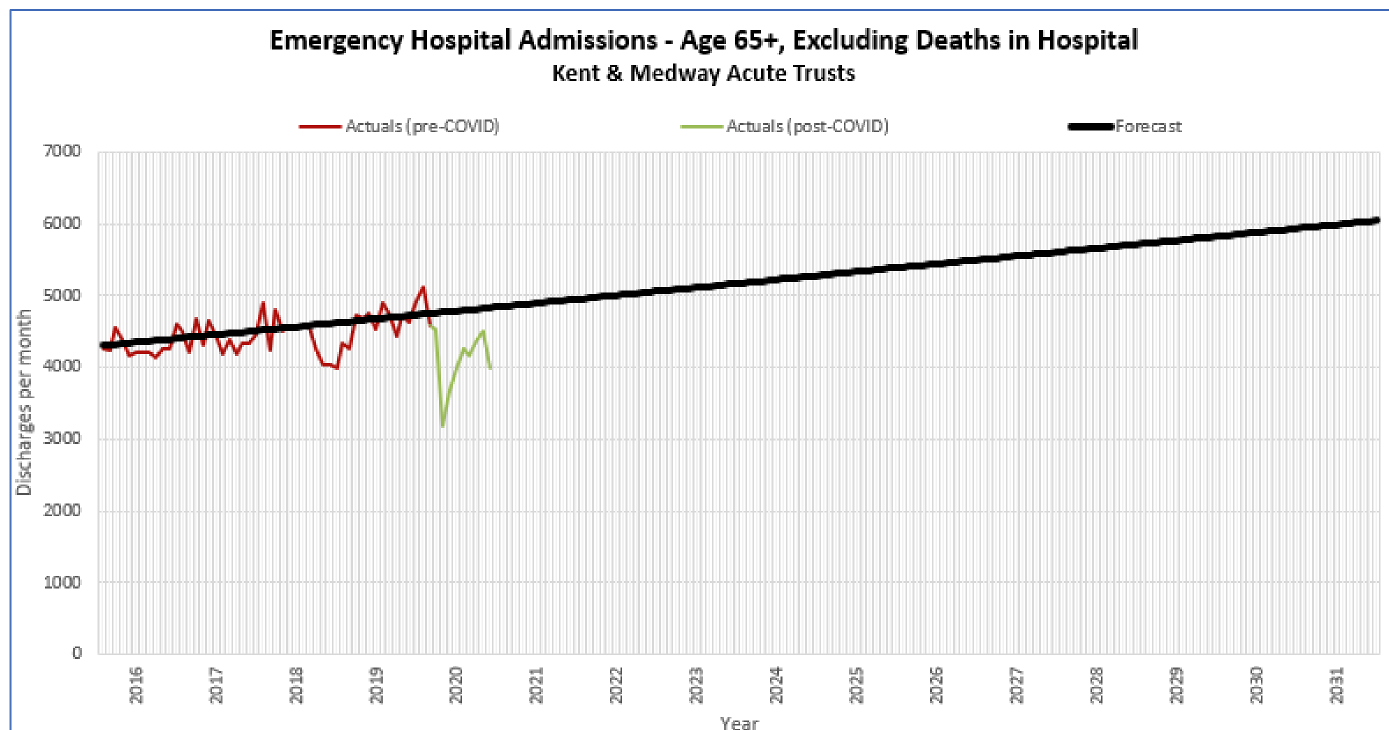
For more information visit: https://designandlearningcentre.com/hub-overview/

The council is thankful for the levels of commitment and dedication that continue to be demonstrated by the Kent workforce and will continue to work with suppliers to invest in those delivering services.

It is important that the Council support a diverse workforce in the care sector that reflects the local communities they serve. As such, we expect all providers to be aware of the demographic make-up of their staff.

Current Demand & Our Future Needs

Emergency Hospital Admissions – Age 65+, Excluding Deaths in Hospital



Cross system data is very difficult to collect and collate. Therefore, we have forecasted future demand based upon the 'Number of Emergency Hospital Admissions (Unplanned) for 65+, excluding Deaths in Hospital', which suggests a **steady increase over time**. This forecast is based on pre-Covid figures.

For us to consider **jointly commissioning across the system**, we must consider the total number of individuals who may require a service when discharged, which are Pathways 1-3.

As an example of how this forecast can be utilised, in line with the Discharge to Assess model, the pathways are listed below with the estimated percentage of individuals who should follow each pathway; the current forecast for Kent indicates that we could expect to see **5000 individuals discharged in December 2021**, which can be broken down to indicate the following:

Total Discharges: **5000**

- **Pathway 0** (50% of people) – simple discharge, no formal input needed once home: **2500**
- **Pathway 1** (45% of people) – support to recover at home: **2250**
- **Pathway 2** (4% of people) – rehabilitation or short-term care in a 24-hr bed-based setting: **200**
- **Pathway 3** (1% of people) –ongoing 24-hour nursing care: **50**

In future, the number of individuals discharged following each pathway should be monitored across the system. As we explore ways to ensure more individuals can be discharged with less intervention from discharge services, and more support from Wellbeing & Prevention services, their current care provider, or community support networks, we would expect to see these percentages shift, particularly Pathways 0 and 1.

Our Intentions

Our Vision

When an individual's health needs go beyond what can be supported by social care in their own home or in accommodation with care & support, and they require admittance to a hospital or other healthcare facility, the options for Discharge should be **clear, well-defined,** and considered upfront.

Once they are ready to leave a hospital or other healthcare facility, **timely and well-planned hospital discharge** is essential for the promotion of positive improvements in physical and mental wellbeing for all individuals.

Discharge services should facilitate a positive and smooth transition between hospitals or other healthcare settings and **Accommodation with Care & Support** or **Care & Support in Your Home**, with additional support for individuals from **Wellbeing & Prevention** services**, through closer integration of these services and health services;** the handover of care should be **seamless,** and **handoffs minimised**.

To support our intention to enable people to remain in their own home for as long as possible, where that is what they wish and where that remains the right decision, we must maximise the use of a '**Home First**' approach, ensuring there is adequate capacity within **Discharge** and **Care & Support in Your Home** services to facilitate this.

Discharge pathways need to be **flexible, clear, and well-defined** to support achieving the best outcomes for the individual, whilst allowing them some **choice** in the care and support they receive.

Contracts should have **sufficient capacity** but should also be able to flex **up or down** in order to meet fluctuations in demand and to ensure that discharges are not blocked.

Our Aims

- **wrap services around people** rather than fit people into services
- improve **performance driven outcomes** for and the experience of individuals who receive a discharge service
- implement a safe, simplified, and **consistent hospital discharge process across Kent**, including a specific dementia pathway
- ensure the **best use of our shared workforce** to support discharge
- maximise the use of '**Home First**' as the default position following a hospital stay
- **utilise Wellbeing & Prevention services** to aid the prevention of hospital admittance
- reduce duplications and inefficiencies across the system, through **commissioning jointly**
- **share person-level data** between health and social care partners (Kent and Medway Care Record) to ensure accuracy and facilitate proper planning and evaluation of discharge services
- ensure that consideration of each individual's wants and needs is central to the service they receive, and that they are **familiar with those delivering that service**, so that fewer assessments are required.

- improve discharge response times, collaboratively **addressing the barriers to discharging 7 days a week**, through effective decision-making and timely action, focusing on embedding a Discharge to Assess approach
- ensure that **service capacity is able to flex** up and down in line with evolving demand, including winter pressures, while supporting staff retention
- **minimise handoffs** between services and ensure moves are seamless
- **speak a shared language** between health and social care for all discharge processes.

Our Next Steps

Contracts for the current discharge services commissioned by KCC were due to expire in March 2021 but have been extended; **we now need to begin the process of recommissioning these services**.

In order to effectively recommission, we must ensure demand across both health and social care is understood and that specialist pathway elements required are clearly defined.

This provides us with the **opportunity to streamline and simplify current discharge arrangements**. We will seek to **commission jointly** with our health colleagues to ensure that in future we implement an **innovative, responsive service that meets evolving demand** across the whole of Kent and promotes positive outcomes for those individuals that use it, making our vision a reality.

Interested providers should refer to the **Kent Business Portal** for recommissioning information, tendering opportunities, or consultation requests (www.kentbusinessportal.org.uk); it is likely that opportunities to deliver discharge services in Kent will be advertised in the near future.

This Market Position Statement will be updated as more specific requirements are identified, and future models are determined.

The recent white paper ***Integration and Innovation: working together to improve health and social care for all*** published on 11 February 2021, will be considered in our future updates and within the development of any future discharge services.

What We Want from Our Providers

We want providers to shape their services to be more outcome focused, and best meet the needs of Kent residents, enabling them to have more choice and control, and supporting them to achieve their goals.

We want to work with innovative providers of social care services to develop a range of care and support options.

We want to work with providers that have experience and knowledge of both social care and healthcare, with particular expertise in supporting individuals transitioning between the two.

We want our providers to:

- **share our aspirations and Kent Values**
- **promote wellbeing** and **support recovery** and/or independence
- help people **build friendships and relationships**
- **support people to move** to the most suitable accommodation
- provide the **right support** where and when it is needed
- be **flexible** in meeting fluctuating needs
- take care in finding the **right worker match** in terms of interests, gender, and compatibility understanding that who delivers support is as important as the support provided
- have high **quality standards**
- **link closely with other services** and ensure both residents and their relatives are supported and well informed
- ensure their services **play a key part in the local communities** within which they operate, connecting with other community members and groups, through links with schools, nurseries, voluntary organisations, and other community resources
- strive for their services to **be rated as 'Good' or 'Outstanding'** by the CQC, where regulated
- aim to **employ a diverse workforce reflective of the local population** they serve.

We expect our providers to:

- be **responsive, adaptive, and innovative**
- display **high levels of business acumen** and a **professional approach**
- **deliver** the types and levels of care that the Kent population desire and require
- be **Kent focused**
- have **robust Business Continuity Plans**
- have a **commitment to their staff** and the welfare of their staff
- ensure the greatest proportion possible of fees go towards directly delivering services
- work in an **open and transparent** way with KCC and with other providers to deliver the best outcome for Kent residents
- have **access to appropriate technology and software** for the delivery of services, communications, and reporting.

Social Value

'Social value describes the wider social, economic and environmental benefits that can be secured for the community above and beyond the core requirements identified when supplies, services and works are commissioned.' *Public Service (Social Value) Act 2012*

The council is committed to **maximising the community benefits of every penny we spend** and to improving the economic, social, and environmental wellbeing of Kent, by not simply considering the price of a service, but what can be achieved with the resources available.

We consider and act to make sure that social value can be enhanced, and equality can be advanced both:

- through the delivery of a service itself, and
- through additional value that a provider might offer in addition to the core requirements of a contract.

We **expect our providers to also consider how they can be of benefit to the local community** through increasing economic opportunities, improving social wellbeing and minimising environmental damage.

We should **all be focused on the outcomes** of greatest importance to the people of the County and we should all be thinking about how to allocate and make use of limited resources to the collective benefit of the community.

Kent County Council's five social value priorities are:

1. **Local Employment**
creation of local employment and training opportunities

2. **Local Economy**
supporting local SMEs and buying locally where possible

3. **Community Development**
development of resilient local community and community support organisations, especially in areas with the greatest need

4. **Good Employer**
support for staff development and welfare within the service provider's own organisation and within their supply chain

5. **Green and Sustainable**
protecting the environment and minimising wastage

Our Environment & Climate Change Commitments

Kent County Council places significant value on Kent's rich and diverse natural environment and has made formal commitments to reduce its overall impact on the environment, achieve net-zero emissions and plan and adapt to a changing climate.

Kent County Council has an important role in ensuring Kent's residents and businesses benefit from sustainable growth and a competitive, innovative, and resilient economy. This should be balanced with protecting and improving our natural and historic assets, for their unique value and positive impact on our society, economy, health, and wellbeing.

We know that the council's activities and services have an impact on the environment. **We have a responsibility to make sure environmental risks and opportunities are managed positively and our use of natural resources is minimised for the benefit of future generations.**

The council has a well-established environmental improvement programme and has committed to achieving **net-zero carbon emissions by 2030 for its own estate and operations.**

We use the latest evidence of how the climate is predicted to change to inform business planning, to adapt and prepare services to minimise the disruption caused by severe weather, and to take account of the risks and opportunities of long-term climate change.

Working with public and private sector partners, the council will take action with the aim to achieve **net-zero carbon emissions by 2050 for the county.**

For the county to achieve net-zero carbon emission by 2050, the council's environmental commitments must extend to all contracted services and requires our providers to also:

- **adopt a formal approach to environmental management**, ideally by applying a recognised Standard such as ISO14001, EMAS, Acorn or the Kent STEM scheme
- **confirm their own organisational commitment to working towards net-zero emissions** for services provided to the council
- identify and apply innovative approaches to **avoid or minimise carbon emissions/embedded carbon** from materials, equipment, vehicles and working practices
- **report on environmental performance** at least annually, including progress towards net-zero carbon emissions, providing a breakdown of data to identify scope 1, 2 and 3 emissions being measured
- understand their climate risk and **undertake adaptive action to minimise impact from climate change**, including severe weather
- holistically **consider asset or service delivery plans to include long-term climate risks and opportunities** over their anticipated lifetime.

Our Promise to Providers

Priority will always be given to contracted providers who demonstrate an excellent working relationship with the council. But, to all providers delivering Discharge services we promise:

1. **To collaborate and consistently communicate**
co-producing services with stakeholders
2. **Contracting arrangements that support our market position statement**
and direction of travel
3. **Meaningful performance measures**
that will provide focus towards continually improving services
4. **To ensure that providers are paid in a timely way**
5. **Strategic relationships**
with locally cemented providers
6. **Diversity of provision**
7. **A high-quality offer**
that will support workforce recruitment, retention and development, including supporting training and development opportunities,
8. **Fair costs and fair profit**
9. **A level playing field**
for high-quality smaller and independent providers, as well as national providers
10. **A focus on market failure and commissioning providers of last resort**

Let's continue the conversation…

We want to hear your thoughts, ideas, opinions and offers.

Whether you are a provider already delivering services for us, who could be delivering for us, or looking to enter the care market in Kent, or, if you are a member of the Kent care workforce with ideas you would like to share, then we would really like to hear from you.

Email us at **kccaschmps@kent.gov.uk**, and we can keep the conversation going.

Additional Information

Key Contact

Discharge
Market Position Statement Lead

Craig Merchant
Craig.Merchant@kent.gov.uk
+443000 416475

Other Information

More information on social care and health can be found at: www.kent.gov.uk/social-care-and-health/information-for-professionals

For a closer look at our information and data, please visit: www.kent.gov.uk/about-the-council/information-and-data

To view our adult social care policies, go to: www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies

For more information about the Care Quality Commission, the independent regulator of health and social care in England, visit:
www.cqc.org.uk

For more on LaingBuisson, the business intelligence provider across health, care and education, visit:
www.laingbuisson.com

This statement is intended to provide a **starting point** upon which we can establish **ongoing dialogue** with providers as we work together to develop the market; it will **develop organically**, through **periodic review** or following any significant development.

For providers interested in delivering our services, information about existing contracts and forthcoming tendering opportunities across Kent can be found by accessing the Kent Business Portal.

Registration is free and your company profile will be immediately available for opportunities managed by over 30,000 buyers from over 400 private, public sector and 3rd sector organisations.

Once your company name and email address has been verified you will be asked to complete a short registration process including basic company details and contact information. Upon submission, your registration application will be reviewed, and you will be sent an email confirming next steps.

As part of your company profile, you can stipulate your preferred opportunity areas of interest along with geographical locations to which you can supply your goods & services. Your interests will be matched against the latest published opportunities and you will be notified by email. The email will contain links to review, and if you wish, express your interest in each of the opportunities.

www.kentbusinessportal.org.uk