



Rutland County Council

Adult Social Care Market Position Statement 2015 *Refreshed 2016*

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1. Introduction

Our Market Position Statement is a key document in ensuring that there is a vibrant and balanced market to meet the individual choices of people who require health and social care support in Rutland. This document has been produced to support the development of the adult social care market here, and will set out how we hope to achieve a diverse, high quality market. It is intended for existing and potential providers of all services that support the wellbeing of our communities.

The challenge of market development in health and social care occurs within a context of personalisation, expected increase in the number of self-funders and increasing demand. The creation of greater choice requires the creation of a diverse health and social care market. This document will form a basis of the dialogue between public services, people who use the services, carers, providers and others, regarding the vision for the future of local health and social care markets.

Rutland County Council is setting out our intentions as purchaser of services. By outlining the opportunities in the market, we will stimulate business opportunities to benefit local people. Rutland County Council has a responsibility towards the whole of the population, not just those in receipt of health and social care. It will support the provision of information and healthy lifestyles as part of its approach to reduce dependency on services and foster greater self-reliance and community solutions.

This Statement has been informed by the Joint Strategic Needs Assessment (currently being refreshed). It is intended as a starting point - as further information becomes available, it will be updated at regular intervals.

2. Our Vision

As part of the People First Review, people living in Rutland told us that they wanted to live independent, healthy and fulfilling lives.

As reflected within the Adult Social Care Strategy 2015 – 20, our vision is for everybody to have the opportunity to have the best health and wellbeing throughout their life, and access the right support and information to help manage, reduce, prevent or delay the need for care and support.

3. Our Aims

We recognise that a strategic approach to commissioning is new for Rutland. We have historically commissioned and developed services in isolation of each other to meet specific identified needs at that point in time. We want to move away from a traditional approach of service delivery which fits people into services, to a more flexible person-centred approach in which people are supported to identify the best services to meet their needs and achieve outcomes.

This will mean fundamentally shifting the way we work to deliver better services that are more aligned to specific local needs, are flexible, and represent value for money. We want to use commissioning to engage more effectively with local people and create innovative solutions to Rutland issues.

We will still jointly commission with partners to make best use of resources and to ensure that those who access services from our neighbours as well as within Rutland do not receive differing levels of quality from services, but we will also use collaborative approaches to ensure that everything we do really is the best for Rutland residents.

We will achieve our vision by:

- Understanding what local people need; where, when and how they need it.
- Putting people and communities at the heart of the process, ensuring they are engaged in the design and delivery of services.
- Working collaboratively with partners to reduce duplication, and make best use of resources and ensure services are as accessible as possible.
- Ensuring services deliver what we need them to and holding providers to account to maintain quality services that we ourselves would be happy to access.
- Encouraging and enabling residents to share information and intelligence on their experience of services, both good and bad.
- Provide constructive challenge to commissioning partners over the best delivery models and being transparent about the cost and performance of services.
- Supporting our local communities to support themselves and exploring ways to further develop local services within our communities
- Being transparent in our decision making process, and being clear what we are not able to do, as well as what we can do
- Making our services sustainable longer term, focusing on quality and value for money, recognising that the financial resources available to the Council are reducing in real terms

4. What are Rutland's Social Care needs?

4.1 Current Position¹

4.1.1 Demographics

The population of Rutland as at the 2013 Mid-Year estimate is 37,600. This figure comprises of 19,200 males and 18,400 females. There is an overall increase in the proportion of population between the 15-19 age group, the 45-49 age group, and the 65-69 group. As at the 2011 Census, the majority of Rutland residents were White British (94%) with the remaining 6 % of the population made up of: 3% White Other; 1% Mixed/multiple ethnic group; 1% Asian/Asian British; and 1% of Black/African/Caribbean/Black British and other ethnic groups. This compares with a BME population of 10.7 per cent for the East Midlands region and 14.6 per cent for England. There is no indication that this has changed, or is likely to in the near future.

Rutland is one of the most affluent counties in England, though this does mean that in wards where there is deprivation the difference is more marked. People in Rutland have a slightly higher quality of life than the averages for the East Midlands and England.

Unemployment rates in Rutland are extremely low in comparison to both regional and national averages, and whilst the average gross weekly pay for males and females in Rutland is slightly above the regional average, it falls short of the national average by 5% for males, and 9.4% for females. In addition, the wage difference between males and females is 4% wider than the national average.

¹ The data contained within this section has not been refreshed since the original 2015 document. It remains largely unchanged and will be refreshed instead with the next review of the MPS in 2017.

The average life expectancy of Rutland residents, particularly female residents, places Rutland within the top 10% of all Upper Tier Local Authorities nationally. It can be presumed that as the population is living longer, that the majority of increase in population in Rutland will be older people, as opposed to through birth rate. Over the next 15 years, the 65 years and older population of Rutland expected to increase by over two thirds. By 2030, Rutland is projected to have over 6200 males and 6700 females over the age of 65, 1200 of whom will be over the age of 90. The numbers of over 65s who are predicted to be living alone by 2030 will have increased by approximately 53% to nearly 5000, with nearly twice as many women over the age of 75 years living alone as men of the same age.

4.1.2 Health Indicators

Residents of Rutland can expect to spend a greater proportion of their lives in good health than compared to the national average: self-reported population in very good health is 50.38% compared to an England average of 47.17%; self-reported population in very bad health is 0.76% in Rutland compared to an England average of 1.25%. However, a greater proportion of people in Rutland have a self-reported high anxiety score (25%) compared to the East Midlands average (20.58%) and the England average (20.98%).

Approximately one quarter of children under the age of 18 are overweight and obese in Rutland. This is contrary to our adult population, the proportion of whom are inactive (22%), is lower than for the East Midlands and England (28.86% and 28.77% respectively). The level of adult residents (over 16 years) who have their daily activities limited a little or a lot by long term health condition or disability is lower proportionately across all ages groups, though is closer to England average rates for 16-24 year olds who are limited a lot, and for 25-49 year olds who are limited a little.

4.1.3 Adult Social Care

Rutland has very low numbers of service users accessing Adult Social Care. There are 451 active service users accessing ASC as at December 2014, which equates to approximately 1.5% of the total adult population of 28,833. Of these, the majority of individuals are accessing homecare (n = 128), followed by residential care (n = 122), equipment (n = 115), and then direct payments, and day care. Very few individuals access meals, transport or respite as part of their package of care. Some service users access more than one type of care as part of their package.

The proportion of adult social care users who report that they have as much social contact as they'd like is at a rate of 44.6 for Rutland compared to 39.7 for the East Midlands and 43.2 for England. It is also higher for carers, with a rate of 46.5 reporting they have as much social contact as they'd like, compared to 37.6 across the East Midlands and 41.3 for England.

4.1.4 Carers

We are aware of and support 230 carers currently, it is expected that more carers may come forward for support services with following implementation of the Care Act. Of these, the majority care for individuals with physical disabilities (65%), with the remainder largely dementia, learning disabilities, and mental health.

4.2 Future Demand

Currently, there are nearly 9000 people over the age of 65 in Rutland, but only c400 of those are accessing local authority funded services. If the proportion stays the same, then c568 people will need Adult Social Care interventions in 15 years' time. We can also surmise that

as people live longer, their healthcare and support needs will increase and therefore we may see an increase in demand for care over and above the proportion we currently have.

As people live longer, we expected to need more supported living and respite care services as we work to keep people in their own homes for longer before they move into residential care homes.

Projected needs data gives an indication of some of the issues that will affect Rutland residents of all ages:

Issue	Current number	By 2020, predicted number
Those unable to manage at least one domestic task unaided	3664	over 4500
Those unable to manage at least one mobility task unaided	1663	over 2000
Those unable to manage at least self-care task unaided	3017	over 3700
Those moderately or severely visually impaired	790	961
Those obese or morbidly obese	2286	2586

4.3 Issues to Consider

4.3.1 Geography

The rural nature of the county and spread of the population means that for local people to access services they need to be in main areas or on public transport, anecdotal feedback suggested that often local people can be put off by 'Oakham-centric' services. It is impractical to provide one of everything across every village and town in the county, but we do need to find ways of reaching geographically isolated people.

In addition, the proximity of some villages to county boundaries means that some residents will access services in Leicestershire and Lincolnshire due to ease of access.

4.3.2 Workforce

We have a limited local pool of working age people and our low unemployment means that often we bring workers and providers into Rutland to deliver services. As we don't have a young population, we need to be cognisant of the fact that our pool of working age people is smaller locally, and many young people move away from Rutland when they reach working age to move back later in life. A key consideration is how we attract a workforce to Rutland to deliver frontline care and support services, rather than having to buy in from surrounding areas.

4.3.3 Resources

The reduction of funding across the public sector and the impact on local authorities of this, mean that we need to focus more on services to prevent escalation of needs, but within the current level of spend (or less).

Many of the partners we co-commission with are not co-terminus and so we have to consider how to get the best for Rutland out of services that cover a much wider area and are not necessarily focussed on our specific needs.

The relative affluence of the county means that people may often self-fund initially but then need to move to state funded services – particularly as they live longer - and we need to help them understand the implications of self-funding, how to get best value for their money and then support the transition where they move to state funded services. It is important that providers support us to provide services to those state funded individuals and do not focus solely on the affluent self-funders to the detriment of others. This is particularly the case with residential care homes and domiciliary care services, we could easily end up with two different quality tiers of provision. It is essential that we work to ensure that the quality of care provided is consistent regardless of the funding route.

5. What will we do?

This section sets out how we intend to make our vision a reality for Rutland

5.1 Current Priorities

We have a number of key areas of focus that we will continue to build on going forward:

- a) Prevention & Early Intervention**
Improving early multi-agency responses to people to prevent the need for care and support and to prevent escalation of needs.
- b) Supporting older people to live independently for longer**
Delivering services to older people where they live, providing care and support that maintains independence and reduces social isolation.
- c) Helping people to help themselves**
Providing easy to access advice and information so that people can make decisions about their eligibility, care and support for themselves.

5.2 Setting Further Priorities

We will develop a better and more detailed understanding of need to inform a clear strategy which will set out our priorities over the next three years; what we want to achieve; and how we are intending to achieve it.

In order to do this, we will update the Joint Strategic Needs Assessment and use this to inform more detailed needs assessment work on targeted business areas to ensure that the services we develop meet the needs identified. This will be supported by consultation with stakeholders, including local communities and local providers. A key focus of our work will be to ensure that there is opportunity for (potential) service users to influence services.

We will implement the Better Care Fund, which enables us to integrate health and social services further. It also allows us to pump-prime a number of pieces of work during 2015 that we may then wish to mainstream in later years and/or to develop alternate ways to commission and deliver.

The Care Act, which sets the parameters for how we must deliver services in the future and what we must do for and with service users has to be implemented by 1st April 2015, and will continue to be rolled out in line with the legislation over the coming two years.

We will set our priorities for service development and commissioning, with a clear timetable of what we are going to do and when, being transparent with all our stakeholders about how we intend to develop service provision. This will involve the refocus and re-alignment of some services to deliver in relation to current priorities, and in particular to meet quality standards and safeguarding. Public health have developed a prioritisation framework which can be rolled out across the Directorate to ensure that we really understand the impact our commissioning decisions are going to have, and ensure that we balance need against impact, evidence, cost, and outcomes.

5.3 Market Development

Rutland County Council and our partners have a role to facilitate a strong marketplace for the provision of health and social care services. This includes services purchased directly by members of the public who are self-funding their care, as well as those services purchased by the local authority and health.

We will look at new methods of developing and facilitating the social care market to build on our current position. We will bring information we know about population and demand of our service users and carers into a dialogue with providers about investment and risk, and ask that providers bring information about trends, demand and capacity. The aim is to encourage and support providers to shape their services to the needs of customers and to demonstrate good outcomes and improved models of practice.

5.3.1 Engaging Providers

Provider engagement is a vital component of successful market development. Rutland relies on a mixed economy of providers which include private sector, and voluntary and community providers. The creation of innovative and flexible support services requires the input of providers who can bring fresh ideas and experience of service development to discussions.

We will further develop a formal structure of meetings and consultation with both representatives and individual providers. We will continue to develop communication and engagement methods with providers whilst acknowledging the need to operate fairly and transparently when service development and planning reaches the stage of procurement.

5.3.2 Enhancing Provision

Greater emphasis will be given to multi-agency care planning and service access for all people needing support including those funding their own support and those with complex needs. Providers will need to adopt the roles of both support provision and assisting access to other support, and to do this will need to work in partnership with other providers and a range of commissioners.

We will move away from block contracts to framework agreements and any qualified provider approach to encourage a market that is responsive to the needs and choices of the people of Rutland. This is necessary to move from a fixed volume of services into one that can respond to choices exercised by personal budget holders, and at the same time ensure best price with appropriate safeguards for quality.

There will be continuation with block contracts for some service areas because either there is the need to protect the services while the transition to personal budgets takes place, or to ensure good preventative services. We will continuously review contracts over the next three years as services transfer to individual arrangements.

As part of developing framework agreements, we will agree pricing structures with providers based on the needs of the person using the services and using competitive tendering where possible. The aim of these arrangements is to offer a fair price to providers whilst ensuring best value for people with individual budgets. Within this we will support providers to retain sufficient capacity to make their businesses viable. The particular risk for Rutland is that low volume may potentially lead to more providers than the demand can sustain long-term.

5.3.3 Developing Markets

We want to support voluntary community and faith sector providers to build more social capital in the county. The support will look to encourage and nurture the continued development of small voluntary and community organisations and groups as providers, and enable them to develop new funding and operating models.

We want to actively encourage the development and sustainability of small and medium size service providers over the next three years in Rutland, and we will be working with those businesses to decide how best we can support them within the resource boundaries we have. Our intention is to develop social enterprises in Rutland who can offer a variety of support options for our communities. These include social care and health support, and a range of activities to promote independence, improve wellbeing and prevent social isolation. A social enterprise is a business with primarily social objectives whose profits are reinvested back into the business or into the community.

5.4 Developing Quality

We are committed to reviewing and developing quality in all the services that we currently commission. Our contracts across the People's Directorate will become outcomes focused in the future, and will be based around the relevant key strategic drivers. We will ask providers to shape their services to achieve the goals and outcomes of the service users, and to ensure that they make available the necessary information to allow service users to make informed choices about services.

We have standardised a number of contracts and service specifications in order to ensure we are commissioning consistently and have clear expectations with our providers. This work continues. Performance monitoring will be undertaken in a more consistent way across our range of contracts and we will collect consistent data so that we can accurately compare services, needs and delivery models. At the same time, we will work to ensure that the data we request is relevant, meaningful, and proportionate to the size of the service being delivered. We will expect providers to have systems in place that will record the performance and achievement of outcomes for the people that utilise the services. In addition, we will use qualitative monitoring, including service user feedback, in our approach to understand how service users feel about services, as well as numerical data.

We will consider with our providers how we support them to improve and share good practice through a range of means, including the existing provider fora, joint training sessions, and reflective practice sessions.

Part of our dialogue with providers will be horizon scanning to ensure that we are prepared for forthcoming changes to national policy; demand and market trends; and commissioning intentions.

We are developing a workforce development strategy internally that sets our expectations for our own staff and we will look to use that in the future to set the bar with our providers. Supporting them to develop their workforces and provide sustainable services for the county.

5.4.1 Safeguarding

Absolutely key in all our services going forward is safeguarding. Our services must *be* safe, and people who use them must *feel* safe. We have appointed a designated post to undertake Quality Assurance across our Adult Social Care services and have tightened all aspects of our approach to safeguarding in line with national and local policies, including additional monitoring to hold providers to account, requiring them to demonstrate how they meet safeguarding standards.

6. Next Steps

We intend to make a gradual change to how we approach our needs, the market, and commissioning. Changes will be undertaken in a stepped way so we don't destabilise existing services and in order that we can bring providers and services users along with us. In line with this, we completed a recommissioning of community based prevention and wellness services, and have started a 2 year piece of work to review and recommission domiciliary care provision within Rutland. Further recommissioning will be programmed in over the next three years.

The JSNA was refreshed in 2015 and formally signed off by the Health & Wellbeing Board. The chapters detailing specific areas of need and issues continue to be published as they are completed. As new data becomes available, the datasets are updated to produce a living, web-based document that outlines our needs.

The overarching five-year People Directorate Commissioning Statement 2013-2018 was refreshed in May 2016 and broadly sets out the drivers for our commissioning, where we want to get to and how this will be achieved. It is intended to update this, following consultation with stakeholders, during Spring 2018.

6.1 Your views

This Statement is just part of an ongoing process and is intended as an introduction to future discussions between the Council and our current and potential providers. It is also intended that this will act as a catalyst for providers to think about their current business models and how they may need to adapt to meet future requirements for Rutland.

We want to hear from current and potential providers and residents as we continue to shape and develop our services in Rutland. If you have any feedback you want to share, whether it is **good**; **bad**; or **a gap in provision**, please get in touch by filling in an online contact form at http://www.rutland.gov.uk/customer_services/online_contact_form.aspx.