



Draft

Market Position

Statement 2014

Delivering

Holistic Community

Support in Kent

(for consultation)

Our approach to developing the commissioning of support to live at home services

“Local Care Teams - empowered to care!”

Contents

Foreword		Page 3
1.	Introduction	Page 4
2.	MPS Structure and Spend	Page 5
3.	Context	Page 7
4.	Direction of Travel <ul style="list-style-type: none"> – Delivering the Vision – Taking a Strategic Commissioning approach – Wave 1 Tendering Activity: Home Care – Wave 2 and 3 activity (2015 – 2017) 	Page 11
5.	Kent County Council’s Pledge	Page 15
6.	The Changing Face of Adult Social Care	Page 17
7.	Demand - Current and Forecast	Page 19
8.	Local Supply and Commissioning	Page 22
9.	The Likely Level of Future Resourcing	Page 26
10.	People Who Fund Their Own Care	Page 27
11.	Next Steps and Future Consultation	Page 28

Making sustainable savings can only be achieved by transforming services to make them more effective at preventing and solving problems for citizens and we have to ensure this is a more distributed effort, led in partnership with those who have a close understanding of the lives and aspirations of customers, our providers.

This Market Position Statement (MPS) follows the Transformation Blueprint (published May 2012) and is designed to capture information and intelligence which will be of use to all adult social care providers in Kent and specifically those who provide services that support people to live independently in their own homes.

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

We see strategic commissioning as the process for deciding how the Council will best use the total resources available to improve the outcomes delivered in the most equitable, efficient and effective way and excellence in strategic procurement and contract management will be integral to our Commissioning Strategy, these three disciplines together provide Kent with a foundation and framework for pursuing a transformative agenda.

Setting out our commissioning intentions to move from current “time and task” delivery to holistic community support and an “outcome based approach” is important in developing more joined up working with all of our partners and the communities we serve.

We want to develop better relationships with our most critical providers to explore this and we will need to understand together the new skills and behaviours necessary to deliver change and work through any developmental requirements necessary.

The MPS sets out the information providers need to consider and plan their future role in relation to Kent County Council and the broader market by beginning to describe:

- current and future demand (including the potential demand from people funding their own services)
- spend
- supply
- funding available as commissioners
- governance
- information needed from providers; and
- how we'd like to work with Kent residents and the social care market going forward

One. Introduction

The Adult Social Care Transformation Programme Blueprint and Preparation Plan documented the start of our journey in Kent:

<https://democracy.kent.gov.uk/documents/s31857/Appendix%201%20-%20Blueprint%20and%20Preparation%20Plan.pdf>

and articulated how it would contribute towards KCC's Medium Term Plan 'Bold Steps for Kent'.

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 Care going forward. The latest revised budget for Adults Social Services for 13/14 is £334,877,600. The final revised budget for 12/13 was £329,041,000 (excluding Public Health). We do not yet have firm budgets for 14/15 or 15/16

(Source: Kent County Council – Finance (net figures)).

We will undoubtedly continue to see financial pressures into 2015/16 and at the same time as the Council faces these unprecedented budget pressures, we are expecting an increase in demand for services, reflecting the changing structure of the population as it ages. The adult population (18+) is likely to increase by 3.1% and the elderly population (65+) is likely to increase by 12.9%, between 2011 and 2015 *(Source: Kent*

County Council - Business Intelligence).

This Market Position Statement (MPS) seeks to articulate the issues and opportunities faced rather than prescribing solutions. We recognise the knowledge, experience and expertise the social care market contributes in supporting us to understand the market place and potential options. This document aims to cover the whole market and not just that funded by the Council and thereby begins to meet the Council's emerging Care Bill responsibilities.

We have worked closely with the Clinical Commissioning Groups in Kent, sharing our vision for the future and will seek to commission more integrated services in the future. We believe changes in the social care market are necessary to respond to the changing demographics and economic environment and although Council budgets are decreasing nationally, the wider social care market in Kent presents considerable growth opportunities.

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 to Kent's residents, whether the Council helps facilitate the package, or not.

The Transformation Blueprint started our journey, sharing how this activity will contribute to Bold Steps for Kent.

Our Budget is decreasing in real terms as demand increases

The MPS shares information and sets out the desired direction of travel, actively seeking out ideas on the way forward from the market

The Council seeks to understand and then share self funder numbers and needs through the MPS, commencing a dialogue with the whole market, not just those providers that the Council directly commissions

The MPS will facilitate greater dialogue and the development of a market that offers greater choice in services and greater transparency regarding the quality of care

The Care Bill seeks to put responsibilities on local authorities to better inform and support those who purchase their own services. We would welcome the opportunity to consider and shape how we provide information, advice and guidance to customers with the market, whilst identifying other interventions that might also be helpful in driving up quality and transforming services and see this Market Position Statement as the start of a more informed and proactive process.

Two. MPS Structure and Spend

The Council believes that the development of this Market Position Statement is a fundamental building block in its ambition to become an expert commissioner and procurer of services. We will develop it over time to:

- provide a framework that supports all stakeholders to adopt a consistent, comprehensive and robust approach to the delivery of Holistic Community Support, whether commissioned by the Council or not;
- set out how we will work with partners to develop our strategic commissioning and procurement approach;
- promote commissioning, procurement and contract management as key drivers in the transformation of Home Care and Independent Living services, encouraging stakeholders to challenge existing methods of service delivery;
- set out what outcomes the Council and its customers require;

- promote responsible procurement in terms of addressing social, economic and environmental issues; and
- support us in delivering the council's public sector equality responsibilities.

In the past it was important to organise our work, budgets and performance reporting into principal customer group, because Councils have historically had to measure and account for their business in this way, due to national benchmarking of performance.

The spend set out to the right and overleaf is historic and so is set out in this way, but this requirement has now declined in its importance.

Greater emphasis can and will be given to developing and establishing a category management approach in the future and Kent will be reporting in this way moving forward.

The Council spent £43.5 million on Home Care services for all clients with over 130 organisations in 2012/13.

£41 million was spent on Older People (£34M (78%)) and people with a Physical Disability (£7M (16%))

and

£2.5 million (6%) on people with a Learning Disability.

From October 2012 - April 2013 the Council spent £8.3 million on the Supporting Independence Service.

£7 million of this was spent on people with a Learning Disability the other £1.3 million on all other client groups.

£1.5 million was spent on care and support for Older People and £300k for people with a Learning Disability within our Extra Care Housing Schemes.

£6.3 million was invested in our own enablement service – Kent Enablement at Home (KEaH) .

£4.1 million was spent on our Independent Living Services (2.8M) and Community MH Services (1.3M).

£29 million was spent on Direct Payments with £6.4M (22%) of this spent by Older People, £9.4M (32%) by people with a Physical Disability, £12.5M (44%) by people with a Learning Disability and £700k (2%) by those with Mental Health needs .

We are currently unable to determine the proportion of people aged 65 or above with care needs who are supported by family and friends, or who are privately funding their own care but will be developing estimates with providers over the coming year.

(Source: Kent County Council – Finance
(Figures quoted are Gross Figures))

Our gross spend on home care for older people as at 31 March 2012 was £137.50, this is less than that of comparable local authorities with a similar population size to Kent (Essex, Hampshire, Lancashire and Surrey (average gross weekly spend (England) £177.00)

(Source: Health and Social Care Information Centre – PSSEX 2011/12)

Our gross spend on home care for adults aged under 65 and with a learning disability as at 31 March 2012 was £246.50, this is less than that of comparable local authorities with a similar population size to Kent (Essex, Hampshire, Lancashire and Surrey (average gross weekly spend (England) £480.10).

(Source: Health and Social Care Information Centre – PSSEX 2011/12)

Our gross spend on home care for adults aged under 65 with a physical disability as at 31 March 2012 was £139.30, this was less than most when compared to authorities with a similar population size to Kent (Essex, Hampshire, Lancashire and Surrey (average gross weekly spend (England) £202.00).

(Source: Health and Social Care Information Centre – PSSEX 2011/12)

This document includes current context, direction of travel, spend, supply and demand data and forward plans for discussion and consultation.

Kent County Council is eager to develop and collect intelligence to better understand how the market responds to different interventions and how we use this learning to best influence and support the market to achieve better outcomes and best value in the future. We want to understand incentives and disincentives in any part of 'the system'

We are keen to commence dialogue with our commissioning partners and providers regarding the development and use of systems that help collate and analyse evidence regarding cost, quality and outcomes.

We hope that this approach to the Market Position Statement gives Kent County Council and the market a shape and structure that works, where the desired outcomes are understood and can be adapted over time as we learn more about optimum performance and shift the focus from traditional support in the home services to more enabling services.

Key Questions:

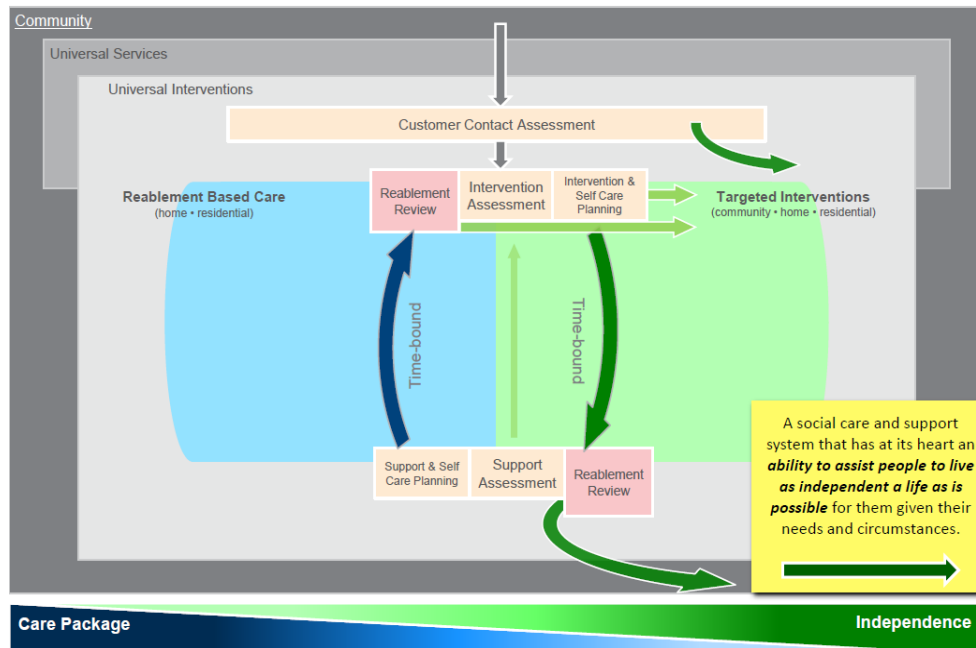
How do we collect intelligence regarding how the market responds to different interventions and share learning?

How do we understand system incentives and disincentives and address them in future Market Position Statements and Contracting Mechanisms?

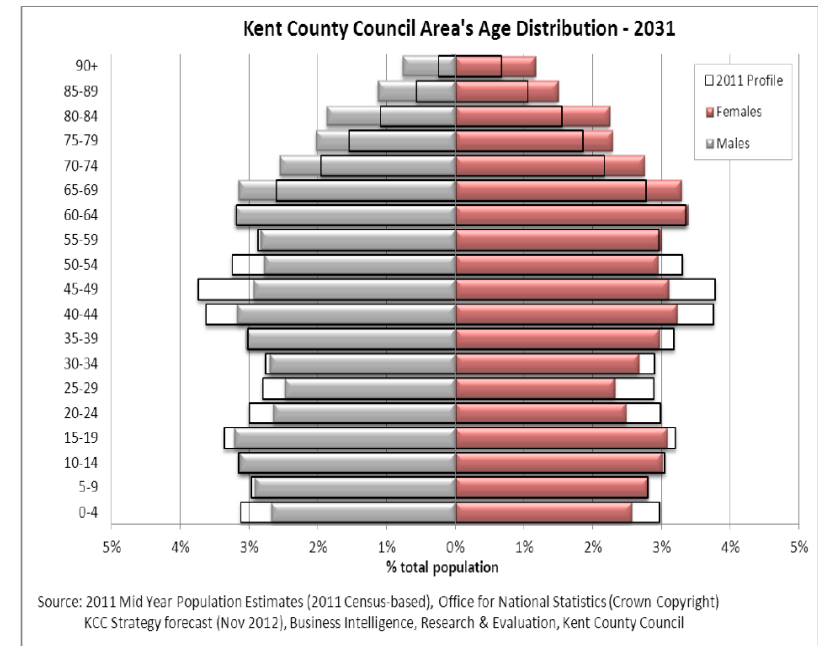
How do we share understanding and learning regarding the best systems to collate, analyse and evidence cost, quality and outcomes?

Is this Market Position Statement structure helpful? what is helpful, what isn't?

Three. Context



(Source: Newton Europe/Kent County Council –Adult Social Care



Source: 2011 Mid Year Population Estimates (2011 Census-based), Office for National Statistics (Crown Copyright)
KCC Strategy forecast (Nov 2012), Business Intelligence, Research & Evaluation, Kent County Council

(Source: Kent County Council – Business Intelligence

We must change the balance invested across Adult Social Care to ensure a greater proportion of the budget is spent on preventative and enabling services. We must be relentless in our focus on the reablement and recovery of the individual to support them in regaining their independence and delaying, and in some cases avoiding, the need for on-going social care.

Taking this approach requires a more sophisticated understanding of the market and considerations regarding closely related service areas i.e. intermediate care and reablement. We believe this is an area where the market can play a greater role and with the demographic growth identified above, there are opportunities for proactive providers. We want to understand how to incentivise the right behaviours to achieve the shared benefit of people achieving greater independence and reducing their reliance on social care services.

We must find ways of incentivising and rewarding delivery that reflects our values and commissioning intent, ensuring:

- Enablement is a key characteristic in all of the services we commission
- that expenditure is seen as an investment in terms of outcomes for customers (i.e. reablement and prevention)

With increasing numbers of older people and people with complex needs and a corresponding decline in the number of individuals who have traditionally provided support in the home, we must urgently consider workforce development plans.

People using services and their carers have high expectations and rightly want to lead full and rewarding lives. Rather than plan and review people's support on an annual basis, we need to work with them, their families and providers to consider the support people need for a particular stage of their life.

In 2012/13 we completed 16,230 assessments or reviews for carers *(Source: Health and Social Care Information Centre – RAP 2012/13).*

In 2011/12 the Council funded 8100 weeks of respite care *(Source: Kent County Council – MCR Detail Volume 2011/12).*

In 2013/14 the Council are forecasting spend of £6.2 million on carers services.

Carers tell us that they need a range of support from advice and information, practical help, support to enable them to continue with employment and learning, and breaks that enable them to sustain their caring role.

There are opportunities for providers to move into a very different market to provide support to carers from information, advice and guidance to providing services that avoid the need for residential respite care where appropriate.

We want to support people to stay happy and healthy and support the development of social capital in our communities. We know poor health and social isolation are factors that lead people to require ongoing health and social care services.

We want to work with the NHS, public health and other partners to better link services that might reduce social isolation and develop ways to support people to better manage multiple long term conditions i.e. dementia, COPD, diabetes as demonstrated overleaf.

We are keen to consider how we incentivise joined up approaches in the way:

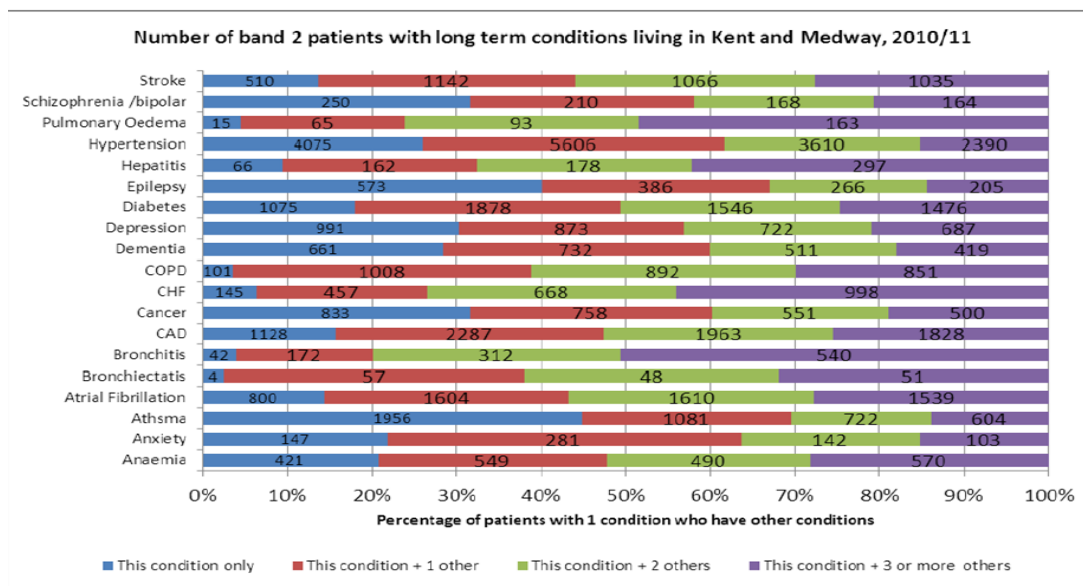
- support in the home services
- equipment; and
- technology

are delivered to people to maximise on each intervention and provide assurance that supports people's independence. We welcome your views on how we tackle workforce development and incentivise more joined up approaches.

We are keen to encourage joint working between support in the home providers and carers organisations and joined up approaches to:

- service development
- developing Information, Advice and Guidance (IAG); and
- alternatives to respite care

as well as working with all partners to reduce social isolation and support individuals to self care/better manage their long term conditions



Some individuals will require on-going support and care but we must ensure a focus on self care and strengths-based approaches, motivating and enabling people to regain or maintain their independence wherever possible.

It is important that we support people with dementia to retain their independence for as long as possible and enjoy a good quality of life. We must work together to develop a workforce with the skills and knowledge to support people with dementia and ensure providers work together in this regard.

Supporting people with Dementia in the familiar setting of their own homes can help to reduce the numbers prematurely entering long term care. Providers can play an important role working alongside health professionals to ensure the early identification of dementia, and the provision of appropriate support to delay and minimise the impact of this condition.

We know that many older people who require intensive social care support will also come to us via a hospital admission and that strokes and falls are factors that lead to admissions. We recognise the opportunities for providers in developing interventions and service offerings that can help minimise avoidable hospital admissions.

We want to work with providers to prevent avoidable admissions and enable safe discharges from hospital

We want to develop approaches that reward providers for promoting healthy lifestyles and reducing the risk of falls and other avoidable accidents and illnesses and will seek to embed this in our outcome based commissioning

We will consider jointly commissioning services that promote earlier, safe discharges from hospital. The target for additional people going through Kent Enablement at Home is for it to increase by 42% per month by October 2015 (Source: Newton Europe – Diagnostics). Although some integration is emerging, intermediate care is currently delivered separately by the NHS.

In addition to providing enablement for people leaving hospital we currently commission KEaH to provide community enablement for older people and people with a physical disability and our in house Independent Living Scheme (ILS) supports people with a learning disability to maximise their independence.

During 2012/13 5300 people received an enablement service through Kent Enablement at Home and 208 people are recorded as having a service through the Independent Living Scheme (these figures require further verification) *(Source: Kent County Council – MCR Detail Volume 2011/12).*

We will need to transparently consider market testing our in house services moving forward as identified in KCC's 'Facing the Future Challenge'.

We believe that Holistic Community Support could have a wider remit that draws in Enablement and Independent Living and considers enablement in all aspects of the person's life both in the home and community moving forward.

Increasingly people who require ongoing support are using personal budgets. We are currently supporting this through a number of mechanisms including the pre-paid Kent card, but are keen to develop more sophisticated mechanisms, such as Individual Service Funds (ISFs).

We are clear that personalised care and support has a meaning far greater than personal budgets however and will require providers to proactively measure customer satisfaction and whether outcomes are being met.

We recognise that mainstream services such as Home Care can play a crucial role in supporting people at the end of their lives and we will seek to embed the Gold Standards Framework for End of Life Care and/or HSA's Progress for Providers to ensure we support people's end of life in a place of their choosing.

We understand the importance of universal services such as information, advice and guidance in supporting people's independence, choice and control. We will work to develop the right communication channels proactively with all stakeholders, supporting people to stay in their own homes and communities for as long as possible.

As commissioners we need to ensure that we make best use of the public money we have available to us and we will work hard to achieve an appropriate balance between price and quality in all of our contractual arrangements with the market.

We are keen to develop "open book" accounting arrangements with care providers where this helps our shared understanding of costs and how we develop services efficiently for all parties going forward.

Key Questions:

How do we incentivise delivery that reflects our commissioning intent, including joined up support in the home, equipment and technology?

How do we incentivise and support joint working with Carer's Organisations to support IAG/service development, and respite alternatives?

How can we best support this market's links with the Kent Dementia Action Alliance?

How do we explore open book analysis where this supports our shared learning?

How do we work together to avoid unnecessary admissions, support earlier safe discharges from hospital and promote healthy lifestyles?

Four. Direction of Travel

Delivering the Vision

The Adult Social Care Transformation programme is a major contributor to the Council’s ‘Facing the Future’ challenge and is comprised of three major programme streams:

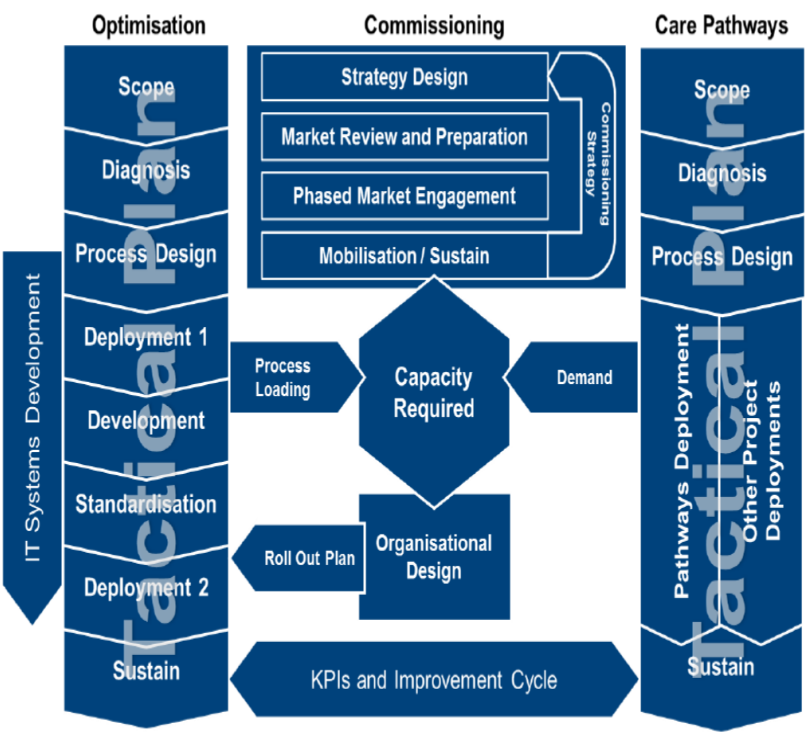
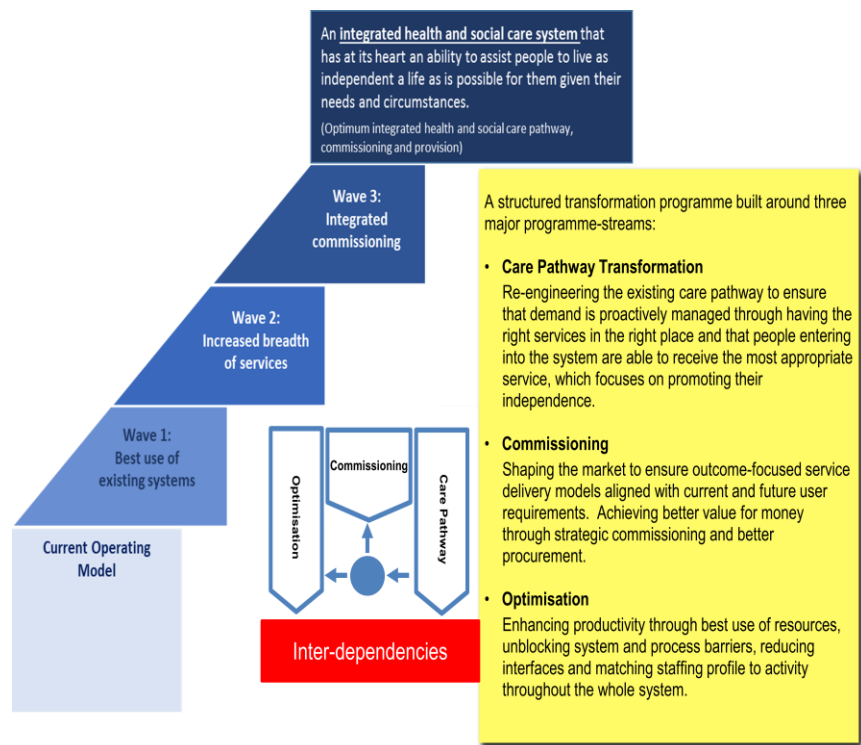
- Commissioning;
- Optimisation; and
- Care Pathway Transformation.

The three waves demonstrated in the diagram below are pertinent to all three of the major programme streams:

There is significant co-dependency across these three programme streams with each of them impacted by/impacting on the others.

Optimum solutions will only be derived when we have the right commissioning arrangements in place with access through optimised care pathways.

The co-dependency of these three programme streams is demonstrated in the diagram below:

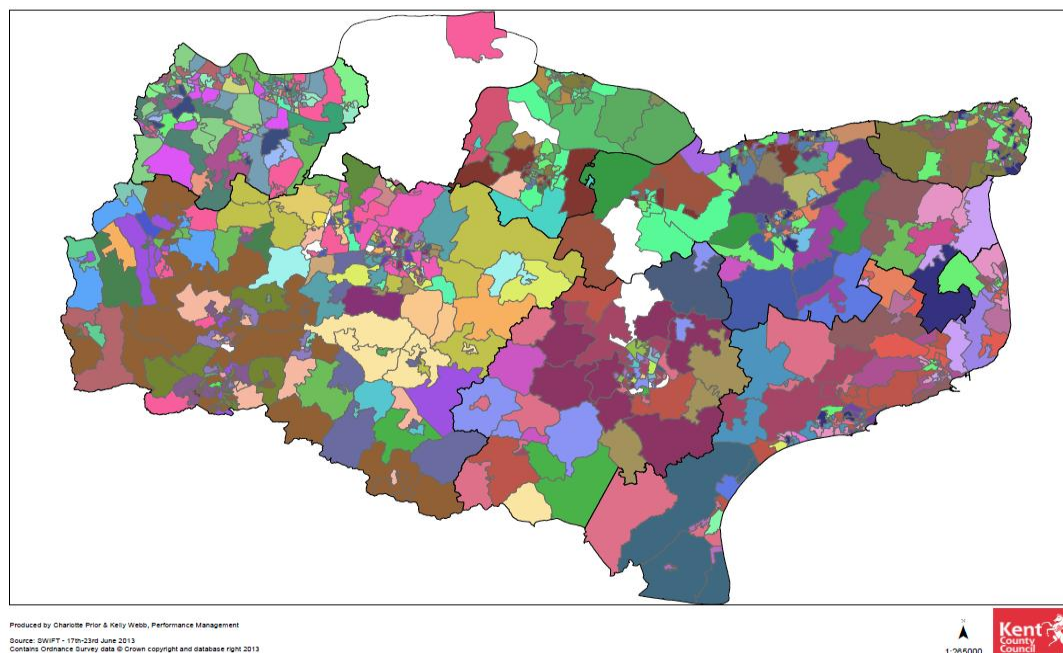


Taking a Strategic Commissioning approach

Kent County Council's Domiciliary Contracts were let over 10 years ago in 2003 and no countywide tender for Home Care has been conducted since that time.

The Council opened up the market through Approved Provider arrangements in 2005/06 (this arrangement closed in April 2013).

The Council now has large provider networks across the county that, with limited market management, have led to the Council now directly buying services from over 130 providers. There are 247 providers registered to provide Home Care in Kent (Source: CQC).



(Source: Kent County Council - Performance (Map of Supply – Bottom 20% of Spend))

This patchwork of supply has proved problematic for the Council for a number of reasons:

communication with so many providers has been difficult and has not supported effective dialogue

the Council is not reaping any benefits driven through economies of scale

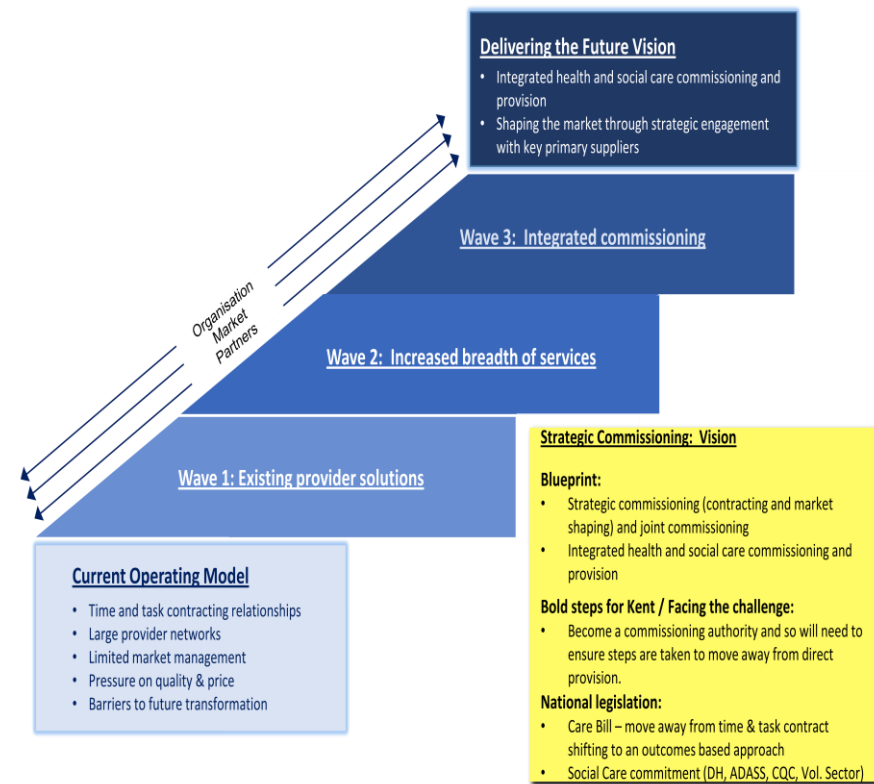
co-production of more efficient solutions has proved difficult

the market has consolidated and managed itself with no benefit for the Council or its' residents

there is no existing and distinct relationship between cost and quality

Wave 1 – Existing Provider Solutions

Wave 1 Tendering Activity for Home Care in Kent is currently underway with the diagram below showing the context, direction of travel and destination:



The Council will re-shape the market through Wave 1 tendering activity which will enable:

- better visibility and management of performance (better control);
- the shaping of the market for outcome based commissioning and integration (Waves 2 and 3), by commissioning along CCG boundaries;
- alignment of cost and quality through the introduction of quality audits within the tendering process and beyond;
- provider transformation through effective lotting;
- sustainable efficiencies through the rationalisation of providers directly contracting with the Council; and
- the emergence of key strategic partnerships.

Kent County Council is not saying that we want less Home Care providers in Kent but that we want to work strategically with fewer providers.

Wave 2 and 3 – Increased breadth of services (2015 – 2017)

In delivering Waves 2 and 3, the Council will:

- bring together the support currently commissioned under several service lines (Home Care, Supporting Independence Service, Campus etc) to deliver a holistic community support service;
- have a greater breadth and improved alignment of services i.e. holistic community support, equipment and tele-technology;
- shift to outcome based commissioning models (and away from time & task);
- establish a 'prime' provider network;
- encourage innovative and creative services aligned with people's needs;
- have developed Enablement based service provision, facilitating a focus on continuous improvement (promoting independence); and
- be integrating commissioning (e.g. enablement and intermediate care).

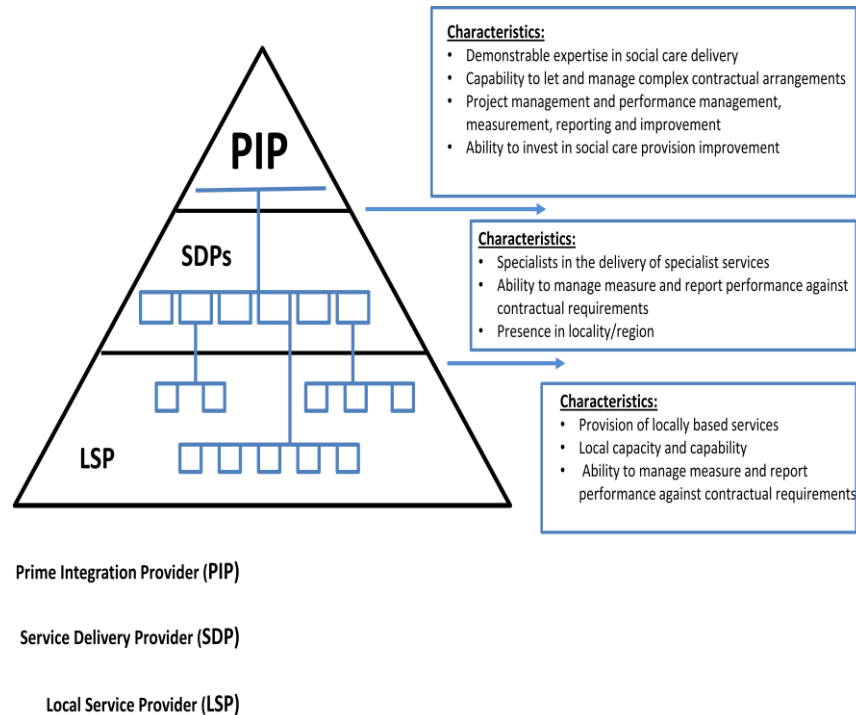
We will work with providers to enable this move away from time and task commissioning and encourage the development of new business models where providers are incentivised to:

- help people to regain independence outside of the social care system and lessen demand;
- be outcome focused, with a strong emphasis on enabling independence;
- promote and deliver a recovery, rehabilitation and reablement ethos;
- enable choice and control in how and when support is delivered to people;
- prevent ill health and promote well being;
- support people to re-connect and reduce feelings of social isolation;
- support the growing number of people with dementia in a community setting;
- offer additional targeted support where carers are struggling and where people are at risk of:
 - repeat hospital admissions; or
 - becoming dependent on long term care;
- encourage the development of innovative models of service delivery that better meet the needs of both people and their carers;
- support people to consider their housing needs;
- seek to integrate their service offering (with partners where this delivers better value for money), through an incentivised and valued workforce;
- offer a range of options and choices to people who wish to access services privately or through individual service funds, personal budgets or direct payments;
- support people to avoid long term use of residential care services wherever possible; and
- promote delivery models that can deliver savings.

We feel it is important to communicate our strategic intent at Waves 1, 2 and 3 at the earliest possible opportunity whilst appreciating that we will need to manage this through a number of commissioning and procurement stages to ensure we secure the right amount of supply, of the highest possible quality and at an affordable price, at each of these stages.

Five. Kent Adult Social Care's Pledge

The Council is keen to support the development of a thriving, strong and diverse social care market that is flexible and responsive to everyone in Kent, but is keen to achieve this by working with fewer strategic providers (operating as Prime Integration Providers) by Wave 2/3:



The Prime Integration Partners will develop with us a market that supports all of Kent's residents proactively and not just those eligible for direct Council support. We will work with the Prime Integration Provider to encourage the right sort of new entrants to the market, stimulating the development of new services and products and promoting competition so people have a varied care and support market to purchase from.

In doing this we and the Prime Integration Partners will adopt three key principles:

- 1) **Encouraging competition** - We will look towards competition as a means of motivating SDPs and LSPs to provide a quality service whilst controlling costs. We may require the Prime Integration Provider to introduce and operate a Best Value Ranking concept for a variety of services, based on quality measures and price. We recognise that "quality" is difficult to assess and may seek to continue regular 3rd Party Quality Auditing, reviewing this if and when the Care Quality Commission re-introduces a quality rating system.
- 2) **Encouraging innovation** - We recognise that we need to support innovation better and there are a range of potential approaches including 'pain/gain share' arrangements (where the provider shares risks/benefits of efficiencies with the Council) and 'payment by results' agreements (where providers are rewarded for achieving an agreed set of outcomes). We would like to explore these with Prime Integration Providers and the broader market.
- 3) **Promoting quality** - Quality, choice, dignity & safeguarding remain key priorities for the Council. We are keen to review how we invest in services and staff to support people to make well informed choices about their care, whilst supporting service providers to improve their capacity to deliver high quality person-centred services.

We recognise that quality is driven not only by financial and material resources, but also by factors including the:

- attitudes, skills and motivation of the workforce providing the service;

- different stakeholders ability to work together and co-produce solutions to common problems;
- stakeholders and workforce’s freedom to find innovative ways to improve the experience offered to customers, resulting in better outcomes; and
- degree to which care services are integrated within their communities, minimising exclusion from facilities and opportunities that contribute to a richer quality of life for all of Kent’s residents.

These three principles will apply to all providers who can support better outcomes including those within the voluntary and community sector. We do not believe grant funding services delivers the best outcomes, and will be moving towards commissioning for outcomes through contracts with key performance indicators. We will ensure this is undertaken in adherence with the principles of the Kent Compact.

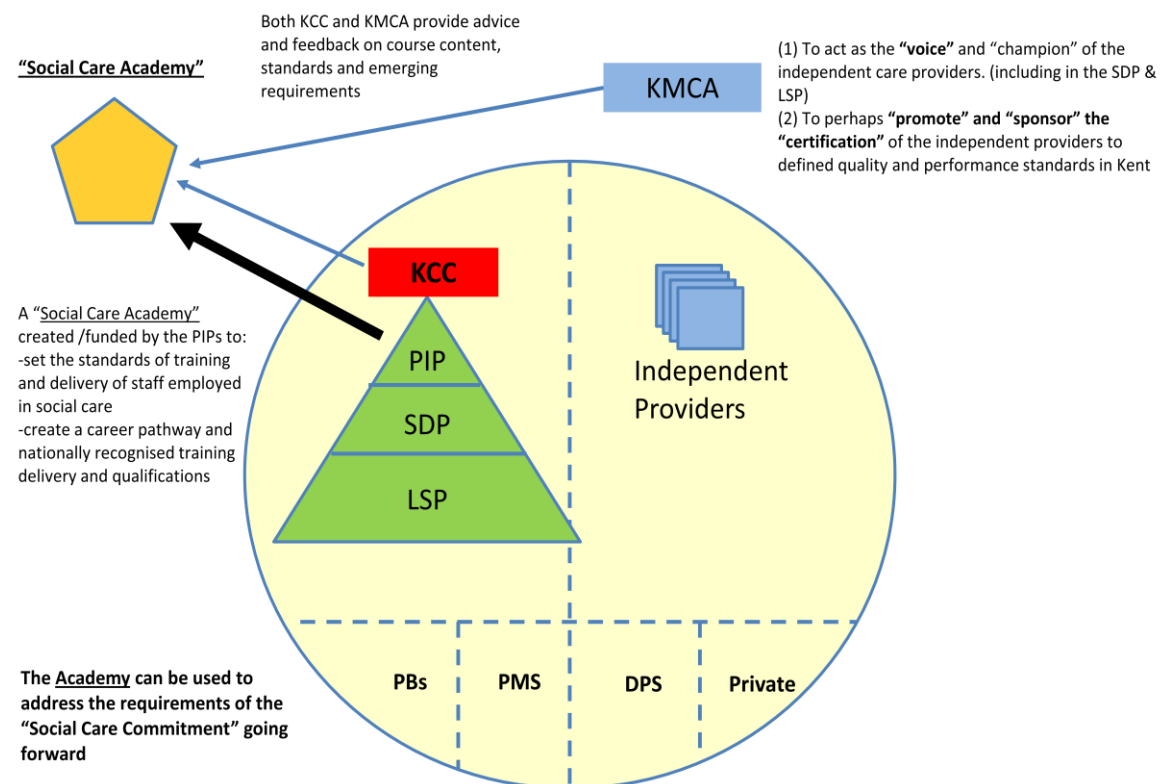
By March 2014 the Council will have developed:

- a better analysis of information about people who fund their own care (though the PQQ and ITT tender stages); and
- initial proposals in relation to the Integrated Transformation Fund with CCG, district and borough council partners and will need to engage new providers in developing these further.

By March 2015 the Council will have:

- conducted a full review of Kent residents’ needs and priorities in relation to holistic community support, including those who self-fund their care and support;

- announced the terms and conditions for a local care innovation fund designed to pump prime and support new innovations within the care sector;
- Developed ideas regarding the Kent Social Care Academy further and have considered the parts that the Prime Integration Partners, the KMCA and Kent County Council will play;
- encouraged stakeholders to constructively comment on and challenge the form and content of the Market Position Statement; and
- published an updated Market Position Statement – it is intended that the Market Position Statement will be a living document, regularly updated by commissioning staff.



Six. The changing face of adult social care

The Care Bill published in May 2013 builds on the Department of Health's 2012 'Caring for our future: reforming care and support' white paper and takes account of the findings of the public consultation, engagement and pre-legislative scrutiny. It also considers the findings of the Dilnot Commission's Report into the Funding for Care and Support; the Francis Inquiry into the failings at Mid-Staffordshire Hospital and to establish and make provision regarding Health Education England and the Health Research Authority.

The Bill looks to bring care and support legislation into a single statute and is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. It also requires the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure the best outcomes are achieved for the individual. Kent is 1 of the 14 DH Integration Pioneers.

This change will fundamentally alter the traditional role of commissioners and the statutory sector will need to develop its skills as an enabler and supporter of decision-making and commissioners will need to perform a key facilitating role in this new "offer" from Local Authorities.

The Care Bill signals changes in the following areas if passed:

- Improving Information for customers and providers – to establish and communicate need, communicate market information and ensure appropriate services are developed; local authorities asked to develop market position statements;
- Entitlement to public care and support – introduces consistent way to establish individual's eligibility to public care and support; introduces same rights for carers;
- Entitlement to public care and support – all individuals will have right to ask the local authority to arrange their care irrespective of who is funding the care package;
- Assessments of eligibility – places a duty on local authorities to provide an assessment to anyone who appears to need care and support regardless of financial circumstances;
- Financial Assessment – will set out a clear approach to charging; help people to understand what they have to contribute towards care and support costs;
- Financial Assessment – new regulations will ensure everyone has their finances assessed in the same way, taking into account their income and assets; the regulations will say how much money they must be left with after the local authority has charged them;
- Personalisation – places a duty on local authorities to provide individuals with a care and support plan (people who don't have eligible needs should be given support and information to help prevent further needs developing); also gives legal entitlement for individuals to receive their Personal Budget; local authorities will have a duty to review the plan and make sure needs and outcomes continue to be met;
- Capping Care Costs – the Dilnott review; individuals 'personal budget' will show what the local authority would pay for the person's care and support package and detail the rate at which the individual is progressing towards the cap; once cap is reached the local authority will be responsible for taking over full costs of the care package although the individual will still be responsible for paying their general living costs;

- Deferred Payment arrangements – a new legal right for people to defer paying care costs to be introduced in 2015; local authorities will be able to charge interest on these payments to cover their costs; right can be offered, for the first time, to those supported in their own home;
- Carers – places a duty on local authorities to provide carers with their own assessment of support needs, looking at impact on the carer in providing this role, what they want to achieve in their own life and if they're able and willing to continue in caring role; can be carried out jointly with the person they are caring for if all agreeable;
- Transition from child to adult – rights for young people and their carers to request an assessment prior to turning 18; care and support assessment could be combined with other assessments to ensure young person does not have to undertake multiple assessments; young person or the child carer should be informed if they are likely to be eligible for benefits once cared for turns 18, or themselves if they are a young carer;
- Provider failure – sets out a practice to oversee financial stability of the 'most hard to replace' care providers; gives responsibilities to local authorities if care providers fail; Local authorities will have a clear temporary responsibility to ensure residential care and care provided in person's home continues if a care provider fails regardless of who is paying for care; CQC to be given responsibilities re oversight of financial stability of the 'most hard to replace' care providers and power to request information from any provider they think likely to fail; CQC will be able to share information with local authority to ensure people's care and support protected;
- Moving Areas – sets out guidelines for continuity of care for people wishing to move between local authority areas within England; government recognises people with care and support needs reluctant to move home, due to worries over care arrangements; and
- Safeguarding – local authorities and other parts of the health, care and support system will have a clear framework to protect vulnerable adults at risk of abuse or neglect; and must set up a Safeguarding Adults Board.

Seven. Demand – Current and Forecast

This section of the Market Position Statement sets out for each customer group some relevant demographic features and levels of demand.

More work is required to build this intelligence base further to support both commissioning decision-making and provider business planning.

We aim to do this on a step-by-step basis, building the picture year on year and need to engage other market stakeholders, (particularly providers of health and social care and support services), in this thinking to support the development of rationale for investment in particular pathways, interventions or particular geographies in Kent.

The results of the 2011 census have been a key resource in demographic, economic, social and health data and help inform commissioning decisions, as well as estimates of growth within the local authority area. Market intelligence regarding those people who wholly/partially fund their own support and care requires significant development.

We need to form a new partnership with existing and prospective providers of a range of care and support services and

those who provide services solely to self funders, in order to collaborate on generating market intelligence for this sector.

Older People

At a snapshot in August 2013 there were 21,820 people aged 65 or above in Kent who were being supported by Kent County Council. This is 7.6% of Kent's total population aged 65 or above *(Source: Kent County Council - County Caseload 999)*.

By applying estimated population growth rates for those aged 65 and above, the population of people aged 65 and above with social care needs could be projected to increase by 4.8% between 2013 and 2015 and 34.7% between 2015 and 2030 *(Source: Kent County Council - Research and Evaluation)*.

At a snapshot on 31 August 2013 there were 5568 Home Care packages being delivered to people aged 65 and above. This service can be defined as help with domestic or personal care tasks. Of the Home Care services current as at 31 August 2013:

- 28.7% of services were up to 5 hours per week;
- 35.0% were more than 5 hours but less than/equal to 10 hours per week;

- 31.0% were more than 10 hours per week; and
- 5.2% of services having no recorded hours at that point.

(Source: Kent County Council – Performance (Clients receiving a service in the period 910)

In 2013 there are an estimated 22,500 people aged 65 or over with dementia in Kent, the predicted population increase over the next five years could see this rise to 25,600 and to 35,400 by the year 2028

(Source: Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007).

Kent County Council was supporting 21,820 older people with social care services as at a snapshot in August 2013. Currently we are unable to determine the proportion of people aged 65 or above with care needs who are supported by family and friends, or who are privately funding their own care

(Source: Kent County Council - County Caseload 999).

The 2011 Census has revealed that there are 12,974 people aged 65+ who are providing 50 or more hours of unpaid care per week. If we assume that the proportion of these carers remains unchanged, this figure could rise to 14,648 by 2015, according to our forecasts *(Source: Kent County Council – Business Intelligence)*.

The financial circumstances of the older population will have an impact on the proportion of the social care market that is 'council funded' and the proportion of people that purchase care themselves without council support. 46,390 older people in Kent receive state pension credits (16.3% of all those aged 65+). The areas receiving the highest proportion of pension credits are located within the Districts of Thanet (23.4%), Swale (18.8%) and Shepway (18.6%)

(Source: Kent County Council – Business Intelligence).

There are a large number of older people in Kent who own their own homes, many of whom will be living alone in family sized properties. There is considerable opportunity for providers to develop a broad range of personalised services for people who are thinking about utilising their assets to plan for their future care needs i.e. through purchasing accommodation that has associated social care support (also see KCC's Accommodation Strategy).

Social isolation is a key determinant in people requiring social care support and according to the 2011 Census, 79,310 households in Kent consist of a single person aged 65+. That is 13.1% of all households or 30.2% of all those aged 65+, are living alone. We currently do not have a separate figure for those aged 85+. This may be available from the Census at a later date

(Source: Kent County Council – Business Intelligence).

The voluntary and community sector has an important role in supporting people within their communities and tackling social isolation and we would expect those who provide support in the home to be linking with the voluntary and community sector and/or signposting to their services to prevent this wherever possible.

The number of people living alone in large properties also presents opportunities to consider how their assets could be better utilised to support people who feel isolated i.e. through moving to more communal living environments (see Accommodation Strategy).

Our research also suggests that there is a general lack of knowledge about the services and support available to older people, particularly at the critical stages of their lives.

Information and advice needs to be tailored and available at the right time for people throughout their life and be available for all including those funding their own care, and the Council is actively engaged in commissioning such services.

Working Age Adults

In 2013 there were 5,351 adults living in Kent estimated to have moderate or severe learning disabilities who are likely to require social care services *(Source: QOF 2012/13 – HSCIC)*

Kent undertook 10,005 new assessments for service users aged 18-64 in 2012/13. 59.87% of all assessments resulted in the provision of services

(Source: Health and Social Care Information Centre RAP Table A6).

Kent County Council supported 3,202 adults (aged 18-64) and 382 older people (aged 65+) with a learning disability in 2012/13. This is 0.29% of the population *(Source: Clients receiving a service in the period (RAP_P1-7_and_H1)_910)*. The number of adults with a learning disability supported by Kent has remained relatively consistent over the last three years.

As at August 2013 there were 5407 adults aged 18-64 living in Kent who were estimated to have a serious physical impairment, and are likely to require health and social care support. Prevalent neurological conditions include Epilepsy (9,800 people) and Stroke1 (26,786) *(Source: County Caseload_999 August 201, QOF 2012/13 Health and Social Care Information Centre).*

Kent Social care was supporting 4,805 adults with a Physical Disability aged 18-64 during 2012/13. The number of people with a physical disability aged 18-64 who have received equipment and adaptations is 2471. The number of adults who have received a service from Kent has decreased over the last three years, the significant drop between 2011/12 and 2012/13 is due to process change whereby people receiving a short term service have not been included in the 12/13 figures *(Source: RAP return P2F 2012/13, Health and Social Care Intelligence centre RAP P4, <https://nascis.hscic.gov.uk/Tools/Olap/Rap/RapP4.aspx>)*

CCG Area	Older People with Care Needs	Less than or equal to 2 hours per week	More than 2 hours and less than or equal to 5 hours per week	More than 5 hours and less than or equal to 10 hours per week	More than 10 hours per week
NHS Ashford CCG	400	16	114	143	127
NHS Canterbury and Coastal CCG	815	43	173	343	256
NHS Dartford, Gravesham and Swanley CCG	906	64	209	355	278
NHS South Kent Coast CCG	901	60	241	305	295
NHS Thanet CCG	682	39	172	273	198
NHS Swale CCG	386	28	85	145	128
NHS West Kent CCG	1441	106	333	478	524
Unable to Identify	37	6	12	8	11
Grand Total	5568	362	1339	2050	1817

Table 1: Older People with Care Needs (Source: Kent County Council – Performance) NB (5.2% with no recorded hours at snapshot not included)

	Client Category	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
		Number of Service Users	Number of Service Users	Number of Service Users	Number of Service Users	Number of Service Users	Number of Service Users	Number of Service Users
Age 18 to 64	Physical Disability	6565	6125	5085	6100	6650	6175	4805
	Mental Health	3975	3495	3855	3810	2120	2740	3340
	Learning Disability	4085	3955	3820	3545	3115	3730	3620
	Substance Misuse	260	110	195	210	285	835	110
	Other Vulnerable People	0	0	0	0	0	0	0
	Age 18 to 64 Total	14885	13690	12955	13665	12170	13485	11875
Age 65 and over	Physical Disability	31520	30405	29490	29795	28035	26570	19175
	Mental Health	1020	1755	2300	2310	2650	2465	1865
	Learning Disability	225	260	270	305	300	300	290
	Substance Misuse	15	5	5	5	10	5	0
	Other Vulnerable People	0	0	0	0	0	0	0
	Age 65 and over Total	32775	32425	32065	32415	30995	29335	21330
Total		47660	46115	45020	46080	43165	42820	33205

Eight. Local Supply and Commissioning

Older People

There were 17,885 new clients aged 65 and above for whom assessments were completed during 2012-13. The average age of an individual, at the time of first contact with adult services has increased marginally over the last four years and as at 2012-13 the average age is 73.2. The median point (that is the mid-point in the data series) has only increased in the last year to 79 (previously 78).

(Source: Health and Social Care Information Service - Referrals, Assessments and Packages of Care - Table A6).

The number of clients aged 65 and above, receiving services during the year 2012-13, provided or commissioned by Kent County Council, has decreased over the last three years *(Source: Health and Social Care Information Service - Referrals, Assessments and Packages of Care - Table P4 & Personal Social Services Expenditure - Unit Cost Summary).*

The number of service users (all adults) receiving more than 10 hours home care support has decreased over the past three years. The number of service users (all adults) receiving less than or equal to 5 hours home care support had increased, until last year when it decreased.

(Source: Health and Social Care Information Service - Referrals, Assessments and Packages of Care - Table H1)

Telecare, equipment and adaptations are critical in supporting people to remain independent

for as long as possible and reducing the need for ongoing care and support. 8,802 people aged 65 and above received equipment and/or adaptations in 2012/13. The total number of all clients receiving telecare as at March 2013 was 1,596 *(Source: Kent County Council - Clients receiving a service in the period 910 - Summary Table P2f).*

Kent has also increased the use of reablement services. In 2012/13, 5551 people (15.6% more than the previous year) received an enablement service from Kent Enablement at Home (KEaH). In 2012-2013, 63% referrals to enablement have ended needing no further support. We believe the successful use of equipment, telecare and reablement has contributed to the reducing demand for lower level home care services in the last year *(Source: Kent County Council - Clients receiving a service in the period 910 - Summary Table P2f & Office Base System).*

Kent's average gross weekly expenditure on direct payments per older person as at 31 March 2012 was lower than that of comparable local authorities with a similar population size to Kent (Essex, Hampshire, Lancashire and Surrey (average gross weekly spend (England) £154.80).

The amount we spend has decreased by 21.2% between 2010/11 and 2011/12, based upon the average spend per older person *(Source: Health and Social Care Information Centre – PSSEX 2010/11 and 2011/12).*

Uptake is however likely to increase over the coming years as the expectations of future generations change, the majority of older people are currently spending their personal budgets on traditional social care services, but we expect demand for more personalised services to increase.

During 2012/13, 17,758 people aged 65 and above were supported with homecare and 75 were supported by the Supporting Independence Service (SIS) over the year *(Source: Non Residential Care Services with contract no_006, Non Residential Exceptions_ with contract no_007 2012/13).*

At a snapshot, on 31 March 2012 there were more older people receiving home care when compared to the same snapshot date in the previous year, however the average gross weekly expenditure on home care per older person had reduced from £167.63 to £137.52 *(Source: Health and Social Care Information Centre – PSSEX 2010/11 and 2011/12)*

Working Age Adults

Kent's average gross weekly expenditure on direct payments per adult aged under 65 with a Learning Disability as at 31 March 2012 was lower than that of comparable local authorities with a similar population size to Kent (Essex, Hampshire, Lancashire and Surrey (average gross weekly spend (England) £270.00). The amount we spend has decreased by 10.6% based on average spend per adult aged under 65 with a Learning Disability between 2010/11 and 2011/12 *(Source: MPS Data Summary NASCIS DP)*

The average gross weekly expenditure per adult aged 18-64 with a Physical Disability on direct payments, as at 31st March 2013 is decreasing, falling by 12.9% between 2010/11 and 2011/12 *(Source: <http://www.hscic.gov.uk/catalogue/PUB09820/pss-exp-eng-11-12-fin-coun-lev-unit-cost-v2.xls>).*

However 765 adults aged under 65 with a learning disability received a cash payment to organise their own care as at March 2012, an 18% increase on the previous year and 995 adults aged under 65 with a physical disability received a cash payment to organise their own care as at March 2012, a 16.58% increase on the previous year *(Source: <http://www.hscic.gov.uk/catalogue/PUB09820/pss-exp-eng-11-12-fin-coun-lev-unit-cost-v2.xls>).*

Uptake is however likely to increase over the coming years as the expectations of future generations change.

During 2012/13, 151 adults with a learning disability were supported with homecare and 639 were supported by the Supporting Independence Service (SIS)

During 2012/13, 1902 adults with a Physical Disability were supported with Home Care and 173 were supported by the Supporting Independence Service (SIS).

CCG Aligned Area	Home Care (People)	Home Care (Hours)	SIS (People)	SIS (Hours)
NHS Ashford CCG	1450	215,486	2	110
NHS Canterbury and Coastal CCG	2420	429,101	20	2,922
NHS Dartford, Gravesham and Swanley CCG	3017	469,543		
NHS Medway CCG	13	1,656		
NHS South Kent Coast CCG	2514	420,567	23	1,568
NHS Swale CCG	1050	215,764		
NHS Thanet CCG	1714	315,111	7	1,704
NHS West Kent CCG	4875	757,983	23	1,725
Out of Kent/Not Recorded	525	43,901		
Grand Total	17578	2,869,112	75	8,028

Table 3: Older People who received Home Care / SIS in 2012/13 (Source: Non Residential Care Services with contract no_006, Non Residential Exceptions_with contract no_007 2012/13)

CCG Aligned Area	Home Care (People)	Home Care Hours	SIS (People)	SIS (Hours)
NHS Ashford CCG	6	3,068	70	64,832
NHS Canterbury and Coastal CCG	16	8,370	75	41,148
NHS Dartford, Gravesham and Swanley CCG	19	6,410	9	5,917
NHS Medway CCG			3	2,792
NHS South Kent Coast CCG	20	9,047	121	138,318
NHS Swale CCG	24	8,708	58	53,490
NHS Thanet CCG	10	3,306	82	71,159
NHS West Kent CCG	49	26,390	215	137,865
Out of Kent/Not Recorded	7	700	6	1,899
Grand Total	151	65,998	639	517,419

Table 4: Adults with Learning Disabilities who received Home Care / SIS in 2012/13 (Source: Non Residential Care Services with contract no_006, Non Residential Exceptions_with contract no_007 2012/13)

CCG Aligned Area	Home Care (People)	Home Care (Hours)	SIS (People)	SIS (Hours)
NHS Ashford CCG	160	40,324	20	2,814
NHS Canterbury and Coastal CCG	208	70,239	12	4,391
NHS Dartford, Gravesham and Swanley CCG	310	71,069	5	415
NHS Medway CCG	1	135		
NHS South Kent Coast CCG	353	85,626	50	14,389
NHS Swale CCG	165	40,976	1	858
NHS Thanet CCG	164	37,503	10	8,192
NHS West Kent CCG	510	135,576	73	15,671
Out of Kent/Not Recorded	31	3,750	2	1,248
Grand Total	1902	485,196	173	47,979

Table 5: Adults with Physical Disabilities who received Home Care / SIS in 2012/13 (Source: Non Residential Care Services with contract no_006, Non Residential Exceptions_ with contract no_007 2012/13)

Nine. Likely levels of future resourcing

The amount we commission

Kent County Council has already outsourced much of the care and support it commissions but recognises the opportunities to further test new service areas that the independent and voluntary sectors might support Kent with in the future.

The Authority has, over a number of years, increased the amount of funding that is allocated to such organisations, in 2012/13 the Authority will commission £305.6 million (gross spend) across a range of services.

Kent County Council Funding Constraints

The Council now operates within the context of public sector cuts and demographic pressures, particularly amongst older people and people with a learning disability. It should also be noted that figures do not account for inflationary pressures or pay awards, and that these will need to be met from within a smaller funding base. We will seek to explore incentivised arrangements such as payment by results.

Home Care hours

The Council now works with the independent sector for all Home Care provision, the Supporting Independence Service and Campus, with the Community In House services being commissioned to provide Enablement, Community MH Services and Independent Living Schemes alone.

Facing the Future challenge makes clear the Council's desire to market test these services moving forward and outsourcing if a case is proven. In terms of the actual hours provided, provision by the independent sector has been fairly stable over the last 3 years.

Changed Pattern of Investment

We will be ensuring that all people know how and where to get services appropriate to their needs or circumstances, when they need them, as we move forward. Public funding will shift from services that provide a service that 'maintains' people towards services that enable people or stop them entering the system completely.

Better lives through integrated services

Adult Social Care and Health Services will become more closely integrated so that people's experience of the support they receive in older age or through illness or disability will be more positive. The government are withdrawing funds from local authority, health and social care budget lines and putting them together, with conditions, under an Integration Transformation Fund. Conditions are in place to prompt partners to treat the whole person and prevent service fragmentation to access the funds.

Ten. People who fund their own care

With the relative affluence of large parts of Kent, a significant percentage of our adult population own their own homes and with that a significant proportion of those with eligible needs fund all or part of the service costs to meet their care and support needs.

This feature of the social care market is particularly significant for older people, but many Local Authorities know little about the nature and extent of this market.

A number of 3rd party surveys such as that managed by 'Which?' have found that many Councils, including Kent, do not keep records of 'self-funders' who pay the total cost of their long-term care.

Until the advent of recent policy and the direction of presenting legislature such as the Care Bill, Adult Social Care directorates nationally did not record this information.

Many providers have regarded this information about their private customers as commercially sensitive and so have not been keen to share previously.

The Council will be requiring this information as part of tendering and contractual requirements going forward and will draw down information from key performance indicator returns. We and will publish the intelligence gleaned in future Market Position Statements.

Toolkits exist to calculate indicative figures and include the English Longitudinal Survey of Ageing (Wave 3) or ELSA IPC / DCMQC East Midlands; *"Understanding the self funding market in social care: A toolkit for commissioners"*; May 2013. Kent is yet to fully utilise this and predict numbers. This will be managed for future Market Position Statements.

Clearly, as the local authority withdraws from its role as a care provider, new responsibilities are opening up to better understand private care markets and working through the support the market needs to plan and deliver services that offer more service choices and improved quality. As commissioners, we will be developing these skills and interventions over the coming years and forging new partnerships with customers and service providers, to enable a thriving market.

Key Questions:

How do we best calculate likely numbers of Self Funders both now and in the future together?

How do we collectively understand Self funder's needs?

What information do we collectively need to publish to support this?

Eleven. Next Steps and Future Consultation

The Draft Market Position Statement will be circulated to all providers that we are aware of that are either working in Kent, or considering working in Kent. Throughout the document we have asked for your feedback about how commissioners and providers can work together to tackle the challenges and opportunities described. These issues are summarised below.

- 1) How we can work with providers to share the benefits of people achieving greater independence and reducing their reliance on social care services?
- 2) How can we best incentivise providers to proactively embed equipment and assistive technology as part of their service offer?
- 3) How can we best incentivise joined up working between carers' organisations and support in the home providers?
- 4) The rise in cash payment users presents growing opportunities for providers to develop a truly personalised offer to consumers. How can we work together to ensure a range of options are available to people to choose from?
- 5) How do we better work together to prevent avoidable admissions, including work on falls and long term condition management?

- 6) How can we best support providers who want to develop an all age approach to the commissioning of services for disabled people?
- 7) We are considering a range of potential approaches to reward providers who help us achieve the outcomes described in the market position statement. These include "gain share" arrangements and "payment by results" agreements. Which approaches do you feel would be the most effective in rewarding providers who help us achieve the desired outcomes?
- 8) How do we best go about exploring 'open book analysis'?
- 9) We believe the community and voluntary sector has a key role to play in helping people strengthen their links with local communities. How can we best encourage you to work with this sector?

We are also keen to get feedback on the format and information included within the Market Position Statement, as outlined below:

- 1) How do we collect intelligence regarding how the market responds to different interventions and share learning?

- 2) How do we understand system incentives and disincentives and address them in future Market Position Statements and Contracting Mechanisms?
- 3) How do we share understanding and learning regarding the best systems to collate, analyse and evidence cost, quality and outcomes?
- 4) Is this Market Position Statement structure helpful? What is helpful, what isn't?

We anticipate that the publication of the Market Position Statement will generate interest from providers who want to discuss potential ideas with us. Because the provider market is so large and diverse we will need to manage and structure these discussions, rather than try and deal with providers on an individual basis, we will work with Trade Associations to facilitate this.

Any communications relating to the Market Position Statement questions should be sent to the communitysupport@kent.gov.uk email address entitled 'Holistic Community Support MPS'. We would be grateful for your responses by 27th January 2014 so we can plan next steps in working together with you.