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Foreword

The Council intends to put Somerset Residents at the heart of what it does. We will listen and learn from our residents and businesses. We will not lose sight of the fact that we are here to serve Somerset and to make sure that:

“ We will focus on helping people to be as independent as possible, be able to help themselves and each other in their communities and enjoy a good quality of life. ”

The Somerset Market Position Statement is an important step for facilitating a dialogue with the suppliers of care and support services, across the voluntary, independent and private sector, however small or large. We want to encourage a dialogue about how we work together to address both the economic and demographic challenges within Somerset, and how we ensure that social care and support services in the County enable choice and control to be exercised by individuals.


We will be actively engaging with the public and user groups as our approach to informing them on our program in meeting key priorities develops. We will be issuing a local account annually from this year based on what people tell us they want to know more about.

The financial issues facing the country and Somerset mean that we have to find new ways of enabling people who need social care and support services to get those needs met. Whenever possible, promoting and restoring independence and encouraging people to take personal responsibility for their wellbeing. We must ensure we use the social care budget where it is most needed, and as efficiently as possible. We are confident that this can be achieved through working with the health and social care, community, voluntary and private sectors.

We are committed to develop a wide range of services that enable people to choose the services that encourage the market to meet their needs. Where they are funded by the Council, this will increasingly be via a Personal Budget or Direct Payment.

We hope that this Market Position Statement provides you with some key information to inform the future development of your organisation. We aim to refresh this document regularly, to provide you with a developing range of information so that your organisation or business can feel better prepared to meet the needs of the public for social care and support services, whether funded publicly or privately.

There will be an appendix published once the Care and Support Bill becomes law, and we will set out how we will respond to its requirements, and encourage the market to do the same.



Clare Steel, Lead Commissioner Adults and Health (Director of Adult Social Services)



William Wallace, Cabinet Member for Adult Social Care

1. Introduction

We want to involve and advise providers, and see this statement as a starting point for constructive dialogue. We welcome your involvement in developing adult services in Somerset.

Our Direction

- Somerset County Council wishes to stimulate a diverse market for care and support, offering people a real choice of provision. This may come from existing providers, from those who do not currently work in Somerset or from new start ups.
- To achieve this, we need to know how we can best influence, help, and support the local care and support market to achieve better outcomes and value.
- In the future we want to be transparent about the way we intend to influence and commission services that will extend choice and quality to people needing care and support.

Follow the Link to the Somerset County Plan 2013 – 2017:

<http://www.somerset.gov.uk/irj/public/council/futureplans/futureplan?rid=/guid/406edf51-7b69-2c10-c888-f141125067ba>

We will publish this information through our web portal "Supplying the South West".

How this Market Position Statement Will Help

The Market Position Statement (MPS) is designed to contain information that will inform interested providers about the care and support services for adults in Somerset.

In order to shape the market effectively, commissioners are required to communicate a range of information to providers. This is aimed at helping providers to undertake business planning, make investment decisions, respond to new opportunities and to maximise the use of assets to deliver quality care and support.

The Market Position Statement covers all of adult social care:

- Prevention and Early Intervention
- Independence choice and control
- Long Term and Specialist Care and Support

It is intended to help identify the future demand for care and support in Somerset with:

- Current and future demography and service provision with a demand profile.
- Somerset's intentions as a facilitator of care and support.

It will develop over time, and feedback on what is useful to business and service development is welcomed.

It will help paint a picture of Somerset's vision for how services might respond to changing needs for care and support in the future.

We plan to publish specific or specialist detail of our commissioning intentions, on particular aspects of supply or of the market that we want to see change. This information will be published in the form of "Market Supply Information Fact Sheets".

During the coming months, we will publish two fact sheets for complex learning disability and specialist mental health for people with enduring mental illness. We will also publish factsheets for universal information and advice and self assessment requirements of the Care and Support Bill.

More information about contract opportunities and the web portal can be found at the end of this document.

Our focus is changing from service delivery to enabling and commissioning the local market.

Our Responsibility

"People live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high quality and efficient public services when they need them." (Health and Wellbeing Strategy for Somerset 2013 -2016)

Follow the link to the Strategy:

<http://www.somerset.gov.uk/irj/go/km/docs/CouncilDocuments/SCC/Documents/Resources/HealthWellbeingStrategy060812.pdf>

Why a Market Position Statement?

Somerset County Council (SCC) has an important role in ensuring that the residents of Somerset can lead fulfilling lives as independently as possible. Many people need no assistance to achieve this but, for those who do, the social care and support market needs to evolve to meet future needs and preferred choices. The government expects the County Council to have a role in stimulating and shaping the care and support market to support vulnerable people.

“Councils will be expected to have started, either locally or in their regions, to develop a market development and stimulation strategy, either individually or on a wider regional basis with others, with actions identified to deliver the necessary changes.”

This approach recognises a shift in culture from one where the local authority commissions services on behalf of the population to one where the individual has control over the purchasing of their own care and support arrangements.

Alongside choice and control, we have a responsibility to secure the highest quality outcomes for best possible price. We are committed to achieving a mixed economy of provision across the public, private, voluntary and community sectors and a sustainable market that is able to meet the desired outcomes.

We are committed to the development of small, local providers and are currently preparing to run a development project over the next 2 years, to increase choice and support independent living. Our efforts are to facilitate the development of the market that will benefit self funders as well as those for whom we provide funding to purchase care and support.

We want to be able to provide information and advice, including signposting to other sources of the community to allow customers and families to “self-help”. We want to be able to offer customer specific services that will better cater for customer needs across home, community and care home settings.

We will focus on our market for Public Health services in the next edition of the Market Position Statement, which will be developed based on the information from the Somerset Joint Strategic Needs Assessment (JSNA).

The (JSNA) is a statutory report produced in partnership by Somerset County Council and Somerset Clinical Commissioning Group. It describes the future health, care and wellbeing needs of the local population and the strategic direction of service delivery to meet those needs.

The next edition will also reflect the health and social care integration plans in Somerset.

**Our shared ethos is
"commissioning for quality",
as well as working together
to learn and improve.**

We are focused on improving health and wellbeing in Somerset,

"...by working together as individuals, groups, communities and organisations, we can grow and develop together in the same direction."

Health and Wellbeing Strategy for Somerset 2013 – 2016

Follow the link to the Somerset JSNA:

<http://inform.sine.org.uk/byTheme?themeld=38>

Commissioning for quality

The Council and Somerset Clinical Commissioning Group have agreed a joint Quality Policy, the core principles of this are:

- Care delivery must focus on the values of protecting Somerset citizens, promoting a good quality of life, and contributing to an individual's outcomes, along with the key themes of dignity, respect and choice
- To identify best practice, and where possible make sure it is recognised and shared.
- To support the industry as it strives for excellence, working in partnership. To support areas that require improvement.
- If quality concerns are significant, and cannot be worked through, to end the contract.

Should a quality issue be identified, there are clear processes to ensure a consistent approach. At this stage this is focussed on care homes, but it will be developed to encompass care and support at home services.

The Quality Policy and supporting processes are currently being trialled in draft format, so that we can see how it works in practice and to give providers an opportunity to give us feedback. Following any updates it will become live from April 2014.

There are a diverse range of providers within Somerset, including voluntary and community, not-for-profit and private sector organisations. Many deliver high quality, innovative services. We want to build on this to ensure that there is a thriving social care market from which people who need support are able to select from a broad range of different suppliers and service offers.

2: Our commissioning intentions

This chapter sets out a broad overview of our commissioning intentions across key areas. These are based on a profile of future demand, national government policy and Somerset County Council priorities. The analysis to support these key priorities is contained in the subsequent chapters, describing how the demand for care and support is changing, the shape of the current market, and an overview of the supply and demand gap.

1. Prevention and Early Intervention

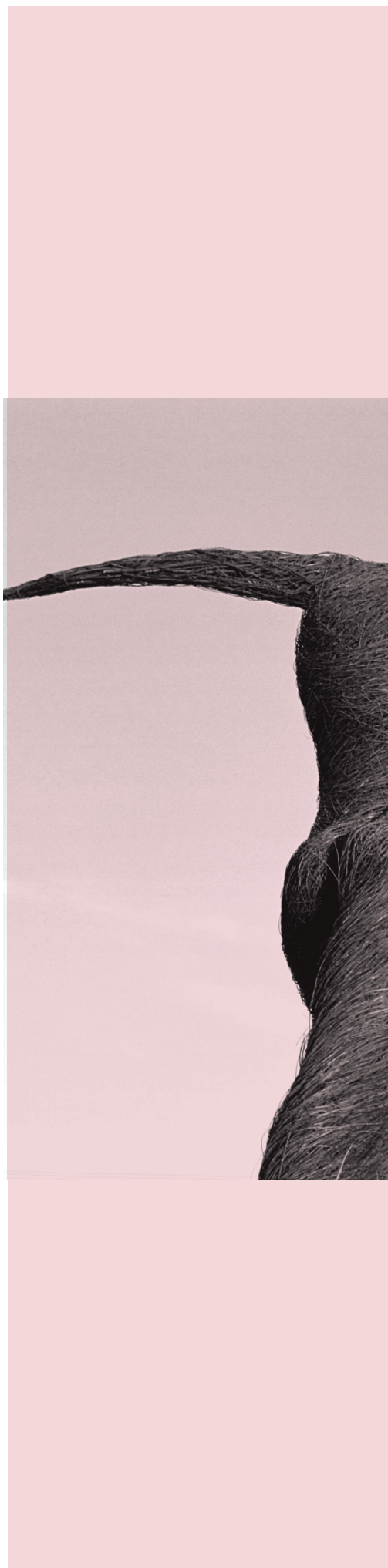
The vast majority of older people are able to help themselves and / or receive family and community help. We want to make sure that the information and advice they require to meet their needs is available.

We will:

- Help to provide good quality information about local services and activities.
- Support Local Members sponsoring applications for community enablement grants.
- Encourage organisations bidding for contracts to offer added value by supporting local communities.
- Improve the availability and use of information and advice about sources of help and support available through local communities to those with emerging needs.
- Continue to facilitate voluntary action in local communities aimed at supporting and including people with emerging needs.
- Re-commission for a Home Improvement Agency service in April 2015 to extend the range and availability of the service provided, functioning as a 'first stop' for those with needs below the social care eligibility threshold.
- Re-commission support in sheltered housing, taking account of consultation with existing and potential users, to offer low intensity support to those with emerging needs
- Ensure the newly commissioned Healthwatch becomes an effective partner in providing feedback on user experience of and aspirations for health, care and support services to drive improvement.
- Work to support people into, and maintain paid employment at the national minimum wage or above with the same terms and conditions as anyone else.

2. Independence, choice and control

We are looking for more ways to increase the active use of a Personal Budget, ideally taken as a Direct Payment. We are investigating how these can be used to purchase equipment, to enable carers to purchase support to provide them with a break, to purchase day opportunities,



to increase access for people using mental health services and people with a learning disability.

We hope that by further improving the support available for people in managing a personal budget, that we will see a considerable rise in take-up. This is of fundamental importance to encouraging the market to respond by offering new types of services to meet people's preferences for how their needs are met. This will help to bring the Council in line with the performance of others in England, and give people substantially more choice and control in achieving the sort of life they want to lead. The Government is legislating to increase entitlement to Personal Budgets and Personal Health Budgets.

Feedback from people who use social care and support services, is that there is not enough choice in the market place, that the support available to enable people to think about how to get their needs met is insufficient, and that the system is too complex. We have made the process for a Direct Payment easier, although expect there is more that we will do as best practice develops across the country.

We will:

- Review our approaches to providing information and advice to ensure that this is easy to access, relevant, and able to provide information on local services. We are investigating the potential of an e-market place to support people to find what they need.
- Design and implement initiatives to encourage a broad range of small providers offering a varied range of care and support services to enter the market. This will help to create more choice, and respond to what people really want.
- Investigate the use of Individual Service Funds, which are another mechanism to enable people to have control over their Personal Budget without having to manage a Direct Payment. We hope to work with some providers interested in exploring this approach on a development basis over the next year.
- Try different approaches to support planning, with an independent provider who is able to draw in peer support to help people think differently about how to get their care and support outcomes met. This will help to inform us about people's first choices and not what they settle for on the basis that was all there was available. This information will be used to develop the market.
- Cease block contracting to open up the market to competition.



- Re-tender for Direct Payment support services for implementation in February 2015. We will be looking at needs for having a "managed account" Direct payment, demand for a Personal Assistant recruitment system, and the impact of offering independent support planning. We will be looking at how this may be integrated with support commissioned by the Clinical Commissioning Group (CCG) for people taking a Personal Health Budget and for those in receipt of a Personal Budget, for special educational needs.
- Re-tender all of our advocacy support arrangements for implementation from May 2015.


All of our contracts will require providers, through their day to day operational practice, to offer choice and control to people as a key underpinning demonstration of quality and dignity.

- Home care provision is vital to supporting the Council's approach to reablement. It is essential that this is provided flexibly and creatively and focussed on enabling independent living, choice and control. We will be engaging a range of stakeholders throughout 2014 to inform our re-specification of Home Care.

As the market develops to offer people more choice and control, we are exploring new contracting options to enable more flexibility for new providers to join the market. This will ensure that we develop the number of providers who are local to where families live, offering a broad range of services in response to customer demand. We want to enable a growth in the diversity of the homecare market, in preparation for the termination of the current contractual arrangements. This is essential as the number of people taking a Personal Budget, as a Direct Payment increases.

The following points give an idea of the general direction of travel:

1. Increase the focus on supporting people to regain or maintain their independence, and taper down levels of support as people gain confidence.
2. Ensure people are helped to engage with their communities and develop/maintain skills in the same ways as anyone else might rather than create or continue bespoke specialist services.
3. Embed person centred planning in everyday practice in all parts of the care and support system.
4. Work to support people to build circles of support around them so that they are better able to maintain independence and develop their own support plans.

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6. Develop methods to measure and report on outcomes achieved for individuals.
 7. Increase the use of telecare and creative use of assistive technology where this brings benefit to the individual.

3. Long Term and Specialist Care and Support

During 2014/15 we will undertake a tendering process to establish new contracts with care home providers. To achieve this, we will involve providers in the design of a new specification for the service, we will look at both the level and type of services we currently commission. We will provide opportunities to receive new interest from the care home market

We will be undertaking a tendering process to have new contracts with external Learning Disability providers of Supported Living and Home Care and support during 2014. There are currently 5 external strategic providers.

We will:

- Reduce residential care and sourcing accommodation for people with a broad range of needs.
- Refresh the Dementia Care Strategy in partnership with the Clinical Commissioning Group (CCG) and ensure it is fully implemented. Take forward the Dementia Friendly Communities Project. Re-commission Dementia Floating Support services.
- Develop new residential and nursing home specifications with clear quality standards and monitoring arrangements.
- Implement a service level agreement for adult assessment and care management services and associated social work interventions currently delivered through the Adults and Health Operational Service.
- Develop a joint specification with the (CCG) for Adult and Children's Mental Health services currently provided by Somerset Partnership Trust.
- Develop a specification for Learning Disability supported living and home support services ahead of tender via a framework agreement (during 2014).
- Re-commission community safety contracts including Somerset Hate Crime Victim Support Service and Somerset Changes, an advocacy service for victims of domestic abuse. Establish business case for Make the Change Voluntary Perpetrator Programme.

- Develop and oversee implementation of Somerset Inter-Personal Violence Strategy.
- Maintain and further develop best practice in relation to statutory Safeguarding Adults responsibilities. Ensure it is embedded across all commissioned services
- Develop a framework contract for community based day time opportunities for people with needs that require trained staff.

Extra Care Housing

A review of extra care housing is underway. We will seek to develop future services so they offer more of an alternative to those who would otherwise need to move into a care home. We will work with District Councils and providers to develop a long term plan.

- Develop the service of Extra Care Housing to create greater choice and control for its current tenants and to provide an enhanced level of care and support for those people considering residential care to meet their needs.
- It is intended that the new Enhanced Support Service will significantly reduce the need for people with more significant day and night time needs, to move to residential care, and give them greater levels of choice and control over their future care and support.
- It is intended that the new Enhanced Support Service will be part of a range of more modernised local care and support services, that will have 'personalisation' as a key principle that underpins its delivery.
- It is intended that the new Enhanced Support Service will be able to be delivered both within housing hubs of some of the existing ECH schemes, as well as to stretch out to its local community as a neighbourhood enhanced care model.

End of life Care (EoLC)

We are promoting greater choice in services as a planned approach for end of life care. For example:

- To ensure that someone wishing to die at home has rapid access to the appropriate equipment and EoLC trained staff to prevent them needing hospital admission.
- Staff, such as care providers, housing providers, District Nursing staff and MacMillan nurses, knowing the options for end of life care.
- Good communication between care providers, the person approaching end of life, their families and medical staff to identify the best option.

3: Changing demand for care and support in Somerset

This chapter sets out how demand is changing across the county and differences between key geographical areas.

Key information from our Census in 2011

The number of people aged 80 and over in Somerset is estimated to have increased by a quarter since the 2001 Census.

In 2011 / 2012:

58,723 households in Somerset are occupied by people aged 65 or over. This is a quarter (26.3%) of all households, and accounts for 111,000 people.

Around 41,000 people over 65 were unable to manage at least one self care activity.

58,382 people in Somerset indicated that they provided unpaid care, of which 12,313 provided care for at least 50 hours per week.

Demographic forecast for Somerset

- The usual resident population of Somerset on Census Day 2011 was estimated to be 529,972. This represents an increase of 31,879 people since the last Census in 2001, a rise of 6.4%. Source: Office of National Statistics.

Table 1 – Somerset population prediction by age

Age group	2010/11	2014/15	% change from 2010/11
18-24	37,400	35,800	-4%
25-34	50,100	54,600	9%
35-44	67,900	60,800	-10%
45-54	77,100	81,400	6%
55-64	75,200	73,300	-3%
Total	307,700	305,900	-1%
65-69	33,600	40,100	19%
70-74	26,300	30,800	17%
75-79	21,500	24,000	12%
80-84	17,300	18,100	5%
85-89	11,200	12,200	9%
90 and over	6,200	7,800	26%
Total	116,100	133,000	15%

Source: POPPI and PANSI 2010/11

- Demographic change presents a significant challenge to future growth. The working age population is forecast to decrease, whilst those over retirement age will increase. This will place greater pressure on existing services, and in the absence of significant net inward migration, may constrain business growth. The younger age group is forecast to decline which means that there is the potential for a gap in the number of people with the right skills to fill all the jobs available.
- Conversely, the number of people in Somerset aged over 60 years is significantly higher than the National average and so there is likely to be greater pressure on Somerset's social care market.

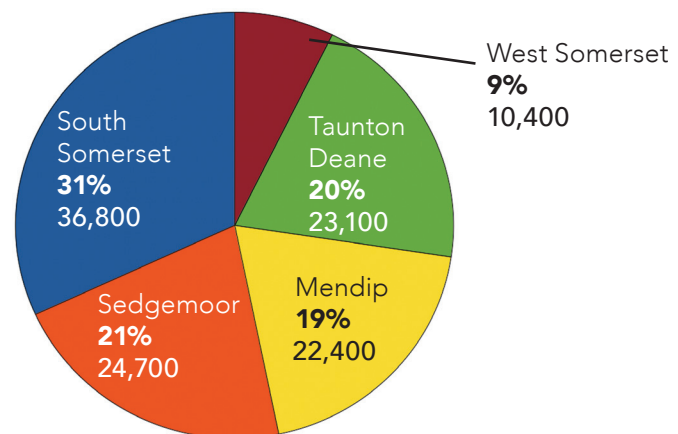
In Somerset approximately 9% of carers are over 75 years old.

The numbers of people who are likely to need adult care and/or health-related treatment is likely to rise considerably. For those aged 65 and over there is a predicted increase of 15% from 2392 people in 2011 to 2751 people in 2015

It is estimated that within Somerset in 2012, only 43% of people with dementia that can be clinically diagnosed are recorded on practice registers. This means that well under a half of people with dementia are undiagnosed.

The CCG has identified improving the diagnosis of dementia and support for patients and carers as a key area of work for 2014 – 2015

- In Somerset, the 65+ population is projected to rise at almost three times the rate of the overall population by 2025. By 2020, the 65+ age group will comprise more than one in four people in the county compared with just one in five now.
- At the older end of the population range, it is the 75+ group which is likely to rise the fastest after 2015, while the 65-74s 'plateau'.
- As shown in the graph below, currently a third of over 65s in the County live in South Somerset (36,800 people) whilst only 9% are from West Somerset.



Data Source: Office of National Statistics 2012

Dementia

Within Somerset it is estimated that there are 8,720 people with dementia, of which 145 are aged under 65. By 2021, it is expected that there will be almost 11,500 people with dementia. The prevalence of dementia according to the primary care (GP practices) shows that the rate of dementia in Somerset of 4.5 is higher than the national rate of 4.0. (Somerset Dementia Strategy July 2010)

The table below shows current and predicted future numbers of people in Somerset who have dementia:

Gender	Year	30-64	65-74	75+	Total	% of pop. aged 65+ who have dementia
Males	2012	89	650	2,409	3,148	5.78
	2017	90	794	2,922	3,806	6.00
	2021	94	831	3,486	4,412	6.39
Females	2012	62	507	5,004	5,573	8.53
	2017	63	621	5,579	6,263	8.50
	2021	66	649	6,261	6,976	8.80

Source of data: Somerset Dementia Strategy

Modelling work is required to fully understand the impact of predicted demand on the current service. Gaps in provision then need to be identified.

The early Case Finding Service has been integrated with the Dementia Advisor Service.

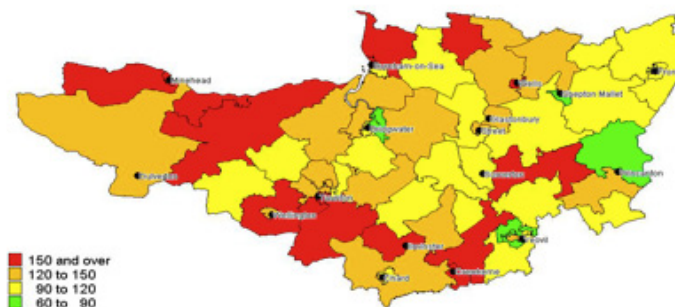
All hospitals across Somerset have active Dementia Champions.

A Dementia Friendly Community pilot is being supported in Chard, Ilminster and Crewkerne.

Demand for the provision of care services in Somerset is increasing and changing, with a demand for higher quality, more responsive services. As a result of increased use of the internet and better public information, the consumers of social care and their supporters are becoming better-informed and more assertive.

The map below shows the number and projected number of people living with Dementia aged 65+ geographically across Somerset.

Estimated number of people with dementia 2015 at Middle Super Output Area level



Dementia hot spots are West Somerset, Sedgemoor and South Somerset, because they have the largest numbers of the most elderly people. We need to work closely with local communities and organisations to make sure our plans for dementia friendly communities support local need, and that specialist dementia care homes provide quality support closer to people's communities.

Somerset has made steady progress in increasing dementia diagnosis rates. As at the end of March 2013, 47% of people were recorded on GP registers. We have a planned objective now of achieving 66% by 2015. Diagnosis is important to ensuring that the right level of support is identified at the right time.

Learning Disability

People with learning disabilities are living longer and they are being offered more appropriate medical care. This is a significant improvement given the level of inequitable access to health care in the past. Advances in neonatal and paediatric medicine mean that more children with profound physical and mental disabilities and illness survive into adulthood.

Over the next five years the number of people with a learning disability aged 18 – 64 is projected to decrease by 0.4% from 7,418 to 7,386, and then increase slightly by 1.3% in 2025. However, the number of people aged 65+ living in Somerset with a learning disability is predicted to increase by 15% from 2392 in 2011 to 2751 in 2015. The increase in this group is particularly significant as it is likely that their parents will have died, that the customer is frail and has other conditions associated with old age, including dementia.

In 2011/2012 a total of 63,612 adults used the Somerset Direct service for support and information.

In 2011/2012 the Adult Social Care Teams across Somerset carried out 4,779 assessments and a total of 15,656 reviews were completed.

In 2011/2012, 3,493 people received funded social care in residential or nursing care. This reduced in 2012/2013, to 3,218.

Of the 6,250 people with physical disabilities who used social care services, 4,931 people were over 65.

1350 people with a learning disability received funded support through Adult Social Care.

Spending on adult social care is currently 1% of all national public expenditure.

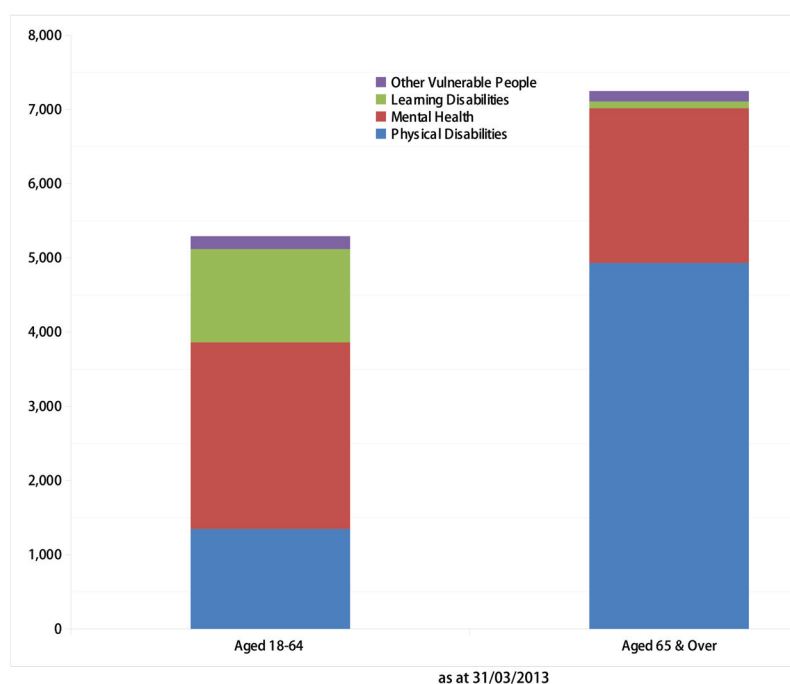
Local government's share of the reduction was 28% over 4 years and there will be further reductions approaching 30% to be achieved during the next 4 years.

Up to one third of people with a learning disability have an associated physical disability, most often cerebral palsy. The effect of such complex conditions worsens with age resulting in the need for more intense care and support arrangements.

Who are the people we support?

Our principal customers are the direct users of the services we commission and/or their unpaid carers. Some services, such as assessment, information / advice, prevention and short term reablement are available to all people; but most forms of funded longer term care and support are subject to eligibility criteria.

The nature of social care need is extremely diverse and complex. It may arise out of physical disability and/or learning disability and/or mental health problems and/or frailty in later life. It varies widely in its degree and impact in each individual case, and specific conditions such as Sensory Loss, Autism or Alzheimer's Disease may add further complexity that calls for specialist interventions. Similarly, the circumstances of unpaid carers are always unique and frequently complex, with many having significant social care needs in their own right.



Graph showing the proportion of people using Adult Social Care Services Data Source: RAP Return 2012 / 2013

During 2012/2013, 13,172* people received community based funded social care.

(*excludes Mental Health)

Of the 6,250 people with physical disabilities who used social care services, 4,931 people were over 65.

1350 people with a learning disability received funded support through Adult Social Care.

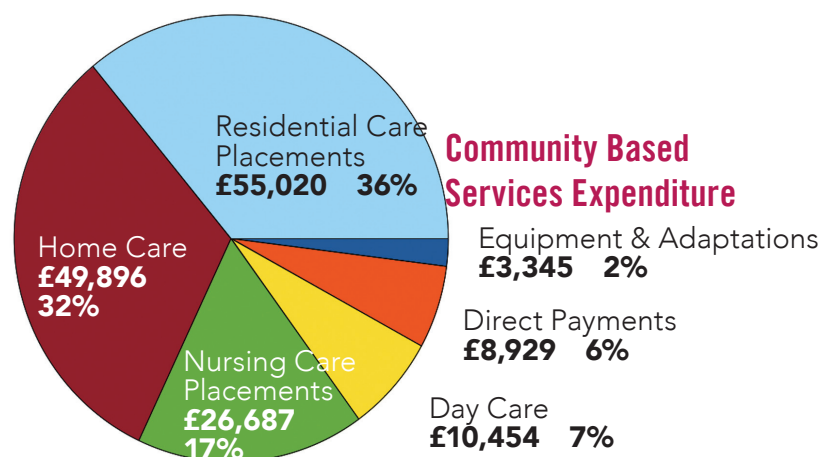
Spending on adult social care is currently 1% of all national public expenditure.

Number of carers receiving a service as an outcome of an assessment or review	
Learning Disabilities	191
Physical Disabilities	815
Mental Health	48
Other Vulnerable People	9
Not Recorded	18
Total	1081

The net SCC budget agreed for 2013 /2014 excluding schools is £329 million. Since 2010, the council has made budget savings of £108.5m and it is projected that over the next 4 years a further £85m+ savings will be required.

The total annual budget in 2013 / 2014 for the delivery of care and support to adults in Somerset was £145 million.

The Pie chart below shows the proportions of 2012/2013 budget spend across Adult Care and Support Services (£ millions)



Source: PSS-EX1 return 2012/13

We anticipate the following demands on provision reflected by the increased demographic changes and budget pressures:

- An increase in demand for information and signposting to very local sources of support.
- Fewer people will choose residential care homes.
- More people will need independent financial advice in the light of the cap on care costs from 2015.
- More disabled / frail people will want sustainable housing, that supports their independence, in their local community.
- More people choose to take up Direct Payments so that they have more choice and flexibility in how to get their needs met.
- More people want flexible care and support at home services to live independently and connected to their family and community for as long as possible.

4: Adult Care and Support Market in Somerset

Low level support where people are provided with the information and advice they require to meet their needs through self help and with the assistance of their family or community.

We anticipate re-commissioning the Volunteer Bureau service in 2016, possibly to recruit volunteers for a wider range of Somerset County Council's host services.

We also want to enable people with social care needs to contribute to their community through volunteering.

This chapter sets out an analysis of the market and how it has responded to the 3 areas of commissioning activity by the Council. Somerset residents also purchase care and support directly and this 'self funder' market is of significant economic value to the social care and support industry in Somerset. We are looking at how we can capture the number of people who fund the full cost of their care and support. We recognise this data is missing from this version, and will ensure it is in the next version.

1. Prevention and Early Intervention

Volunteering

We want to establish a sound platform of preventative services that are effective in helping people with emerging needs to remain independent for as long as possible, delaying the need for more formal care and support services. Somerset has many local voluntary groups and organisations that enhance the wellbeing of local communities, and support the Council in supporting communities to do things for themselves. These services also help prevent or delay the need for statutory health and social care services.

We recognise and value the enormous amount of volunteering that goes on in local communities, supporting people with social care needs, without involving the council.

Housing Support

Where people live has a significant impact on their chances of living independently. The Council is working with a range of partners to look at how to achieve improvements. Somerset needs a range of quality affordable accommodation, care and support options which offer choice to individuals about where they live.

Many people receive support as tenants of sheltered housing. We are currently consulting with service users and stakeholders on how best to provide this, so that it is fair and affordable within the Council's reducing budget. New contracts will commence in October 2014.

The Council will always encourage the development of high quality new build accommodation to Lifetime Home Standards for owner occupation and rent, and will work with developers and owners to develop models of funding that enable care services to be provided into them.

We want to explore options for low level community support service by:

- Focusing on preventing / delaying the need for formal services
- Making greater use of volunteers
- Creating local hubs for wider community activities and support for people who live near by.

During 2012/13 Carers have said they need:

- Local services that provide meaningful activities.
- Greater choice and more flexibility about overnight carers breaks.
- Easy access to support and assessment of their needs.

The council is keen to promote the use of assistive technology to support independence.

Active Living

The Active Living Network is well established with 100 centres operating across Somerset. The Council provides small grants on a short term basis to establish new centres especially in communities that are not well served.

They offer a range of information and activities including:

- Health, fitness and safety
- Information and advice
- Social interaction and activities

This model is being used alongside a range of ways to redesign our social support for older people and those with physical disabilities so that more people can choose their own day activities. This work also develops opportunities for volunteers to support people in the community and prevent social isolation.

Support and breaks for carers

In 2011 /2012 a total of 3850 carer's assessments were offered. This compares to an estimate that 13,788 people in Somerset aged 65 or over provide unpaid care to a partner or family member and do not necessarily approach the local authority for assistance. We were also aware that many carers say that they do not know where to go for support.

In early February 2013, as a result of a joint commission between the Council and Somerset Clinical Commissioning Group, Compass Carers was launched providing a new "universal service" to support carers and signpost people to a range of other specialist carers services across the county. The aim of the service is to ensure that as many carers as possible are identified earlier and supported to access good quality information and advice and low level services. The service will help carers build and maintain their capacity to care.

Equipment, Adaptations and Telecare

In 2010 we appointed a countywide Home Improvement Agency (HIA) provider to deliver services across Somerset to help customers live independently in their homes. The service is jointly funded by the (CCG) the Council and four District Councils. The HIA carries out major and minor adaptations as well as support to customers to maintain their homes through minor repairs via the Handihelp Service. Somerset's Integrated Community Equipment Service (ICES) plays a vital part in supporting customers to live independently in their own homes.

This service supports hospital discharges, reablement and End of Life Care Teams to ensure people get the equipment they need to remain in their own homes.

We want to:

- Ensure that everyone eligible to social care funding can access a Personal Budget, ideally as a Direct Payment as this offers people the most choice and control.
- Keep people independent in their own homes through the provision of care and support at home services and a range of support to unpaid carers.
- Contract for services in ways that offer real choice and supporting people to make meaningful choices.
- Help more people to employ the people they want as a Personal Assistant. Currently 38% of people using a Direct Payment employ a Personal Assistant.

Key Performance on Personal Budgets

- During 2012 / 2013 the spend on direct payments was £5,545,000 and this supported a total of 1015 service users.
- At 31/12/13 there were 1053 people using Direct Payments.
- There are 3680 people with a Personal Budget.

The Telecare Service is predominantly focused on those people who have been assessed as eligible for Council funded social care support. However, we know that Telecare can also play an important prevention role with services aimed at monitoring an individual's health and wellbeing. The Council is keen to explore ways to further expand the use of telecare and assistive technology.

2. Independence, choice and control

Ensuring that people have choice and control, not just in control of the money to purchase their care and support, but also in the design of services, the supply of services, the way services are provided every day, and the information and advice to support people make the best decisions.

The Council has been implementing a range of actions under its "You First" Programme, which commenced in 2009. There has been a great deal of activity to redesign the processes that the Social Work Teams use with a particular emphasis on Person Centred Planning, working out the level of entitlement to a Personal Budget, and ensuring that the systems are as simple as possible for those opting to take a Direct Payment. There has also been a strong focus on establishing a reablement service (Independent Living Teams), which help people to regain their independence after a crisis or series of issues identified through a person's GP. Independent Living Teams have now been established in Taunton, South Somerset and Mendip.

Personal Budgets

The level of take up of personal budgets in Somerset is low compared to the national average and we did not meet the target set by the government of 70% of people supported to live in the community having a personal budget by April 2013. However, the number of people using both personal budgets and direct payments has increased dramatically over the last year.

Since April 2013 we have had a new "light touch" policy which has made Direct Payments more attractive to service users, and all existing new people eligible for publicly funded social care are now offered a personal budget. Those who choose a Direct Payment are able to get support and advice that helps with:

- Setting up a bank account
- Choosing a home care agency and / or
- Choosing and employing their own staff

We want to develop and improve...

We need to be better at offering and setting up DPs so that users can take full control of how they support themselves

There needs to be a shift from the residential care home provision to a wider range of local community provision that meets the assessed and developed support / reablement plan.

Approximately 72% of people are discharged from the Independent Living Team service with no need for any further support.

40% of people exit reablement provision within 2 weeks.

15% people who exited with no care provision returned to the service within 3 months.

We are developing the use of Individual Service Funds for a small number of people with Learning Disabilities to determine whether this offers an alternative way for people to benefit from a Personal Budget, in a way that gives them more choice and control than a Local Authority managed Personal Budget.

Government policy, through the Care and Support Bill, is clear that there will be a push for Personal Health Budgets and integrated Budgets for both health and social care needs.

Reablement

Reablement provides a flexible personal care service that is available at very short notice to facilitate hospital discharge and prevent unnecessary admission to hospital or residential care. Usually care will be provided for a period of up to 14 days but could last for up to 6 weeks depending upon the individual service user's needs. It is a period of enabling, subject to continuous assessment and review, to help a person regain as much independence as possible.

The Independent Living Teams comprise staff from Health, Social Care and Home Care Agency staff working together to provide a smooth care pathway for people after leaving hospital, or to support people to seek to reduce the likelihood of admission to hospital or to residential or nursing care. This service is currently available in Taunton Deane, South Somerset and Mendip. It is planned that the service will be available across the whole County during 2014. In 2012 – 2013, the Council spent £757,400 on payments to providers for the provision of flexible short term reablement care focussed on enabling people to regain their independence.

The reablement service is having a positive benefit on improving the quality of life for people, but the evidence to demonstrate that it creates savings across the health and social care system is as yet unavailable, both nationally and locally. Gaining evidence about what works is difficult due to the time periods involved, the use of multiple interventions at the same time and knowing what would have happened without the intervention. The model of reablement provision differs significantly across the country, which also creates difficulties with seeking comparative benchmarks of outcomes.

Help to live at home

There are a total of 52 home care agencies across Somerset. Somerset Adult Social Care commissioned £20.3 million of homecare for older people in 2012 -13, mainly from a block of 8 home care providers, and through some Spot Purchase agreements from a wider number of agencies.

The total Home Care spend for 2012 / 13 was £49.8m (this figure includes all adults and Supported Living.)

In Somerset there are 286 social care providers registered with Care Quality Commission (CQC). Just over 90% are registered care home providers.

There are 183 registered Residential homes with 2745 beds and 65 Nursing homes with 2446 beds.

As at 31st March 2013 Somerset County Council purchased 2449 beds from 208 homes across Somerset for older people, which is 47% of the total number of beds and 83% of the homes in the County.

In 2012/13 the total cost of this service for people 65+ was just under £50 million (including out of county placements) per annum.

There is expected growth in demand for home care and support style services, that will enable people to live independently in their own home for as long as possible, along with the rising number of older people. It is anticipated that more people will opt to have a Direct Payment, or potentially an Individual Service Fund (if that arrangement proves a helpful additional choice from the planned trial) in order to have more control over how their needs are met.

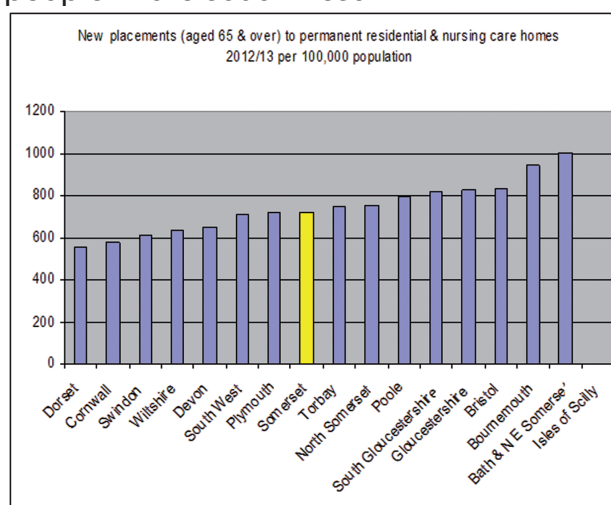
The future arrangements for commissioning Home Care are currently under review. We need to determine the best commissioning and procurement model for ensuring a good quality of provision, that assures that needs are met in all locations given the rural nature of the country, and which offers people a good level of choice. We also need to ensure that the provision is provided cost effectively. We will be working with the Somerset Clinical Commissioning Group to determine the best commissioning and procurement model for home care delivery, as well as engaging home care providers in Somerset, and looking in detail at feedback provided by the people who have used home care.

3.Long Term Specialist Care and Support

These services are offered only when short term services are insufficient and the need remains substantial or critical. This care and support will be provided in ways that maximise independence and choice.

Accommodation Services

The table below shows the rates of new placements into residential and nursing care during 2012/13 per 100,000 people in the south west.



Currently we have block contracts with many care homes to ensure capacity at our agreed fee levels. We also spot contract in other homes to help people to live in the home they choose. This is at our block fee rate.

In 2012/13 local authorities spent over £4.5 billion on older peoples residential care at an average of £30 million per authority.

In 2012/13, in the South West, there were 57,000 care beds. 42% was purchased by local authorities.

In 2012/13 Somerset County Council spent £92.4 million on residential, nursing and homecare.

In Somerset there is an average number of 21 beds per home.

The Somerset Dementia strategy recommends that every care home identifies a champion for dementia, and that specialist services from Community Mental Health Teams are available within the care home.

With the increasing number of people with dementia over the next 15 years, and people staying at home longer, the needs of those who do access residential or nursing care are likely to be more complex and intense.

Somerset County Council will work with our existing care home market to develop a new service specification, quality standards and monitoring arrangements for a more specialised service offering support to people with more significant needs.

Current contract rates for Somerset 2013 /14

Residential	£427.07
Nursing	£564.89
SRC	£505.56
OPMH	£593.59

Geographically, the locations of our care home provision is within the towns. Due to the sporadic nature of our County this means that some people have to travel away from their community for appropriate support. We are looking at the detail of where we purchase home provision in relation to where people live. We already know there is a lack of small units able to offer specialist dementia support.

Specialised Residential Care SRC

Specialised Residential Care (SRC) was established in 2002 and is SCC's strategy, jointly with Somerset Partnership NHS Foundation Trust, for purchasing / providing residential care for people with dementia.

It is designed to deliver high quality specialised services for people who require a high degree of individualised care but have no nursing care needs.

SRC offers 24-hour personal care through 10 dedicated residential care homes. One of its critical features is the skilled dementia nursing care provided by community based Specialist Care Development Nurses (SCDNs). The SCDNs support and assist with care planning and individual care programmes. They provide the link to the expertise of the Community Mental Health Team, which includes access to psychiatry and psychological support.

A greater demand for meaningful day time activities in local communities that promote well being and independence.

We need to focus on designing day services that support those with the greatest need to continue to be part of and supported within their local community, and that integrate health and care.

The Gold Standards Framework in Care Homes Project has provided training for staff in care homes for people with dementia.

An increase in the demand for a Shared Lives service.

Day Care

Somerset spends just under £650,000 on Day Care for older people with substantial physical and or mental frailty, who are eligible for support. There are 87 providers supporting just under 500 people. Nearly all (98%) of these providers are residential homes.

It is likely that demand for day time support may increase in the medium term due to an 18% increase of people over 75 years providing unpaid care to relatives with substantial physical and mental frailty between 2011 and 2020.

Day care is currently free to service users (regardless of their income level) although this may change following change due to budget pressures. We want to ensure that access to all services is fair and consistent.

The future plans for day care is to move to a framework contract led service that will be awarded to providers who are able to offer a range of flexible community based daytime opportunities for people with needs that require trained staff in an appropriate environment / setting.

Dementia and mental health conditions

Specialist day care is provided across the county by the Somerset Partnership NHS Foundation Trust and commissioned by Somerset County Council. Respite care is available in specialist care homes.

Services for people with dementia include:

- The Somerset Dementia Adviser Service
- Memory Cafés
- Singing for the Brain
- Activities for Younger People with dementia

Day care services for adults who have experienced a mental health problem are being refocused to support them to self-manage as part of a recovery based approach.

Learning Disability Services

The Learning Disability (LD) service is the only adult care and support service that delivers some of its services through a mixture of both in house and external providers. There are approximately 1600 adults in Somerset who are using one or more of the community or residential services at a cost of just under £60 million. 52% is spent on in-house provision and 48% on external provision. There are just under 10,000 people living in Somerset who are over 18 years with a learning disability; 20% have moderate to critical needs.

Key Facts on Extra Care Housing (ECH):

- 6 Strategic Housing Providers
- 22 ECH schemes across the County (Mendip 4, Sedgemoor 3, South Somerset 10, Taunton Deane 3, West Somerset 2)
- 716 ECH units

Specialist support

There have been various funding streams and services that relate to specific elements of social exclusion. New service models will be commissioned which embrace a “whole-of-life” philosophy by weaving together a number of these funding streams, to enable an Integrated Pathway Approach. Tendering will be during 2014

Extra Care Housing

We plan to consult widely on the future models of delivery of the service, which may include a reduction of the number of units overall, but to provide a greater level of enhanced support including waking night care and more comprehensive care for those people with mild to moderate levels of dementia.

We recognise the importance of our key stakeholders and partners, and aim to work closely with existing, housing and care providers in the development of future models of care and support that promote greater levels of choice and control for vulnerable people.

5. A summary of supply and demand



Staff turnover for 2012/2013 was:

- Homecare 29%
(national 33%)
- Residential/Nursing Care 24% (national 25%)

- Demand for care and support services is increasing and changing – people are living longer, resulting in additional health and social care needs.
- The rise and pace in Somerset's older population is a challenge for both health and social care as well the whole council and the community.
- Overall there will be a reduction in the proportion spent by Somerset County Council on residential care and Sheltered Housing over the next 5 years.
- The proportion spent on Home Care including Reablement, Day Care, Shared Lives and Extra Care Housing is predicted to increase, as is the use of Direct Payments.
- The increasing numbers of people with dementia is not served well by current community based services. However, there is a lot of work happening to embrace Dementia Friendly Communities across the county.
- We need to ensure carers are able to have greater access to, and a greater range of choice and flexibility in the services they may require to support their caring role.
- The changes to social care and increased personal choice signalled in this Market Position Statement will have significant workforce implications for service providers. Whilst the specific detail of the workforce implications are not yet known we anticipate that they will include the following:
 1. Reductions in the use of residential care will have significant implications for care providers and will require a workforce that is prepared to deliver a more diverse range of services, with more focus on outreach, home care or out-of-hours support. The provision of affordable night care will be an essential element in reducing the use of residential care.
 2. We anticipate that providers will offer both care and support that will require development of a more flexible workforce both in terms of skill and approach and also, potentially, in relation to how and when staff are deployed, particularly for those providing care and support in a customer's home. The range of tasks performed is likely to be greater, potentially across support, social care and routine health care.
 3. People will be supported to live independently and remain in their own home for as long as possible, including those people with dementia. More use of assistive technology will be key to enabling more independent living. Staff will need a broader skills set, focussing on enabling independence and supporting



customers to make effective use of assistive technology, combined with better management of risk.

4. Staff will require a good understanding of how to promote self-care and will be able to help people regain, or build links in their local community. They will need to be able to communicate effectively with the person's own family and carers. The focus of the conversation with customers will involve reviewing what has been achieved through each person's Support Plan, and how the Personal Budget was used.
5. The demographic data in this Statement illustrates that there will be an increasing number of people with dementia in Somerset over the next 15 years (a 57% increase between 2011 and 2025). The impact of this is that providers may require staff with a higher level of skills, to enable improved services for dementia and end of life care.

Market Shaping

Adults and Health Commissioning wants to engage with market providers to build an understanding of what works, what customers want and to encourage innovation.

We will seek to:

- Engage with those businesses who would want to work with the Council but who do not.
- Create an environment where quality rises through competition between providers.
- Create an environment where businesses share their expertise with each other and cross fertilise their product offering.
- Create an environment where providers believe it worthwhile engaging with the Council in development and innovation discussions.
- Ensure we have mixed economy of small, medium and large providers across all sectors.
- Be clear about Value – that it is not always driven by lowest cost; that a good mixed market has a blend of varying offers.
- Encourage the involvement of small voluntary sector providers so that they are able to provide another "offer" of different types of support.
- Engage meaningfully with customers early in the commissioning cycle before decisions have been taken so that they can play an important role in helping us to shape the market.



Contract opportunities:

From 1st June 2013 the Council commenced using the "Supplying the Southwest" web portal. All future contract opportunities are advertised and managed through this. We now also use Due North Pro Contract electronic tendering and contract management system.

The portal will provide suppliers with a single point of reference to meet the Council's procurement requirements and a one stop shop window to contract opportunities for a large number of councils across the South West. The benefits of this system are:

- it is a free service with 24/7 access
- there is a minimal IT requirement – internet browser and email account
- easy access to your area of expertise
- simple secure registration process
- options to select single or multiple categories of interest
- email alerts to opportunities in area of expertise
- suppliers can register interest for specific contracts
- saves time and money when prospecting
- essential for any regional small, medium enterprise

The portal can be accessed via the following link:

<https://www.supplyingthesouthwest.org.uk>

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Next Steps...

We want to hear from you

As a provider reading this Market Position Statement, you are invited to inform us of what you are doing or would like to do in respect to extending choice and improving quality.

Please contact Iona Brimson or Virginia McCrick.

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You can also find this document on our website: www.somerset.gov.uk

Find our market supply information on our web portal "Supplying the Southwest" during the coming months.

To request this document in an alternative format, please contact us.

